PSW a population health company

MultiCare Connected Care™

2026 Post-Acute Prior Authorization Request Form

Requests from contracted provider to contracted provider: Referrals not required to be sent to PSW. Refer to Prior Auth list to determine if requested services requires prior authorization. https://pswipa.com/provider-resources

Requests to non-contracted provider: All services require prior auth. Submit documentation for reason services are requested out of network.

Post-service/retrospective reviews will **not** be accepted, please submit claims if services have been completed to **Payer ID: RP036**

MEMBER DETAILS

Member ID

Member Name

DOB (MM/DD/YYYY)

Member Phone

REQUESTING/ORDERING PROVIDER DETAILS

Hospital that patient is being referred to (please select one):

Other

If "Other Hospital", please specify:

Referral Contact associated with the:

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Referral Coordinator Contact Name

Contact Fax

Contact Phone

REQUESTED FACILITY FOR ADMISSION

SCAN is contracted with MultiCare Connected Care (MCC) and desigated contracted facilities. The plan does not include out-of-network benefits and requests should be sent to contracted facilities.

SNF Requests Only - Choose a facility for review

SNF Contracted Facilities:

Puget Sound Region --

Inland Northwest Region --

Thurston Region --

Other OON Requested Facility *OON request will be reviewed only if evidence of all other facilities declining admission

Fax Number for requested facility

IPR Requests Only - Choose a facility for review

IPR Contracted Facilities:

- ○ Puget Sound Region - Good Samaritan Hospital IPR
- ○ Inland Northwest Region - Rehabilitation Hospital of the NW (Post Falls, ID)

Fax Number for requested facility

1300 S Evergreen Park Dr SW. Olympia, WA 98502 | Phone: 360-786-8690, option 3 | Fax: 360-447-6396