Utilization Review Determination Time Frames

The following review types are covered in this chapter:

The purpose of this chart is to reference utilization review (UR) determination time frames for organizational determinations (ODs), including integrated organization determinations for Tufts Health Plan Senior Care Options (SCO), an Applicable integrated Plan, in accordance with the time frames referenced in Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance and the Addendum to the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for Applicable Integrated Plans.

ODs are managed by Tufts Health Plan or approved vendors. For additional information regarding the OD process, refer to the Referrals, Prior Authorizations and Notifications chapter.

Written notice of authorization will be sent to members and/or providers. In all instances, Tufts Health Plan strives to conduct utilization review determinations and provide notice of these determinations within a reasonable period of time, appropriate to the medical circumstances. For Tufts Health Plan Senior Care Options (SCO) members who meet the Medicaid clinical criteria, prior authorization requests for admission to a post-acute care facility or transition to a post-acute care agency (including skilled nursing, intermediate or long-term care, rehabilitation facility, or home health agency) will be approved or denied by the next business day following receipt of required medical information.

Note: A provider is defined as a health care professional/practitioner, facility or vendor.

Note: For the purposes of this document, verbal and written notices to providers and members must occur as expeditiously as the member's health requires, but no longer than the time frames specified below.

Review Type: Whether to Expedite a Request for a Determination

Any request for coverage for medical care or treatment with respect to which the member or a provider believes applying standard organization timeframes could seriously jeopardize the member's life, health or ability to regain maximum function.

Decision Timeframe	A decision must be made within 24 hours whether or not to expedite. Tufts Health Plan must automatically expedite the determination if a provider makes or supports the request. Requests for cases that only involve claims for payment of services the member has already received cannot be expedited.
Extension Rules	N/A
Notice of Authorization Determination	N/A

Notice of Denial Determination	If Tufts Health Plan denies the request for an expedited determination/OD, it must automatically transfer the request to the standard time frame. The member will be given prompt oral notice of the denial, including member rights to appeal and subsequently deliver written notice within 3 calendar days of the notice of denial determination that: • Explains that the organization will automatically transfer and process the request using the 7 days standard time frame • Informs the member of the right to file an expedited grievance if they disagree • Provides instructions about the expedited grievance process and its timeframes • Informs the member of the right to resubmit a request for an expedited determination and that if the member gets physician support applying standard organizational timeframes could seriously jeopardize the member's life, health or ability to regain maximum function, the request will automatically be expedited.

Review Type: Part B Drug Prospective Expedited (Urgent)

UR performed prior to a course of treatment for a Part B drug in which the application of the time period for making non-urgent determinations could seriously jeopardize the member's life, health or ability to regain maximum function.

Decision Timeframe	Determination must occur within 24 hours of receipt of the request. This timeframe cannot be extended.
Notice of Authorization Determination	Notification must occur within 24 hours of receipt of the request. **Note:** Part B drug timeframes cannot be extended.
Notice of Denial Determination	Notification must occur within 24 hours of receipt of the request.

Review Type: Non-Drug Prospective Expedited (Urgent)

UR performed prior to an admission or other course of treatment in which the application of the time period for making non-urgent determinations could seriously jeopardize the member's life, health or ability to regain maximum function.

Decision Timeframe	Determination must occur within 72 hours after receipt of request.
Extension Rules	The time frame may be extended up to 14 calendar days if: • The enrollee requests the extension; or • The extension is justified, in the enrollee's interest, and additional medical evidence from a non-contracted provider is needed in order to make a decision favorable to the enrollee (i.e., the MA plan should not extend the timeframe to get evidence to deny the coverage request); or • The extension is justified due to extraordinary, exigent or other non-routine circumstances and is in the enrollee's interest If extended, the enrollee must be notified in writing of the reasons for the delay and inform the enrollee of the right to file an expedited grievance if they disagree with the MA plan's decision to grant an extension.

Notice of Authorization Determination	Verbal notification must occur within 72 hours after receipt of request (or an additional 14 days if an extension was granted. For Tufts Medicare Preferred only, written notification must be sent within 72 hours of a successful verbal notice. (Successful verbal notice includes either leaving a message on a secure voicemail or speaking directly to the member or member's legally authorized representative.) The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented
Notice of Denial Determination	Verbal notification must occur within 72 hours after receipt of request (or an additional 14 days if an extension was granted). T For Tufts Medicare Preferred only, written notification must be sent within 72 hours of a successful verbal notice. (Successful verbal notice includes either leaving a message on a secure voicemail or speaking directly to the member or member's legally authorized representative.) The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented.

