



# Health Share Treatment Authorization Request Prior Authorization (HSTAR\_PA) Form

<b>HSTAR_PA Part C: Care Coordination Information</b> To be submitted with the HSTAR_PA form upon initial request, and with subsequent requests as there are changes	
Member information	
Member Full Name:	Member Medicaid ID:
Primary Care Provider	
PCP Name:	Contact Info:
Has Care been Coordinated with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Dental Provider	
Dentist Name:	Contact Info:
Has Care been Coordinated with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Other Mental Health or SUD Provider	
Name:	Contact Info:
Has Care been Coordinated with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Other Mental Health or SUD Provider	
Name:	Contact Info:
Has Care been Coordinated with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Current Medication Prescriber	
Name:	Contact Info:
Has Care been Coordinated with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Current Medications Prescribed:	

Upon completion of this form, please submit, with HSTAR\_PA form and appropriate clinical documentation, to member's assigned Behavioral Health Plan Partner:

- Clackamas County Behavioral Health – via Fax: (503)742-5355
- Multnomah County Behavioral Health - via Email: [asoc.team@multco.us](mailto:asoc.team@multco.us) or via Fax: (503-988-9383)
- Washington County Behavioral Health – via Fax: (503)846-3522