Attachment B

TIMFRAMES FOR ONECARE SERVICE DECISIONS AND NOTIFICATIONS

Type of Request	Decision Timeframe	Notification Timeframe
Standard Integrated Organization Determinations Prior Authorization/Prospective or outpatient service requests.	Approve Modify or Deny no later than 7 calendar days from date of receipt of the request. **Extensions: CalOptima Health and it's delegated Health Networks may not extend deadlines for Integrated Organization Determinations for the OneCare line of business.**	**Practitioner:** **Decision: Electronic or Written** Within 24 hours of making the decision. not to exceed 7 calendar days (including weekends and holidays) of date of receipt of the request **Practitioner/Member: Written** Within 2 business days of the decision. not to exceed 7 calendar days (including weekends and holidays) of date of receipt of the request
Expedited Integrated Organization Determinations Prior Authorization/Prospective or outpatient service requests.	Approve, Modify, or Deny as expeditiously as possible, but no later than 72 hours from receipt of the request. Must request the necessary information from the provider within 24 hours of receipt of the request. **Extensions: CalOptima Health and it's delegated Health Networks may not extend the deadlines for Integrated Organization Determinations.**	**Practitioner: Electronic or Verbal Notification** Within 24 hours of making the decision, not to exceed 72 hours of receipt of the request **Member/Practitioner: Written or Verbal Notification** Within 24 hours of the determination, not to exceed 72 hours of receipt of the request. **Member/Practitioner:** When a successful verbal notification is given, it must be followed by a written notification within 3 calendar days of the successful verbal notification. * *Reference: NCQA UM 5 Timeliness of UM Decisions Element A Notification of Nonbehavioral Healthcare Decisions

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Expedited Authorization (Pre-Service) **If Expedited Criteria are not met**	If the request is submitted as expedited but determined not to be expedited, then the standard initial organization determination timeframe applies: ▪ Automatically transfer the request to the standard timeframe. The 7-calendar day period begins the day the request was received for an expedited determination.	If the request is not deemed to be expedited, provide verbal notification to the member within 72 hours of the denial of expedited status followed by a written notice within 3 calendar days of the verbal notification. ▪ **Use the Expedited Criteria Not Met** template to provide written notice. The written notice must include: 1) Explain that CalOptima Health or the Health Network will automatically transfer and process the request using the 7-calendar day timeframe for standard determinations. 2) Inform the member of the right to file an expedited grievance if he/she disagrees with the organization's decision not to expedite the determination. 3) Inform the member of the right to resubmit a request for an expedited determination and that if the member gets any physician's support indicating that applying the standard timeframe for making determinations could seriously jeopardize the life or health of the member or the members' ability to regain maximum function. 4) Provide instructions about the expedited grievance process and its time frames.
<u>Concurrent</u> (Inpatient) Facility or CalOptima Health determines that the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function. All necessary information is received at time of the initial request	Approve Modify, or Deny as expeditiously as the member's health condition requires not to exceed 72 hours receipt of the request **Extension:** May extend the time frame by up to 14 calendar days from the admission notification, under the following conditions: • Additional supporting clinical information is needed.	**<u>Facility</u>: Electronic** Within 24 hours of making the decision not to exceed 72 hours from date of request of the clinical information. **<u>Member</u>: Written** Within 2 business days of making the decision, not to exceed 72 hours of receipt of request.

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Concurrent (Inpatient)**- Extension Needed** Concurrent review of inpatient treatment regimen already in place,	**Additional Clinical Information Required:** The decision may be deferred, and the time limit extended an additional 14 calendar days from date of receipt of request when: • Member or facility requests the extension, or • CalOptima Health or the Health Network justifies a need for additional information and can demonstrate how the extension is in the member's best interest. **Additional Information Received:** If requested information is received, a decision must be made within 1 business day of receipt of additional information not to exceed 14 calendar days from date of receipt of request **Additional Information Incomplete or Not Received:** If the facility does not comply with the request for additional information, the decision must be made no later than 14 calendar days from date receipt of the initial request with the information that is available.	**Facility: Electronic/Written** Written notice of the Delay must be sent to the facility within 24 hours of the decision to delay, not to exceed 72 hours from date of receipt of the request. **Member: Written** Written notice of the Delay must be sent within 2 business days of making the decision to delay, not to exceed 72 hours from date of receipt of the initial request. **Facility: Electronic/Written:** Notification must be provided to the facility within 24 hours of making the decision not to exceed 14 calendar days from date of receipt of request. **Member: Written** Within 2 business days of making the decision, not to exceed 14 calendar days of date of receipt of request
Post-Service / Retrospective Review- All necessary information received at time of request (decision and notification is required within 30 calendar days from date of receipt of the request)	Decision within 30 calendar days from date of receipt of the request	**Practitioner: Written** Within 30 calendar days of receipt of the request **Member: Written** Within 30 calendar days of date of receipt of request.