



Re: Reimbursement for Services Provided to Mass Advantage Members

Dear Provider,

Thank you for providing health care services to a member of Mass Advantage. Recognizing that you do not currently have a contract with Mass Advantage, we are writing to provide information about our obligation to pay for services rendered to Mass Advantage members by non-contracted providers.

Mass Advantage is a Medicare Advantage plan, and therefore is subject to federal rules governing payments to non-contracted or out-of-network providers. Specifically, Mass Advantage must reimburse non-contracted providers for services covered by a member's plan in an amount that is no less than the amount that would be paid for the same service under Original Medicare. Non-contracted providers who participate in Medicare are, in turn, required to accept this amount as payment in full and not balance bill the member. *See* 42 CFR § 422.214.

Mass Advantage will reimburse non-contracted providers consistent with these federal standards.

If you have a question about whether or not a service will be covered by the member's plan, you, your staff, the member, or the member's representatives may request a pre-service organization determination from Mass Advantage to confirm the scope of coverage. If the request warrants an expedited determination, we will make a decision as expeditiously as the member's health condition requires, and in any event no more than 72 hours from our receipt of the request. Please see the "Prior Authorization" request form on our website (MassAdvantage.com) or call 866-312-8467.

Thank you for your continued service and commitment to our member. If you have any questions, please contact Provider Relations at Provider.Relations@massadvantage.com.

Sincerely,

A handwritten signature in blue ink that reads "Heather Trafton".

Heather Trafton
President, Mass Advantage