



Department: Health Services Dept – Utilization Management

Number: HS-004

Title: Access to Utilization Management Services

Original Effective Date: 1/1/2021

Latest Revision Date: 12/30/2024

PURPOSE:

This policy outlines the standards and procedures used by Sonder Health Plans (“SHP”) to ensure it provides access to its Utilization Management (“UM”) services 24 hours a day, 7 days a week when medically necessary, as required by CMS, and supports timely decisions on authorization requests, including the ability to respond to urgent or expedited service requests. This policy applies to all members, providers, and representatives within the SHP network. It also applies to SHP’s UM staff, including medical directors, UM nurses, and other personnel involved in the UM process. This policy also relates to contractors/vendors delegated to provide after-hours or on-call UM services.

DEFINITIONS:

- **Utilization Management (UM):** The evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities.
- **Expedited Organization Determination:** A decision (whether adverse or favorable) made by a Plan when a request for an item, service, or Part B drug must be made more quickly than a standard organization determination and when waiting for a standard timeframe could seriously jeopardize the member’s health or life. A decision must be made as expeditiously as the member’s health condition might require, but no later than 72 hours after receiving a request for items or services or within 24 hours after the request for Part B drugs.
- **Standard Organization Determination:** A non-expedited decision (organization determination) made by the Plan regarding a request for medical services or benefits. The Plan must decide as expeditiously as the enrollee’s health condition requires but no later than within 14 calendar days after the date the organization receives the request for a standard organization determination. Standard Organizations Determinations for Part B Drugs must be processed within 3 calendar days from the date the organization receives the request.
- **Medical Necessity:** Services or supplies that are proper and needed for the diagnosis or treatment of a medical condition.

POLICY STATEMENT:

Sonder Health Plans is committed to ensuring that its members, providers, and representatives have appropriate and timely access to UM services. UM services include reviewing requests for medical necessity, prior authorizations, concurrent review, retrospective review, and appeals. Access to UM services will be provided in a manner that is compliant with CMS guidelines and ensures members receive appropriate, high-quality care while preventing delays in accessing needed services. In compliance with CMS requirements, SHP will make UM services available 24 hours a day, 7 days a week when medically necessary. To fulfill this requirement, SHP’s UM Department will ensure that staff, and contractors if needed, are available to members and providers who require authorizations and discharge planning assistance at any time.

PROCEDURES:

I. Availability of UM Services

A. Standard Hours:

1. UM services are available to members and providers by phone, fax, and email

during regular business hours from 8:30 a.m. to 5 p.m. Monday through Friday, excluding national holidays. These hours are for routine UM functions, such as reviewing requests for medical necessity, prior authorizations, concurrent review, retrospective review, and appeals pre-service and concurrent reviews as well as other UM functions.

B. After-Hours Access:

1. SHP ensures 24/7 access to UM services when medically necessary, including weekends and holidays, through on-call staff and a 24/7 nurse hotline.
2. Providers and SHP's members may submit urgent or expedited requests outside of normal business hours via fax directly to SHP or via telephone.
3. A UM nurse monitors faxed requests for standard/expedited organization determinations and, if needed, assists with telephonic requests.
4. The Health Services Director is responsible for coordinating UM staffing resources to ensure a UM Department staff member and/or contracted resource is on call after hours, including weekends and holidays, and to provide real-time support for expedited cases.
5. A licensed Medical Director is available after hours to respond to clinical questions, participate in peer-to-peer reviews for emergencies or expedited reviews, and to make expedited decisions, as necessary.
6. A dedicated 24-hour toll-free number/Nurse Hotline is available to members and providers to contact the UM department, and the phone number is accessible on the SHP website and in member handbooks.

II. Initiating and Monitoring Requests

- A. Providers or SHP members may submit requests for medical necessity, prior authorizations, concurrent review, retrospective review, and appeals to SHP's UM Department via fax or phone 24/7.
- B. The Director of Health Services will ensure UM staff or delegated resources are available to monitor and triage requests 24/7 and that processing follows CMS-established timeframes for decision-making. ***(Refer to the Related Policy Section below for additional policies on processing and providing notification for standard and expedited requests)***

III. Timelines for UM Decisions

A. Standard Organization Determinations:

1. The UM staff will ensure the member (or their provider) is provided notification of a decision as quickly as the member's health condition requires, but no later than 14 calendar days from the date of the request for services or items and no later than 72 hours from the date the organization receives a standard Part B Drug request. ***(Refer to Standard Organization Determination Policy referenced in the Related Policy Section below for detailed guidance on processing these types of requests).***
2. The request can be extended up to an additional 14 days for items or services (not Part B drugs) if (1) the enrollee requests the extension; (2) the extension is justified and in the interest of the enrollee due to the need for additional medical evidence from a noncontract provider that may alter the Plan's decision to deny an item or service; or (3) the extension is justified due to an extraordinary, exigent, or other non-routine circumstances and is in the interest of the enrollee.
3. **Extensions may not be taken for a standard Part B drug request – a decision must be made within 72 hours after receipt of the request.**

B. Expedited Organization Determinations:

1. The UM staff will ensure that a decision is issued within 72 hours (24 hours for Part B drugs) of receiving an expedited request or if the standard timeframe

could seriously jeopardize the enrollee's life, health, or ability to regain maximum function. *(Refer to the Expedited Organization Determination Policy referenced in the Related Policy Section below for detailed guidance on processing these types of requests.)*

2. This decision can be extended by up to an additional 14 days if more information is required for items or services (not Part B drugs).
3. **Extensions may not be taken for expedited Part B drugs request – a decision must be made within 24 hours after receipt of the request.**
4. For expedited requests, if medical information is needed from a non-contract provider, the MA plan must request the necessary information within 24 hours of receipt of the request.

C. Emergency, Urgently Needed, or Stabilization Services:

1. Consistent with CMS guidelines, SHP does not require prior authorization for emergency or urgently needed services or stabilization services.
2. SHP will ensure that members can receive emergency care immediately in urgent situations.

IV. Member and Provider Education

- A. SHP will provide information to both members and providers on how to access UM services, how to submit prior authorization requests and the process for expedited requests on its website and in other SHP materials.

V. Monitoring

- A. Reports on UM service availability and timeliness will be monitored and reviewed by the SHP Health Services Department Leadership monthly and by the SHP Health Services Committee quarterly.

Attachment(s):

N/A

Statutory Reference(s):

Federal:

- 42 CFR § 422.112 – Access to Services
- 42 CFR § 422.113(b) – Emergency and Urgently Needed Services
- 42 CFR § 422.568 – Standard Timeframe and Notice Requirements for Organization Determinations
- 42 CFR § 422.570 – Expedited Certain Organization Determinations
- 42 CFR § 422.572 - Timeframes and notice requirements for expedited organization determinations
- CMS Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance

Contract Reference(s):

- Medicare Advantage D-SNP Health Plan Agreement Between Georgia Department of Community Health and Sonder Health Plans, Inc.

Element Reference(s):

N/A

Related Policy(s): (will update with policy id # once finalized)

- HS-038: Processing Standard Organization Determinations
- HS-037: Processing Expedited Organization Determinations

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