# Prior Authorization (PA) Appeals Policy

## Program Description

The Liviniti prior authorization appeals process is designed to re-evaluate previously denied prior authorizations when appealed by a plan participant or provider. Each step cannot occur concurrently under any circumstance.

**Definitions:**
Prior Authorization: a coverage determination of a medication based on documentation provided by a plan participant's provider in addition but not limited to: drug information (package inserts, drug databases), national standards and guidelines, and published clinical trial data.

First Level Appeal: After initial prior authorization denial, a provider and/or plan participant may appeal the decision of the medication based on documentation provided by a plan participant's provider in addition but not limited to: drug information (package inserts, drug databases), national standards and guidelines, and published clinical trial data.

Second Level Appeal: After first level appeal denial, a provider and/or plan participant may appeal the decision of the medication based on documentation provided by a plan participant's provider in addition but not limited to: drug information (package inserts, drug databases), national standards and guidelines, and published clinical trial data.

Internal Prior Authorization: a coverage determination of a medication that is performed by the plan participant's pharmacy benefits manager's prior authorization team.

External Prior Authorization: a coverage determination of a medication that is performed by an independent review organization that is not affiliated with the plan participant's pharmacy benefits manager.

Independent review organization (IRO): a third-party medication review resource that provides a final and legally binding coverage determination of a medication. Typically comprised of providers, specifically board-certified specialists.

## A. Internal Prior Authorization Review

### 1. First Level Appeal

If an initial request for prior authorization is denied and the physician and/or plan participant does not agree with the decision, they may appeal in the following submission methods:

Plan Participant Submission Methods:

- Liviniti Customer Service: 1.833.925.2770
- Liviniti Fax Number: 1.866.404.1771

- Mail: Attn: Clinical PA Department- 411 Bienville St. Natchitoches, LA 71457
- Email: Support@liviniti.com

Provider Submission Methods:

- Liviniti Fax Number: 1.866.404.1771
- Mail: Attn: Clinical PA Department- 411 Bienville St. Natchitoches, LA 71457
- Email: Support@liviniti.com
- Liviniti.PromptPA.com
- ePA – within providers' electronic health record system

The following information should be included in the appeal request:

- Plan participant's name
- Plan participant's contract number
- Information to identify the claim(s) being appealed
- A statement of intent to appeal and written explanation of why the case should be approved.
- Submit all medical records, peer review articles, and comments for consideration that support the appeal.

Plan participants may designate an authorized representative to file and handle the plan participant's appeal. Authorized representatives are individuals legally authorized to handle appeals on the plan participant's behalf. Plan participants may ask a friend, family member, lawyer, or provider to act on their behalf. If the plan participant elects to designate an authorized representative to file the appeal, an Authorized Representative Form is required. The Authorized Representative Form can be found on Liviniti.com at this link: https://liviniti.com/wp-content/uploads/2025/10/Authorized-Representative-Form-v1_-10-23-25.pdf

The plan participant may request copies of information relevant to the claim free of charge. This request for information must be made in writing.

The plan participant has 180 days from the date of the PA denial to appeal a denied claim to the Liviniti PA team via the methods noted in the "Submission Methods and Contact Information" section.

The first level appeal will be reviewed by a clinical pharmacist who is a different person than, and is not a subordinate of, the clinical pharmacist who originally denied the initial prior authorization request. The clinical pharmacist will have access to the information originally submitted by the prescriber and any additional information submitted with the appeal. The clinical pharmacist will use drug information (package inserts, drug databases), national standards and guidelines, published clinical trial data along with the patient-specific chart notes or letter of medical necessity submitted to review the request.

Each reviewing clinical pharmacist shall have the appropriate training and experience in the field of medicine involved in the medical judgement required for reviewing the appeal or shall consult with a health care professional who has the appropriate training and experience for the review. If a health care professional is consulted, he or she shall not be the same one consulted in connection with the claimant's adverse benefit determination nor a subordinate of such individual.

The reviewing pharmacist will make a determination on the request (approval or denial) within 3 days (excluding weekends and holidays) of receiving the appeal request and communicate the decision to the appealing party.

**2. Second Level Appeal**

If first level appeal for prior authorization is denied and the physician and/or plan participant does not agree with the decision, they may submit an appeal in the following submission methods:

Plan Participant Submission Methods:

- Liviniti Customer Service: 1.833.925.2770
- Liviniti Fax Number: 1.866.404.1771
- Mail: Attn: Clinical PA Department- 411 Bienville St. Natchitoches, LA 71457
- Email: Support@liviniti.com

Provider Submission Methods:

- Liviniti Fax Number: 1.866.404.1771
- Mail: Attn: Clinical PA Department- 411 Bienville St. Natchitoches, LA 71457
- Email: Support@liviniti.com
- Liviniti.PromptPA.com
- ePA – within providers' electronic health record system

The following information should be included in the appeal request:

- Plan participant's name
- Plan participant's contract number
- Information to identify the claim(s) being appealed
- A statement of intent to appeal and written explanation of why the case should be approved.
- Submit all medical records, peer review articles, and comments for consideration that support the appeal.

