SummaCare®

Provider eNews

A SummaCare Publication For Our Providers.

Dear Provider,

SummaCare would like to ensure you are aware of the prior authorization review timelines for Medicare Advantage, Marketplace, Self-Insured and Commercial plans.

Prior authorization requests are reviewed within the timeframes listed below:

Plan Type	Request Type	Review Timeline
Medicare Advantage and Marketplace	Expedited	Within 72 hours
Medicare Advantage and Marketplace	Standard	Within 7 calendar days
Commercial	Expedited	Within 48 hours
Commercial	Standard	Within 10 calendar days
Self-Insured	Expedited	Within 72 hours
Self-Insured	Standard	Within 15 calendar days

When submitting a prior authorization request, mark the request appropriately as urgent/expedited or standard in order to be handled according to the applicable review timeframe.

URGENT REQUESTS: Urgent requests involve conditions where waiting for a standard decision could seriously harm the patient's life, health, safety or well-being.

A provider familiar with the patient's condition may determine that immediate care is needed to prevent adverse health outcomes. Requests that do not meet these criteria may be processed as standard. If "Urgent" is not indicated on this form, the request will be processed as standard.

Please note that review timelines begin when complete information is received via the portal (preferred) or fax. To avoid delays or denials, submit a fully completed authorization request with all required clinical documentation and a direct contact number for any follow-up questions.

If you have any questions, please contact Provider Support Services toll-free at 800.996.8401 or email Provider Engagement at providerengagement@summacare.com.

Sincerely,

Provider Support Services