blue california
Promise Health Plan

Policy Title: CMS Timeliness Requirements and Verification of Written UM Organization Determination		POLICY #: 90.2.4	
		Line of business: CMC	
Department Name: Utilization Management	**Original Date** 3/13	**Effective Date** 5/19	**Revision Date** 12/18
Department Head: Sr. Director, UM		**Date: 3/21**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 3/21**	

PURPOSE

To establish a verification procedure that will ensure Blue Shield of California Promise's (Blue Shield Promise) compliance in meeting Center for Medicare and Medicaid Services (CMS) requirements for written utilization management organization determination notifications via US Mail within the mandated timeframes. And, to demonstrate that the notice has been validly delivered or that reasonable efforts have been made to deliver the notice.

DEFINITIONS:

Blue Shield Promise Health Plan makes utilization management decisions based upon the receipt of properly submitted and treatment requests for medical services and benefits (also called Authorization Requests). Request for these services may be received from participating network practitioners as well as non-participating practitioners.

Authorization requests for benefits/services may fall into 2 categories:

- Expedited
- Standard

Timeframe of Receipt for UM submissions:

1. Blue Shield Promise accepts routine, non-urgent requests for medical and pharmacy services via website portal, facsimile, and verbally. The time of receipt of a request is defined as the time request is available, regardless of whether Blue Shield Promise has all the information necessary to make the decision at the time of the request.

2. Blue Shield Promise also accepts urgent / expedited requests 24/7. The time of receipt for urgent requests is the date on which Blue Shield Promise receives the request, whether or not it is during normal business hours.

3. Blue Shield Promise, makes medical necessity determinations in a timely manner to accommodate the clinical urgency of the situation as well as the procedures defined in the Appendices of the P&P: Titled ICE TATs.

4. The clinical urgency of the situation is typically determined by the treating practitioner and is evidenced by either the notation of care as expedited/urgent by the treating practitioner or by the type of documents submitted for review.

5. Blue Shield Promise Health Plan, adopts the following definitions of file type(s), in accordance with regulatory and accreditation agency guidelines and client recommendations.

Pre-service *Utilization management* conducted prior to a *patient's* admission, stay, or other service or course of treatment (including outpatient procedures and pharmacy services). Any request for treatment or for benefits in which the terms of the benefit plan require, in whole or in part, approval of the benefit in advance of obtaining medical care or services.

- Pre-service requests can be either expedited/urgent or standard/non-urgent.
- Preauthorization and pre-certification are Pre-service requests.
- Post Service - Claims involving payment or reimbursement in situations where the medical care has already been provided. Post service claims can never be urgent care claims.

Concurrent review- Any review for continued or extended health care services or additional services for a member undergoing a course of treatment prescribed by a health care practitioner/provider. Concurrent care requests involve care of an ongoing nature to be provided over a period of time or number of treatments. Concurrent reviews are typically associated with inpatient care, residential behavioral care, intensive outpatient behavioral health care and ongoing ambulatory care.

Urgent or Expedited Request- Any request for medical care or treatment for which failure to render an expeditious decision could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function or, in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment requested.

Standard or Non-urgent Request- Any request that does not meet criteria listed in the definition for 'expedited or urgent request'. Post service claims are always non- urgent or standard claims.

Extended or Pended (Claim) – If Blue Shield Promise unable to make a medical necessity determination due to the lack of necessary clinical information, rather than issue an adverse determination, Blue Shield Promise, requests medical information and allows the requestor or claimant an extension of time to submit the necessary information. Blue Shield Promise Physician Reviewers notify the claimant of the specific information necessary to render a decision, in writing and within the timeframes established in regulations and defined in

NOTICE METHODS

Oral Notice:

Time frames for oral/verbal notice are indicated in the Appendices of the P&P: ICE TATs verbal notification is considered valid when documentation in the authorization module includes:

- The date & time of the telephone call endorsing **oral notice**
- The full name and title of the UM representative endorsing the verbal notice
- The member's name or the name of the member's authorized representative that was spoken to
- The contact number used to reach the member or the member's authorized representative

Written Notice:

The content and time frame for a written notice will include the elements indicated in the ICE TATs Appendices for each "Request Type"

- For written notices following verbal notice

- UM Coordinators E-mail the member's letters and mail log list converted to PDF to the mail room by 02:00 p.m.
- Mail room staff retrieves the letters from the E-mail, prints the letters and puts them in appropriate envelopes to be mailed out with their assigned postage.
- UM Coordinators receive an E-mail from the mail room with a confirmation that our letters for the day have been mailed out.

REFERENCES

ICE Timeliness Standard for Medicare

ATTACHMENTS:

ICE UM TAT CMS