


POLICY AND PROCEDURE

Policy No: 2018UM039
 Page Number: 1 of 4
 Effective Date: April 2017
 Last Reviewed: February 2018



TITLE: Authorization Request Determination Timeframes

Department:	Medical Affairs Utilization Management	Department Head: (Name and Signature)	Karen Hill, MD 
Approval Date:	4/26/18	Next Review Date: (12 months from approval date)	April 2019
Compliance/Executive Approval:			
Name :		Date:	

APPLIES TO: MEDICAID CHIP/ CHIP P HEALTH INS MARKETPLACE OTHER
 STAR+PLUS IDD DSNP MMP

PURPOSE:

To outline the authorization request process cycle and authorization determination timeframes in accordance with the Uniform Managed Care Contract (UMCC) 8.1.8 and 8.1.8.1. and the Texas Department of Insurance review requirements.

POLICY:

1. Community will:

- Receive authorization requests via provider portal, fax, and phone
- Load authorization request into the medical platform
- Send for review of medical necessity by medical personnel
- Render a clinical determination within identified timeframes established by governing entities and/ or contractual agreements

Service Type	Timeframe	Authorization Required	Failure to obtain authorization
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Inpatient Services	1 business day	Yes	May result in reduction or denial of benefits.
Outpatient Surgery	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Emergency Room Services	N/A	No	N/A
Urgent Care	N/A	No	N/A
Imaging (CT/PET scans, MRIs)	3 business days	Yes	May result in reduction or denial of benefits.
Diagnostic test (x-ray, blood work)	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Home Health	3 business days	Yes	May result in reduction or denial of benefits.
Rehabilitation Services	3 business days	Yes	May result in reduction or denial of benefits.
Skilled Nursing	3 business days	Yes	May result in reduction or denial of benefits.
Durable Medical Equipment	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Mental/Behavioral Services	1-3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits

DEFINITIONS:

Urgent Care- means health services or Mental Health services provided in other than an emergency which are typically provided in a setting such as a Physician or provider's office or Urgent Care Center, as a result of acute injury or illness that is severe or painful enough to lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, illness or injury is of such a nature that failure to obtain treatment within a reasonable period of time, would result in serious deterioration of the condition of his or her health

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Emergency Room Care-means any service provided for a Bodily Injury or Illness manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of that individual in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious disfigurement; or
4. Serious dysfunction of any bodily organ or part; or
5. For pregnant women, result in serious jeopardy to the health of the fetus

PROCEDURE:

<u>Responsible Party (Who)</u>	<u>Step</u>	<u>Action Taken (Does What)</u>
UM Coordinator	A	<ul style="list-style-type: none"> • Receive authorization request via provider portal, fax, and phone • Load authorization request into medical platform • Send for review of medical necessity by medical personnel
Nurse and or Physician	B	<ul style="list-style-type: none"> • Render a clinical determination within identified timeframes established by governing entities and/ or contractual agreements

MONITORING:

UM leadership will perform monthly audits of these procedures using the Turnaround Time Report and Coordinator Surveillance.

REPORTING:

<u>Name of Report</u>	<u>Frequency of Report</u>	<u>Owner</u>
Aging Report Turnaround Time Report	Daily	Medical Affairs- Utilization Management

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ATTACHMENT(S): N/A