



Network Notification

Notice: July 10, 2026

To: Senior Care Options and One Care Providers

From: Commonwealth Care Alliance® (CCA)

Subject: Important Update: Submitting Prior Authorization Requests and Provider Verification Requirements

Summary

As part of CCA's ongoing commitment to protecting provider and member information and supporting accurate, timely processing, Commonwealth Care Alliance® (CCA) is updating provider verification requirements for Provider Services inquiries and prior authorization requests.

As part of this update, providers should be prepared to provide identifying information when contacting Provider Services and ensure complete provider information is included on prior authorization requests. Accurate provider information helps CCA verify records, protect sensitive information, and reduce delays in processing inquiries and requests.

What You Need to Know

When Submitting Prior Authorization Requests

Prior authorization requests must include a completed [Standard Prior Authorization Request form](#) and supporting clinical documentation in accordance with applicable Medical Necessity Guidelines. Services with exceptions are identified in Section 4 of the updated [Provider Manual](#).

When submitting prior authorization requests, providers should include the servicing provider TIN. The referring provider TIN is not required.

When Contacting Provider Services

When calling about claims, authorizations, appeals, provider data, or care team inquiries, please have the following information available:

- Provider or group name
- One additional identifier:
 - National Provider Identifier (NPI)
 - Federal Tax ID (Tax Identification Number [TIN])
 - CareSource Provider ID
- If the organization has multiple TINs, the TIN associated with the provider or office being discussed

Additional verification may be required when:

- Verifying member eligibility
- Discussing multiple providers or members during the same call
- The provider is associated with a different TIN
- Information provided does not match the claim, authorization, appeal, or provider record being discussed

If additional information is needed, we will contact you while continuing to process your request.

Why This Change is Being Made

This change helps protect provider and member information, ensures requests are associated with the correct provider record, and supports more efficient handling of authorization, claim, and provider data inquiries.

Questions?

For questions, contact CCA Provider Services at **1-866-420-9332**. Hours are 8:00 a.m. to 5:00 p.m. Monday through Wednesday and Friday, and 8:30 a.m. to 5:00 p.m. Thursday, Eastern Time.

Thank you for your continued partnership and cooperation as we implement these updated requirements.

Commonwealth Care Alliance | 2 Avenue de Lafayette, 5th floor | Boston, MA 02111 US

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