Plan participants may designate an authorized representative to file and handle the plan participant's appeal. Authorized representatives are individuals legally authorized to handle appeals on the plan participant's behalf. Plan participants may ask a friend, family member, lawyer, or provider to act on their behalf. If the plan participant elects to designate an authorized representative to file the appeal, an Authorized Representative Form is required. The Authorized Representative Form can be found on Liviniti.com at this link: https://liviniti.com/wp-content/uploads/2025/10/Authorized-Representative-Form-v1_-10-23-25.pdf

The plan participant may request copies of information relevant to the claim free of charge. This request for information must be made in writing.

The plan participant has 120 days from the date of first level appeal denial to appeal a denied claim to the Liviniti PA team via the methods noted in the "Submission Methods and Contact Information" section.

The appealed medication and prior authorization will be reviewed by a clinical pharmacist who is a different person than, and is not a subordinate of, the clinical pharmacist who denied either the initial prior authorization request or the first level appeal. The clinical pharmacist will have access to the information originally submitted by the prescriber and any additional information submitted with the appeal. The clinical pharmacist will use drug information (package inserts, drug databases), national standards and guidelines, published clinical trial data along with the patient-specific chart notes or letter of medical necessity submitted to review the request.

Each reviewing clinical pharmacist shall have the appropriate training and experience in the field of medicine involved in the medical judgement required for reviewing the appeal or shall consult with a health care professional who has the appropriate training and experience for the review. If a health care professional is consulted, he or she shall not be the same one consulted in connection with the claimant's adverse benefit determination nor a subordinate of such individual.

The reviewing pharmacist will make a determination on the request (approval or denial) within 3 days (excluding weekends and holidays) of receiving the appeal request and communicate the decision to the appealing party.

## B. External/Independent Review

If the second level appeal is denied and the physician and/or plan participant further appeals, Liviniti will send the appeal for external/independent review. The decision of the external/independent reviewer is legally binding and final.

Liviniti has established an external review process for standard and expedited external review requests. Under this process, Liviniti will utilize the services of accredited Independent Review Organizations (IRO) in compliance with the federal external review requirements of the Affordable Care Act. When a request for an external review is received, Liviniti shall randomly assign an IRO to perform the external review. This review is performed by a board-certified physician. To ensure independence and eliminate any actual or perceived bias, Liviniti contracts with at least three IROs to perform external reviews and rotates review requests among them. Liviniti may modify its external review process from time to time to comply with applicable laws,

regulations, and other guidance, or as otherwise deemed appropriate by Liviniti (for example, to change IROs).

External reviews are granted for an appropriate time frame from the date of the request. If necessary, upon expiration, new documentation is required from the physician for renewal of the external review decision.

## C. General Review Timelines

- 3 levels of appeal are available, and the third level is legally binding and final. Each step cannot occur concurrently under any circumstance.
    - Initial PA Denial -> 1st level appeal (Liviniti internal review) -> 2nd level appeal (Liviniti internal review) -> 3rd level appeal (external independent review).
- The claimant has 180 days from the date of the denial to appeal a denied prior authorization. This appeal can be requested via phone call, email, promptpa.com, epa, or fax. First level appeals are reviewed within 3 days (excluding weekends and holidays).
- If the first level appeal is denied, the claimant has 120 days from the date of the first level appeal denial to request a second level appeal. This appeal can be requested via phone call, email, promptpa.com, epa, or fax. Second level appeals are reviewed within 3 days (excluding weekends and holidays).
- If the second level appeal is denied, the claimant has 120 days from the date of the second level appeal denial to request an external appeal. This appeal can be requested via phone call, email, promptpa.com, epa, or fax. External appeals are reviewed within 3 days (excluding weekends and holidays).
- Urgent appeals may only be requested for clinical-based (e.g., diagnosis, prior authorization) appeals and can only be requested by the participant's physician. Urgent appeals are reviewed within 24 hours.
- Time frames may vary or change based on federal or state statutes.
- Turnaround time frames are measured based on the date of receipt at Liviniti.

## D. Submission Methods and Contact Information

Liviniti prior authorization appeals form can be found on the Liviniti website or the link below:
https://liviniti.com/wp-content/uploads/2023/09/prior-authorization-appeal_form_7-26-23.pdf

Plan Participant Submission Methods:

- Liviniti Customer Service: 1.833.925.2770
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Provider Submission Methods:

- Liviniti Fax Number: 1.866.404.1771
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