

Policy

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Purpose

Longevity Health Plan allows for continuity of care considerations for members newly enrolled on the plan to avoid disruption of care. This policy outlines those considerations and processes.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
UM	Utilization Management
PA	Prior Authorization

Policy

Longevity Health Plan provides a 90-day transition period for those members newly enrolled to the plan in alignment with 88 FR 22120. If a member is enrolled in an active course of treatment and is in their first 90 days of enrollment, prior authorization reviews only include the following:

- Presence of an appropriate diagnosis/medical condition
- The evaluation that the service is part of an existing plan of care
- The determination that the service is a Medicare allowable service

If the member begins a new plan of care or new treatment plan initiated after their enrollment date but within the 90-day window, prior authorization requirements would still apply.

Any prior authorization request received in the first 90 days of enrollment will be reviewed to determine if this is a treatment plan that began prior to enrollment. If this is determined to be a new treatment plan, traditional UM review criteria and policies would apply. If this is determined to be the continuation of a treatment plan initiated prior to the enrollment/effective date, the authorization will be approved without additional review.

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	08/21/2024	Stefanie Caswell	New Policy Development
2.0	Minor	12/12/2025	Stefanie Caswell	Addition of more specific language