

Utilization Management Timeliness Standards

Type of Request	Decision	Notification Timeframes
<p>Urgent Pre-Service Requests</p> <p><i>Definition: Member’s condition is such that the Member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or when the non-urgent timeframe for making a determination would be detrimental to the Member’s life or health, or could jeopardize Member’s ability to regain maximum function.¹</i></p>	<ul style="list-style-type: none"> • Determine within forty-eight (48) hours of receiving the request if the request does not meet the definition for urgent pre-service request. • If accepted as an urgent pre-service request, render a decision in a timely fashion appropriate for the nature of the Member’s condition, not to exceed 72 hours after receipt of the information reasonably necessary and requested by the plan to make the determination.^{2,3} <p>The initial 72-hour authorization timeframe may be extended by up to 14 additional days if the Member requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member’s interest.</p>	<ul style="list-style-type: none"> • If the request does not meet the definition for urgent pre-service request, notify the requesting Provider via fax within forty-eight (48) hours of receiving the request (including holidays and weekends). • If accepted as an urgent pre-service request: <ul style="list-style-type: none"> ✓ The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.⁴ ✓ The Member and Requesting Provider must be notified of the decision in writing within 72 hours of receipt of request.⁵ • For terminations, suspension, or reductions of previously authorized services, notify the Member at least ten (10) days prior to the date of the action.⁶
<p>Urgent Concurrent Requests</p> <p>(Example: Continued Home Health, Physical Therapy, Speech Therapy, and Occupational Therapy requests, only when initial pre-service request for service did not expire)</p> <p><i>Definition: Member’s condition is such that the Member faces an imminent and serious</i></p>	<ul style="list-style-type: none"> • Determine within forty-eight (48) hours of receiving the request if the request does not meet the definition for urgent concurrent request. • If accepted as an urgent concurrent request, render a decision in a timely fashion appropriate for the nature of the Member’s condition, not to exceed 72 hours after receipt of the information reasonably necessary and requested by the plan to make the determination.^{8,9} 	<ul style="list-style-type: none"> • If the request does not meet the definition for urgent concurrent request, notify the requesting Provider via fax within forty-eight (48) hours of receiving the request (including holidays and weekends). • If accepted as an urgent concurrent request: <ul style="list-style-type: none"> ✓ The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.¹⁰

¹ California Health and Safety Code (Health & Saf. Code) § 1367.01(h)(2)

² Ibid.

³ Department of Health Care Services (DHCS)-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

⁴ CA Health & Saf. Code § 1367.01(h)(3) & (4)

⁵ DHCS All Plan Letter (APL) 21-011 Grievance and Appeals Requirements, Notice and “Your Rights” Templates, Section II, (A)(2)

⁶ 42 CFR § 438.404(c)(1)

⁷ CA Health & Saf. Code § 1367.01(h)(3)

⁸ CA Health & Saf. Code § 1367.01(h)(2)

⁹ DHCS-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

¹⁰ CA Health & Saf. Code § 1367.01(h)(3) & (4)

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<p><i>threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or when the non-urgent timeframe for making a determination would be detrimental to the Member's life or health, or could jeopardize Member's ability to regain maximum function.</i>⁷</p>	<p>The initial 72-hour authorization timeframe may be extended by up to 14 additional days if the Member requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member's interest.</p>	<ul style="list-style-type: none"> ✓ The Member and Requesting Provider must be notified of the decision in writing within 72 hours of receipt of request.¹¹ • For terminations, suspension, or reductions of previously authorized services, notify the Member at least ten (10) days prior to the date of the action.¹²
<p>Standard (Non-Urgent) Pre-Service Requests</p>	<p>Render a decision in a timely fashion appropriate for the nature of the Member's condition, but no longer than five (5) business days from receipt of the information reasonably necessary and requested to make the determination, not to exceed 14 calendar days following receipt of the request for service.^{13,14}</p> <p>The initial 14 calendar day authorization timeframe may be extended by up to 14 additional days if the Member or the Provider requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member's interest.</p>	<ul style="list-style-type: none"> • The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.¹⁵ • The Member and Requesting Provider must be notified of the decision in writing within two (2) business days of the decision using the appropriate NOA template.¹⁶ • For terminations, suspension, or reductions of previously authorized services, notify the Member at least ten (10) days prior to the date of the action.¹⁷
<p>Standard (Non-Urgent) Concurrent Requests)</p>	<p>Render a decision in a timely fashion appropriate for the nature of the Member's condition, but no longer than five (5) business days from receipt of the information reasonably necessary and</p>	<ul style="list-style-type: none"> • The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.²⁰

¹¹DHCS All Plan Letter (APL) 21-011 Grievance and Appeals Requirements, Notice and "Your Rights" Templates, Section II, (A)(2)

¹² 42 CFR § 438.404(c)(1)

¹³ CA Health & Saf. Code § 1367.01(h)(1)

¹⁴ DHCS-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

¹⁵ CA Health & Saf. Code § 1367.01(h)(3) & (4)

¹⁶ CA Health & Saf. Code § 1367.01(h)(3)

¹⁷ 42 CFR § 438.404(c)(1)

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	<p>requested to make the determination, not to exceed 14 calendar days following receipt of the requested service.^{18,19}</p> <p>The initial 14 calendar day authorization timeframe may be extended by up to 14 additional days if the Member or the Provider requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member’s interest.</p>	<ul style="list-style-type: none"> • The Member and Requesting Provider must be notified of the decision in writing within two (2) business days of the decision using the appropriate NOA template.²¹ • For terminations, suspension, or reductions of previously authorized services, notify the Member at least ten (10) days prior to the date of the action.²²
<p>Post-Service/ Retrospective Review</p>	<p>Render a decision within thirty (30) calendar days of receiving the information that is reasonably necessary to make the retrospective authorization determination.^{23,24,25,26}</p>	<ul style="list-style-type: none"> • The Member and Requesting Provider must be notified of the decision in writing within thirty (30) calendar days of receiving the information that is reasonably necessary to make the retrospective authorization determination.^{27,28,29}

¹⁸ CA Health & Saf. Code § 1367.01(h)(1)

¹⁹ DHCS-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

²⁰ CA Health & Saf. Code §1367.01(h)(3) & (4)

²¹ CA Health & Saf. Code § 1367.01(h)(3)

²² 42 CFR § 438.404(c)(1)

²³ CA Health & Saf. Code § 1367.01(h)(1)

²⁴ DHCS-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

²⁵ National Committee for Quality Assurance (NCQA), 2022 Health Plan Standards and Guidelines, UM 5, Element A, Factor 5

²⁶ NCQA, 2022 HP Standards and Guidelines, UM 5, Element B, Factor 5

²⁷ CA Health & Saf. Code § 1367.01(h)(1)

²⁸ DHCS-IEHP Two Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 3, Timeframes for Medical Authorization

²⁹ NCQA, 2022 HP Standards and Guidelines, UM 5, Element B, Factor