

Utilization Review Determination Timeframes For Tufts Medicare Preferred Members

Note:

- The purpose of this chart is to reference utilization review determination timeframes. It is not meant to completely outline the UR Determination process. See Policy: Prospective, Concurrent, and Retrospective Utilization Review Determination and Notification for Tufts Medicare Preferred for more detailed instructions regarding UR determinations.
- Written Notice of Authorization will be sent to members or providers upon request.
- A provider is defined as a health care professional or facility.
- 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 Medicare Preferred members receiving services not covered by Medicare (i.e. hearing aide and unlimited pharmacy benefit after \$150 per quarter has been exhausted), follow the policy for Prospective, Concurrent and Retrospective Utilization Review Determination and Notification for Commercial Members.

Review Type	Decision Timeframe	Extension Rules	Notice of Authorization Determination	Notice of Denial Determination
<p>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 physician believes applying standard organization timeframes could seriously jeopardize the member's life, health or ability to regain maximum function.</p>	A decision must be made within 24 hours.	N/a	N/a	<ul style="list-style-type: none"> • Verbal notification must occur to the requesting provider and the member as expeditiously as the member's health requires but no later than 72 hours after receipt of request. Additionally, written notice must be sent to the member and requesting physician within 3 calendar days of verbal notice. • The request will automatically be processed using a 14-day timeframe.
<p>Prospective Expedited Urgent Utilization Review (UR)</p>	Determination and notification must occur as expeditiously as the	The timeframe may be extended up to 48 hours. If extended, the member must	Verbal notification must occur as expeditiously as the member's health requires but	<ul style="list-style-type: none"> • Verbal notification must occur to the requesting provider as expeditiously as

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<p>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 health or ability to regain maximum function.</p>	<p>member's health requires but no later than 72 hours of receipt of the request. Total Time including decision on whether to expedite a request is 72 hours.</p>	<p>be notified in writing (fax/courier) within 24 hours.</p>	<p>no later than 72 hours of receipt of request or an additional 48 hours if an extension was granted.</p> <ul style="list-style-type: none"> The time and date of notification, name of staff communicating the determination and the name of the person notified must be documented. 	<p>the member's health requires but no later than 72 hours of receipt of request (or an additional 48 hours if an extension was granted.)</p> <ul style="list-style-type: none"> Additionally, written (fax/courier) notification must be sent within 3 calendar days of verbal notice. 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 (fax/courier) to the requesting provider as expeditiously as the member's health requires and within 72 hours of receipt of request (or an additional 48 hours if an extension was granted.)
<p>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</p>	<p>Determination and notification must occur as expeditiously as the member's health requires but no later than 24 hours of the receipt of request.</p>	<p>The timeframe may be extended up to 48 hours. If extended, the member must be notified in writing (fax/courier) within 24 hours.</p>	<p>Verbal notification must occur as expeditiously as the member's health requires but no later than 24 hours after receipt of request or an additional 48 hours if an extension is granted.</p> <ul style="list-style-type: none"> The time and date of notification, name of staff 	<ul style="list-style-type: none"> Verbal notification to the requesting provider must occur as expeditiously as the member's health requires but no later than 24 hour or an additional 48 hours if an extension is granted after the receipt of request. Additionally, written

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<p>member's life, health or ability to regain maximum function.</p>			<p>communicating the determination and the name of the person notified must be documented. Written notification must be sent to the member and the requesting provider within 24 hours of the receipt of request or within an additional 48 hours if an extension was granted.</p>	<p>notification must be sent within 3 calendar days of the verbal notice.</p> <ul style="list-style-type: none"> • 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 (fax/courier) to the member and the requesting provider no later than 24 hours after receipt of request (or an additional 48 hours if an extension was granted.)
<p>Standard Prospective & Concurrent Non-Urgent <i>Prospective Non-Urgent</i> is UR that is performed prior to an admission or other course of treatment. <i>Concurrent Non-Urgent</i> is UR that is performed during a hospital stay or other course of treatment.</p>	<p>Determination and notification must be completed as expeditiously as the member's health condition requires, but no later than 14 calendar days after receipt of request.</p>	<p>The timeframe may be extended up to 14 calendar days from the receipt of the request for coverage. The member must then be notified of the extension in writing.</p>	<ul style="list-style-type: none"> • Verbal notice to provider must occur as expeditiously as the member's health requires but no later than 14 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 	<ul style="list-style-type: none"> • Verbal notice to provider must occur as expeditiously as the member's health requires but no longer than 14 calendar days after the receipt of request (or an additional 14 days if extended.) • 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 and

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			but no later than 14 calendar days after receipt of request (or an additional 14 days if an extension was granted.)	provider as expeditiously as the member's health requires but no later than 14 calendar days after the receipt of request (or an additional 14 days if an extension was granted.)
<p>Retrospective Review UR of services after they have been provided to the member.</p>	<p>Determination and notification must be made within 30 calendar days of the receipt of request for coverage.</p>	<p>An extension may be granted once for 15 calendar days due to lack of information. If within 30 calendar days the information received 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.</p> <p>The timeframe for making the determination is suspended from the date of written notice until the earlier of:</p> <ol style="list-style-type: none"> 1. Date response received 2. Date established for furnishing requested information. <p>Once the information is received, or the 45 days expire, the review determination must be</p>	<p>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.</p>	<ul style="list-style-type: none"> • Written notification must be sent to the provider and member within 60 calendar days of the request unless an extension was granted.

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		completed within 15 calendar days.		