COMMON GROUND
HEALTHCARE COOPERATIVE

Prior Authorization Fact Sheet

Prior Authorization is the practice of getting certain medical services approved by Common Ground Healthcare Cooperative (CGHC) before receiving treatment. Prior Authorization exists to give health insurance companies advance notice of certain claims. It also serves as a type of checks-and-balances system to validate that any planned care is medically necessary.

What is Medical Necessity and how is it used in determining Prior Authorization?

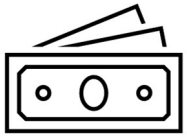
Medical necessity describes care that is reasonable, necessary and/or appropriate, and is built on evidence-based clinical standards of care. CGHC covers only services deemed medically necessary. As a result, your claims may occasionally be subject to review for medical necessity.

Certain medical services require Prior Authorization by CGHC before they will apply to your benefits. These can include tests, procedures, medical equipment, and medications.

CGHC's Medical Management team oversees the Prior Authorization process. Your provider must submit a Prior Authorization Request Form and obtain approval before you receive the requested services for them to be covered by your plan. We need to receive the request form at least five business days prior to the anticipated date of your service or procedure.

All in-network providers should be aware that Prior Authorization must be obtained before they provide these services to you. However, you are ultimately responsible to ensure Prior Authorization was obtained in order to be applied to your benefits.

For urgent or emergency hospital admissions, Prior authorization must be obtained within 24 hours of the admission, or the next business day. When circumstances such as these occur, please **call 877-825-9293** as soon as possible and submit a request for an expedited Prior Authorization review of an urgent claim. A decision will be made within 24 hours of receiving the requested information.



If you fail to obtain written Prior Authorization for designated services, eligible charges will be reduced by 50% up to a maximum penalty of $1500. The 50% penalty will apply first, before deductibles, coinsurance, or any other plan payment or action. The 50% penalty does not apply toward your maximum out-of-pocket.

Prior Authorization Tips

- To start the Prior Authorization process, talk with the provider ordering the healthcare service(s) to ensure they have submitted the request form on your behalf.
- BEFORE receiving healthcare services, make sure you received a written notification approving your Prior Authorization request.
- If you haven't received a written notification**,** please contact Member Services at 877.514.2442.
- Read your Prior Authorization approval carefully. You need to understand which services have been authorized and which provider is authorized to deliver the services.
- Your policy must be in effect when the prior authorized healthcare services are received.
- If additional care is needed, beyond what was authorized, your provider will need to request an extension of the original Prior Authorization.
- Regardless of whether Common Ground Healthcare Cooperative is your primary or secondary health insurance carrier, Prior Authorization is required for certain services.

Additional information about Prior Authorization is available in your Certificate of Coverage on our website www.commongroundhealthcare.org/coverage-details. To receive a printed copy of the Certificate of Coverage, please call Member Services at 877.514.2442.