Policy:

Assuring that all activities with URAC and/or regulatory timeframes are performed within those timeframes.

Responsibility:

All American Behavioral Associates

Procedure:

Clinical Reviews		
Process	**Urgent or Non-Urgent?**	**Timeframe(s) For Decision**
Accessibility of Review Services	N/A	The organization responds to communications from providers and patients within one business day of receipt of communication.
Peer-To-Peer Conversation	N/A	When a determination is made to issue a non-certification and no peer-to-peer conversation has occurred, the organization provides, within one business day of a request by the attending physician or ordering provider, the opportunity to discuss the non-certification decision with the clinical peer reviewer (CPR) making the initial determination or with a different CPR if the original reviewer is unavailable within one business day..
Prospective Review	Urgent	A determination is made as soon as possible based on the clinical situation, but in no case later than 72 hours of the receipt of the request.

Clinical Reviews		
Process	**Urgent or Non-Urgent?**	**Timeframe(s) For Decision**
Prospective Review	Non-Urgent	A determination is made as soon as possible, but in no case later than 15 calendar days of the receipt of the request. This period may be extended one time by the organization for up to 15 calendar days: (i) Provided that the organization determines that an extension is necessary because of matters beyond the control of the organization; and (ii) Notifies the patient, prior to the expiration of the initial 15 calendar day period of the circumstances requiring the extension and the date when the plan expects to make a decision; and (iii) If a patient fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the patient must be given at least 45 calendar days from receipt of notice to respond to the plan request for more information.
Concurrent Review With A Request To Extend A Current Course Of Treatment Given Less Than 24 Hours Before The Expiration Of The Currently Certified Period Or Treatments	Urgent	The organization issues the determination within 72 hours of the request
Concurrent Review With A Request To Extend A Current Course Of Treatment Given At Least 24 Hours Before The Expiration Of The Currently Certified Period Or Treatments	Urgent	The organization issues the determination within 24 hours of the request
Concurrent Review With A Reduction Or Termination In A Previously Approved Course Of Treatment	N/A	The organization issues the determination early enough to allow the patient to request a review and receive a review decision before the reduction or termination occurs
Lack of Information	N/A	The organization immediately makes a verbal or written request for additional information. If no additional information is received within three (3) business days, the documentation on hand is sent to the peer clinical reviewer for a determination.

Clinical Reviews		
Process	**Urgent or Non-Urgent?**	**Timeframe(s) For Decision**
Retrospective Review		The request for retrospective review must be received from the provider within 10 business days. Requests not received within this timeframe are reviewed as standard appeals. The organization issues the determination within 30 calendar days of the request This period may be extended one time by the organization for up to 15 calendar days: (i) Provided that the organization determines that an extension is necessary because of matters beyond the control of the organization; and (ii) Notifies the patient, prior to the expiration of the initial 30 calendar day period of the circumstances requiring the extension and the date when the plan expects to make a decision; and (iii) If a patient fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the patient must be given at least 45 calendar days from receipt of notice to respond to the plan request for more information.
On-Site Review	N/A	The organization schedules reviews at least one business day in advance, unless otherwise agreed
Expedited Medical Necessity Appeals	Urgent	The organization gives verbal notification of the decision within 48 hours of the request, followed by a written confirmation of the notification within three (3) calendar days of the request.

Clinical Reviews		
Process	**Urgent or Non-Urgent?**	**Timeframe(s) For Decision**
Standard Medical Necessity Appeals	Non-Urgent	The organization allows at least 180 calendar days after receipt of notice of non-certification to initiate the appeal process. The organization completes standard appeals, including written notification of the appeal decision, within 30 calendar days of the receipt of the request

