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## MEMORANDUM

**To:** Alliance Primary Care Providers, Hospitals and Skilled Nursing Providers  
**From:** Provider Services Department  
**Date:** 1/9/12  
**Subject:** Notification of In-Patient or SNF Admissions

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## PLEASE REVIEW

### PCP's PLEASE NOTE: CHANGE IN NOTIFICATION PROCESS

Starting Monday, January 14, 2013, The Alliance will directly be notifying PCP's of inpatient or SNF admissions.

Attached you will find a **sample** document of notification that will be faxed to your office. This document is intended to assist in enhancing communication and avoiding preventable inpatient readmission.

#### Hospital/SNF Providers:

This same document will continue to be faxed to you.

The Alliance's Utilization Management Department is continuing to build other communication tools to enhance patient care outcomes. We will keep you posted as these new tools are available.



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<b>Alliance Auth #: A121113002</b>	TAR Number: N/A	Auth Status: <b>In Process</b>
Auth Class: Inpatient	Auth Type: Concurrent	LOB: MEDICRUZ ADVANTAGE
Request Received: 11/13/2012	Date(s) of Services:	
Member Name: YONG BROD	Member ID: DEMO00001	DOB: 11/20/1947 Age: 65
Primary Care Provider: CLINICA DEL VALLE DEL PAJARO	Primary Care Provider ID: 1629269618	Phone: (831) 761-1588

**Providers associated with this authorization:**

<b>Admitting Provider:</b> COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY	Provider ID: 1575643310	Phone: (831) 454-4100
<b>Facility:</b> DOMINICAN HOSPITAL –IP	Provider ID: 1427181007	Phone: (831) 462-7700

**Admission Notification - Authorization Request Received**  
**Service Requested: Inpatient**  
**Status: In Process**

This letter is to notify the Primary Care Physician, **CLINICA DEL VALLE DEL PAJARO**, that your member **YONG BROD** has been **admitted to DOMINICAN HOSPITAL –IP** and to notify the facility that an authorization request of **A121113002** was received by the Alliance on 11/13/2012 and is in process.

Using clinical care guidelines, the Alliance staff will be reviewing the member’s care for appropriateness and will work directly with the facility and PCP to promote effective care transitions following discharge.  
 Additional Remarks:

**Facility Billing Information:**

In the event that this authorization request is either modified or denied, the facility will receive an “Interim Notice of Determination” outlining the variances between the actual services provided and services that are authorized as appropriate. At the time of discharge the facility will receive a final determination, outlining the authorization for each day of the admission.

Please be aware that **authorization does not guarantee payment and is subject to member eligibility, benefits and coverages.** Payment is subject to member’s eligibility, coverages, benefits and the timeliness of the claim submission. Please verify eligibility before rendering service either on line by accessing your Alliance web services account at [www.ccah-alliance.org](http://www.ccah-alliance.org) or by calling the Alliance’s Automated Eligibility Verification System at (800)700-3874, extension 5501. All Claims must be submitted within Alliance timeliness guidelines to be considered.

Thank you for your request. For general authorizations related questions please call (800) 700-3874, extension 5506.

Utilization Management Department, Central California Alliance for Health