


POLICY AND PROCEDURE

Policy No: 2020UM028
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Effective Date: 04/01/17
Last Revised: April 2020



TITLE: Prior Authorization Marketplace

Department:	Medical Affairs Utilization Management	Department Head: (Name and Signature)	 Dr. Lisa Fuller
Approval Date:	04/06/2020	Next Review Date:	April 2021
Compliance/Executive Approval:			
Name : <i>Delwin Beene</i>		Date: April 2020	

APPLIES TO: MEDICAID CHIP/ CHIP P HEALTH INS MARKETPLACE MEDICARE
 STAR+PLUS OTHER ALL MEDICAID

PURPOSE:

Community and its delegated entities will effectively communicate pertinent preauthorization information and processes to preferred providers and members. This policy is written to assure that an efficient medical necessity determination process is employed. In addition, this policy is written to assure compliance with 28 TAC §19.1723, relating to preauthorization of health care services. This Policy and Procedure is not applicable to STAR or CHIP and CHIP P.

POLICY:

Community provides information regarding the preauthorization process and the list of services that require preauthorization in the Provider Manual, Member materials, Provider orientations, Provider Roundtables, and on Community's website. Community shall grant each contracted provider a list of health care services that require authorization and information concerning the preauthorization process within ten days of the date of the request. Written documentation of Community's review decisions is transmitted to the treating physician, the facility, and the member.

Community shall render a prior authorization decision and transmit the determination decision within the following periodicity schedule:

- Requests for post-stabilization treatment or life-threatening conditions shall be prior authorized within the time appropriate to the circumstances relating to the delivery of the services and the condition of the patient, but in no case to exceed one (1) hour from receipt of the request. If the request is received outside of Community's operating hours

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the determination will be issued and transmitted within one (1) hour from the beginning of the next time period requiring the availability of appropriate personnel;

- Requests for all other services shall be prior authorized and transmitted three (3) business days after the receipt of the request. If the request is received outside of Community's operating hours the determination will be issued and transmitted within three (3) business days after the beginning of the next time period requiring the availability of appropriate personnel.

The Utilization Management Department shall maintain a toll-free number for Utilization Management decisions during the hours of 6:00 AM until 6:00 PM Monday through Friday (CST) on each day that is not a legal holiday, and 9:00 AM until 12:00 PM, CST, Saturday, Sunday and legal holidays. Community's contracted After Hours Call Center shall receive such requests for preauthorization outside the above business hours. Community shall acknowledge these calls not later than twenty-four (24) hours after the call is received.

If Community approves a preauthorization request for medical services, the company will not deny or reduce payment to the physician or provider for those services based on medical necessity; appropriateness of care or experimental or investigational nature unless the physician or provider has materially misrepresented the proposed medical or health care services or has substantially failed to perform the preauthorized medical or health care services.

If Community renders an adverse determination in response to a request for medical services, Community will transmit written notification to the member, treating physician, and the facility within three business days. Information regarding the members' rights, the appeal process, and timelines will accompany the written notice of adverse determination.

Experimental or investigational requests are handled within the standard turnaround time.

DEFINITIONS: N/A

PROCEDURE:

Responsible Party (Who)	Step	Action Taken (Does What)
Utilization Management Staff	(A)	Receive request for prior authorization from requesting provider or facility; if necessary enters the request with date and time into Community's managed care platform and forwards request to the UM Nurse for review and medical necessity determination.

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<u>Responsible Party (Who)</u>	<u>Step</u>	<u>Action Taken (Does What)</u>
UM Nurse	(A)	Reviews criteria and makes a determination using evidenced based criteria. If the UM nurse is unable to make a determination the request is sent to the Medical Director for review.
Medical Director	(A)	Reviews documentation, requests additional information if necessary (in accordance to Community's policy) renders the prior authorization or adverse determination based on evidenced based guidelines, Community Medical Review guidelines, and/or peer reviewed criteria.

MONITORING:

UM staff will review cases as they occur and according to appropriate clinical guidelines and ensure prior authorization determinations are appropriately documented.

REPORTING:

<u>Name of Report</u>	<u>Frequency of Report</u>	<u>Owner</u>
N/A	N/A	N/A

REGULATORY CITATIONS:

ATTACHMENT(S): N/A