



Long-Term Care — Authorization Request Form

This communication applies to Medicaid and Medicare Advantage plans from Anthem Blue Cross (Anthem).

Managed long-term services and supports requests for review of long-term care may be submitted using the provider website or via fax to 844-285-1167. Please attach *face sheet, Record of Admission, Current/Complete Minimum Data Set, and Medication Administration Record* with this request form.

Request type (select below)		
<input type="checkbox"/> Custodial <input type="checkbox"/> Custodial reauthorization <input type="checkbox"/> Subacute <input type="checkbox"/> Subacute reauthorization Requested start date: <input type="checkbox"/> Expedited review	<input type="checkbox"/> Bed hold <input type="checkbox"/> Leave of absence Left facility on: Returned to facility on: <input type="checkbox"/> Skilled Medicare prior to bed hold <input type="checkbox"/> Did not return to facility <input type="checkbox"/> Returned as custodial <input type="checkbox"/> Returned as skilled	
<input type="checkbox"/> Discharge notice Date of discharge:	Discharged to: <input type="checkbox"/> Home <input type="checkbox"/> Board & care <input type="checkbox"/> ALF/RCFE* <input type="checkbox"/> Hospice <input type="checkbox"/> Expired	Notes:
Provider information		
Provider type: <input type="checkbox"/> Free standing skilled nursing facility (SNF) <input type="checkbox"/> Hospital-based SNF <input type="checkbox"/> Congregate living healthy facility (CLHF) <input type="checkbox"/> Intermediate care		
Facility name:		
NPI:	Tax ID:	
Facility contact/title:		
Facility address:		
Facility phone:	Facility fax:	

* Assisted living facilities/residential care facility for the elderly

Member information		
Resident name:		
DOB:		
Medicaid ID:	Medicare ID:	<input type="checkbox"/> Enrolled in EAE DSNP**
Diagnosis code:		

** Exclusively aligned enrollment/Dual special needs plans

<https://providers.anthem.com/ca> | <https://www.anthem.com/ca/provider/medicare-advantage>

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