

## Plan-Directed Care Prior Authorization Checklist

As stated in your provider contract, providers shall refer members for covered services to other contracting providers first. Provided below is a checklist before sending a request to Medical Management for Medicare Advantage Plan-Directed Care (PDC) review.

1. Request is from a contracting provider
  - Yes. Continue to step 2.
  - No. Stop – PDC not applicable.
2. Request is for a referral to non-contracting provider
  - Yes. Continue to step 3.
  - No. Stop – PDC not applicable.
3. Verify if the reason(s) for referring to a non-contracting provider is one of below:
  - a) No contracting provider found in the Find a Doctor search on <https://hmsa.com/search/providers/> for that specialty
  - b) There is a contracting provider for that specialty, but they are not accepting patients/no available opening in the near future/out of office
    - Yes. Go to step 4.
    - No, possibly not n approved referral to a non-contracting provider. Go to step 5.
4. Non-contracting provider meets all the criteria:
  - a) Not included in the OIG Exclusion List. To check, go to <https://exclusions.oig.hhs.gov/>
  - b) Not included in the CMS Preclusion List
  - c) They are licensed to practice under their particular specialty
  - d) They are licensed under a valid Medicare specialty.
  - Yes.
    - Please complete the HMSA Precertification Form (check box for MA plan-directed care review) and mail or fax to:  
Precertification Request HMSA - Medical Management Department  
P.O. Box 2001 Honolulu, HI 96805  
or  
Fax: (808) 944-5611
    - Or submit the referral online via HHIN
5. Discuss with member the advantages of going to a contracting provider such as being liable to in-network cost-sharing compared to out-of-network cost-sharing