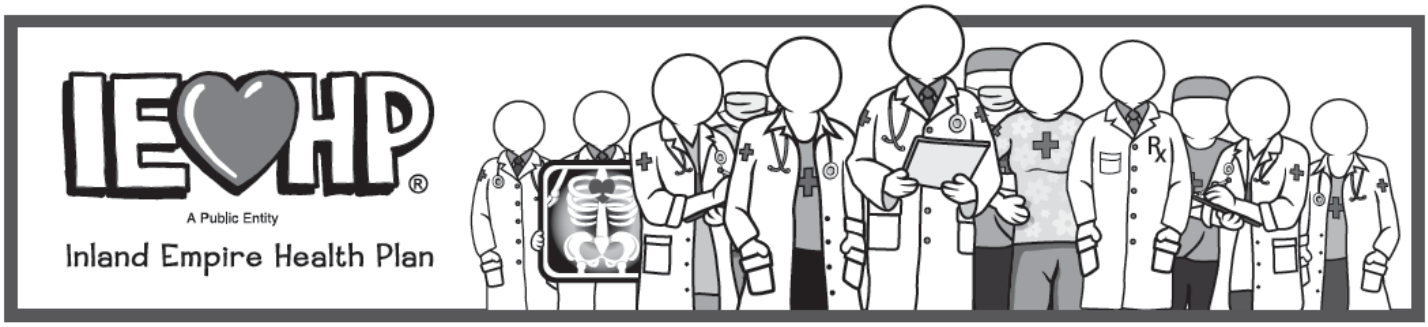

To: Medi-Cal IPAs

From: IEHP – Provider Relations

Date: May 9, 2018

Subject: **REMINDER: Medi-Cal IPA Referral Turn Around Time (TAT)**

As you are aware, IEHP previously updated the Medi-Cal Monthly Denial Listing Log to ensure Compliance with NCQA Element UM5A. **This Reminder Notice is being sent to you to remind you of the Turn Around Time (TAT) requirements by referral classification. Please ensure that your teams are educated on the classifications and TAT requirements.**

The Five (5) Referral Type Classifications are listed below:

- Urgent Concurrent
- Urgent Preservice
- Routine Preservice
- Routine Concurrent
- Post-Service

Turn Around Time for each UM classification:

1. For urgent concurrent review, the organization makes decisions and notifies Practitioners and Members within 24 hours of receipt of the request.
2. For urgent preservice decisions, the organization makes decisions and notifies Practitioners and Members within 72 hours of receipt of the request.
3. For nonurgent preservice decisions, the organization makes decisions within five business days and provides written notification within 2 business days of the decision. Initial notification of the decision to the Practitioner is required within 24 hours of the decision.
4. For nonurgent concurrent decisions, the organization makes decisions and notifies Practitioners and Members within 72 hours of the receipt of the request.
5. For post-service decisions, the organization makes decisions and notifies the Practitioner within 30 calendar days of receipt of the request.

Classification Definitions:

1. ***Urgent request:*** A request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:
    - Could seriously jeopardize the life, health or safety of the member or others, due to the Member's psychological state, *or*

- In the opinion of a Practitioner with knowledge of the Member's medical or behavioral condition, would subject the Member to adverse health consequences without the care or treatment that is the subject of the request.

2. ***Non- Urgent request:*** A request for medical care or services for which application of the time periods for making a decision does not jeopardize the life or health of the Member or the Member's ability to regain maximum function and would not subject the Member to severe pain.

3. ***Urgent Preservice****:* A request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:
   - Could seriously jeopardize the life, health or safety of the Member or others, due to the Member's psychological state, *or*
   - In the opinion of a practitioner with knowledge of the Member's medical or behavioral condition, would subject the Member to adverse health consequences without the care or treatment that is the subject of the request.

4. ***Urgent Concurrent request:*** A request for coverage of medical care or services made while a Member is in the process of receiving the requested medical care or services, even if the organization did not previously approve the earlier care (Home Health, PT, ST, OT). Whereas the request for services where application of the time frame for making routine or non-life-threatening care determinations:
   - Could seriously jeopardize the life, health or safety of the Member or others, due to the Member's psychological state, *or*
   - In the opinion of a practitioner with knowledge of the Member's medical or behavioral condition, would subject the Member to adverse health consequences without the care or treatment that is the subject of the request.

5. ***Routine Concurrent request*****:** A request for coverage of medical care or services made while a Member is in the process of receiving the requested medical care or services, even if the organization did not previously approve the earlier care. (Home Health, PT, ST, OT)

6. ***Routine Preservice request:*** A request for coverage of medical care or services that the organization must approve in advance, in whole or in part.

7. ***Post-service request:*** A request for coverage of medical care or services that have been received (e.g., retrospective review).

If you have any questions, please feel free to contact your assigned Provider Services Representative for assistance.