



Reminder About Prior Authorization Requests Marked Urgent

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share an important reminder related to prior authorization (PA) requests that are marked urgent.

Prior Authorization (PA) requests that are marked urgent should be based on medical necessity for urgent and/or expedited processing. The Alliance may review to determine if a request meets or does NOT meet the definition of urgent and/or expedited processing. This determination may result in a change in the processing timeframe from urgent to standard. If this occurs, you will receive a notice about the turnaround timeframe separate from the final determination on the benefit or services itself.

Below is a grid of the required Alliance PA timeframes:

REQUEST TYPE	TIMEFRAME
Determining if a PA marked urgent request will be changed to standard	Within 24 hours of receipt
Urgent Request	Within 3 business days of receipt
Standard Requests	Within 5 business days of receipt
Retrospective Requests	Within 30 calendar days of receipt

The Alliance uses the California Department of Health Care Services (DHCS) medical necessity definition of an imminent and serious threat to the member's health, including, but not limited to, the potential loss of life, limb, or other major bodily function to decide when a review is processed as urgent.

For additional authorization information, please visit the Alliance website at www.alamedaalliance.org/providers/authorizations/authorization-management.

Thank you for your continued partnership and for providing high-quality care to our members and community.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org