Subject: Timeliness of Referrals (Page 1 of 5)

Objective:

I. To ensure that Tuality Health Alliance (THA) members have timely access to referral care and that the appropriate appeal rights are provided to them upon referral denial.

II. To ensure that THA has a process to make referral/utilization decisions in a timely manner, without unnecessary disruption to the provision of members' care.

Policy:

I. THA contracts to provide medical management services for various health plans. In order to simplify and provide consistency of the timeliness decision, THA will follow the timeliness standards of the most stringent health plan requirement.

II. *Non-Urgent Pre-Service Decisions*
Non-urgent care involves preventive or asymptomatic services (e.g., a follow-up appointment for care of a chronic condition). A pre-service decision may be made by THA to approve or deny a non-urgent service, in whole or in part, in advance of the member obtaining that service.

a. Initial THA response to non-urgent service referrals/requests is made within 14 calendar days of receipt of the request.
b. An extension of up to 14 additional calendar days may be granted under the following circumstances:
   - The member or the provider requests the extension; or
   - THA justifies the extension upon the need for additional information as it is in the member's interest.
c. If THA extends the 14-day timeframe, THA will give the member and associated/requesting provider a written notice of the reason for the decision to extend the timeframe and will inform the member of his/her right to file a complaint if he or she disagrees with the extension.
d. If THA is unable to make a decision due to lack of necessary information, a denial may be made.
e. The associated/requesting provider is notified of an approval on the same day as the approval decision. Notification may occur by telephone, fax, or written correspondence.
f. THA provides written notification of denial of service to the member and the provider(s) on the same day as the denial decision.

III. *Urgent Pre-Service Decisions*
Urgent care is any request for medical care or treatment that could result in the following circumstances if the application of non-urgent response criteria could result in the following:

Subject: Timeliness of Referrals (Page 2 of 5)

- Serious jeopardy to the life or health of the member as based on a prudent laypersons judgment; or
- In the opinion of a practitioner with knowledge of the member's medical condition, severe pain or injury that cannot be adequately managed without the care or treatment that is the subject of the request.

a. An expedited prior authorization review may be received in writing or verbally to expedite the decision making process for urgent care issues.
b. For urgent pre-service decisions, THA generally makes a referral/request decision on the same day, but never more 72 hours after receipt of the request.
c. If THA is unable to make a decision due to a lack of necessary information, THA may grant a one-time referral extension for up to 48 hours:
    - Within 24 hours of receipt of the request, THA will notify the member or the member's authorized representative provider of what specific information is necessary to make the utilization decision.
    - THA will allow the member or member's authorized representative provider at least 48 hours to provide that information.
        - The 48 hour extension begins on either the date on which the member's response is received (without regard to whether all of the requested information is provided), or
        - If no response is received, at the end of the specified time period given to the member or authorized representative provider to supply the information.
d. Providers and/or members are notified of urgent referral approvals by telephone, email, fax, or written correspondence on same day as the utilization decision.
e. In the event the request is denied, providers and members are provided information on how to initiate an expedited appeal at the time they are notified of the denial decision.

IV. *Concurrent Review of Services*

A concurrent review decision is any review for an extension of a previously approved ongoing course of treatment over a period of time or number of treatments. Concurrent reviews are typically associated with inpatient care or ongoing therapeutic ambulatory care.

a. If a request to extend a course of treatment beyond the period of time or number of treatments previously approved by THA does not meet the definition of urgent care, the request may be handled as a new request and decided within the time frame appropriate to the type of decision.
b. When making a determination of whether a concurrent request meets the definition of urgent, THA will consider the content of the request and

whether making the decision in accordance with the non-urgent pre-service time frame could lead to adverse health consequences.

c. For inpatient and/or intensive outpatient services:
   - Initial decisions are made on the day that information is received.
   - Practitioners are consulted and/or notified of a decision by telephone on the same day as the decision.
   - Written correspondence is provided to the member and practitioner on the same day as the decision if the request is denied.
     - Providers and members are also sent information on how to initiate an expedited or routine appeal at the time they are notified of the denial.
   - Requests to extend the timeframe for urgent concurrent care may be considered under the following circumstances:
     - The request is not made at least 24 hours prior to the expiration of the prescribed period of time or number of treatments – THA may treat it as an urgent pre-service decision and make the decision within two business days;
     - The request to approve additional days for urgent concurrent care is related to care not previously approved by THA and THA documents that it made at least one attempt and was unable to obtain the needed clinical information within the initial 24 hours after the request for coverage – THA has up to two business days to make this decision; or
     - The THA member voluntarily agrees to extend the decision-making timeframe.

d. For ongoing ambulatory care, which is defined as ambulatory care of non-urgent symptomatic conditions provided on a periodic basis such as a specified course of allergy injections, a series of physical therapy treatments, periodic mental health counseling sessions, etc.:
   - Decisions are made within one business day of obtaining all the necessary information; and
   - Providers are notified of the decision within one business day of making the decision.

V. *Post-Service Decisions*

A post-service decision is any review for care or services that have already been received by the member. A request for coverage of care provided by an out-of-network provider and for which the required prior-authorization was not obtained or any care that requires a prior-authorization that was not obtained is a post-service decision.

a. Initial decisions are made within 14 calendar days of receipt of the request.

Subject: Timeliness of Referrals (Page 4 of 5)

b. There will not be any pended reviews for retrospective review. If necessary information is not obtained within the 14 calendar day period, decisions will be denied based on insufficient medical information.
c. If denied, providers and members are notified in writing within 5 calendar days of the decision.

VI. *Extending Timeframes for Non-Urgent Pre- and Post-Service Decisions*
a. If THA Medical Management is unable to make a decision due to matters beyond its control, the decision time may be extended once for up to an additional14 calendar days; the decision will be made within 28 calendar days of a request.
b. THA will notify the member or the member's authorized representative of the need for an extension and the date the decision is due.
c. If THA is unable to make a decision due to lack of necessary information, a denial may be made and the member may request an appeal.

VII. *Pharmaceutical Decisions*
Pharmaceutical decisions may be either:
- Non-urgent pre-service decisions that require prior-authorizations; or
- Urgent pre-service decisions pertaining to:
  - Prior-authorizations received from non-participating providers;
  - Newly-enrolled members with first time request to fill ongoing medications;
  - To provide for continuity of care, THA provides for the dispensing of a one-time 30-day fill for newly-enrolled members or patients that have prescriptions from an emergency department or as a result of a recent hospitalization.

a. Refer to *THA Policy IX-1: Pharmacy and Formulary* for timeliness of dispensing requirements for THA members.

VIII. *Audits*
a. Frequency of ongoing audits will be determined at the Utilization Management Annual Review. At a minimum, audits will be done annually.
b. The utilization reviewer performance standard is 90% compliance with performance measures.

References:
42 CFR 438.210
42 CFR 438.408
Health Share RAE Participation Agreement
NCQA UM 5 Timeliness of UM Decisions
OAR 410-0260-0265

Subject: Timeliness of Referrals (Page 5 of 5)

OAR 410-141-0420
THA Policy IX-1: Pharmacy and Formulary

Attachment: Medicare Timeliness Requirements for Review Decisions

Formulated:	September 1998
Reviewed:	October 2013 September 2015 August 2017
Revised	March 1999 April 2000 September 2000 February 2002 February 2003 April 2004 February 2006 July 2007 August 2008 August 2010 August 2011