

Revisions to CCC Plus Service Authorization Requirements

The purpose of this call is to inform providers of changes being made to the Commonwealth Coordinated Care Plus (CCC Plus) Service Authorization (SA) processing timeframes. Beginning February 1, 2020, the SA processing timeframes for the CCC Plus will be revised to align with national standards established by the National Committee for Quality Assurance (NCQA) as well as the Medallion 4.0 program.

This change does not preclude a provider from requesting an expedited review as described in 6.2.10.2 *Expedited Authorization Decision Timeframe* of the CCC Plus contract and 42 CFR § 438.210(d)(2).

Current NCQA service authorization timeliness standards are as follows:

Physical/Non-behavioral Health			
Classification	Type	Timeliness	Extension
Urgent	Concurrent	72 hours	14 days
	Preservice	72 hours	48 hours
Non-urgent	Preservice	14 days	14 days
Postservive	N/A	30 days	14 days
Behavioral Health			
Classification	Type	Timeliness	Extension
Urgent	Concurrent	72 hours	14 days
	Preservice	72 hours	48 hours
Non-urgent	Preservice	14 days	14 days
Postservive	N/A	30 days	14 days

Urgent requests are requests for medical care or services where application of the timeframe for making non-urgent or non-life threatening care determinations could:

- Seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
- Seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Examples of urgent concurrent requests include, but are not limited to CCC Plus waiver or behavioral health service increase requests related to a change in the member's condition.

Examples of urgent preservice requests include, but are not limited to emergent or urgent inpatient hospitalization, surgical procedures where a delay in approval would jeopardize the life or health of the member, and care or services to accommodate transitions between inpatient or institutional setting to home/community.

Non-urgent requests are requests for medical care or services for which application of the time periods for making a decision does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain. Examples of non-urgent requests include, but are not limited to initial or reauthorization for routine medical care including referral to a specialist and initial or reauthorization for some waiver or community based mental health rehabilitative services.