

Troy Medicare Policy and Procedure



| | | | |
|---|--|--|----------------------|
| Title: Declaration of Disaster or Emergency | | Policy Number: UM-001 | |
| Primary Department: Utilization Management | LOB: Medicare Advantage and D-SNP | Author: J Murphy | |
| Effective Date: 11/1/2022 | Original Date: 11/1/2022 | Review Date(s): 4/26/2023, 12/7/2023, 11/05/2024, 11/6/2025 | Archive Date: |
| Interactive Related Department(s) | | | |
| <input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing | <input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input type="checkbox"/> Utilization Management | <input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other | |

Disclaimer: Troy Medicare Utilization Management applies CMS criteria and guidelines, National and Local Coverage Determinations (NCD/LCD), Clinix Internal Review Guidelines, Troy Utilization Review Policies, and MCG (Milliman Criteria Guidelines) Criteria. This suite of guidelines covers the spectrum of inpatient, outpatient, and rehabilitation, and care for medical, surgical, and behavioral health issues. In addition, Troy partners with vendors who provide clinical expertise for specific services.

POLICY PURPOSE

The purpose of this policy is to state Troy Medicare’s policy in the event of an unforeseen disaster, outage or emergency declaration by the President of the United States or the State Governor in order to support members in finding medical care during an emergency. This policy establishes Troy Health’s guidelines for emergency operations and business continuity or system failure that disrupts the flow of the day-to-day business in Utilization Management.

Troy Health, Inc. is committed to complying with all regulations and requirements for Medicare Advantage Plans, and applicable federal and state laws, including health care fraud and identity theft laws.

SCOPE

This Policy and Procedure applies to Troy’s Utilization Management process associated with prior authorization requests during a disaster, outage or system failure. Troy’s business continuity will be designed to address the specific issue disrupting the prior authorization request process and determine appropriate action to ensure medical care to Troy members is not interrupted or delayed due to the disruption.

REFERENCES

- [42 CFR § 422.100\(m\)\(1\)](#)
- [42 CFR § 422.111\(d\)\(3\)](#)

RESPONSIBLE PARTIES

- Chief Clinical Officer
- Chief Medical Officer

POLICY

In the event of a system outage, support will be provided to members and authorization requirements will be lifted during the outage time period.

- Part A, Part B, and supplemental Part C plan benefits are to be provided to members at specified non-contracted facilities (note that Part A and Part B benefits must be obtained at Medicare-certified facilities)
- The 30-day notification requirement to members is waived, as long as all the changes (such as reduction or cost-sharing and waiving authorization) benefit the member.

PROCEDURE

In the event of a UM (Utilization Management) system outage, providers will be notified when the outage occurs and will be communicated updates throughout the resolution of the issue. Providers and members will be informed when the UM system is operational and normal activity resumes. If CMS (Centers for Medicare and Medicaid Services) hasn't provided an end date for the disaster or emergency, plans will resume normal operation 30 days after the initial declaration.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- n/a

APPROVALS

Jennifer Murphy
Jennifer Murphy (Nov 24, 2025 09:37:39 EST)

Chief Clinical Officer

11/24/2025

Date

Sally Scott
Sally Scott (Nov 23, 2025 22:40:17 EST)

UM Committee

11/23/2025

Date

Revision History

| Revision Date | Revised by Whom | Revisions Made |
|---------------|-----------------|--|
| 10.3.2022 | J Terrell | Initial policy |
| 4.26.2023 | J Murphy | Review by Policy Committee |
| 12.7.2023 | J Murphy | Annual review by Utilization Management Committee |
| 11.11.2024 | J Murphy | Updated scope, policy and procedure. Annual review by Utilization Management Committee |
| 11.11.2025 | J Murphy | Annual UM Committee review. Updated purpose, scope and references. |