

**Utilization Management Timeliness Standards
(Commercial HMO - California)**

Type of Request	Decision Timeframes & Delay Notice Requirements	Notification Timeframe	
		Practitioner Initial Notification & Member Notification of Approvals (Notification May Be Oral and/or Electronic / Written)	Written/Electronic Notification of Denial to Practitioner and Member
Urgent Pre-Service - All necessary information received at time of initial request	Decision must be made in a timely fashion appropriate for the member's condition not to exceed 72 hours after receipt of the request.	Practitioner: Within 24 hours of the decision, not to exceed 72 hours of receipt of the request (for approvals and denials). Member: Within 72 hours of receipt of the request (for approval decisions). Document date and time of oral notifications.	Within 72 hours of receipt of the request. Note: 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.
Urgent Pre-Service - Extension Needed • Additional clinical information required	Additional clinical information required: Notify member and practitioner within 24 hours of receipt of request & provide 48 hours for submission of requested information.		
	<u>Additional information received or incomplete:</u> If additional information <u>is received</u> , complete or not, decision must be made within 48 hours of receipt of information. Note: Decision must be made in a timely fashion appropriate for the member's condition not to exceed 48 hours after receipt of information.	<u>Additional information received or incomplete</u> Practitioner: Within 24 hours of the decision, not to exceed 48 hours after receipt of information (for approvals and denials). Member: Within 48 hours after receipt of information (for approval decisions). Document date and time of oral notifications.	<u>Additional information received or incomplete</u> Within 48 hours after receipt of information. Note: If oral notification is given, written or electronic notification must be given no later than 3 calendar days after the initial oral notification.
	<u>Additional information not received:</u> 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. Note: Decision must be made in a timely fashion appropriate for the member's condition not to exceed 48 hours after the deadline for extension has ended.	<u>Additional information not received</u> Practitioner: Within 24 hours of the decision, not to exceed 48 hours after the timeframe given to the practitioner & member to supply the information (for approvals & denials). Member: Within 48 hours after the timeframe given to the practitioner and member to supply the information (for approval decisions). Document date and time of oral notifications.	<u>Additional information not received</u> Within 48 hours after the timeframe given to the practitioner & member to supply the information. Note: If oral notification is given, written or electronic notification must be given no later than 3 calendar days after the initial oral notification.
Urgent Concurrent - (i.e., inpatient, ongoing/ambulatory services) Request 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. Exceptions: <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. 	Within 24 hours of receipt of the request.	Practitioner: Within 24 hours of receipt of the request (for approvals and denials). Member: Within 24 hours of receipt of the request (for approval decisions).	Within 24 hours of receipt of the request. Note: If oral notification is given within 24 hours of request, written or electronic notification must be given no later than 3 calendar days after the oral notification.

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Standing Referrals to Specialists / Specialty Care Centers - All information necessary to make a determination is received	Decision must be made in a timely fashion appropriate for the member's condition not to exceed 3 business days of receipt of request. NOTE: Once the determination is made, the referral must be made within 4 business days of the date the proposed treatment plan, if any, is submitted to the plan medical director or designee.	Practitioner and Member: Refer to appropriate service category (urgent, concurrent or non-urgent) for specific notification timeframes.	Practitioner and Member: Refer to appropriate service category (urgent, concurrent or non-urgent) for specific notification timeframes.
Non-urgent Pre-Service - All necessary information received at time of initial request	Decision must be made in a timely fashion appropriate for the member's condition not to exceed 5 business days of receipt of request.	Practitioner: Within 24 hours of the decision (for approvals and denials). Member: Within 2 business days of the decision (for approval decisions).	Within 2 business days of making the decision.
Non-urgent Pre-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 5 business days of receipt of request & provide at least 45 calendar days for submission of requested information.		
	<u>Additional information received or incomplete:</u> If additional information <u>is received</u> , complete or not, decision must be made in a timely fashion as appropriate for member's condition not to exceed 5 business days of receipt of information.	Practitioner: Within 24 hours of the decision (for approvals and denials). Member: Within 2 business days of the decision (for approval decisions).	Within 2 business days of making the decision.
	<u>Additional information not received</u> 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 in a timely fashion as appropriate for member's condition not to exceed an additional 5 business days.		
	Require consultation by an Expert Reviewer: Upon the expiration of the 5 business days or as soon as you become aware that you will not meet the 5 business day timeframe, whichever occurs first, notify practitioner and member of the type of expert reviewer required and the anticipated date on which a decision will be rendered.		
	<u>Require consultation by an Expert Reviewer:</u> Decision must be made in a timely fashion as appropriate for the member's condition within 5 business days of obtaining expert review, not to exceed 15 calendar days from the date of the delay notice to the practitioner and member.	<u>Require consultation by an Expert Reviewer:</u> Practitioner: Within 24 hours of the decision (for approvals and denials). Member: Within 2 business days of the decision (for approval decisions).	<u>Require consultation by an Expert Reviewer:</u> Within 2 business days of making the decision.

