

UTILIZATION MANAGEMENT	EyeQuest <i>A DentaQuest product</i>			
	<i>Policy and Procedure</i>			
	Policy Name:	Denial and Approval Letters	Policy ID:	Vision _UM
	Approved By:	Angela Metzger, VP, Utilization Management	Origination Date:	9/13/2018
	States:	All States	Last Revision Date:	3/15/2019
	Application:	All Lines of Business	Effective Date:	4/9/2019

PURPOSE

EyeQuest has developed a process to ensure all authorization determination decisions are communicated timely and in writing to the Provider and Member.

POLICY

All authorization decisions are communicated in a written letter of determination to the Provider and to the Member. The content of the letter includes information required by State and/or Federal guidelines and by Plan contract and/or NCQA requirements.

PROCEDURE

All written member notification is sent via a Notice of Action (NOA) letter in a format and with the content that has been approved by the Plan and State.

All written member notification for Medicare Advantage members is sent via the Integrated Denial Notice (IDN) in the format and with the content required and published by CMS.

All written provider notification is sent via a Provider Determination (PDL) letter. This is in a standard format developed by EyeQuest.

A. Approval Notification

1. Providers are sent written notification of the approval within two (2) business days of the determination. EyeQuest ensures the 2 business day notification remains within the timeline for notification required by either regulatory and/or contractual requirements.
2. This written notice will include:
 - a. Member name
 - b. Member subscriber ID
 - c. Member date of birth
 - d. Provider name
 - e. Service location
 - f. Authorization reference number
 - g. Determination date
 - h. List of service(s) approved
 - i. Expiration date of the approval
 - j. Statement to explain the authorization approval is not a guarantee of payment and payment is contingent upon terms of the contract and member eligibility at the time services are provided
3. Members are sent written notification of the approval within two (2) business days of the determination. EyeQuest ensures the 2 business day notification remains within the

- timeline for notification required by either regulatory and/or contractual requirements. A copy of the member approval letter is also sent to the requesting Provider.
4. The approval letter contains the following information:
 - a. Member name
 - b. Provider name
 - c. Date of request
 - d. Authorization reference number
 - e. List of service(s) approved
 - f. Timeframe the authorization approval is valid
 - g. Statement to explain the authorization approval is not a guarantee of payment and payment is contingent upon terms of the contract and member eligibility at the time services are provided
 - h. Language tag lines in the top 15 languages spoken in the state. The tag line instructs the members how to get the document translated into different languages.
 - i. The 15 languages may be based on the client's member population and the top language spoken as primary language rather than the languages prevalent in the state.
 - i. A discrimination notice that indicates EyeQuest does not discriminate. The notice also gives the member information and instruction how to file a complaint with EyeQuest or with HHS if they feel they have been discriminated against.
 - i. Based on client preference, the discrimination notice may be client specific and direct all discrimination complaints to the client, rather than to EyeQuest.

B. Denial Notification

1. For any standard authorizations denied, EyeQuest sends the member a Notice of Action (NOA) or Integrated Denial Letter (IDN), .The requesting Provider is also sent a copy of the member letter. The Utilization Management Department delivers the written notification to the mail room. EyeQuest ensures the notification remains within the timeline for notification required by either regulatory and/or contractual requirements.
2. The Notice of Action Letter includes:
 - a. List of service(s) requested
 - b. Identification of the Provider requesting the service(s)
 - c. Date the request was received for the prior authorization
 - d. Denial reason specific to the service denied. The denial reason for any clinical denial includes the clinical rationale in layman's terms. Included in the denial reason for any administrative denial is the specific benefit limitation involved.
 - e. Identification and credentials of the Vision Consultant making the adverse determination decision for clinical denials
 - f. A statement to indicate the provider may contact EyeQuest and discuss any clinical decision with the Vision Consultant involved in making the determination
 - g. Identification of any State citation as it relates to the reason for the denial, as applicable by State
 - h. Member appeal rights. This information includes the process for filing a complaint or grievance and the process for requesting an internal appeal. This information includes the address to submit written requests and the toll-free telephone number for verbal requests.
 - i. A statement that provides an address to submit written requests and the toll-free number for verbal requests for a copy of the clinical criteria used to make the determination.
 - j. State Fair Hearing request information, if applicable
 - k. A reference to the External Appeal process available for all final adverse determinations
 - l. A reference to any external organization that may be available to assist the member with the content of the letter, the appeal process, or filing a complaint

- m. Information for the member in how to obtain the information in the Notice of Action Letter in a language other than English.
 - n. Language tag lines in the top 15 languages spoken in the state. The tag line instructs the members how to get the document translated into different languages.
 - i. The 15 languages may be based on the client's member population and the top language spoken as primary language rather than the languages prevalent in the state.
 - o. A discrimination notice that indicates EyeQuest does not discriminate. The notice also gives the member information and instruction how to file a complaint with EyeQuest or with HHS if they feel they have been discriminated against.
 - i. Based on client preference, the discrimination notice may be client specific and direct all discrimination complaints to the client, rather than to EyeQuest.
 - p. Right of enrollee to be provided upon request and free of charge, copies of documents, records, and other information relevant to the determination.
 - q. Right to have benefits continue pending resolution of the appeal, and how to request that benefits be continued, as applicable.
3. For all standard authorizations, the Provider is sent a Provider Determination Letter (PDL). The PDL letters may generate with two hours of the determination, but within 1 business day of the determination. EyeQuest ensures the notification remains within the timeline for notification required by either regulatory and/or contractual requirements.
 4. PDL letters may be mailed to the provider via standard mail through USPS or they may be faxed to the provider.
 - a. If the PDL is faxed, it is not mailed to the provider in addition to the fax, unless requested by the provider.
 - b. A record of the date/time of the successful fax is retained.
 - c. If a fax fails, the letter is printed and mailed to the provider.
 - d. If EyeQuest does not have a fax number for the provider, or the provider has indicated that the fax cannot receive HIPAA information (fax is not secure), the PDL is not faxed and will be printed and mailed to the provider.
 5. The PDL includes:
 - a. Member name
 - b. Member subscriber ID
 - c. Member date of birth
 - d. Provider name
 - e. Service location
 - f. Authorization reference number
 - g. Determination date
 - h. List of service(s) denied
 - i. Denial reason
 - j. Appeal information

FORMS AND OTHER RELATED DOCUMENTS

- Utilization Management Written Notification Process – SOP

Exhibit B – Kentucky

Revision History

Date:	Description
7/13/2018	Conversion to revised policy and procedure format and naming convention.
8/31/2018	Revision per Client Request
9/5/2018	Compliance review
11/8/2018	Revision per client request
11/12/2018	Corporate Compliance Committee approval
3/15/2019	Operational updates
4/9/2019	Executive approval
10/28/2019	Exhibit B – Kentucky

Exhibit B – Kentucky

- EyeQuest will not deny a claim for failure to obtain preauthorization if the preauthorization requirement was not in effect on the date of service.