curative

A simple guide to prior authorizations.

At Curative, we are dedicated to ensuring you receive the best, safest, and most cost-effective healthcare. Through prior authorization, our medical experts evaluate treatments for safety and effectiveness, supporting your well-being while controlling costs. By utilizing our trusted network, ensuring continuity of care, and preventing unnecessary claims, we strive to provide comprehensive and organized healthcare for our valued members.



When it's required:

- Medical necessity
- Benefits restrictions
- Hospital-based services
- Elective procedures
- Therapy services

This list is not exhaustive. For more information call member services.

Uninterrupted care

Prior authorization helps us plan your care so you get the right support and we don't miss anything. During your transition to our health plan, preserving continuity of care is vital for a seamless healthcare experience.

Pregnancy: If you are 24 weeks or beyond, you cannot be required to use in-network providers. In cases of high risk, this period might be less than 24 weeks, but it will be subject to review.

Life-threatening illness (e.g., Oncology): If you are undergoing treatment for a life-threatening illness, our plan ensures that you won't be required to change providers for a set period, allowing you to utilize out-of-network services without disruption.

How it works:

1. When your healthcare provider recommends a service or treatment that requires prior authorization, they will submit a request to us.
2. Our team of medical experts will review the request based on (1) benefits coverage and (2) established guidelines and medical necessity.
3. If approved, you can proceed with the recommended treatment knowing that it meets evidence-based care protocols for quality and cost-effectiveness.
4. In cases where a request is denied, we will provide an explanation, and you and your provider can explore alternative options.

Common reasons for denial include:

- Lack of Medical Necessity
- Not a covered benefit
- In the Experimental/Investigational phase

How to appeal:

Request appeal by calling Member Services or email **medicalmanagement@curative.com**. A doctor needs to provide supporting documentation. Once we receive an appeal, we will respond with an Appeal Authorization Letter.

Questions?

If you have any questions or need assistance withthe prior authorization process please contact Member Services at **855-428-7284.**

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