



Policy: University of Utah Health Plans Retail Pharmacy Utilization Management Timeliness

Principles:

University of Utah (U of U) Health Plans provides timely determinations for its membership and providers. Standards of timeliness are established by regulation and adherence to standards is considered essential.

Purpose:

To ensure timely processing of all daily tasks and other time requirements related to UM decision making for retail pharmacy.

Definitions:

- A. AOR: Authorized representative
- B. Prior Authorization (PA): a process used by health plans to assure drug benefits are administered as designed, that members receive medications that are safe and effective for the condition being treated, and that the medications used have the greatest value. Prior Authorizations require the prescriber to receive pre-approval according to Health Plan criteria prior to the drug to being covered by the health plan benefit.
- C. Urgent Request (Expedited): A request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:
 - 1. Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
 - 2. Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or
 - 3. 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.
- D. Nonurgent Request (Standard, Routine): 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.

Scope:

- A. University of Utah Health Insurance Plans
 - 1. Commercial
 - B. University of Utah Health Plans
 - 1. Healthy U
 - 2. Healthy U Integrated
 - 3. Healthy U CHIP
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Description:

- A. Decision Timeframes for Utilization Management
 - 1. Decision timeframes begin the date/time when U of U Health Plans receives the member request, even if not all necessary information is provided, and even if the request is received after normal business hours.
 - 2. Urgent requests may be submitted after normal business hours and on holiday and weekends via fax or the web portal.
 - 3. The date the UM request was received, as well as the date of the determination, will be documented in the UM file.
 - 4. Mail dates are be provided by the mail vendor to the PBM daily. Once the file is received it is uploaded into the PA system to document the mail date and time.
 - 5. Retail Pharmacy Turnaround Timeframes
 - i. Utah Commercial Groups and Individual Exchange will be prior authorization (PA) determinations and notifications will be made according to the following turnaround timeframes:
 - 1. Non-urgent preservice PA requests will be reviewed and decisioned within 72 hours of receipt.
 - 2. Urgent retail PA requests will be reviewed within 24 hours of receipt.
 - a. The Prior Authorization Request Form must be marked as “Urgent” at the top of the form for immediate review.
 - 3. Requests received without all necessary supporting documentation will be dismissed for lack of documentation due to failing to meet filing procedures.
 - 4. Determinations will be communicated to the physician or healthcare provider in writing. This communication will be sent to the member by mail and the physician or healthcare provider via fax, or by mail if no fax number is provided or is not working.
 - ii. Healthy U Medicaid PA determinations and notifications will be made according to the following turnaround timeframes:

1. Non-urgent preservice PA requests will be reviewed and decisioned within 24 hours of receipt.
 2. Urgent retail PA requests will be reviewed within 24 hours of receipt.
 - a. The Prior Authorization Request Form must be marked as “Urgent” at the top of the form for immediate review.
 3. Requests received without all necessary supporting documentation will be dismissed for lack of documentation due to failing to meet filing procedures.
 4. Determinations will be communicated to the physician or healthcare provider in writing. This communication will be sent to the member by mail and the physician or healthcare provider via fax, or by mail if no fax number is provided or is not working.
6. Failure to follow U of U Health Plans filing procedures
- i. If the member or the member’s AOR does not follow U of U Health Plans' policy and procedures for requesting review of services, U of U Health Plans notifies the member or the member's AOR of the dismissal and the policy to inform them of the proper procedure when requesting services.
 - ii. Urgent preservice requests: U of U Health Plans will notify the member or the member's authorized representative within 24 hours of the receipt of the request for services.
 - iii. Non-urgent preservice requests: U of U Health Plans notifies the member or the member's authorized representative within 72 hours of the receipt of the request for services.

References:

Statutory References:

Utah – 31-A-22-650, 29 CFR 2560.503-1

Utah Medicaid – 42 CFR 438.210

Healthy U Medicaid Contract

NCQA Appendix 4 - Glossary

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