UM Initial Determination Timeframes - Commercial Products
(includes Child Health Plus, Essential Plan, and FEP®)

These timeframes take into consideration the requirements of several regulatory bodies, including the New York State Public Health Law (Article 49, section 4903), the Department of Labor (DOL), and NCQA. Determinations not made within these timeframes will automatically result in an adverse determination subject to appeal.

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
Pre-Service (Non-Urgent)	Decision, verbal notification and written notification to the member and provider must be completed within 3 business days or as fast as the enrollee's condition requires. **Home Care Exception:** If the Health Plan receives a pre-service request for home care services for a Commercial member following an inpatient stay, it must make a coverage decision within 1 business day of receipt of necessary information. If the day subsequent to the request falls on a weekend or holiday, the health plan has 72 hours to make the determination. These timeframes apply for members who are admitted to the hospital, even if the Health Plan determines that it should be billed as an observation stay. If home care services are requested prior to the member being discharged from	Within 3 business days of the original request, send a written request to the member/provider for the specific information needed The request must specify the time period given to the member/provider to provide the needed information. The member/provider must be given at least 45 calendar days to provide the information. Once the information is received, the decision, verbal and written notification must be made within 3 business days of receipt of information. If no information or incomplete information is received by the end of the specified time period given, the decision, verbal and written notification must be made within 3 business days using whatever information has already been received.

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
	the hospital and all necessary information is provided, the Health Plan cannot deny coverage for services rendered while a determination is pending, even if the services are later determined to be not medically necessary. The Health Plan cannot retro-deny services if the decision is made outside of the required timeframes. The Health Plan can only deny these services from the date of the decision forward. **Pharmacy Exchange Product Exception:** For a request for a non-formulary drug, the decision and member and provider notification must be completed within 72 hours of receipt of the request. **Behavioral Health Exception:** As of 01/01/17 per NYS Substance Use Mandate: For prospective /pre-service (first review) for inpatient levels of treatment for addiction, if an in –network OASAS certified facility notifies the insurer of an admission within 48 business hours of the admission, the Plan will automatically approve the admission . NYS out of network providers who are licensed in NYS and the identified member has a contract	

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
	that has OON benefit; the approval rule also should apply. The approval should be done as follows: 14 days for inpatient substance use disorder (SUD) detoxification; 14 days for inpatient SUD rehabilitation; and 14 days for SUD residential treatment. Per the Assurance of Discontinuance (AOD), auto-approval will apply to all New York-licensed facilities. Also, per the Opiate Mandate, the Plan's UM staff must communicate an approval to the facility the same day if authorization is requested by 2 p.m. and the member has an opiate diagnosis otherwise must give an approval within 24 hours. **Behavioral Health Substance Use Exception** For New York State licensed substance use providers; for initial requests, if the member is already admitted, for inpatient detoxification and rehabilitation and residential treatment: · For opioid diagnoses received prior to 2:00 PM decision, verbal and written notification to the member and provider must be completed by the end of the day the request is received. Request may not be	

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
	pended. · For opioid diagnoses, if the request is received after 2:00 PM decision, verbal and written notification to the member and provider must be completed within 24 hours of the receipt of the request. Request may not be pended. · For substance use diagnoses other than opioid decision, verbal and written notification to the member and provider must be completed within 24 hours of the receipt of the request. Request may not be pended. **Court Ordered Services Behavioral Health Exception:** If the Health Plan receives a pre-service request for mental health or substance use disorder services and the Health Plan has received a certification that the member will be appearing, or has appeared, before a court of competent jurisdiction and may be subject to a court order requiring such services, it must make a determination and provide notice to the member and provider by telephone within 72 hours of receipt of the request. Written notification will be provided within three (3) business days of	

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	receipt of the request. Where feasible, the telephonic and written notification will also be provided to the court.	
Pre-Service (Urgent)	Decision and verbal notification to the member and provider must be completed within 72 hours or as fast as the member's condition requires. Written notice to the member and provider must be completed within 3 business days of receipt of the request. **Pharmacy Exchange Product Exception:** For a request for a non-formulary drug under exigent circumstances, the decision and notification to the member or designee must be completed within 24 hours from receipt of the request. **Behavioral Health Exception:** As of 01/01/17 per NYS Substance Use Mandate: For prospective /pre-service (first review) for inpatient levels of treatment for addiction, if an in –network OASAS certified facility notifies the insurer of an admission within 48 business hours of the admission, the Plan will automatically approve the admission . NYS out of network providers who are licensed in NYS	Within 24 hours of the original request, verbally notify the provider of the specific information needed and the due date. The request must specify the time period given to the member/provider to provide the needed information. The member/provider must be given at least 48 hours to provide the information. The request must be documented in the case tracking system. Once the information is received, the decision and verbal notification must be made within 48 hours of receipt of the information. Written notice to the member and provider must be completed within 3 business days of receipt of the information. If no information or incomplete information is received by the end of the specified time period, the decision must be made within 48 hours of the end of the specified time period given using whatever information has already been received.

