## Attachment A: Minimum Process Requirements for Concurrent Authorization Utilization Review

| Function | Required Procedure | Timeframe | | Responsible Party | Oversight By |
|---|---|---|---|---|---|
| | | Expedited/ Urgent | Standard | | |
| ***Request Intake*** §§4902(a)(6), 4903(a)(1) | • Process to conduct intake, data collection and perform non-clinical review functions.<br>• Process to accept requests by phone as well as in writing. Optional: Fax, electronic, web portal, VRS. | | | Trained staff (non-clinical tasks only) | Licensed Health Care Professional |
| ***Information Needed*** §§4902(a)(2), 4903(a)(1), (c); 4905(k), 29 CFR 2560.503-1(f)(2)(i ) and (iii) | • If more information needed, process to request information and monitor for timely response.<br>• Process to ensure request is not pended indefinitely and determination is made even if no response to requested information is received. | Request information within 24 hours and allow 48 hours to submit | Request information within 1 business day (bd) and allow 45 days to submit; for home care following inpt admission on Friday or day before holiday, request information within 72 hours if less | Trained staff | Licensed Health Care Professional |
| ***Review*** §4902(a)(1) and (3) | • Process to conduct utilization review against written clinical criteria; keep records of health professional or clinical peer conducting review and specific criteria used. | | | Licensed Health Care Professional or Clinical Peer | Medical Director |
| ***Determination*** §§4902(a)(1) and (4), 4903(c), 29 CFR 2560.503-1(f)(2)(i) and (iii) | • Process to ensure adverse decisions are made by clinical peer (including denials for lack of information).<br>• Process for approvals to be made by health professional or clinical peer.<br>• Process to keep record of decision and set up authorizations on systems as required.<br>• If delegated to Agent, process to ensure that if request and all info received prior to discharge, home care provided while review was pending is not denied for lack of medical necessity or authorization. | For a request to extend treatment beyond the previously approved number if requested at least 24 hours in advance, determination made within 24 hours of receipt of request<br><br>For an inpatient substance use disorder | Within the earlier of 1 bd of receipt of all information or 15 days of the end of the 45 day period if no information is received; for home care following inpt admission on Friday or day before holiday, within 72 hours after all information is | Approvals: Licensed Health Care Professional or Clinical Peer<br><br>Denials: Clinical Peer | Medical Director |

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| | | treatment requested 24 hours prior to discharge, within 24 hours of receipt of the request<br><br>For other requests, if complete, within the earlier of 72 hours or 1 bd of receipt of the request<br><br>If the request is not complete, within the earlier of 1 bd or 48 hours of receipt of the information, or 48 hours of the end of the 48-hour period if no information is received | received, if earlier | | |
| ***Verbal Notice***<br>§§4902(a)(4), 4903(c), 29 CFR 2560.503-1(g) | • Process for reasonable effort to contact insured and provider by phone or in person to transmit approval or denial of request and record contact or attempts. | At time of determination | At time of determination | Trained Staff may transmit notice (adverse determinations must be made by clinical peer) | Licensed Health Care Professional |

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| ***Written Notice*** §§4902(a)(4) and (5), 4903(c), (e), 29 CFR 2560.503-1(g)(2) | • Process to create and send notice of approvals and denials to insured and provider in writing (optional, if agreed upon in advance: fax, electronic, or for providers, web portal)<br>• Process to ensure all required information is included in notice; including number of continued or extended services approved, new total of approved services, date of onset of services and time of next review. | At time of determination | At time of determination | Trained Staff may transmit notice (adverse determinations must be made by clinical peer) | Licensed Health Care Professional |
| ***Reconsideration (Peer to Peer)*** §§4902(a)(1), 4903(f) | • Where case was not previously discussed with provider, process to accept communication from providers and refer to clinical peer for review of decision.<br>• Upon outcome of reconsideration, process to resend initial adverse determination or approval notice to insured and provider Process to maintain record of decision. | 1 bd of request | 1 bd of request | Clinical Peer | Medical Director |
| ***Time Allowed to File Appeal*** §4904(c), 29 CFR 2560.503-1(h)(3)(i) | | Must allow insureds at least 180 days after receipt of adverse determination | | | |
| ***Appeal Intake*** §§4902(a)(4), 4904(a), (a-1), (b), (c) | • Process to conduct intake, data collection and perform non-clinical review functions.<br>• Process to accept appeals by phone and in writing. Optional: Fax, electronic, web portal, VRS.<br>• Process to expedite review of appeal for continued, extended, additional services or home care following inpt admission.<br>• Process to accept a standard appeal following an upheld expedited appeal (if standard appeal upheld, new FAD is issued). | | | Trained staff | Licensed Health Care Professional |
| ***Written Acknowledgement*** §§4902(a)(2), 4904(c) | • Process to ensure written acknowledgement is sent to insured; this notice may be combined with appeal determination. | Not required | Within 15 days | Trained staff | Licensed Health Care Professional |
| ***Information Needed*** §§4902(a)(2), 4904(a-1), (b), (c), 4905(k); 11 NYCRR Part 410.9(b) | • If more information needed, process to request information from insured and provider, and monitor for timely response; ensure appeal is not pended indefinitely and determination is made even if no response to requested information is received. | Request additional information immediately by phone or fax, follow with written | Request additional information within 15 days; if partial response, written request for | Trained staff | Licensed Health Care Professional |