Administrative Reviews		
Process	**Urgent or Non-Urgent?**	**Timeframe(s) For Decision**
Expedited Administrative Appeals	Urgent	The organization gives verbal notification of the decision within 48 hours of the request, followed by a written confirmation of the notification within three (3) calendar days of the request.
Standard Administrative Appeal	N/A	The organization allows at least 180 calendar days after receipt of notice of the decision to initiate the appeal process. The organization completes standard appeals, including written notification of the appeal decision, within 30 calendar days of the receipt of the request

Quality-of-Care Complaints and Inquiry Complaints	
Process	**Timeframe(s) for Resolution**
Current Quality-of-Care Complaints	As soon as possible, but no greater than five (5) calendar days.
Retroactive Quality-of-Care Complaints	As soon as possible, but no greater than 30 calendar days.
Inquiry Complaints	As soon as possible, but no greater than 30 calendar days.

VIVA Health, Inc. (VIVA Medicare Plus)

Note: This section is based on an excerpt from a VIVA Health, Inc., (VIVA) policy and procedure. VIVA delegates utilization management activities to American Behavioral ***except for member appeals and quality of care complaints.***

All other previously-listed timeframes apply for VIVA commercial products managed by American Behavioral.

Process	Timeframe(s) for Decision
Standard Initial (Pre-service) Decision	Up to 14 calendar days. An extension may be available.
Expedited/Urgent Initial Decision	Up to 72 hours
Extension on Initial Decisions (both standard and expedited)	14 calendar days if the member requests the extension or if American Behavioral needs more time to gather information that may benefit the member
Standard Appeals (Note: Only provider appeals are delegated to American Behavioral.)	Up to 30 calendar days. An extension may be available.
Expedited/Urgent Appeals (Note: Only provider appeals are delegated to American Behavioral.)	Up to 72 hours

Process	Timeframe(s) for Decision
Extensions on reconsideration decisions (both standard and expedited) (Note: Only provider appeals are delegated to American Behavioral.)	14 calendar days if the member requests the extension or if American Behavioral needs more time to gather information that may benefit the member

Record Retention Timeframes

Record Type	Retention Period				
	Permanent	***10 Years***	***Seven (7) Years***	***Three (3) Years***	***One (1) Year***
Administrative	• Legal Documents • Historical Documents • Inventory Of Property • Member Committee / Board Of Directors Minutes • Licenses/ Certificates • Contracts	Policies And Desktop Procedures (From Retirement Date)	• Agreements And Contracts • Marketing Materials		
Accounting	Equipment Depreciation Records		• Financial Statements • Payroll • Accounting Records • Claims • Information Filed With The IRS • Insurance Policies (After Expiration)	• Statistical Data • Budgets	

Record Type	Retention Period				
	Permanent	***10 Years***	***Seven (7) Years***	***Three (3) Years***	***One (1) Year***
Clinical Operations	• Grievances • Peer Review Proceedings • Compliance Audits	• Logs Of Health Information Reported To Governmental Agencies • Authorizations For Use And Disclosure Of Health Information • Clinical Materials For Members/ Clients • EAP Charts—Adult • EAP Claim Notes • Credentialing Files, Including Current Information And Information Contained In The Previous Two (2) Credentialing Cycles • Training Records, Including HIPAA • Incident Reports (10 Years or Until Age 20, whichever Comes First) • EAP Charts—Minor (10 Years or Until Age 20, whichever Comes First)	• Complaints • Internal Committee Meeting Minutes • Contractual Oversight Documents • Denial Of Access Notices • Accounting Of Health Information Disclosures • Amendment Request Forms • Utilization Reports • All Correspondence Surrounding Denials And Appeals • Applications For Employment • Employee Benefit Plans • Garnishment Records	• Satisfaction Survey Reports • EAP Utilization Reports • Benefit Exception Letters • Attendance And Time Records	Administrative Denials

				Years	***Year***
Clinical Operations *Continued*			• Documentation Reflecting Compliance With The HIPAA Security Rule (from Last Effective Date or When Created, Whichever is Later) • Employee Health Information (After Termination of Employment		