

HEALTH PLAN OF SAN JOAQUIN		
Subject: Provider Appeals / Expedited Appeal of UM Decisions to Deny, Defer or Modify for Medical Necessity Determinations		
Department: Medical Management	Policy #: UM 13	
Applies to: All lines of business	Scope: UM	
Effective Date: 2/96	Revised Date: 12/05, 6/08	Approved by: QIUM Committee 11-6-08

POLICY

- A. Health Plan of San Joaquin Providers have an opportunity to request an expedited appeal of a UM decision to deny a service, or to deny, defer or modify a pre-authorization request based on medical necessity. A member of the QIUM Committee, or a specialty like physician, if a committee member is not available will be appointed by the Medical Director to review the appeal.

PROCEDURE

- A. A provider may request an appeal of a non-administrative UM decision on behalf of a member for a decision to deny a service, such as in patient hospital day(s), or to deny, defer or modify a pre-authorization in the following manner.
1. In-Patient hospital days
 - a) Call the Medical Director directly at HPSJ to discuss the in-patient denial of days.
 2. Pre-authorization denial, deferral or modification.
 - a) Call the appeal/denial number stamped under the Medical Directors signature on the provider copy of the denial, deferral, or modify letter, or;
 - b) Write an appeal letter directly to the Medical Director.
- B. After receipt of the request for appeal, the Medical Director will review the request and may;
1. Request further information from the provider such as diagnostic information, previous treatment, clinical justification, opinions from specialists or other providers,
 2. Or that they provide evidence from the scientific literature to justify the request if different from the medical review criteria.
- C. The provider is expected to respond to any request for further information within 30 working days. If the provider does not respond to the request for further information, the appeal is denied for lack of timely response.

- D. A provider may request an expedited appeal of a UM decision to deny a request or service, based on medical necessity, by calling or writing a letter to the Medical Director.
1. An expedited appeal is performed only when, in the judgment of the Medical Director, a delay in decision making imposes an imminent and serious threat to the health of the member, including, but not limited to severe pain, potential loss of life, limb or major bodily function.
 2. Appeal request will be referred to an appropriate member of the QIUM Committee or an appropriate board-certified specialist consultant for a decision on the appeal.
 3. The QIUM Committee member or the consultant is expected to make a decision as expeditiously as the medical condition requires, but no later than seventy-two (72) hours after the receipt of the appeal request.
 4. Expedited reviews are also granted to all requests concerning admissions, continued stay or other health care services for member who has received emergency services but has not been discharged from a facility.
 5. HPSJ provides notification to the practitioner within one (1) working day of the determination and written confirmation of the decision to the member within two working days of the decision. The letter will contain reference to the specific criteria or guidelines used in making the determination.
- E. Providers who disagree with the decision of the review by the consultant may then file a grievance with HPSJ QIUM Committee.
- F. The QIUM Committee meets the second Thursday every other month. Following review of all the available information regarding the appeal, the results of the committee decision will be mailed to the provider within two working days of the decision.
- G. Non-expedited appeals will be heard at the next scheduled QIUM Committee meeting.
1. The appeal will be researched by the QI nurse and all pertinent information will be presented to the QIUM Committee.
 2. Following the QIUM Committee meeting a letter will be sent certified to the provider with the findings/recommendations of the committee.
- H. Providers who disagree with the decision of the review by the committee may then file a grievance with HPSJ QIUM Committee requesting a time in which they can present their case in person to the committee.
- I. Contracted and non-contracted providers will be informed of their right to appeal.
1. During a denial of in-patient days,
 - a) The Medical Director may contact the physician and discuss the denied days and their appeal process if they disagree.

b) The review nurse will inform the hospital review nurse or the physician of the denial of day(s) and that they can call the Medical Director to appeal the decision.

2. Pre-authorization denial, deferral or modification decisions.

REFERENCE

- A. Title 28, Managed Health Care, Division I, Chapter 2, Article 8 Section 1300.68-.68.1
- B. California Health and Safety Code Sections 1368-368.1
- C. MMCD Contract, Exhibit A, Attachment 7, provision 2
- D. Policy and Procedure CLMS07 Provider Grievance regarding payment or nonpayment of claims

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2/96	12/05 M. Jordan	6/08 L Ortega 10/08 Reviewed by J. Scott			