

SOUTHWEST OREGON IPA, INC. (SWOIPA) ADMINISTERS PHYSICAL AND BEHAVIORAL HEALTH BENEFITS FOR ADVANCED HEALTH MEMBERS.

## MEMO

This memorandum serves as a reminder and clarification regarding the requirement for **Primary Care Providers (PCPs)** to initiate service requests that require **prior authorization**, in accordance with **Oregon Administrative Rules (OAR) 410-120-0250 and 410-120-0000(257)**.

### **Summary of Requirement:**

Effective upon the original date in which SWOIPA contracted to administer OHP benefits, and in alignment with the above-referenced OARs, **only the member's PCP** may initiate a prior authorization request for services that require such authorization. This requirement helps ensure:

- **Care coordination** between the PCP and specialty or ancillary services.
- **Medical necessity determination** based on the referring provider's clinical rationale.
- **Timely and accurate processing** of prior authorization requests.

### **Key Points:**

- **OAR 410-120-0250** outlines general rules regarding medical assistance program requirements, including authorization and coordination of care.
- Prior authorization requests submitted by non-PCP providers may be **denied**.

### **Action Required:**

- Ensure that all providers within your practice understand and comply with this requirement.
  - **We are offering 45 days to update your processes to align with our requirements**
- Work collaboratively with the members' assigned PCP when submitting requests for specialty services or durable medical equipment (DME).
- Clearly document the referral and ensure that the PCP is the initiating provider on any prior authorization submissions.

We appreciate your continued partnership in delivering coordinated, high-quality care to our members.

**\*\*Any questions related to the information in this memo can be directed to our Customer Service department at (541) 269-7400\*\***