You ask our plan to make a coverage decision (Prior Authorization) on the medical care you are requesting.

How to request coverage (Prior Authorization) for the medical care you want

- Start by calling, writing, or faxing our plan to make your request for us to authorize or provide coverage for the medical care you want. You, your doctor, or your representative can do this.

Write to:

Centers Plan for Healthy Living
Attn: Utilization Management
75 Vanderbilt Avenue, Suite 700
Staten Island, NY 10304

Call: 1-877-940-9330
Fax: 1-718-581-5522

When you make a request for prior authorization, we give you our decision using the "standard" deadlines unless we have agreed to use the "fast" deadlines.

A standard coverage decision means we will give you an answer within 14 calendar days after we receive your request for a medical item or service. If your request is for a Medicare Part B prescription drug, we will give you an answer within 72 hours after we receive your request.

- However, for a request for a medical item or service we can take up to 14 more calendar days if you ask for more time, or if we need information.

If your health requires it, ask us to give you a "fast coverage decision"

- **A fast coverage decision means we will answer within 72 hours if your request is for a medical item or service. If your request is for a Medicare Part B prescription drug, we will answer within 24 hours.**
- **To get a fast coverage decision, you must meet two requirements:**
  - You can get a fast coverage decision *only* if you are asking for coverage for medical care *you have not yet received*. (You cannot ask for a fast coverage decision if your request is about payment for medical care you have already received.)

You can get a fast coverage decision *only* if using the standard deadlines could *cause serious harm to your health or hurt your ability to function.*

However, for a request **for a medical item or service we can take up to 14 more calendar days** if we find that some information that may benefit you is missing (such as medical records from out-of-network providers), or if you need time to get information to us for the review. If we decide to take extra days, we will tell you in writing. We can't take extra time to make a decision if your request is for a Medicare Part B prescription drug.

See the Evidence of Coverage (EOC) Chapter 9, Section 5 for more information about coverage decisions/prior authorizations.