Provider Notice: Prior Authorization Requirements

July 27, 2026

Dear Provider,

As part of our ongoing efforts to support timely access to care and promote appropriate utilization of services, please be aware that the Health Plan's prior authorization (PA) requirements may differ from those of the state Medicaid program. In some cases, the Health Plan may require authorization for services that do not require state authorization, subject to applicable federal and state requirements, contractual obligations, and regulatory exceptions. Relevant plan-specific authorization requirements and exceptions are outlined in our provider resources and policies.

The Health Plan continually evaluates authorization requirements by reviewing utilization patterns, provider feedback, regulatory changes, and member impact. When appropriate, authorization requirements may be modified or removed if they are no longer necessary to support quality, safety, or program integrity.

We appreciate your partnership and encourage providers to consult the most current prior authorization resources before rendering services to ensure compliance with applicable requirements.

If you have any questions, please reach out to Provider Services at 1.844.366.2880 or your SilverSummit HealthPlan Provider Engagement Representative.

Thank you,

SilverSummit Healthplan