



Document Title: *Policy and Procedure # UM 911: Turnaround Timeframes*
 Department: American Behavioral

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
<i>Accessibility of Review Services</i>	N/A	The organization responds to communications from providers and patients <u>within one business day</u> of receipt of communication.
<i>Peer-To-Peer Conversation</i>	N/A	When a determination is made to issue a non-certification and no peer-to-peer conversation has occurred, the organization provides, <u>within one business day of a request by the attending physician or ordering provider</u> , 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 <u>within one business day</u> .
<i>Prospective Review in the state of Mississippi</i>	Urgent	The organization gives verbal notification of certifications within two working days of receipt of the request, and verbal and written notification of a non-certification within one working day of receipt of the request.

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Clinical Reviews		
Process	Urgent or Non-Urgent?	Timeframe(s) For Decision
<i>Prospective Review</i>	Urgent	Pre-admission certification is required for all hospital admissions except emergency hospital admissions. For emergency hospital admissions, American Behavioral must allow the hospital 48 hours from the admission to request certification. A determination is made <u>as soon as possible based on the clinical situation, but in no case later than two business days of the receipt of the request.</u>
<i>Prospective Review</i>	Non-Urgent	<p>A determination is made <u>as soon as possible, but in no case later than 15 calendar days of the receipt of the request.</u></p> <p>This period may be extended one time by the organization for up to <u>15 calendar days</u>:</p> <p>(i) Provided that the organization determines that an extension is necessary because of matters beyond the control of the organization; and</p> <p>(ii) Notifies the patient, <u>prior to the expiration of the initial 15 calendar day period</u> of the circumstances requiring the extension and the date when the plan expects to make a decision; and</p> <p>(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 <u>must be given at least 45 calendar days from receipt of notice to respond to the plan request for more information.</u></p>

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Process	Urgent or Non-Urgent?	Timeframe(s) For Decision
<i>Concurrent Review in the state of Mississippi; Routine Concurrent Review generally should not be necessary earlier than 24 hours prior to the lapse of the certified length of stay</i>	Urgent	The organization gives verbal or written notification of re-certifications within one working day of receipt of all information to complete the review process or prior to the end of the current certification period. The organization gives verbal and written notification of a non-certification within one working day of receipt of the request.
<i>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</i>	Urgent	The organization issues the determination <u>within 24 hours of the request.</u>
<i>Concurrent Review With A Reduction Or Termination In A Previously Approved Course Of Treatment</i>	N/A	The organization issues the determination <u>early enough to allow the patient to request a review and receive a review decision before the reduction or termination occurs</u>
<i>Lack of Information</i>	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.

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

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Clinical Reviews

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

Administrative Reviews

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

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

<i>Extensions on reconsideration decisions (both standard and expedited) (Note: Only provider appeals are delegated to American Behavioral.)</i>	<u>14 calendar days</u> if the member requests the extension or if American Behavioral needs more time to gather information that may benefit the member
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License Verification Timeframes

Process	Timeframe(s) for Decisions
<i>Primary source verification of the current licensure or certification of associates whose job description requires licensure or certification</i>	Pre-employment: Before job offer is made Post-employment: No less than every two (2) years, with preference given to annual verification

Record Retention Timeframes

Record Type	Retention Period				
	<i>Permanent</i>	<i>10 Years</i>	<i>Seven (7) Years</i>	<i>Three (3) Years</i>	<i>One (1) Year</i>
<i>Administrative</i>	<ul style="list-style-type: none"> • Legal Documents • Historical Documents • Inventory Of Property • Member Committee / Board Of Directors Minutes • Licenses/ 	Policies And Desktop Procedures (From Retirement Date)	<ul style="list-style-type: none"> • Agreements And Contracts • Marketing Materials 		



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	<ul style="list-style-type: none"> Certificates Contracts 				
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Record Type	Retention Period				
	<i>Permanent</i>	<i>10 Years</i>	<i>Seven (7) Years</i>	<i>Three (3) Years</i>	<i>One (1) Year</i>
<i>Accounting</i>	Equipment Depreciation Records	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> Financial Statements Payroll Accounting Records Information Filed With The IRS Insurance Policies (After Expiration) 	<ul style="list-style-type: none"> Statistical Data Budgets 	
<i>Clinical Operations</i>	<ul style="list-style-type: none"> Grievances Peer Review Proceedings Compliance Audits 	<ul style="list-style-type: none"> Logs Of Health Information Reported To Governmental Agencies Authorizations For Use And Disclosure Of Health Information Clinical Materials For Members/ Clients EAP Claim Notes 	<ul style="list-style-type: none"> Complaints Internal Committee Meeting Minutes Contractual Oversight Documents Denial Of Access Notices Accounting Of Health Information Disclosures Amendment Request Forms Utilization Reports All 	<ul style="list-style-type: none"> Satisfaction Survey Reports EAP Utilization Reports EAP Documentation Benefit Exception Letters Attendance And Time Records 	Administrative Denials

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Record Type	Retention Period				
	<i>Permanent</i>	<i>10 Years</i>	<i>Seven (7) Years</i>	<i>Three (3) Years</i>	<i>One (1) Year</i>
Clinical Operations-- Continued		<ul style="list-style-type: none"> • 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) 	Correspondence Surrounding Denials And Appeals <ul style="list-style-type: none"> • Applications For Employment • Employee Benefit Plans • Garnishment Records • 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) 		

APPROVALS ON NEXT PAGE

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Deborah C. Harwin

Director of Compliance & Quality Improvement

5/11/2018

Date

Catherine D. Dixon

Vice President, Clinical Services

5/11/2018

Date

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Senior Vice President

5/11/2018

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Medical Director

5/11/2018

Date

Maureen Gleason

President

5/11/2018

Date

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