

Utilization Management Timeliness Standards (Commercial HMO - California)

Type of Request	Decision	Notification Timeframe	
		Initial Notification (Notification May Be Oral and/or Electronic)	Written/Electronic Notification of <u>Denial</u> to Practitioner and Member
Urgent Pre-Service – All necessary information received at time of initial request	Within 72 hours of receipt of the request	<u>Practitioner:</u> Within 24 hours of the decision, not to exceed 72 hours of receipt of the request (for approvals and denials) <u>Member:</u> Within 72 hours of receipt of the request (for approval decisions)	Within 72 hours of receipt of the request Note <ul style="list-style-type: none"> • If oral notification is given within 72 hours of receipt of the request, written or electronic notification must be given no later than 3 calendar days after the initial oral notification

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<p>Urgent Pre-Service – Extension Needed</p> <ul style="list-style-type: none"> Additional clinical information required 	<p>Additional clinical information required: Notify member and practitioner within 24 hours of receipt of request & provide 48 hours for submission of requested information.</p> <p><u>Additional information received or incomplete</u></p> <ul style="list-style-type: none"> If additional information <u>is received</u>, complete or not, decision must be made within 48 hours of receipt of information <p><u>Additional information not received</u></p> <ul style="list-style-type: none"> If no additional information is received within the 48 hours given to the practitioner and member to supply the information, decision must be made with the information that is available within an additional 48 hours. 	<p><u>Additional information received or incomplete</u></p> <p><u>Practitioner:</u> Within 24 hours of the decision, not to exceed 48 hours after:</p> <ul style="list-style-type: none"> receipt of information (for approvals and denials) <p><u>Member:</u> Within 48 hours after:</p> <ul style="list-style-type: none"> receipt of information (for approval decisions) <p><u>Additional information not received</u></p> <p><u>Practitioner:</u> Within 24 hours of the decision, not to exceed 48 hours after:</p> <ul style="list-style-type: none"> the timeframe given to the practitioner & member to supply the information (for approvals and denials) <p><u>Member:</u> Within 48 hours after:</p> <ul style="list-style-type: none"> the timeframe given to the practitioner & member to supply the information (for approval decisions) 	<p><u>Additional information received or incomplete</u></p> <p>Within 48 hours after:</p> <ul style="list-style-type: none"> receipt of information <p><u>Additional information not received</u></p> <p>Within 48 hours after:</p> <ul style="list-style-type: none"> the timeframe given to the practitioner & member to supply the information <p>Note</p> <ul style="list-style-type: none"> If oral notification is given, written or electronic notification must be given no later than 3 calendar days after the initial oral notification
<p>Non-urgent Pre-Service All necessary information received at time of initial request</p>	<p>Within 5 business days of receipt of request</p>	<p><u>Practitioner:</u> Within 24 hours of the decision (for approvals and denials)</p> <p><u>Member:</u> Within 2 business days of the decision (for approval decisions)</p>	<p>Within 2 business days of making the decision</p>

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<p>Urgent Concurrent – (i.e., inpatient, ongoing/ambulatory services)</p> <p>Requests involving both urgent care and the extension of a course of treatment beyond the period of time or number of treatments previously approved and the request is made at least 24 hours prior to the expiration of prescribed period of time or number of treatments</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • If the request is not made at least 24 hours prior to the expiration of prescribed period of time or number of treatments, and request is urgent, default to <u>Urgent Pre-service</u> category • If the request to extend a course of treatment beyond the period of time, or number of treatments previously approved by the Health Plan/PMG/IPA does not involve urgent care, default to <u>Non-urgent Pre-service</u> category 	<p>Within 24 hours of receipt of the request</p>	<p><u>Practitioner:</u> Within 24 hours of receipt of the request (for approvals and denials)</p> <p><u>Member:</u> Within 24 hours of receipt of the request (for approval decisions)</p>	<p>Within 24 hours of receipt of the request</p> <p>Note:</p> <ul style="list-style-type: none"> • If oral notification is given within 24 hours of request, then written/electronic notification must be given no later than 3 calendar days after the oral notification
<p>Post-Service - All necessary information received at time of request (decision and notification is required within 30 calendar days from request)</p>	<p>Within 30 calendar days of receipt of request</p>	<p>Not applicable</p>	<p>Within 30 calendar days of receipt of request</p>

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Post-Service - Extension Needed <ul style="list-style-type: none"> • Additional clinical information required • Require consultation by an Expert Reviewer 	Additional clinical information required: Notify member and practitioner within 30 calendar days of receipt of request & provide at least 45 calendar days for submission of requested information <u>Additional information received or incomplete</u> <ul style="list-style-type: none"> • If additional information <u>is received</u>, complete or not, decision must be made within 15 calendar days of receipt of information <u>Additional information not received</u> <ul style="list-style-type: none"> • If no additional information is received within the 45 calendar days given to the practitioner and member to supply the information, decision must be made with the information that is available within an additional 15 calendar days. Require consultation by an Expert Reviewer: <ul style="list-style-type: none"> • If a consultation is required by an expert reviewer, upon the expiration of the 30 calendar days or as soon as you become aware that you will not meet the 30 calendar day timeframe, whichever occurs first, notify practitioner and member of the type of expert reviewer and the anticipated date on which a decision will be rendered • No more than 30 calendar days from the date of the delay notice to the practitioner and member 	Not applicable	<u>Additional information received or incomplete</u> Within 15 calendar days: <ul style="list-style-type: none"> • of receipt of information <u>Additional information not received</u> Within 15 calendar days after: <ul style="list-style-type: none"> • the timeframe given to the practitioner & member to supply the information Within 30 calendar days from the date of the delay notice