

## Process for ensuring approval of previously granted Prior Authorization - Managed Care to Fee-for-Service

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**\*\*\* REMINDER Providers must check EVS prior to providing any service to an eligible M.A. recipient and must listen to the ENTIRE EVS message in order to obtain the correct eligibility information necessary for payment**

1. When a provider is informed via EVS that a recipient is no longer enrolled in a managed care plan but is covered by fee-for-service, the provider and DPW are responsible for ensuring continuing services that were previously prior authorized by the managed care plan until the end of the time period previously authorized by the managed care plan.
2. If the provider is an enrolled M.A. provider, he or she may perform the service and submit to the Department at P.O. Box 8044, Harrisburg, PA 17105, the invoice with the managed care plan's Prior Authorization attached. If there is no formal Prior Authorization form from the managed care plan, a copy of the primary care physician's (PCP's) referral form should be attached to the invoice.
3. If the provider is not an enrolled M.A. provider and wishes to perform the service and receive payment for the service, he or she must enroll by calling the Department and requesting the application forms. The non-enrolled provider may perform the service before becoming enrolled but may not invoice the Department for the service until after completing the enrollment process. The provider who meets all Medical Assistance requirements will be enrolled retroactive to the date the service was first delivered after the recipient disenrolled from managed care. Enrollment forms must be submitted within thirty (30) days of the initial service to avoid extended delays. The invoice with the managed care plan's Prior Authorization (or PCP's referral form) attached must be submitted to the Department at the address listed in Step 2 above.
4. The Prior Authorization Unit will review the invoice and attachment submitted. If the managed care rate for the prior authorization service is higher than the fee-for-service rate, the Department will either negotiate a mutually acceptable rate, identify a qualified and geographically proximate provider who will accept the fee-for-service rate, or approve the managed care rate. Based on that information, the Prior Authorization Unit will issue a DPW Prior Authorization number, forwarding the invoice, with the number, to MAMIS. The Prior Authorization Unit will issue a DPW Prior Authorization Notice to the provider. The quantity of services, length of time, and scope of services prior authorized by the Plan will be honored as initially approved.
5. When MAMIS receives the invoice with the DPW Prior Authorization number the invoice will be paid. Any future invoices must include the DPW Prior Authorization number, which the provider received on the Prior Authorization Notice.
6. A reauthorization request to continue the prior authorized service must be submitted to the Department thirty (30) days before the end of the previously approved period.