

<b>Department:</b> Health Services – Utilization Management	<b>Number:</b> HS-013
<b>Title:</b> Extension Process for Organization Determinations	
<b>Original Effective Date:</b> 12/30/2024	<b>Latest Revision Date:</b> 12/30/2024

### **Purpose:**

The purpose of this policy is to ensure that Sonder Health Plans (“SHP” or “the Plan”) Health Services Department (“HSD”) processes requests for extensions to organization determinations in compliance with all applicable CMS regulations. Extensions may be requested by and/or processed by the HSD if the enrollee requests the extension; the extension is justified and in the interest of the enrollee due to the need for additional medical evidence from a provider that may alter the Plan’s decision to deny an item or service; or, the extension is justified due to an extraordinary, exigent, or other non-routine circumstances and is in the interest of the enrollee. This policy applies to all staff within the HSD responsible for processing organization determinations, including standard and expedited determinations, as part of SHP.

### **Definitions:**

- **Enrollee/Member/Beneficiary:** For the purpose of this document, enrollee, member, and beneficiary may be used interchangeably and refers to a Medicare Advantage eligible individual who has elected Sonder Health Plans for coverage and benefits.
- **Expedited Organization Determination:** A decision (whether adverse or favorable) made by a Plan when a request for an item, service, or Part B drug will 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 will 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 a Part B drug.
- **Extension:** An additional 14 calendar days that the Plan may take to render a decision on an organization determination for a service or item once certain criteria is met as defined in the policy below. (Note: Part B drug timeframes cannot be extended.)
- **Organization Determination:** A decision made by the Plan, or its delegated entity, concerning whether the payment or provision of an item, service, or Part B drug is covered and medically necessary under the member’s plan.
- **Representative:** An individual appointed by an enrollee or other party, or authorized under State or other applicable law, to act on behalf of an enrollee or other party involved in an appeal, organization determination, or grievance. Unless otherwise provided by law, the representative will have all the rights and responsibilities of an enrollee or other party, as applicable.

### **Policy Statement:**

It is the policy of SHP to provide timely organization determinations requested by an enrollee, enrollee representative or provider. In certain instances, an extension of time for making an organization determination may be required. This policy outlines the process for requesting and granting extensions, as well as ensuring timely communication with enrollees, representatives, and providers, while maintaining compliance with CMS regulations. *Refer to the Related Policies Section below for the HSD policies and procedures that provide specific guidance on processing standard and expedited organization determinations and determining medical necessity.*

## **Procedures:**

### **I. General Processing Timeframes for Organization Determinations**

- A. All organization determination requests will be processed based on the level of urgency (Expedited or Standard) submitted by the enrollee, enrollee representative, or provider.
- B. Standard Organization Determinations
  - i. HSD staff will ensure that all standard organization determinations are made and notifications provided to enrollees as expeditiously as the enrollees' health conditions require, but no later than 14 calendar days from receipt of requests for items or services and no later than 72 hours from receipt of the request for a Part B drug.
  - ii. The processing timeframe begins when SHP, any unit in SHP, or an SHP delegated entity (including a delegated entity that is not responsible for processing) receives a request.
  - iii. Refer to Policy HS-037: Standard Organization Determinations for additional guidance.
- C. Expedited Organization Determinations
  - i. All expedited determinations for items or services are made within 72 hours from receipt of request and within 24 hours of receipt of request for Part B drug determinations.
  - ii. Refer to Policy HS-038: Expedited Organization Determinations for additional guidance.
- D. Dismissals:
  - i. SHP may also dismiss a request for an organization determination either entirely or as to any stated issue as outlined in Policy HS-044: Processing Dismissals of Organization Determination Requests.

### **II. Criteria for Extensions**

- A. SHP may extend the timeframes for making standard or expedited organization determinations by up to 14 calendar days if:
  - i. The enrollee requests an extension;
  - ii. The extension is needed by the Plan and is justified and in the enrollee's interest due to the need for additional medical evidence from a noncontract or contracted provider that may change SHP's decision to deny an item or service;
  - iii. The extension is justified due to extraordinary, exigent, or other non-routine circumstances and is in the enrollee's best interest.
- B. SHP will not generally or regularly extend the timeframe for an expedited organization determination to seek information or records from a contract provider but may do so if it is justified in the enrollee's interest and due to extraordinary, exigent, or other non-routine circumstances.
- C. If SHP needs information from a non-contract or contract provider, it will request the necessary information from the provider within 24 hours of the initial request for an expedited organization determination.

