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To: Medicare IPAs
From: IEHP – Provider Relations
Date: February 21, 2023
Subject: **UPDATE: Referral Timeline Standards for IEHP DualChoice (HMO D-SNP) Members**

Inland Empire Health Plan (IEHP) would like to advise that **Utilization Management (UM)** referral timelines standards have been updated for **IEHP DualChoice (HMO D-SNP) Members**.

Acuity of Request	Decision Timeframes	Member/Provider Notification
Pre-Service Standard	Standard organization determinations (UM decisions) are to be made within five (5) business days from the plan's receipt of information reasonably necessary to make the determination and no later than 14 calendar days from when it receives the request.	Provider – Written notification shall be communicated within 24 hours of the decision. Member – Written notification to the enrollee must happen within 2 business days from the date of the decision, not to exceed 14 calendar days from when the request was received.
Pre-Service Expedited * <ul style="list-style-type: none">• Provider determines the standard timeframes could seriously jeopardize Member's life or health or ability to attain, maintain or regain maximum function.	Expedited integrated organization determinations are to be made expeditiously as the Enrollee's health condition requires, no later than 72 hours from when it receives the request.	Provider – Written notification shall be communicated within 24 hours of the decision not to exceed 72 hours from when the request was received. Member – Written notification to the enrollee shall be communicated no later than 72 hours from date the request was received.

*If the request does not meet the definition of urgent, it will be process as non-urgent or routine referral. Provider will be notified by phone or fax if this occurs.

Acuity of Request	Decision Timeframes	Member/Provider Notification
<p>Post-Service Standard</p>	<p>Post Service determinations (UM decisions) are to be made within five (5) business days from the plan's receipt of information reasonably necessary to make the determination and no later than fourteen (14) calendar days from when it receives the request.</p>	<p>Provider – Written notification shall be communicated within 24 hours of the decision.</p> <p>Member – Written notification to the enrollee must happen within 2 business days from the date of the decision, not to exceed 14 calendar days from when the request was received.</p>

As a reminder, all communications sent by IEHP can also be found at: www.iehp.org > Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org