

# Policy

<b>DEPARTMENT: UM</b>	<b>POLICY #: UM.041</b>
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<b>DEPENDENCIES: N/A</b>	

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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