# Utilization Review Determination Time Frames for Tufts Medicare Preferred HMO Members

The purpose of this chart is to reference utilization review (UR) determination time frames. It is not meant to completely outline the UR determination process. See your department’s policies for more detailed instructions regarding UR determinations.

Written notice of authorization will be sent to members or providers upon request. 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.

**Note:** A provider is defined as a health care professional, 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.

<table>
<thead>
<tr>
<th>Decision Timeframe</th>
<th>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. Note: Requests for payment of services the member has already received cannot be expedited.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension Rules</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Notice of Authorization Determination | If Tufts Health Plan denies the request for an expedited determination, it must automatically transfer the request to the standard time frame. The member will be given oral notice of the denial, including member rights, and subsequently deliver with 72 hours’ written notice that:  
  • Explains that the organization will automatically transfer and process the request using the 14 days standard time frame  
  • Informs the member of the right to file and expedited grievance if he/she disagrees  
  • Informs the member of the right to resubmit a request for an expedited determination and that if the member gets provider support applying standard organizational time frames could seriously jeopardize the member’s life, health or ability to regain maximum function, the request will automatically be expedited. |
| Notice of Denial Determination | If Tufts Health Plan denies the request for an expedited determination, it must automatically transfer the request to the standard time frame. The member will be given oral notice of the denial, including member rights, and subsequently deliver with 72 hours’ written notice that:  
  • Explains that the organization will automatically transfer and process the request using the 14 days standard time frame  
  • Informs the member of the right to file and expedited grievance if he/she disagrees  
  • Informs the member of the right to resubmit a request for an expedited determination and that if the member gets provider support applying standard organizational time frames could seriously jeopardize the member’s life, health or ability to regain maximum function, the request will automatically be expedited. |

**Review Type: Prospective Expedited (Urgent)**

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

<table>
<thead>
<tr>
<th>Decision Timeframe</th>
<th>Determination and notification must occur within 72 hours of receipt of the request. Total time including decision on whether to expedite a request is 72 hours.</th>
</tr>
</thead>
</table>
### Extension Rules
The time frame may be extended up to 48 hours. If extended, the member must be notified in writing within 24 hours of receipt of request.

### Notice of Authorization Determination
- Verbal notification must occur within 72 hours of receipt of request (or an additional 48 hours 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.

### Notice of Denial Determination
- Verbal notification must occur to the requesting provider within 72 hours of receipt of request (or an additional 48 hours if an extension was granted).
- Written notification must be sent within 72 hours 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 to the requesting provider within 72 hours of receipt of request (or an additional 48 hours if an extension was granted). Simply mailing the letter within the time frame is insufficient.

### 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.

<table>
<thead>
<tr>
<th>Decision Timeframe</th>
<th>Determination and notification must occur as expeditiously as the member’s health requires but no later than 24 hours of the receipt of request.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension Rules</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Notice of Authorization Determination | Verbal notification must occur within 24 hours.  
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 the requesting provider within 24 hours of the receipt of request. |
| Notice of Denial Determination | Verbal notification to the requesting provider must occur within 24 hours of receipt of request. Notification must be sent within 72 hours of the 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 to the member and the requesting provider within 24 hours after receipt of request (or an additional 48 hours if an extension was granted). Simply mailing the letter within the time frame is insufficient. |

### Review Type: Standard Prospective and Concurrent (Nonurgent)
Prospective nonurgent is UR that is performed prior to an admission or other course of treatment. Concurrent nonurgent is UR that is performed during a hospital stay or other course of treatment.

<p>| Decision Timeframe | 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>
<table>
<thead>
<tr>
<th>Extension Rules</th>
<th>The time frame 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 using CMS approved template.</th>
</tr>
</thead>
</table>
| Notice of Authorization Determination | • Verbal notice to provider must occur within 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 within 14 calendar days after receipt of request (or an additional 14 days if an extension was granted.) |
| Notice of Denial Determination | • Verbal notice to provider must occur within 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 provider within 14 calendar days after the receipt of request (or an additional 14 days if an extension was granted.) |

**Review Type: Retrospective Review**

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

<table>
<thead>
<tr>
<th>Decision Timeframe</th>
<th>Determination and notification must be made within 30 calendar days of the receipt of request.</th>
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</table>
| Extension Rules | 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.  
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 authorizations must be sent to the provider within 60 calendar days of the request unless an extension was granted.  
  • Written notification denials must be sent to the provider and member within 60 calendar days of the request unless an extension was granted. |