
Subject: Timeliness of Referrals

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Objective:

- I. To ensure members have timely access to referral care and the appropriate appeal rights are provided when referrals are denied.
- II. To ensure Tuality Health Alliance (THA) makes utilization decisions in a timely manner to minimize any disruption in the provision of care.

Policy:

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

- I. **Non-Urgent Pre-Service Decisions**
A pre-service decision is any case or service that THA will approve, in whole or in part, in advance of the member obtaining medical care or services. A non-urgent visit is defined as preventive or asymptomatic follow-up. Examples include provider-directed or clinic-scheduled follow-up for a stable or chronic condition.
 - A. Initial response to non-urgent pre-service decisions are 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:
 1. The member or the provider requests the extension
 2. THA justifies the need for additional information and how the extension is in the member's interest
 3. If THA extends the timeframe, THA will give the THA Member or the provider who requests the extension a written notice of the reason for the decision to extend the timeframe and inform the member of their right to file a complaint if he or she disagrees with the extension decision.
 4. 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.
 - C. The provider is notified of approvals the same day as the decision. Notification may occur by telephone, fax or written correspondence.

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- D. THA provides written denial decisions for Providence Medicare members.
 - E. THA provides written notification of denial of service to member and provider the same day as the decision.
- II. Urgent Pre-Service Decisions
- A. 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:
 - 1. Seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent laypersons judgment; **or**
 - 2. In the opinion of a practitioner with knowledge of the member's medical condition, could subject the member to severe pain or injury that cannot be adequately managed without the care or treatment that is the subject of the request.
 - B. For urgent pre-service decisions, THA will make the decision the same day but no later than 2 business days after receipt of the request .
 - C. THA may allow a health care provider with knowledge of the member's medical condition to act as the member's authorized representative.
 - D. If THA is unable to make a decision due to a lack of necessary information, THA may grant a one-time extension for up to 48 hours.
 - 1. Within 24 hours of receipt of the request, THA will notify the member or the member's authorized representative what specific information is necessary to make a decision.
 - 2. THA will allow the member or member's authorized representative at least 48 hours to provide the information.
 - a. 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**
 - b. At the end of the specified time period given to the member or the member's authorized representative to supply the information, if no response is received. .

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- E. Providers and/or members are notified of approvals by telephone, electronically or written correspondence the same day as the decision.
- F. 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.

III. 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.

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.

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.

- A. Inpatient and/or intensive outpatient:
 - 1. Initial decisions are made day of the review.
 - 2. Practitioners are consulted and/or notified of a decision by telephone the same day as the decision.
 - 3. Written correspondence is provided to the member and practitioner the same day as the decision if the request is denied.
 - 4. Providers and members are provided information on how to initiate an expedited appeal at the time they are notified of the denial notification.
 - 5. Requests to extend the timeframe for urgent concurrent care under the following circumstances may be considered:
 - a. The request to extend urgent concurrent care 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 2 business days.
 - b. The request to approve additional days for urgent concurrent care is related to care not previously

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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 of additional days.

THA has up to 2 business days to make this decision.

- c. The THA member voluntarily agrees to extend the decision making time frame.

- B. Ongoing ambulatory care is defined as ambulatory care of nonurgent symptomatic conditions provided on a periodic basis. Examples of ongoing ambulatory care include a specified course of allergy injections; a series of physical therapy treatments; attending periodic mental health counseling sessions.

- 1. Decisions are made within one business day of obtaining all the necessary information.
- 2. Providers are notified of the decision within one business day of making the decision.

IV. 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.
- 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.

V. Extending time frames for non urgent pre and post service decisions

- A. If THA Medical Management is unable to make a decision due to matters beyond our control, the decision time may be extended once for up to an additional 14 calendar days. The decision is made Within 28 calendar days of a post service request.

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- 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.
- VI. Pharmaceutical Decisions
Pharmaceutical decisions may be either:
- A. Non-urgent pre-service decisions-requiring prior authorizations in which therapy has not been initiated; or
 - B. Urgent pre-service decisions
 1. Prior authorizations received from non participating providers
 2. Newly enrolled members with first time request to fill ongoing Medications
 3. THA provides for the dispensing of a onetime 30 day fill for newly enrolled members or patients that have prescriptions from an emergency department or as a result of a recent hospitalization to provide for continuity of care.
 - C. Refer to THA Policy IX-1Pharmacy and Formulary for timeliness of dispensing requirements for THA members.
- VII. Audits
- A. Performance standard is 90% compliance with performance measures. Audits are completed monthly to determine compliance with timeliness of decision making and issuance of member notices.
 - B. Frequency of ongoing audits will be determined at the Utilization Management Annual Review. At a minimum, audits will be done annually.

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Reference: Attachment A Timeliness Grid
OAR 410-141-0420
OAR 410-0260-0265
42 CFR 438.210
42 CFR 438.408
NCQA UM 5 Timeliness of UM Decisions
THA Policy IX-1Pharmacy and Formulary

Formulated: September 1998
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April 2000
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THA Plan Director

THA Medical Director