

Policy & Procedure			
<b>Subject:</b>	Timeliness of UM Decisions		
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## POLICY

ACLA will make and communicate utilization management determinations in accordance with applicable statutory, contractual and accreditation requirements and as outlined in the below table:

Case Type	Decision	Initial Notification	Written Confirmation
Urgent Prior Authorization (Pre-Service)	As expeditiously as the member's health requires, no later than 72 hours from receipt of the request. Or no later than 120 hrs. for requested extensions.	As expeditiously as the member's health requires, no later than 72 hours from receipt of the request. Or no later than 120 hrs. for requested extensions.	Within the earlier of 2 business days from the decision or 72 hours of the request. Or no later than 120 hours for requested extensions

Case Type	Decision	Initial Notification	Written Confirmation
Non-Urgent Prior Authorization (Pre-Service)	80% of requests: Within 2 business days of receiving the necessary information or 14 calendar days from receipt of the request. Or no later than 28 CD for requested extensions.	As expeditiously as the member's health requires, no later than 14 calendar days from receipt of the request. Or no later than 28 CD for requested extensions	Within the earlier of 2 business days from the decision or 14 calendar days of the request. Or no later than 28 CD for requested extensions
Community Psychiatric Supportive Treatment and Psychosocial Rehabilitation Services	80% of requests: Within 5 calendar days of receiving the necessary information or 14 calendar days from receipt of the request	As expeditiously as the member's health requires, no later than 1 business day of making the decision	Within the earlier of 5 calendar days from the decision or 14 calendar days of the request
Urgent Concurrent Review	95 % Within 1 BD 99.5% within 2 BD 100% within 72 hours from receipt of the request	95 % Within 1 BD 99.5% within 2 BD 100% within 72 hours from receipt of the request	95 % Within 1 BD 99.5% within 2 BD 100% within 72 hours from receipt of the request
Retrospective Review	30 calendar days from receipt of the request; retro-enrolled into the plan – no later than 365 days from date of service	Within 30 calendar days from receipt of the request	Within 30 calendar days from receipt of the request

Case Type	Decision	Initial Notification	Written Confirmation
PRTF Admission (Psychiatric Residential Treatment Facility)	Within 48 hours of completion of the screen	48 hours	48 hours from receipt of request to provider and member
Urgent Inpatient Hospital Psychiatric Screen (member will be admitted to that same facility)	Within 24 hours of all clinical information being received	24 hours	48 hours from receipt of request to provider and individual requesting the services
Emergency Inpatient Psychiatric Screen	Within 1 hour after request is received by an emergency room for post stabilization treatment or three (3) hours when requested while member is in a general hospital bed	Within 1 hour after request is received by an emergency room for post stabilization treatment or three (3) hours when requested while member is in a general hospital bed	48 hours from receipt of request to provider and individual requesting the services

ACLA requires both Standard and Urgent (Pre-Service) Prior Authorization determinations be made within state mandated time frames from receipt of the request according to the LA Department of Health and Hospitals contract and federal regulations (42 CFR 438.404 and 438.210). In no instance will any determination on a Non-Urgent Prior Authorization request be made later than the mandated time frames by LDH.

ACLA shall notify the requesting provider and member of a decision for extension, to deny an authorization or reauthorization request or to authorize or reauthorize a service in an amount, duration, or scope that is less than requested. ACLA shall notify the member, the provider rendering the service, whether a health care professional, facility or both, verbally or as expeditiously as the member's health condition requires but not more than one (1) business day of making the initial determination and shall provide documented confirmation of such

written notification to the provider within two (2) business days of making the initial determination. The table above outlines the timeliness guidelines from the receipt of the request for the service in accordance with applicable statutory, contractual and accreditation requirements.

ACLA shall notify the requesting provider and the member for extensions, service authorization approval for a non-emergency admission, procedure or service, ACLA shall notify the provider verbally or as expeditiously as the member's health condition requires but not more than one (1) business day of making the initial determination and shall provide documented confirmation of such notification to the provider within two (2) business days of making the initial certification. If the service authorization is an approval for extended stay or additional services, ACLA shall notify the provider rendering the service, whether a health care professional or facility or both, and the member receiving the service, verbally or as expeditiously as the member's health condition requires but not more than one (1) business day of making the initial determination and shall provide documented confirmation of such notification to the provider within two (2) business days of making the initial certification

An ACLA associate may need to use and/or disclose a member's Protected Health Information (PHI) for the purpose of Treatment, Payment, and Operations (TPO). Federal HIPAA privacy regulations do not require health plans to obtain a member's written consent or authorization prior to using, disclosing, or requesting PHI for purposes of TPO. Therefore, ACLA is not required to seek a member's authorization to release his/her PHI for any one of the aforementioned purposes (See ACFC Policy #168.227, *Use and Disclosure of Protected Health Information without Member Consent or Authorization*).

ACLA Associates may not use, request or disclose to others any PHI that is more than the minimum necessary to accomplish the purpose of the use, request, or disclosure (with certain exceptions as outlined in ACFC Policy #168.217, *Minimum Necessary Rule*). ACLA associates are required to comply with specific policies and procedures established to limit uses of, requests for, or disclosures of PHI to the minimum amount necessary.

