Samaritan Health Plans

FAQs related to new Samaritan Advantage Health Plans members

1. **Can a prior authorization be submitted before coverage begins?**
   a. **No.** Please submit a prior authorization for the member on or after Jan. 1, 2024. Member information may not have been loaded and would not have been available in the portal. The eligibility date is typically Jan. 1. Member information will be loaded as soon as possible.
   b. Out-of-network providers may use the portal or can fax in an authorization request to 541-768-9766.

2. **Can approved prior authorizations for members who had previous Medicare coverage prior to Samaritan Advantage be accepted?**
   a. **Yes.** For up to ninety (90) days, Samaritan will honor all previously approved prior authorizations from other Medicare Advantage plans for services and medications not excluded from coverage by the Centers for Medicare and Medicaid Services or excluded from transitions of care per CMS.
      i. Some specific medications are not eligible for transitions of care. Please have the member contact the SHP Pharmacy team at 541-768-4550 if they have a question about whether their medication is covered.
   b. Please submit a prior authorization to Samaritan Advantage Health Plans for services that were previously prior authorized.
      i. While these services during the first ninety (90) days of transition will not require authorization, having authorization from Samaritan Health Plans will help when claims and billing for these services come to SHP.
      ii. Please include any approval letters or documentation to show the services were approved by the member's prior Medicare Advantage plan. This will help to coordinate previously approved services under the members' new Samaritan Medicare Advantage plan.
      iii. Documents can be faxed to 541-768-9766 if you are unable to upload them with the submission of the prior authorization.

3. **Can a new SAHP member continue to see an out-of-network provider?**
   a. **Yes.** New Samaritan Advantage Health Plans members can continue to see out-of-network providers for the first ninety (90) days of coverage. After the 90-day transition period, out-of-network providers require prior authorization.
   b. If a member is considering remaining under the care of an out-of-network provider, SHP recommends submitting a prior auth request 30 days before the end of the initial 90-day transition period. Out-of-network providers require prior auth for any office visits or services provided and it must be submitted via fax to 541-768-9766.

4. **Can a member pay their premium at any Samaritan location?**
    a. **No**. Members need to contact SHP directly to make their payment. Please direct members to call **541-768-4550**. At the first prompt, instruct them to press "4", at the next prompt, press "2", then at the last prompt, press "3". This will get the member directly into the finance queue for assistance.

5. **Is there someplace I can get the most up-to-date information?**
    a. **Yes.** Please visit the Provider website at samhealthplans.org/Providers for access to plan documents, prior authorization lists, provider directories, formularies and more! Provider offices can view benefits and eligibility using OneHealthPort.

6. **What do I do if I want to request a peer-to-peer meeting during high call times?**
    a. For the next 90 days, requests can be submitted via email to SHPPeertoPeer@samhealth.org.
    b. A peer-to-peer request should be submitted within five business days of the denial decision.
    c. Peer-to-peer is informational only. It cannot result in an overturned decision but information will be conveyed that may help with an appeal.
    d. Please include the following in the email request:
        i. Patient name and date of birth.
        ii. Authorization number.
        iii. Provider name and NPI number.
        iv. Two to three dates and times when available for a telephone call from the reviewer.