



MEMO 2024-18

DATE: July 16, 2024

TO: ALL SOONERSELECT MEDICAL AND CHILDREN'S SPECIALTY CONTRACTED ENTITIES

SUBJECT: Prior Authorization Timeliness and Extension Process

PURPOSE:

The purpose of this memo is to provide SoonerSelect Medical and Children's Specialty Program (CSP) contracted entities (CEs) updated guidance on prior authorization (PA) timeliness and to define the Oklahoma Health Care Authority's (OHCA's) extension process for PA requests.

BACKGROUND:

Current contract language in the SoonerSelect Medical and CSP contracts at Sections 1.8.6.3 Timeliness Standards, 1.18.6.6 Prior Authorization Denial or Limitation, and 1.18.6.7 Expedited Prior Authorization Denial sets the contractually required timelines for CEs to process both expedited and standard prior authorization requests. The contract also states OHCA is to define a process for CEs to request extensions when processing PA requests.

Additionally, Oklahoma Statute 56 O.S. §4002.6 lays out certain requirements for timeframes for CEs to process PA requests and delegates defining the extension process to OHCA.

DECISION:

Extension Process

OHCA is defining the extension process for PA requests as follows:

- **Inpatient Behavioral Health – Acute.** CE should make a determination and issue notice to the provider within 24 hours of receipt of request. No extension is granted.
- **Inpatient Behavioral Health – Acute II/Psychiatric Residential Treatment Facility.** When possible, CE should make a determination and issue notice to the provider within 24 hours of receipt of request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 72 hours from receipt of the request to obtain the necessary documentation and to issue notice of determination to provider.
- **Therapeutic Foster Care/Intensive Therapeutic Foster Care (TFC/ITFC).** When possible, CE should make a determination and issue notice to the provider within 72 hours of receipt of request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 14 calendar days from receipt of the request to obtain the necessary documentation and to issue notice of determination to provider.

- **Inpatient Medical – Acute and Post Acute.** When possible, CE should make a determination and issue notice to the provider within 24 hours of receipt of request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 72 hours from the receipt of request to obtain the necessary documentation and to issue notice of determination to provider.
- **Out of State Services (OOS)**
 - If the member is inpatient at the time of the request for OOS services, CE should make a determination and issue notice to the provider within 24 hours of receipt of the request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 14 calendar days from receipt of request to permit time for CE due diligence on unavailability of in-state services, to obtain the necessary documentation, and to issue notice to the provider.
 - If the member is not inpatient at the time of the request for OOS services, CE should make a determination and issue notice to the provider within 72 hours of receipt of the request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 14 calendar days from receipt of request to permit time for the CE due diligence on unavailability of in-state services, to obtain the necessary documentation, and to issue notice to the provider. An exception to this OOS extension guidance is qualifying clinical trials (QCT). For QCT authorizations, CE must follow [317:30-3-57.1. Coverage of routine services in relation to clinical trials](#).
- **Expedited Authorizations.** When adhering to allowed service requirements could jeopardize the enrollee's life, health, or ability to attain, maintain or regain maximum function, the CE shall make an authorization decision as expeditiously as necessary, and no later than 24 hours after receipt of request. However, if the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 72 hours from receipt of the request to obtain the necessary documentation and to issue notice of determination to provider.
- **Standard Prior Authorization requests.** All authorizations other than those above are considered 'standard' authorizations. CE should make a determination and issue notice to the provider within 72 hours of receipt of request. If the necessary documentation is not provided to the CE by the provider within the standard timeframe, an extension period is granted to allow the CE up to 14 calendar days from receipt of the request to obtain the necessary documentation and to issue notice of determination to provider.
- **Peer-to-peer review.** Regarding peer-to-peer review conversations mandated under 56 O.S. §4002.6(K)(2), Section 1.8.6.7 Authorization Denials and Peer-to-Peer Review in the executed contract, statute requires that CEs provide an opportunity for peer-to-peer conversations with Oklahoma-licensed clinical staff with the relevant specialty within 24 hours of adverse determination. This timeframe is not listed in the SoonerSelect contracts and is instead a direct statutory mandate. CEs must provide an opportunity for peer-to-peer review in 24 hours or less after a PA is denied. There are no extension periods in the contracts or in OHCA regulations; no extension is available for peer-to-peer conversations.

Additional guidance will be forthcoming on Private Duty Nursing (PDN) and State Plan Personal Care (SPPC) requests.

Provider and Member Communications

CEs shall begin reviewing all OHCA approved provider and member communications to determine what updates are needed. Any communications that require updates to align with PA processing timeliness must be submitted to OHCA using the SEL-1001: Material Submission Form for OHCA review and approval prior to re-publication.

If you have any questions regarding this memo, please email SoonerSelect@okhca.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Traylor Rains". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Traylor Rains, State Medicaid Director
Oklahoma Health Care Authority