Process for ensuring approval of previously granted Prior Authorization - Managed Care to Managed Care

---

***** REMINDER Providers must check EVS prior to providing any service to an eligible M.A. recipient and must listen to the ENTIRE EVS message in order to obtain the correct eligibility information necessary for payment**

1. If a provider learns, through EVS or otherwise, that a recipient who was enrolled in Plan A and successfully received a prior authorization for services from Plan A with "from" and "to" dates, disenrolls from Plan A and successfully enrolls in Plan B, then seeks previously prior authorized services from either the same Plan A provider who may or may not be participating with Plan B, or a Plan B provider, the provider must follow steps 3-7 below.

2. The managed care Plans and the provider are responsible for ensuring continuing services that were previously prior authorized by Plan A until the end of the time period previously prior authorized by Plan A. Neither Plan B nor the Plan's Primary Care Physician may terminate or reduce those previously authorized services through the period previously approved.

3. When the provider learns that the recipient has changed Plans, the provider must call Plan B and inform it of existing Plan A prior authorization for services.

4. When Plan B receives the phone call, Plan B will instruct the provider to submit a copy of Plan A's prior authorization (or PCP's referral form) along with the invoice for the service provided. Plan B approves the service at the appropriate rate (either Plan A's current rate or Plan B's current rate, whichever is higher, unless the provider agrees to accept the lower rate) and advises the provider of procedures for billing. Plan B must honor the quantity of services, length of time, and scope of services specified by the approved prior authorization.

   4a. If the provider is not a participating provider in Plan B, Plan B must pay for all services previously prior authorized by Plan A. Plan B may recruit the provider as a participating provider or arrange for the service to be delivered by a participating provider, assuring that services are provided without interruption until the end of the time period previously prior authorized.

5. The provider delivers the service to the recipient, and does not invoice Plan A but invoices Plan B according to the procedures outlined in Step 4 above.

6. If Plan B receives a request to continue the prior authorized service, Plan B must reassess the need for service and make its own determination of medical necessity before the end of the previously approved period to ensure that services are not reduced or terminated while Plan B makes its decision.