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Post-Service - All necessary information received at time of request (decision and notification is required within 30 calendar days from request)	Within 30 calendar days of receipt of request.	Practitioner: Within 30 calendar days of receipt of request (for approvals). Member: Within 30 calendar days of receipt of request (for approvals).	Within 30 calendar days of receipt of request.
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> If additional information is <u>received</u> , complete or not, decision must be made within 15 calendar days of receipt of information.	<u>Additional information received or incomplete</u> Practitioner: Within 15 calendar days of receipt of information (for approvals). Member: Within 15 calendar days of receipt of information (for approvals).	<u>Additional information received or incomplete</u> Within 15 calendar days of receipt of information.
	<u>Additional information not received</u> 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.	<u>Additional information not received</u> Practitioner: Within 15 calendar days after the timeframe given to the practitioner & member to supply the information (for approvals). Member: Within 15 calendar days after the timeframe given to the practitioner and member to supply the information (for approval decisions).	<u>Additional information not received</u> Within 15 calendar days after the timeframe given to the practitioner & member to supply the information.
	Require consultation 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 required and the anticipated date on which a decision will be rendered.		
	<u>Require consultation by an Expert Reviewer:</u> Within 15 calendar days from the date of the delay notice.	<u>Require consultation by an Expert Reviewer:</u> Practitioner: Within 15 calendar days from the date of the delay notice (for approvals). Member: Within 15 calendar days from the date of the delay notice (for approval decisions).	<u>Require consultation by an Expert Reviewer:</u> Within 15 calendar days from the date of the delay notice.
Translation Requests for Non-Standard Vital Documents 1. Urgent (e.g., pre-service pend or denial notifications with immediate medical necessity) 2. Non-Urgent (e.g., post-service pend or denial notifications)	<u>LAP Services Not Delegated:</u> All requests are forwarded to the contracted health plan. 1. Request forwarded within one (1) business day of member's request 2. Request forwarded within two (2) business days of member's request		<u>LAP Services Delegated/Health Plan:</u> All requested Non-Standard Vital Documents are translated and returned to member within 21 calendar days.

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<p>Prescription Drugs CA Health & Safety Code section 1367.241 (CA SB 282; 2015-2016)</p> <p><i>*Exigent circumstances* exist when an insured is suffering from a health condition that may seriously jeopardize the insured's life, health, or ability to regain maximum function OR when an insured is undergoing a current course of treatment using a non-formulary drug.</i></p>	<ul style="list-style-type: none"> ▪ Non-urgent: Within 72 hours of receipt of request ▪ Urgent request or exigent circumstances*: Within 24 hours of receipt of request 	<p><u>Practitioner:</u></p> <ul style="list-style-type: none"> ▪ Non-urgent: Within 72 hours of receipt of request ▪ Urgent request or exigent circumstances*: Within 24 hours of receipt of request <p><i>NOTE: CA SB282 does not specify timeframes for member notification. To ensure compliance with regulatory and accreditation standards, refer to the urgent and non-urgent pre-service sections above for member notification timeframes.</i></p>	<p><u>Practitioner:</u></p> <ul style="list-style-type: none"> ▪ Non-urgent: Within 72 hours of receipt of request ▪ Urgent request or exigent circumstances*: Within 24 hours of receipt of request <p><i>NOTE: CA SB282 does not specify timeframes for member notification. To ensure compliance with regulatory and accreditation standards, refer to the urgent and non-urgent pre-service sections above for member notification timeframes.</i></p>