### **III. Plan's Request for an Extension**

- A. If a UM staff member determines that an extension is needed, they will:
  - i. Document the reason for the extension
  - ii. Notify the enrollee in writing of the need for the additional time and in alignment with the Notification Requirements section below.
    - 1. The plan may notify the representative and/or provider in writing as well.
  - iii. Attempt to gather the required information as quickly as possible to expedite the determination process within the extended timeframe.

### **IV. Timeframes for Extension**

- A. Standard Organization Determination:
  - i. SHP may extend the timeframe for standard organization requests for items and services up to 14 calendar days, making the total decision timeframe up to 28 calendar days.
  - ii. This is permissible when any of the criteria referenced in the Criteria for Extensions section in this policy are met.
  - iii. ***SHP may not extend Part B drug determination timeframes.***

- B. Expedited Organization Determination:
  - i. SHP may extend the 72-hour deadline for expedited organization requests for services or items by up to 14 calendar days, making the total decision timeframe up to 17 calendar days.
  - ii. This is permissible when any of the criteria referenced in the Criteria for Extensions section in this policy are met.
  - iii. ***SHP may not extend Part B drug determination timeframes.***

C. Summary of Processing Timeframes

Request Type	Processing Timeframe	With Extension
Standard Request for Item or Service	14 calendar days	28 days
Standard Part B Drug	72 hours	N/A
Expedited Request for Item or Service	72 hours	17 days
Expedited Part B Drug	24 hours	N/A

V. **Notification Requirements**

- A. If SHP grants itself an extension, it will:
  - i. Notify the enrollee in writing of the reasons for the delay.
    - 1. SHP will clearly explain why additional time is needed, whether it is due to the need for more medical information or if it is in the best interest of the enrollee.
  - ii. Inform the enrollee of the right to file an expedited grievance if the enrollee disagrees with the MA organization's decision to grant an extension. Refer to SHP's *Notice of Right to an Expedited (Fast) Grievance After Health Plan Extension for a Decision or a Change in Decision Timeline* in the Document Reference Section below.
  - iii. Notify the enrollee of its determination as expeditiously as the enrollee's health condition requires, but no later than upon expiration of the extension, the enrollee will be notified in writing of the reason(s) for the delay.
    - 1. The notice should specify the new deadline for the determination, not exceeding the additional 14 calendar days.
- B. HSD staff will provide the notice in a timely manner via phone, and a written notice sent within 3 business days of the extension request.
- C. For expedited organization determinations, if an extension is necessary, the HSD staff will provide immediate verbal notification to the member and provider within the 72-hour period, explaining the reason for the delay.

VI. **Additional Guidelines for Ensuring Notification Timeliness**

- A. SHP adheres to the following CMS guidelines for notifications related to organization determinations.
  - i. If a request is made by an enrollee, SHP will expedite the request if it determines that applying the standard timeframe could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.
  - ii. If a request is made or supported by a physician, prescribing physician, or other prescriber who indicates that applying the standard timeframe for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function (the physician does not have to use these exact words), SHP will expedite the request.
  - iii. If a request involves both a payment request and a request for approval of an item, service, or drug, the enrollee has a right to ask for an expedited initial determination for the approval request.

VII. **Documentation of Extensions**

- A. All requests for extensions will be thoroughly documented in the enrollee's record. This includes:
  - i. The reason for the extension, including whether it is to obtain more information or in the enrollee's best interest.
  - ii. All communications with the member, their representative, and the provider regarding the extension.
  - iii. The new deadline for the organization determination.

**Attachment(s):** N/A

**Statutory Reference(s):**

- **Federal:**
  - 42 CFR §422.568 - Standard Timeframes and Notice Requirements for Organization Determinations
  - 42 CFR § 422.570 - Expediting Certain Organization Determinations
  - 42 CFR §422.572 – Timeframes and Notice Requirements for Expedited Organization Determinations
  - Medicare Managed Care Manual: Enrollee Grievances, Organization Determinations, and Appeals Guidance Manual

**Contract Reference(s):** N/A

**Document Reference(s):**

- Notice of Right to an Expedited (Fast) Grievance After Health Plan Extension for a Decision or a Change in Decision Timeline