

### Utilization Management Timeliness Standards

Type of Request	Decision	Notification Timeframes
<p><b>Urgent Pre-Service Requests</b></p> <p><i>Definition: Member’s condition is such that the Member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or when the non-urgent timeframe for making a determination would be detrimental to the Member’s life or health, or could jeopardize Member’s ability to regain maximum function.</i><sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Determine within 48 hours of receiving the request if the request does not meet the definition for urgent pre-service request.</li> <li>• If accepted as an urgent pre-service request, render a decision in a timely fashion appropriate for the nature of the Member’s condition, not to exceed 72 hours after receipt of the information reasonably necessary and requested by the plan to make the determination.<sup>2,3</sup></li> </ul> <p>The initial 72-hour authorization timeframe may be extended by up to 14 calendar days if the Member requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member’s interest using the appropriate NOA- Delay letter template.<sup>4</sup></p>	<ul style="list-style-type: none"> <li>• If the request does not meet the definition for urgent pre-service request, notify the requesting Provider via fax within 48 hours of receiving the request (including holidays and weekends).</li> <li>• If accepted as an urgent pre-service request: <ul style="list-style-type: none"> <li>✓ The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.<sup>5</sup></li> <li>✓ The Member and Requesting Provider must be notified of the decision in writing within 72 hours of receipt of request.<sup>6</sup></li> <li>✓ If the initial 72-hour authorization timeframe is extended the organization must notify the Member and Requesting Provider of its decision as expeditiously as the Member’s health condition requires, but no later than the expiration of the extension.<sup>7</sup></li> </ul> </li> <li>• For terminations, suspension, or reductions of previously authorized services, notify the Member at least 10 days prior to the date of the action.<sup>8</sup></li> </ul>
<p><b>Urgent/Standard Concurrent Requests</b> (Example: Continued Home Health, Physical Therapy, Speech Therapy, and Occupational</p>	<ul style="list-style-type: none"> <li>• Determine within 48 hours of receiving the request that it does not meet the definition for urgent concurrent request.</li> <li>• For urgent and standard concurrent requests, render a decision in a timely fashion appropriate for the nature of the</li> </ul>	<ul style="list-style-type: none"> <li>• If the request does not meet the definition for urgent concurrent request, notify the requesting Provider via fax within 48 hours of receiving the request (including holidays and weekends).</li> </ul>

<sup>1</sup> California Health and Safety Code (Health & Saf. Code) § 1367.01(h)(2)

<sup>2</sup> Ibid.

<sup>3</sup> CA Health & Saf. Code § 1367.01(h)(2)

<sup>4</sup> 42 CFR § 438.210(d)(2)(ii)

<sup>5</sup> CA Health & Saf. Code § 1367.01(h)(3) & (4)

<sup>6</sup> CA Health & Saf. Code § 1367.01(h)(3) & (4)

<sup>7</sup> National Committee for Quality Assurance (NCQA), 2026 Health Plan Standards and Guidelines, UM 5, Element A, Factor 1&2

<sup>8</sup> 42 CFR § 438.404(c)(1)

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<p>Therapy requests, only when initial pre-service request for service did not expire)</p> <p><b>Definition:</b> <i>Member’s condition is such that the Member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or when the non-urgent timeframe for making a determination would be detrimental to the Member’s life or health, or could jeopardize Member’s ability to regain maximum function.</i><sup>9</sup></p>	<p>Member’s condition, not to exceed 72 hours after receipt of the information reasonably necessary and requested by the plan to make the determination.<sup>10</sup></p>	<ul style="list-style-type: none"> <li>• If accepted as an urgent concurrent request:                             <ul style="list-style-type: none"> <li>✓ The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.<sup>11</sup></li> <li>✓ The Member and Requesting Provider must be notified of the decision in writing within 72 hours of receipt of request.<sup>12</sup></li> </ul> </li> <li>• For terminations, suspension, or reductions of previously authorized services, notify the Member at least 10 days prior to the date of the action.<sup>13</sup></li> </ul>
<p><b>Standard (Non-Urgent) Pre-Service Requests</b></p>	<p>Render a decision in a timely fashion appropriate for the nature of the Member’s condition, but no longer than Seven (7) Calendar days from receipt of the information reasonably necessary and requested to make the determination.</p> <p>The initial seven (7) calendar days timeframe may be extended by up to 14 additional days if the Member or the Provider requests an extension, or if IEHP or the Delegate can justify its need for additional information and demonstrate how the extension is in the Member’s interest using the appropriate NOA – Delay letter template..</p>	<ul style="list-style-type: none"> <li>• The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision.<sup>14</sup></li> <li>• The Member and Requesting Provider must be notified of the decision in writing within seven (7) calendar days from receipt of the request using the appropriate NOA template.<sup>15</sup></li> <li>• If the initial seven (7) calendar days timeframe is extended the organization must notify the Member and Requesting Provider of its decision as expeditiously as the Member’s health condition</li> </ul>

<sup>9</sup> CA Health & Saf. Code § 1367.01(h)(3)

<sup>10</sup> CA Health & Saf. Code § 1367.01(h)(2)

<sup>11</sup> CA Health & Saf. Code §1367.01(h)(3) & (4)

<sup>12</sup> CA Health & Saf. Code §1367.01(h)(3) & (4)

<sup>13</sup> 42 CFR § 438.404(c)(1)

<sup>14</sup> CA Health & Saf. Code § 1367.01(h)(3) & (4)

<sup>15</sup> CA Health & Saf. Code § 1367.01(h)(3)

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		requires, but no later than the expiration of the extension. <sup>16</sup> <ul style="list-style-type: none"> <li>For terminations, suspension, or reductions of previously authorized services, notify the Member at least ten (10) days prior to the date of the action.<sup>17</sup></li> </ul>
<b>Post-Service/ Retrospective Review</b>	Render a decision within 30 calendar days of receiving the information that is reasonably necessary to make the retrospective authorization determination. <sup>18,19</sup>	<ul style="list-style-type: none"> <li>The Member and Requesting Provider must be notified of the decision in writing within 30 calendar days of receiving the information that is reasonably necessary to make the retrospective authorization determination.<sup>20,21</sup></li> </ul>

<sup>16</sup> NCQA, 2026 HP Standards and Guidelines, UM 5, Element A, Factor 4

<sup>17</sup> 42 CFR § 438.404(c)(1)

<sup>18</sup> CA Health & Saf. Code § 1367.01(h)(1)

<sup>19</sup> National Committee for Quality Assurance (NCQA), 2026 Health Plan Standards and Guidelines, UM 5, Element A, Factor 5

<sup>20</sup> CA Health & Saf. Code § 1367.01(h)(1)

<sup>21</sup> NCQA, 2026 HP Standards and Guidelines, UM 5, Element A, Factor 5