

	Policy Title: Timely Access for Authorization	
	Signature: Signature on file	Revised:
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: 01-16-07
	Signature Date: January 26, 2007	Signing by authority of Res. No. 2007-0038

References

42 CFR 438.210(d)

Scope

SCRSN/PIHP and its contracted providers.

Policy

SCRSN/PIHP shall ensure timely access for authorizations consistent with CFR and the MHD PIHP Contract.

Procedures/Mechanisms

Standard authorization decisions: For standard authorization decisions, a response will be made to the enrollee as expeditiously as the enrollee's health condition requires and within State-established timeframes. These may not exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if

- the enrollee, or the provider, requests extension; or
- SCRSN/PIHP justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

Expedited authorization decisions: SCRSN/PIHP follows these guidelines:

- For cases in which a provider indicates, or SCRSN/PIHP determines, that following the standard timeframe could seriously jeopardize the enrollees' life or health or ability attain, maintain, or regain maximum function, the SCRSN/PIHP provider makes an expedited authorization decision and provides notice as

expeditiously as the enrollee's health condition requires and no later than 3 working days after receipt of the request for service.

- The SCRSN/PIHP provider may extend the 3 working days time period by up to 14 calendar days if the enrollee requests an extension, or if the SCRSN/PIHP provider justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

If a providers requests an extension in accordance with § 438.210(d)(1) (*see below), the provider shall

- (i) Give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision; and
- (ii) Issue and carry out its determination as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.

SCRSN/PIHP shall monitor the use and pattern of extensions and shall apply corrective action where necessary.

A sample of the written notice of the reason for the extension follows (see ** below).

*42 CFR 438.210

(d) *Timeframe for decisions.* Each MCO, PIHP, or PAHP contract must provide for the following decisions and notices:

(1) *Standard authorization decisions.* For standard authorization decisions, provide notice as expeditiously as the enrollee's health condition requires and within State-established timeframes that may not exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if—

- (i) The enrollee, or the provider, requests extension; or
- (ii) The MCO, PIHP, or PAHP justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

****Sample written notice of the reason for the decision to extend the service authorization decisions timeframe.**

Date

Enrollee name

Enrollee address

Re: Written notice of the reason for the decision to extend the service authorization decisions timeframe

Dear (insert enrollee name),

Spokane County Prepaid Inpatient Healthcare Provider (PIHP) is unable to authorize your request for services at (insert agency name) within the standard service authorization timeframe of 14 calendar days. Therefore, an extension of up to 14 additional calendar days is now effective.

The reason for the decision to extend the timeframe is:

- (insert the agency name, other than SCRSN/PIHP) requests the extension
- SCRSN/PIHP justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest

You have the right to file a grievance if you disagree with this decision. The Spokane Co. PIHP Ombuds is available to assist you. The telephone numbers for the Spokane Co. PIHP Ombuds are 509-477-4666; or toll free, 1-866-814-3904.

If you have any questions about this notice, please contact (insert name and phone number.)

Thank you.

Sincerely,

(insert signature,
printed name, job title, and
agency)