

Prior Authorization Requests

September 20, 2010

Dear Phoenix Health Plan (PHP) Provider:

As you may be aware October and the following fall and winter months historically bring a high volume of members into your office's and as a result increase the volume of prior authorization requests received by PHP's Prior Authorization Department. In addition, the recent AHCCCS changes to benefits and co-payments effective 10/1/2010 have increased the volume of requests this month as Members are trying to get in for services that are not going to be covered after 10/1/2010.

In order to better manage this volume PHP is requesting your assistance and asks that you take note of the following:

- The Prior Authorization Department cannot assist you with information regarding the new AHCCCS benefits and co-payments, which will become effective on October 1, 2010. If you have any questions please contact the PHP Member Services Department or your Provider Relations Representative.
- Please do not fax requests multiple times. This only delays the processing time for all requests.
 - Your fax machine should provide your office with confirmation that your fax was received.
 - You can also check the status of your request on the PHP secured provider portal at http://www.phoenixhealthplan.com/log_in.aspx. Please allow a minimum of 7 days for the information to be entered on the PHP website.
- The time frames for processing requests are as follows:
 - Routine – A routine request is a non-urgent request that will be responded to within 14 calendar days upon receipt of request. Routine request will be completed by PHP as soon as medically required, but no later than 14 days. PHP strives to process them as soon as possible.
 - Expedited – Expedited requests will be processed within 3 days of receipt of all supporting documentation. An expedited request is made if “using the standard time frame could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum functionality.” Expedited request will be completed by PHP as soon as medically required, but no later than 3 days. PHP strives to process them as soon as possible.
 - You may request a prior authorization by faxing the request with supporting documentation to fax number 602-674-6678. You may call the Prior Authorization Department for all expedited requests at (602) 824-3700.

If you have any questions please don't hesitate to contact your Provider Relations Representative directly or the department number shown below. Thank you for your assistance.

Network Management
Ph. 602.824.3720 or 800.747.7997 ext 3720
Fax 602.674-6670
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Phoenix, AZ 85020
Visit our website at www.phoenixhealthplan.com