

AUTHORIZATION REQUIREMENTS

Mass Advantage Basic HMO and Plus HMO members will be required to select a Primary Care Provider (PCP). The PCP will serve as the coordinator of member care to ensure access to medically necessary specialty care. The PCP may oversee all the medical care and services provided to the member.

It is very important that Mass Advantage authorization procedures are followed for services that require prior authorization. If a member proceeds to receive care at the direction of their PCP or network specialist, believing that such care was verbally or otherwise authorized by the provider, the member cannot be held financially responsible.

In such cases when the referring network provider fails to follow Mass Advantage's CMS approved authorization protocols, Mass Advantage may decline to pay the claim in which case participating providers will be held financially responsible for services received by the member. Again, CMS prohibits holding the member financially responsible in these cases.

To request an authorization for your patient for medical services or Part B drugs, please complete the Mass Advantage [Authorization Request Form](#) located on our website and fax it to Mass Advantage Utilization Management department at (888) 656-7783, or call (866) 312-8467.

Refer to the Mass Advantage Authorization Code List for a quick reference on which services require authorizations. CMS preventive services do not require authorization or referral.

For more information, please refer to the [Mass Advantage Evidence of Coverage](#) documents on our website.

For more information regarding Medical and Part B Utilization Management, please review our [policy](#) found our website, along with additional information listed in our website.

PRIOR AUTHORIZATION REQUESTS FOR PART D DRUGS

Certain prescription medications require prior authorization through Mass Advantage. Providers may submit an electronic prior authorization (ePA) through their electronic medical record (EMR) system.

Requests for Part D drug authorizations may also be submitted to the Pharmacy Utilization Management Department via the following:

- **Online:** By completing the [Request for Medicare Prescription Drug Coverage Determination](#) located on our website
- **Fax:** Fill out the [Request for Medicare Prescription Drug Coverage Determination Printable Form](#) and fax to (888) 904-1139
- **Phone:** (844) 918-0114 for HMO members, (844) 915-0234 for PPO members
- **Mail:** Fill out the [Request for Medicare Prescription Drug Coverage Determination Printable Form](#) and mail to the following address:
Mass Advantage, ATTN: MPD-1000UR
P.O. Box 64806, St. Paul, MN 55164-0811

Part D Formulary and Utilization Management criteria can be found on our website [here](#).