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Health Financing Operations, OMAP

Number: OMAP-IM-04-016

Authorized Signature

Issue Date: 4/6/2004

Topic: Medical Benefits

Subject: Provider Notice and Revision to OMAP Authorization Cover Sheet

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS Employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message:

OMAP has revised the OMAP Authorization cover sheet used by providers requesting PAs. A provider notice and the cover sheet were mailed to affected providers April 2, 2004.

The cover sheet is revised to:

- explain that program rules can be found at the web address listed on the sheet, and
- clarify information and timelines for expedited requests.

Copies of the cover sheet and provider notice are included in this transmittal.

If you have any questions about this information, contact:

Contact(s):	Arlene Nelson		
Phone:	(503) 945-6519	Fax:	(503) 378-5814
E-mail:	arlene.nelson@.state.or.us		



Important Information

Revised OMAP Authorization Cover Sheet

We have revised the OMAP Authorization cover sheet. A copy of the cover sheet is printed on the back of this notice. We have revised the cover sheet to:

- explain that program rules can be found at the web address listed on the sheet, and
- clarify information and timelines regarding expedited requests.

The cover sheet is included in the OMAP Supplemental Information booklets. The booklets are posted on the DHS web site at:

<http://www.dhs.state.or.us/policy/healthplan/guides/index.html>

Remember:

You ***must*** use the cover sheet when requesting expedited processing.

You ***may*** use the cover sheet for routine PA requests.

Questions?

- If you have questions about this notice, contact a Provider Services Representative, toll-free at 1-800-336-6016 or direct at (503) 378-3697.
- If you have questions about the PA process, or a specific PA request, call the contacts shown in the appropriate Supplemental Information booklet.





OMAP Authorization Request Cover Sheet

Complete the following information and fax **with your completed prior authorization (PA) request** to the number listed below. OMAP processes routine PA requests within 5 working days of receipt of the request. To avoid unnecessary delays, be sure your PA request is complete and you include all required documentation. Criteria for PAs is found on the DHS web site. Go to the following address and select the appropriate program rules:

www.dhs.state.or.us/policy/healthplan/guides/index.html

If your PA request does not support expedited processing, it will receive routine processing.

Provider Information

Name: _____
Phone number: _____
Contact: _____

OMAP Provider #: _____
Fax number: _____

Client Information

Recipient ID # _____

Type of Request

Process within 5 working days of receipt by OMAP

*You **must** include supporting documentation if you request the following expedited processing:*

Process within 3 working days of receipt by OMAP (justification required below)

Process within 24 hours of receipt by OMAP (justification required below)

Justification/reason for expedited processing: _____

Date of request: _____

For requests (meeting expedited criteria) with missing information:

OMAP will inform the provider, within the expedited timeframe, of the missing information

Fax Cover Sheet and PA Request to:

OMAP Medical Unit
(503) 378-5814

of pages in this fax ____ (including cover sheet)

NOTE: For MCM-FFS Medical Management clients and MFCU clients, refer to PA Contact sheet.

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