

eRAF

CenCal Health Referral Authorization Form			
Reset Form			
RAF#	Plan	From Date	Thru Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider#	Provider Name		
WEBPROV	<input type="text"/>		
Member#	Member Name	Sex	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Referral Provider		*Reason for Referral	
Last Name (Optional): <input type="text"/>		<input type="text"/>	
Area: Select Area... <input type="button" value="v"/>		<i>Reason for Referral is restricted to 50 characters.</i>	
Specialty: Select Specialty... <input type="button" value="v"/>		<i>Unless otherwise noted below, all medically necessary services are authorized</i>	
<input type="button" value="Lookup Specialist"/>		<input type="checkbox"/> Limited to One Consultation/Office Visit	
Provider: <input type="text"/>			
<i>Some Providers may not be set up to accept eRAFs</i>			
Status	Reason	Eff Date	End Date
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Note: Authorization does not guarantee payment ... (more)			
<input type="button" value="Query"/>	<input type="button" value="Submit"/>	<input type="button" value="Reset"/>	

* Mandatory fields

You may use the **Tab** key to navigate. **Shift + Tab** will move you back one box. Enter will submit the RAF to the Referral Provider. Please note that not all providers accept eRAF.

- 1) Enter the PCP's Provider Billing Number in the 'Referring Provider' box
- 2) If making a referral while on-call for the member's PCP, enter the referring physician's Provider Billing Number and check the 'Making referral while on-call for PCP' box. After checking the box, a list of physicians who are in the physician's call group will appear in the box below. Choose the member's PCP.
- 3) The 'From' and 'Thru' dates MUST be entered in the YYYYMMDD format. The number of days the RAF is effective may be specified. Two of the three boxes must be filled in and the third will auto-populate.

- 4) Enter the Member's Identification Number in the 'Member#' box. The member's name will appear when the RAF is submitted.
- 5) The 'Reason for Referral' box is a free form text box where providers may write notes that are pertinent to the referral. Entry is mandatory.
- 6) Providers may enter the last name of the Referral Provider or query based on area and/or specialty. Once criteria are selected, click on Lookup Specialist and the providers who fit within the search parameters will appear. Click on the desired Referral Provider's name and their Provider Billing Number will automatically populate the 'Provider#' box below.
- 7) If there are any limitations or exclusions on the referral, these should be noted in the 'Description of Referred Services' area. Otherwise, all medically necessary services will be authorized.
- 8) To submit the RAF, click on Submit located at the bottom of the form. The RAF# will then appear.
- 9) To query previously submitted RAFs, enter a RAF# or Member Identification Number in the appropriate field and click Query.