



## Upper Peninsula Health Plan Medicaid Out-of-Network Prior Authorization Criteria

*Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS), and MICHild*

**Upper Peninsula Health Plan (UPHP)** provides health care services to Medicaid, Children with Special Health Care Services, Healthy Michigan Plan and MICHild members as a plan of covered benefits based on a contract with the State of Michigan.

UPHP uses an integrated approach to coordinate and promote optimal utilization of health care resources, 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 benefits.

UPHP requires that services be provided within the UPHP network when available. *Services must be medically necessary and appropriate and conform to professionally accepted standards of care.*

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

- Emergency services (screening and stabilization)
- Family planning services
- Immunizations
- Communicable disease detection and treatment at local health departments
- Child and Adolescent Health Centers and Programs (CAHCP) services
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHC)
- Indian Health Services/Tribally Operated Facility/Urban Indian Center for covered services provided to Native American members
- State laboratory services

**Pregnant UPHP members:** All UPHP members may select or remain with the Medicaid obstetrician of their choice and are entitled to receive all medically necessary obstetric, prenatal, and postpartum care up to 90 days following delivery **without preauthorization from UPHP**. Normal gynecological care by out-of-network providers for non-pregnant women will continue to require prior authorization.

### **Criteria for authorizing OON services are as follows:**

1. It is verified that the services requested:
  - a. are not available in-network, or
  - b. cannot reasonably be 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 the complexity of a case, or
  - e. 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:
  - a. A member has 90 days from the date of enrollment or until their condition is resolved, whichever comes first, for follow-up care/treatment.
  - b. Extensions beyond 90 days may be allowed for medical need (such as an active course of treatment for an acute medical condition, or an acute episode of a chronic condition, that could be detrimental to the member if change of provider occurred).
3. Member has relocated awaiting disenrollment for up to 60 days or the date of disenrollment, whichever comes first.
4. 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. Michigan Department of Health and Human Services. (2023). *Comprehensive health care program contract*. State Fiscal Year 2024 Capitation Rate Certification, October 2, 2023.
2. Upper Peninsula Health Plan, *Utilization Management (UM) process #300-005*, revised December 18, 2024.
3. Michigan Department of Health and Human Services- Medicaid Provider Manual; Version Date: April 1, 2025, Medicaid Health Plans, Section 2.7, Out-Of-Network Services, pages 6-7.

UPHP CAC Approved 12-13-2005

Revised and Approved by UPHP CAC 12-12-2006; 12-11-2007; 12-9-2008; 12-8-2009; 12-8-2010; 12-14-2011; 12-12-2012; 12-11-2013; 12-10-2014; 12-9-2015; 12-7-2016; 6-14-2017; 12-6-2017, 6-13-2018, 6-12-2019, 6-10-2020, 06-09-2021, 06-08-2022, 06-14-2023, 06-12-2024, 06-11-2025