

For individuals under 65 and group plan members

Understanding preauthorization

Sometimes health plans need to review a medical service, treatment or medicine before we will cover it. We call this process “preauthorization.” Only certain medical services or drugs require preauthorization. You can find lists of those when you log into connecticare.com.

Why preauthorization is required

ConnectiCare, like all managed health plans, is committed to giving you high-quality care while controlling costs. Preauthorization helps see that you receive:

- Drugs that are cost-effective and appropriate, following safe prescription limits set by the Food and Drug Administration
- Medical or surgical services that are necessary, following national standards of care and input from local doctors
- Referrals to out-of-network providers only when needed
- Care in the most appropriate setting

Always ask your doctor if a drug or treatment that is being recommended requires preauthorization. Or call us at **1-800-251-7722**.

How preauthorization works

STEP 1	STEP 2	STEP 3	STEP 4
Your doctor tells us why you need the drug or service. Sometimes we need to contact your doctor to ask for more information.	We use the complete information from your doctor to make a decision as quickly as possible.*	If we approve the service or drug*, we will notify your doctor. If we don't approve, we will explain why in writing.	If you or your doctor disagrees with our decision, you can file an appeal. We will include instructions for filing an appeal in the letter we send to you.

*Please Note:

- We cannot give preauthorization until we receive complete information from your doctor.
- Certain medications may have quantity limits. If you need a refill after you have reached that limit, your doctor will need to request preauthorization again.

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Talk with your doctor

Doctors who are in our network are responsible for requesting preauthorizations for certain drugs and medical services. If you are seeing an out-of-network doctor who prescribes a drug or recommends a service that requires preauthorization, it is your responsibility to contact us for preauthorization or follow up with the doctor to be sure he or she has done so for you. **If preauthorization does not happen, then the medical service or drug may not be covered or may cost you more.**

Your health is our top priority

Nothing is more important to us than making sure that our members get the care they need. That is why we have doctors and nurses on staff regularly evaluating treatment options based on national standards. You can count on us to work together with your doctors and providers to ensure that you receive the very best care, in the right setting, while helping you avoid unexpected costs.

Questions? Get in touch!

By phone: **1-800-251-7722** (TTY: 1-800-833-8134), Monday – Friday

In person: At a ConnectiCare center, Monday – Saturday

For locations and hours, go to **visitconnecticare.com**

Online: **connecticare.com**



This flyer provides a brief overview of some of your preauthorization requirements. For complete benefit information, please refer to your ConnectiCare benefit plan document. Coverage is dependent upon the member's continued participation with the plan at the time services are rendered.

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

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