Upper Peninsula Health Plan MI Health Link
Out-of-Network Prior Authorization Criteria

Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) MI Health Link

Upper Peninsula Health Plan (UPHP) MI Health Link provides health care services to beneficiaries as a plan of Medicare and Medicaid covered benefits described in the UPHP Evidence of Coverage (EOC) document MI Health Link Member Handbook and as outlined by Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Health and Human Services (MDHHS).

UPHP MI Health Link uses an integrated approach to ensure access to Medicare and Medicaid covered services consistent with Medicare and Medicaid requirements and to coordinate and promote optimal utilization of health care resources and make utilization decisions that affect the health care of members in a fair, impartial, and consistent manner, and assist with transition to alternative care when benefits end, should a member no longer be eligible for UPHP Medicare and/or Medicaid benefits.

UPHP MI Health Link requires that services be provided within the UPHP MI Health Link network when available. *Services must be reasonable and necessary for the diagnosis or treatment of an illness or injury and within the scope of a Medicare and/or Medicaid benefit category.*

UPHP does not require out-of-network (OON) providers to obtain prior authorization (PA) for the following services:

- Emergency and urgently needed services
- Medically necessary dialysis services
- Family Planning

Criteria for authorizing OON services are as follows:

1. It is verified that the requested services:
    a. are not available in-network, or
    b. cannot be reasonably provided in-network in a timely manner (timely = within 30 days) of an acute non-urgent condition, or
    c. can be provided sooner than in-network, or
    d. are referred by an in-network specialist to a higher-level facility due to complexity of a case, or
    e. to eliminate lengthy travel to an in-network provider that would exacerbate a chronic condition, or
    f. are being provided by an in-network specialist at an out-of-network facility, or
    g. Emergency Department (ED) follow-up visits to OON specialist who consulted or treated member while in the ED, or
    h. hospitalization follow-up to OON specialist who consulted or treated member while in the hospital, and
    i. are provided by a provider/facility that is willing to accept UPHP insurance as payment in full and not bill the member.

2. Continuity of care: When a new member joins the UPHP MI Health Link program, UPHP will allow a transition period for continuity of care. The UPHP Care Coordinator will assist the MI Health Link member during this transition process.

j. For members who have the Habilitation Supports Waiver and receiving Specialty Services and Supports Program through the Prepaid Inpatient Health Plan (PIHP) and for non-PIHP provided services, UPHP allows the member to maintain his/her current provider at the time of enrollment for 180 days or continue with single case agreements; and honors existing plans of care, level of services, and PAs until the authorization ends or 180 days from enrollment, whichever is sooner.

k. For all other MI Health Link member, UPHP allows the member to maintain his/her current provider at the time of enrollment for 90 days or continue with single case agreements; and honors existing plans of care, level of services, and until the authorization ends or 180 days from enrollment, whichever is sooner.

l. Extensions beyond 90 or 180 days may be allowed for medical need. Medical need includes an active course of treatment for an acute medical condition, or an acute episode of a chronic condition, that could be detrimental to the MI Health Link member if change of provider occurred.

3. UPHP MI Health Link member has relocated out of the UPHP service area awaiting disenrollment.

4. Requests for second opinions will be considered. Requests for second opinions OON will be reviewed for the same specialty within an optimal geographical area.

5. Third opinions will only be considered in situations where the first and second opinions are not in agreement. These opinions will be reviewed by the PCP who will then submit a PA request prior to proceeding with further treatment OON.

6. UPHP will not approve out-of-network providers who have been excluded from the UPHP network. This includes providers who were not approved or were removed by the UPHP credentialing committee from network participation.

Bibliography

1. MI Health Link Contract between CMS, MDHHS, and UPHP effective January 1, 2023.
2. Upper Peninsula Health Plan. Utilization management process #800-305
3. CMS Medicare Managed Care Manual, Chapter 4, section 110.1.3, Retrieved from http://cms.gov
4. CMS.gov Organizations determinations https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/ORGDetermin.html, page last modified 9-6-2023.

UPHP CAC Approved 03-11-2015;

Revised and Approved by UPHP CAC 03-09-2016, 03-8-2017; 6-14-2017, 6-13-2018, 6-12-2019, 6-10-2020, 6-09-2021, 6-08-2022, 6-14-2023, 6-12-2024