ACLA will maintain adequate administrative, technical and physical safeguards to protect the privacy of PHI from unauthorized use or disclosure, whether intentional or unintentional, and from theft and unauthorized alteration. Safeguards will also be utilized to effectively reduce the likelihood of use or disclosure of PHI that is unintended and incidental to a use or disclosure in accordance with ACLA policies and procedures (see ACLA Policy #161.112, *Safeguards to Protect the Privacy of Protected Health Information*). ACLA will reasonably safeguard PHI to limit incidental uses and disclosures. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and occurs as a by-product of an otherwise permitted use or disclosure (see ACLA Policy #161.112, *Safeguards to Protect the Privacy of Protected Health Information*).

All documentation created or maintained in this policy will be recorded in the appropriate information system. ACLA shall retain documents relating to Protected Health Information for

seven (7) years in accordance with ACLA Policy #161.001, *Document Retention Period: Documents Relating to the Privacy of Protected Health Information*, unless otherwise required by Law or regulation.

ACLA Associates must follow facsimile guidelines in handling PHI that is transmitted or received in accordance with the company policy (see ACLA Policy #161.110, *Facsimile Machines and Transmission of Protected Health Information*).

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## PURPOSE

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To assure a consistent process for making and communicating utilization management determinations in accordance with applicable statutory, regulatory, contractual and accreditation requirements.

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## DEFINITIONS

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See ACLA Policy #UM.001L, Glossary of Terms

See ACFC Policy #168.235, HIPAA Definitions

**Concurrent Review** - A review conducted by the ACLA during a course of treatment to determine whether the prescribed services should continue in amount, duration and scope or whether a modification is necessary.

**Emergency Inpatient Psychiatric Screen** - A member is in crisis and not currently in a safe place. The member presents to a hospital where they will not be hospitalized due to not having a psychiatric unit or trained psychiatric personnel.

**Psychiatric Rehabilitation Treatment Facility (PRTF)** - Long term residential care for members under the age of 21.

**Retrospective Review** - A review conducted by ACLA or its representative after the delivery of services to determine whether services were delivered as prescribed and consistent with ACLA payment policies and procedures.

**Standard Prior (Pre-Service) Authorization** - A determination made by the ACLA to approve or deny payment for a provider's request to provide a service or course of treatment of a specific duration and scope to a Member prior to the provider's initiating provision of the requested service. This does not include Urgent Care Prior (Pre-Service) Authorizations - see below definition.

**Urgent Inpatient Hospital Psychiatric Screen** – A member presents to a hospital with a psychiatric unit or trained psychiatric personnel, and is admitted by the treating physician.

**Urgent Medical Condition** - Any illness, injury or severe condition which under reasonable standards of medical practice, would be diagnosed and treated within a twenty-four (24) hour period and if left untreated, could rapidly become a crisis or Emergency Medical Condition. The term also includes situations where a person’s discharge from a hospital will be delayed until services are approved or a person’s ability to avoid hospitalization depends upon prompt approval of services.

**Urgent Prior (Pre-Service) Authorization** - A determination made by ACLA to approve or deny payment for a provider’s request to provide to a Member a service or course of treatment of a specific duration and scope for an Urgent Medical Condition prior to the provider’s initiating provision of the requested service. This does not include Non-Urgent Prior (Pre-Service) Authorizations – see above definition.

## PROCEDURE

- The Utilization Management (UM) Department will render and communicate determinations such as a decision to deny an authorization or reauthorization request or to authorize or reauthorize a service in an amount, duration, or scope that is less than requested within the timeframes described above.
- Untimely determinations constitute a denial and ACLA treats these as an appealable adverse action. An adverse determination (i.e. denial) will be issued if a determination or need for extension is not communicated to the Provider within the required timeframes noted above.
- The approval notification and the authorization number are provided to the requesting practitioner/provider by telephone, fax or voice mail. Members will be notified via postal mail of non-urgent preserve requests. Notification will include type of service approved, total number of units/days authorized and the authorization period.
- In the event of a determination to deny, alter or limit coverage for an admission, service, procedure or extension of stay, based on medical necessity, or to approve a service in an amount, duration or scope that is less than requested:
  - The requesting practitioner/provider is offered the ability to have the determination reconsidered through the ACLA Peer-to-Peer process (see ACLA Policy #UM.105L, *Peer to Peer Discussion*).
  - The member, requesting practitioner/provider and/or facility receive written notification in accordance with ACLA Policy #UM.017L, *Notice of Adverse Determination*.

## REFERENCES (Cited Policies and Procedures and Source Documents)

## **RELATED POLICIES**

ACLA Policy #UM.001L Glossary of Terms

ACLA Policy # UM.017L Notice of Adverse Determinations

ACLA Policy #161.110 Facsimile Machines and Transmission of Protected Health Information

ACFC Policy #168.217 Minimum Necessary Rule

ACLA Policy #161.112 Safeguards to Protect the Privacy of Protected Health Information

ACFC Policy #168.227 Use and Disclosure of Protected Health Information Without Member Consent/Authorization

ACFC Policy #168.235 HIPAA Definitions

ACLA Policy #161.001 Document Retention Period: Documents Relating to the Privacy of Protected Health Information

## **SOURCE DOCUMENTS & REFERENCES**

- NCQA Guidelines: Standards for Utilization Management – UM 5
- Louisiana CCN-Prepaid Request for Proposals

## **ATTACHMENTS**

None

**[-End of Policy-]**