

1. What is a RAF?

A RAF is a referral form used by a Primary Care Provider (PCP) to carry out his/her case management role. It is to be used to refer assigned members for medically necessary services not generally provided by the PCP. Each RAF can only be used once and should contain diagnostic and treatment orders for only one patient.

2. Who issues a RAF?

The member's PCP or one of the PCP's designated Call Group associates.

3. Can any PCP issue a RAF?

No. RAFs are only valid if they are written by the member's current PCP or one of the PCP's designated Call Group associates.

4. Does a RAF guarantee member eligibility?

No. As a member's eligibility may change monthly, a Referral Provider should verify eligibility prior to rendering any service.

5. Who needs a RAF?

Any member that needs to seek services from another provider other than their assigned PCP. In general, all assigned members must have a referral for services rendered by someone other than the member's PCP, their PCP's designated Call Group associate, or any PCP after standard business hours (after 5pm Monday-Friday or weekends). Providers should refer to "When RAFs Are Not Required" for exceptions.

6. How to submit a RAF?

Electronic RAF (eRAF) – PCPs can submit referrals online by using the eRAF feature located on CenCal Health's website under Providers Only>>Authorizations.

Referrals submitted using the eRAF feature are not only the easiest and fastest way to submit a referral, but it also eliminates administrative rejections that can cause the denial or delayed payment of claims. <https://www.cencalhealth.org/providers/provider-portal/>

Paper RAFs – PCPs complete Section 1 of the RAF and send copies to both CenCal Health and the Referral Provider concurrently.

Which copy of the three-part paper RAF is mine?

- **White copy** – submitted to CenCal Health by the PCP for processing. A photocopy of the RAF must be attached to a Treatment Authorization Request (TAR) or Medical Authorization Request (AR) form when necessary.
- **Blue copy** – Referral Provider receives this copy for his/her records.
- **Green copy** – the PCP retains this copy for his/her records.

7. What does the following authorization status' mean?

Approved: The RAF has been approved for the specified date span.

Pended/Sent for Review: The RAF requires manual review and our Health Services Department might need additional documentation.

- For those services that members may NOT access directly and the member is being referred to a provider whose practice resides outside of CenCal Health's service area, San Luis Obispo and Santa Barbara Counties.
- The RAF is for a member under the age of 21 who has a diagnosis code and/or is a CCS eligible member and is being referred to a provider that is not a CCS paneled.
<http://www.dhcs.ca.gov/Services/CCS/Pages/default.aspx>
- The RAF is for a member under the age of 21 who is referred to one of the following specialties:
 - Cardiology
 - Pediatric Cardiology
 - Oncology/Hematology
 - Neurology
 - Pediatric Neurology
 - Neurological Surgery
 - Nephrology
 - Pediatric Nephrology
 - Endocrinology
 - General Surgery
 - Pediatric General Surgery
 - Orthopedic Surgery
 - Urology
 - Pediatric Urology
 - Rheumatology
 - Gastroenterology
 - Pediatric Gastroenterology
 - Ophthalmic Plastic Surgery
 - General Surgery
 - Pediatric General Surgery
 - Orthopedic Surgery
 - Urology
 - Pediatric Urology
 - Rheumatology
 - Gastroenterology
 - Pediatric Gastroenterology
 - Ophthalmic Plastic Surgery

Denied: The returned RAF states specifically why the decision was made and a description of the appeal process will be attached. CenCal Health's UM Department has redirected the member to another provider who is within the service area.

8. How am I notified of the outcome of the RAF?

CenCal Health will notify both the PCP and the Referral Provider via email or fax of a RAF's status. You can also go to CenCal Health's restricted site under Authorizations and check the status of a RAF on your own.

9. How long is a RAF valid?

Each RAF should indicate a specific date span. RAFs may be issued for up to 12 months.

10. What services are authorized by an approved RAF?

Unless otherwise indicated, all medically necessary services rendered by the Referral Provider within the designated date span are authorized.

11. Can a PCP restrict the services a Referral Provider can render?

Yes. The PCP must check the box indicating that the referral is only for an office visit or consultation. If the Referral Provider renders any service other than an office visit or consultation, the claim will deny. To refer for additional services, the PCP must issue another RAF.

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12. Can RAFs be shared?

RAFs cannot be shared amongst providers. Referral Providers may write a prescription for DME, and physical, occupational, and speech therapy. They may request authorization for radiology services. For all other services that require a RAF and are outside the scope of the Referral Provider's care, the member must be referred back to their PCP.

13. What if a PCP won't issue a RAF for a member?

There are specific situations when an Administrative Authorization may be issued. Contact the Health Services Department at (805) 562-1082 for assistance.

14. Why is my claim pending?

- Was the RAF approved?
- Is the member eligible?
- Does the claim and RAF have matching provider billing numbers?
- Do the dates on the RAF cover your dates of service?