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
	and the identified member has a contract that has OON benefit; the approval rule also should apply. The approval should be done as follows: 14 days for inpatient substance use disorder (SUD) detoxification; 14 days for inpatient SUD rehabilitation; and 14 days for SUD residential treatment. Per the Assurance of Discontinuance (AOD), auto-approval will apply to all New York-licensed facilities. Also, per the Opiate Mandate, the Plan's UM staff must communicate an approval to the facility the same day if authorization is requested by 2 p.m. and the member has an opiate diagnosis otherwise must give an approval within 24 hours. **Behavioral Health Substance Use Exception** For New York State licensed substance use providers; for initial requests, if the member is already admitted, for inpatient detoxification and rehabilitation and residential treatment: · For opioid diagnoses received prior to 2:00 PM decision, verbal and written notification to the member and provider must be completed by the end of the day the request is	

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	received. Request may not be pended. · For opioid diagnoses, if the request is received after 2:00 PM decision, verbal and written notification to the member and provider must be completed within 24 hours of the receipt of the request. Request may not be pended. · For substance use diagnoses other than opioid decision, verbal and written notification to the member and provider must be completed within 24 hours of the receipt of the request. Request may not be pended. **Court Ordered Services Behavioral Health Exception:** If a request comes in the format prescribed by the Department of Financial Services (DFS) for a preauthorization, the Plan must make a determination and notify the individual or the individual's designee by phone within 72 hours of receipt of the request. Written notice must follow within three business days. Based on discussions with DFS, decisions must be made within 72 hours regardless of whether all necessary information is received.	

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
Concurrent - Non-Urgent	Decision, verbal notification and written notification to the member and provider must be completed within 1 business day. Notification of continued or extended services must include the number of extended services approved, the new total of approved services, the date of onset of services and the next review date. **Behavioral Health Exception:** Substance Use Mandate: All inpatient concurrent substance use reviews will have an outcome within 24 hours. (urgent and nonurgent). If a request for inpatient substance use disorder treatment is submitted at least 24 hours prior to discharge from an inpatient substance use disorder treatment admission, the Plan will make a determination within 24 hours of receipt of the request.	Within 1 business day of the original request, send a written request to the member/provider for the specific information needed The request must specify the time period given to the member/provider to provide the needed information. The member/provider must be given at least 45 calendar days to provide the information. Once the information is received, the decision, verbal and written notification must be made within 1 business day of receipt of the information. If no information or incomplete information is received by the end of the specified time period given, the decision, verbal and written notification must be made within 1 business day of the end of the 45 day period using whatever information has already been received.

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
Concurrent - Urgent	Decision, verbal notification and written notification to the member and provider must be completed within 24 hours. Notification of continued or extended services must include the number of extended services approved, the new total of approved services, the date of onset of services and the next review date. **Behavioral Health Exception:** Substance Use Mandate: All inpatient concurrent substance use reviews will have an outcome within 24 hours. (urgent and nonurgent). If a request for inpatient substance use disorder treatment is submitted at least 24 hours prior to discharge from an inpatient substance use disorder treatment admission, the Plan will make a determination within 24 hours of receipt of the request.	Within 24 hours of the original request, verbally notify the provider of the specific information needed and the due date. The request must specify the time period given to the member/provider to provide the needed information. The member/provider must be given at least 48 hours to provide the information. The request must be documented in the case tracking system. Once the information is received, the decision, verbal and written notification must be made within 24 hours. If no information or incomplete information is received by the end of the specified time period, the decision must be made within 24 hours of the end of the specified time period given using whatever information has already been received.
Post-Service	Decision and written notification to the member and provider must be completed within 30 calendar days. No verbal notification is required on post-service decisions.	Within 30 calendar days of the original request, send a written request to the member/provider for the specific information needed The request must specify the time period given to the member/provider to provide the needed information. The member/provider must be given at least 45 calendar days to provide the information. Once the information is received, the decision and written

Type of Review	If You Have All Necessary Information To Make A Decision:	If You Still Need Information To Make A Decision:
		notification must be made within 15 calendar days. No verbal notification is required on post-service decisions. If no information or incomplete information is received by the end of the specified time period given, the decision and written notification must be made within 15 calendar days of the end of the 45-day period using whatever information has already been received.