

Date

Name

Address

City, State, zip

Re:

ID#:

DOB:

Dear :

I am writing to inform you about the processes that CHA has formalized to coordinate the care and coverage of services for children requiring services for PDD/Autism. Thereby, I would like to take this opportunity to describe for you the required steps for organizing covered services for the management and/or treatment of (name) and her diagnosis of PDD/ Autism.

Step One

In the event we do not currently have confirmation of your child's diagnosis of PDD/Autism, a diagnosis must be confirmed before services will be considered for approval.

It is necessary for the Primary Care Physician or the treating physician to submit to the Cardinal Health Alliance Medical Management staff, the documentation that (name) has been evaluated by a practitioner who is skilled in the diagnosis and management of PDD/Autism. The documentation required for confirmation must include the date, location and testing used to confirm the diagnosis. Upon receipt of this documentation, the Cardinal Health Alliance Medical Director will determine if the documentation submitted supports the diagnosis of PDD/Autism. If the documentation is deemed incomplete, a case manager will contact you to set up an appointment with an appropriate physician for the purpose of making a definitive diagnosis.

Step Two

Subsequent to confirmation of the diagnosis, Cardinal Health Alliance will assign a case manager who will assist you with acquiring covered services as ordered in a documented treatment plan. This case manager will assist with access to services with participating providers and benefit management. It is necessary for all services to be covered, that participating providers be used when available

Step Three

It is necessary that a physician be identified as the treating physician. Your Primary Care may elect to refer your child to a physician who is more familiar with the treatment of PDD/Autism. Once it is determined which physician will be regarded as the treating physician, the attached treatment plan must be completed and submitted to the case manager.

Note: Also attached is the definition of a treatment plan. This is included to serve as a guide to you and your child's treating physician to assist with understanding the information necessary to have a completed treatment plan.

Step Four

A completed treatment plan will be monitored by the treating physician and updated in accordance with the documented timelines and goals.

In the event you wish to request a change to the ordered services and/or additional services for your child, you must confer with the treating physician and he/she shall submit an updated treatment plan to the case manager.

It is our belief that by setting forth the expectations as noted above, a more organized approach to care will be afforded, name. It is our hope that this presentation of the steps required, will assist you with understanding the procedures required for acquiring covered services for (name)

You may contact the network for clarification of these steps @ 1-800-553-0865

Please know that we are looking forward to the opportunity to work with you to coordinate care for your child.

Respectfully yours,

Pam Miller RN
Medical Management
Cardinal Health Alliance/ M Plan