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| | • For standard appeal, if information submitted is not complete, process to request missing information in writing. | request | missing information sent in 5 bd | | |
| ***Review*** §§4902(a)(1) and (3), 4904(b),(c),(d), 29 CFR 2560.503-1(h)(3) | • If appeal is expedited, process to ensure access to a clinical peer within 1 bd.<br>• Process to conduct utilization review against written clinical criteria; keep records of clinical peer conducting review and specific criteria used.<br>• Process to ensure appeal is conducted by clinical peer other than clinical peer who made initial determination and that clinical peer is not the subordinate of the clinical peer who made the initial determination. | | | Clinical Peer (who did not make initial decision and is not the subordinate of clinical peer who made initial determination) | Medical Director |
| ***Determination*** §§4902(a)(4), 4904(b),(c),(d), 29 CFR 2560.503-1(h)(3)(ii); (i)(2)(i) and (ii) | • Process to ensure adverse decisions are made by different clinical peer and the clinical peer making the appeal determination is not the subordinate of the clinical peer who made the initial determination.<br>• Process to keep record of decision and set up authorizations on systems as required. | The lesser of 72 hours of receipt of the appeal or 2 bd of receipt of necessary information<br><br>For an inpatient substance use disorder treatment requested 24 hours prior to discharge, within 24 hours of receipt of the request | For services that require prior authorization, the earlier of 2 business days of receipt of necessary information or 30 days of receipt of the appeal if one level of appeal and 15 days of receipt of the appeal if two levels of appeals<br><br>For services that do not require prior authorization, the earlier of 2 bds of receipt of necessary information or 60 days of receipt of | Clinical Peer (who did not make initial decision and is not the subordinate of clinical peer who made initial determination) | Medical Director |

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| | | | the appeal for one level of appeal or 30 days of receipt of the appeal if two levels of appeals | | |
| ***Written Notice*** §§4902(a)(4), 4904(b), (c); 11 NYCRR Part 410.9(e) and (f), 29 CFR 2560.503-1(h)(3)(ii); (i)(2)(i) and (ii) | • Process to create and send notice of approvals and denials (final adverse determinations [FAD]) to insured and provider in writing (optional, if agreed upon in advance: fax, electronic, or for providers, web portal).<br>• Process to ensure all required information is included in FAD notice. | At time of determination | At time of determination | Trained Staff may transmit notice (adverse determinations must be made by clinical peer) | Licensed Health Care Professional |
| ***2nd Level Appeal (If Offered for Group Insurance Only)*** §4904(b); 11 NYCRR Part 410.9(e); 29 CFR 2560.503-1(h)(3)(ii); (i)(2)(i) & (iii) | • Process to ensure that FAD states in bold "that time to file External Appeal begins upon receipt of the final adverse determination of the first level appeal, regardless of whether or not a second level appeal is requested and that by choosing to request a second level internal appeal, the time may expire for the insured to request an external appeal."<br>• If Agent considers standard appeal following an upheld expedited appeal a 2nd Level appeal, the 2nd level appeal must meet requirements for standard appeal and, if upheld, must result in a final adverse determination with external appeal rights.<br>• Process to accept and review 2nd level appeal for group insurance only. Individual insurance must only have 1 level of internal appeal. | 72 hours of receipt of 1st level appeal request (1st and 2nd level expedited appeals must be completed within 72 hours total) | 15 days of receipt of the appeal for services that require prior authorization; 30 days of receipt of the appeal for services that do not require prior authorization | Clinical Peer (who did not make initial decision and is not subordinate of clinical peer who made initial determination) | Medical Director |