

**FORWARDHEALTH
PRIOR AUTHORIZATION FOR HOSPITAL PROLONGED STAY**

INSTRUCTIONS: Type or print clearly.

This form may be used to request prior authorization (PA) for a prolonged stay when a ForwardHealth member requires nursing facility level care after a hospital discharge but for whom the hospital is unable to locate a suitable facility.

A PA request may be approved for a maximum of 14 days. The hospital must resubmit a PA request for stays longer than 14 days.

SUBMITTING PA REQUESTS: Attach this form to requested records below and the Prior Authorization for Hospital Prolonged Stay Fax Cover Sheet, F-02815A, and submit them by fax to ForwardHealth at **608-266-1096**.

1. Name – Member (Last, First, Middle Initial)	
2. Member ID Number	3. Type of PA Request <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
4. Name – Hospital or Critical Access Hospital	
5. National Provider Identifier – Hospital	6. Requested Start Date
By my signature below, I hereby attest that I am supplying the following information as part of this PA request and that it is accurate and follows ForwardHealth guidelines to the best of my knowledge: <ul style="list-style-type: none">• An updated plan of care• Physician, physician assistant, or nurse practitioner order indicating level of care• Case management notes that include documentation of the following:<ul style="list-style-type: none">○ Reasons discharge from the hospital cannot be completed○ Up to three referrals attempted or reasons why referrals were not attempted○ The hospital's plan to discharge the patient to a suitable facility as soon as practicable and medically appropriate	
7. SIGNATURE – Physician	8. Date Signed (mm/dd/ccyy)