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Senior Care Options and One Care Plans

Frequently Asked Questions (FAQ): Prior Authorization Request

Q. **Who should request a prior authorization?**

A. Providers are responsible for submitting the prior authorization request. For covered services that require authorization, the request must be submitted prior to rendering the services.

Q. **What if I do not have a prior authorization and perform the service?**

A. An authorization should be obtained prior to performing the service to avoid an administrative claim denial. Retroauthorization requests will not be accepted; please refer to the Prior Authorization payment policy.

Massachusetts
- [Payment Policies](#)

Q. **What do I do if the prior authorization is expiring?**

A. Providers are responsible for requesting a new authorization at least 14 days <u>before</u> the current approved authorization expires if the services need to continue.

Q. **Who do I call with questions regarding covered services and prior authorization?**

A. If a requested service or item is not listed, please contact our Provider Services team at 866-420-9332 for clarification.

Q. **Where do I find the prior authorization forms?**

A. To access prior authorization forms, click the appropriate link below:

Massachusetts
- [Prior authorization forms](#)
- [Senior Care Options Provider Manual Section 18: Forms](#)

Q. **What number should I fax the prior authorization forms to?**

A.
- The Inpatient/Observation Admission prior authorization forms must be faxed to 855- 811-3467.
- All other prior authorization forms must be faxed to 855-341-0720.

Q. **When will I receive the decision for the prior authorization request submitted?**

A.
- Prior authorization decisions will be made no later than fourteen (14) calendar days after CCA receives the request, or within seventy-two (72) hours for expedited requests.
- The decisions are faxed directly to the provider's fax number on file.

Q. **When should I request an authorization to be expedited?**

A. A member, or any physician, may request that CCA expedite an organization determination (prior authorization request) when the member or his or her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

Q. **How do I check on the status of a prior authorization request?**

A.
- [CCA Provider Portal](#) – Log in or register to access the provider portal and view the status of authorizations associated with your practice.
- Please contact our Provider Services team at 866-420-9332.

Q. **What should I do if I do not receive a decision within the timeframe?**

A. If you did not receive a decision within the allowed timeframe, please contact our Provider Services team for assistance at 866-420-9332.

Q. **Is there a prior authorizations payment policy?**

A. Yes. To access the Prior Authorization Payment Policy, please click on the link below:

Massachusetts
- [Payment Policies](#)

Q. **Where do I find the prior authorization requirements?**

A. Please refer to Section 4 – Prior Authorization Requirements in the Provider Manual.

Massachusetts
- [Senior Care Option and One Care Plan Provider Manual](#)

Q. **Who can I contact if I have questions about the prior authorization?**

A. If you have questions about an approved authorization (number of units, procedure code, etc.), please contact our Provider Services team for assistance at 866-420-9332.

Q. **How often should I verify member eligibility?**

A. Providers are required to confirm member eligibility on a regular basis and prior to rendering services. All prior authorizations are contingent upon member eligibility. Eligibility may be confirmed by:

- Logging in to the [CCA Provider Portal](#)
- Logging in to the [EZNET Online Claims Web Portal](#)
- Using the [MassHealth Provider Online Service Center](#)
- Using the [NEHEN Provider Portal](#)
- CCA Provider Services at 866-420-9332

Q. **Where can I find the Medical Necessity Guidelines?**

A. To access the CCA Medical Necessity Guidelines, please click on the link below:

Massachusetts
- [Medical Necessity Guidelines](#)

Q. **Why am I receiving a form labeled Referral in addition to the authorization?**

A. You may receive a referral for the following reasons:

- To provide demographic information
- To conduct an evaluation to fulfill the service being requested

Q. **How do I obtain access to CCA's EZNet Online Claims Web Portal?**

A. CCA offers a secure web portal where providers can view their claim status and validate member eligibility. Information on obtaining access can be found in Section 6 – Claims and Billing Procedures of the Senior Care Options and One Care Provider Manual.

Massachusetts
- [Senior Care Options and One Care Provider Manual](#)

Q. **What should I do if I receive a denial for a claim where prior authorization approval was obtained?**

A. If a provider disagrees with a decision of denial or reimbursement of a claim, the provider can file an appeal for reconsideration. For additional information on appeals, please refer to Section 6 – Claims and Billing Procedures of the Senior Care Options and One Care Provider Manual.

Massachusetts
- [Senior Care Options and One Care Provider Manual](#)

Q. **Who should I call if I have questions about claims?**

A. For billing, claim status, questions, or inquiries, please contact our Claims department directly at 800-306-0732.