

December 13, 2023

## In 2024: Providers Notified When CareAdvantage Services Dismissed

Dear provider,

Effective January 1, 2024, providers rendering services for CareAdvantage members will begin receiving letters if a service is dismissed for certain reasons. This is part of a Centers for Medicare and Medicaid Services (CMS) regulation requiring the Health Plan of San Mateo (HPSM) to notify providers an authorization has been dismissed for one of the four following reasons:

1. The authorization was submitted by a non-authorized party.
2. The request was not submitted in writing or verbally.
3. The member passed away while the authorization was pending.
4. The request has been withdrawn.

Currently, providers do not receive any notification if an authorization is cancelled. Starting in the new year, the “cancelled” status will be changed to “dismissed” and providers will receive a dismissal letter for one of the specific reasons outlined above, which will also include an explanation as to why the authorization was dismissed and an opportunity to appeal.

We will continue to be transparent about this process and are happy to answer any questions at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you for your continued commitment to our community,

The Health Plan of San Mateo