Review Type: Concurrent Expedited (Urgent)

UR that is performed during a hospital stay or other course of treatment in which the application of the time period for making non-urgent determinations could seriously jeopardize the member's life, health or ability to regain maximum function.

Decision Timeframe	Concurrent urgent requests will be completed as soon as possible, considering medical exigencies, but no later than 72 hours of receipt of the request.
Extension Rules	N/A
Notice of Authorization Determination	Verbal notification must occur within 72 hours after receipt of request. For Tufts Medicare Preferred only, written notification must be sent within 72 hours of a successful verbal notice. (Successful verbal notice includes either leaving a message on a secure voicemail or speaking directly to the member or member's legally authorized representative.) The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented. In absence of verbal notification, written notification must be sent to the member and the requesting provider within 72 hours of the receipt of request.
Notice of Denial Determination	Verbal notification to the requesting provider must occur within 72 hours after receipt of request. For Tufts Medicare Preferred only, notification must be sent within 72 hours of a successful verbal notice. (Successful verbal notice includes either leaving a message on a secure voicemail or speaking directly to the member or member's legally authorized representative.) The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented. In absence of verbal notification, written notification must be sent to the member and the requesting provider no later than 72 hours after receipt of request. Simply mailing the letter within the time frame is insufficient.

Review Type: Part B Drug Standard Prospective (Non-urgent)

Prospective non-urgent is UR that is performed prior to a course of treatment for a Part B Drug.

Decision Timeframe	Determination and notification must be completed as expeditiously as the member's health condition requires, but no later than 72 hours after receipt of request. This time frame cannot be extended.
Notice of Authorization Determination	Verbal and written notification must occur within 72 hours after receipt of request **Note:** Part B drug timeframes cannot be extended.
Notice of Denial Determination	Verbal and written notification must occur within 72 hours after receipt of request

Review Type: Non-Part B Drug Standard Prospective (Non-urgent)

Standard prospective UR is performed prior to an admission or other course of treatment.

Decision Timeframe	Determination and notification must be completed as expeditiously as the member's health condition requires, but no later than 7 calendar days after receipt of request.
Extension Rules	The time frame may be extended up to 14 calendar days from the receipt of the request for coverage only in extreme circumstances. The member must then be notified of the extension in writing using a CMS-approved template.
Notice of Authorization Determination	Notification must occur within 7 calendar days after receipt of request (or an additional 14 days if an extension was granted). The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented. Written notification must be sent to the member as expeditiously as required but no later than 7 calendar days after receipt of request (or an additional 14 days if an extension was granted*).
Notice of Denial Determination	Notification must occur within 7 calendar days after receipt of request (or an additional 14 days if an extension was granted). The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented.

* *Only applicable in extreme circumstances*.

Review Type: Retrospective Review

UR of services after they have been provided to the member.

Decision Timeframe	Determination and notification must be made within 30 calendar days after receipt of request
Extension Rules	An extension may be granted once for 15 calendar days due to lack of information. If the information received within 30 calendar days is inadequate, a written notice must be sent to the member and provider with the information required to complete the coverage determination, specifying that additional information is needed within 45 calendar days. The time frame for making the determination is suspended from the date of written noticed until the earlier of: 1) Date response received 2) Date established for furnishing requested information Once the information is received (or the 45 days expire) the review determination must be completed within 15 calendar days.
Notice of Authorization Determination	An optional written notification may be sent to the provider and member within 60 calendar days of the request (or an additional 15 calendar days if an extension was granted).
Notice of Denial Determination	Written notification must be sent to the provider and member within 60 calendar days of the request, unless an extension was granted.

Review Type: Review Resulting in the Reduction, Suspension, or Termination of a Previously Authorized Service

In limited circumstances, Tufts Health Plan SCO, an applicable integrated plan, may reduce, suspend, or terminate a previously authorized service. Advance written notice of the change is required per the timeframes outlined below.

Notice of Determination to Reduce Suspend or Terminate Previously Authorized Services	If Tufts Health Plan SCO makes a determination to reduce, suspend, or terminate a previously authorized service prior to the end date of the original authorization, written notification must occur at least 10 calendar days prior to the date the change becomes effective. The notification timeframe may be shortened to 5 calendar days prior to the change in instances of probable fraud.

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