

# Policy

<b>DEPARTMENT:</b> Utilization Management	<b>POLICY#:</b> UM - 033
<b>TITLE:</b> Denial for Involuntarily Removed Providers	<b>VERSION:</b> 1.1
<b>APPROVED BY:</b> UM Committee	<b>DATE:</b> 12/5/2022
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## Purpose

This policy outlines Longevity Health’s stance on prior authorization requests from non-participating providers for services and procedures that the Longevity Health Advanced Practice Provider did not order, was unaware of, and/or feels does not align with the member’s goals of care, status, or is not medically appropriate.

## Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP/LH	Longevity Health , the Plan
Non-PAR	A non-participating, non-contracted servicing provider such as a physician, physician group, hospital, facility, or other healthcare provider.
APP	Advanced Practice Provider, Nurse Practitioner, Physician Assistant
PCP	Primary Care Provider
MD	Medical Doctor

## Policy

Longevity Health advocates for member’s rights and for services that align with the member’s goals of care, status, and wishes. At times, non-PAR providers may submit requests for prior authorizations without the collaboration with the Longevity Health APP/PCP occurring. In these instances, Longevity Health will engage the APP/PCP assigned to the member to get their feedback on the appropriateness of the service or procedure being requested by the non-PAR entity. Their feedback will be utilized during the medical necessity review process to paint a clinical picture of the member and their status.

*Longevity Health follows the organization determination processes outlined in the Evidence of Coverage.*

## APP/Primary Care Provider Deems Request Not Medically Appropriate

The APP/PCP will be engaged prior to determination of the request to obtain their feedback on the requested service or procedure. If the APP/PCP was unaware of the request from the non-PAR provider, did not make a written referral to the provider, and/or does not feel that the request is medically appropriate for the member, the Utilization Management Review Team may bypass the Denial Hierarchy and deny the request as not medically necessary.

The Utilization Management Review Team will document the response received from the APP/PCP in the case file and include this information before the case goes for MD review. The MD reviewer may then base the denial of the request off this feedback and deny for lack of medical necessity, bypassing the normal hierarchy for denials.

## **Provider has been Involuntarily Removed from the Network**

In instances where Longevity Health has removed a provider from the Network, making them non-PAR, any requests received from the removed provider will be handled as follows:

1. Notification to the Longevity Health APP/PCP by the Utilization Management Review Team with all pertinent information associated with the request to include:
  - a. Member Name
  - b. Member Facility
  - c. Member Market
  - d. Requesting Provider
  - e. Services Requested
  - f. Inclusion of any submitted documentation
2. The APP/PCP will review and provide a response to the Utilization Management Review Team on the medical appropriateness of the service requested for the member.
3. If the APP/PCP believes the service is medically appropriate for the member:
  - a. The request from the involuntarily removed provider will be denied in the system.
  - b. The Utilization Management Team will notify the involuntarily removed provider of the denied authorization both via telephone and in writing.
  - c. The APP/PCP will collaborate with the ordering provider to determine if another referral utilizing a participating provider is warranted.
4. If the APP/PCP believes the service is not medically appropriate for the member:
  - a. The request from the involuntarily removed provider will be denied in the system.
  - b. The Utilization Management Team will notify the involuntarily removed provider of the denied authorization both via telephone and in writing.

Note: The involuntarily removed provider has the same appellate rights as any non-PAR provider and will follow the same appellate process as a non-PAR provider should they choose to appeal the adverse determination.



## Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		12/5/2022	Courtney Gonzales	NEW
1.1	Minor	12/7/2022	Courtney Gonzales	Change from “will” to “may” in PP2 under APP/Primary Care Provider Deems Request Not Medically Appropriate

## Appendices



Denial  
Heirarchy.pdf