







PRIOR AUTHORIZATIONS

Prior authorizations are needed before certain medical treatments are started. Obtaining prior authorization is designed to determine whether or not a proposed setting and course of treatment is medically necessary and appropriate.

- Provider calls HNAS at 877.629.1500. Provider will be advised if an authorization may be required for certain services.
- If the service requires preauthorization, the customer service representative will fax the Preauthorization Review Request Form to the provider.
- The provider should fax the Preauthorization Review Request Form to HealthNow Administrative Services (HNAS)
- The Preauthorization Department will place calls (as well as send a letter) to both the provider and the member. **The turnaround time is about 5 business days.**

REFERRAL AUTHORIZATIONS

Under the Value Plan, you are required to use Enloe Medical Center (Tier 1) for any services. You may only seek care outside of the Tier 1 network if the services are not provided at Enloe or if out-of-town medical care and/or emergency care is required. Prior to receiving services from a Tier 2 or Tier 3 provider, you must first receive a referral authorization. No benefit will be payable if a non-emergency service is incurred outside of Tier 1 (Enloe Medical Network) prior to obtaining an approved referral authorization. This process can be completed by contacting HNAS.