

# NOTIFICATION OF CHANGE FROM THE UTILIZATION MANAGEMENT DEPARTMENT

## CHANGE TO PRIOR AUTHORIZION REGULATORY TURN AROUND TIME REQUIREMENTS FROM UTILIZATION MANAGEMENT (UM) DEPARTMENT

EFFECTIVE DATE: January 1st, 2025

For Elevate Exchange Plans - Per NCQA 2025 Standards and Guidelines for the Accreditation of Health Plans; UM 5: Timeliness of UM Decisions; extensions are no longer allowed for urgent concurrent admissions. The Health Plan must make an authorization determination within 72 hours after receipt of the request. UM will not be able to do an extension if provider does not send clinical information. UM will no longer send a fax request for clinical information if not received upon receipt of authorization. No clinical documentation or lack of supporting documentation may result in a denial.

For all Commercial Lines of Business – Timeliness of UM Decisions have been changed from 24 hours to 72 hours for urgent concurrent admissions.

Regulatory turnaround times by priority and line of business outlined below.

Regulatory Turnaround Time Requirements				
Authorization Priority	Lines of Business			
	Commercial Exchange/CO option	Commercial DHHA	Medicaid CHP+	Medicare
Determination Timeframes				
Urgent/Concurrent	72 Hours	72 Hours	72 Hours	72 Hours
Expedited/Urgent Preservice	72 Hours	72 Hours	72 Hours	72 Hours
Expedited Medical Drugs/Part B Drugs	72 Hours	72 Hours	72 Hours	24 Hours
Standard/Preservice	15 Calendar Days	15 Calendar Days	10 Calendar Days	14 Calendar Days
Standard Medical Drugs/Part B Drugs	15 Calendar Days	15 Calendar Days	10 Calendar Days	72 Hours
Retrospective/Post Service	30 Calendar Days	30 Calendar Days	30 Calendar Days	30 Calendar Days
Extension Timeframes				
Urgent Concurrent	None	48 Hours	14 Calendar Days	14 Calendar Days
Expedited/Urgent Preservice	48 Hours	48 Hours	14 Calendar Days	14 Calendar Days
Standard/Preservice	15 Calendar Days	15 Calendar Days	14 Calendar Days	14 Calendar Days
Retrospective/Post Service	15 Calendar Days	15 Calendar Days	None	None
Part B Drug	NA	NA	NA	NA

Please be sure to review the DHMP website for authorization requirements.

Health Plan Services staff is available for UM issues during normal business hours, Monday through Friday, 8 a.m. to 5 p.m., excluding holidays. Providers may contact Utilization Management by fax to send authorization requests and clinical information. The Denver Health Medical Plan (DHMP) Utilization Management Department can receive faxes seven days a week, including holidays.

Please use the Prior Authorization Request Forms.

[DenverHealthMedicalPlan.org/for-providers/um-prior-authorization-request-form](https://denverhealthmedicalplan.org/for-providers/um-prior-authorization-request-form)

Contact by fax or phone:

- » Outpatient fax | 303-602-2128
- » Inpatient Admit and Discharge Notification fax | 303-602-2127
- » Inpatient Clinical Records fax | 303-602-2004
- » Urgent/Expedited fax | 303-602-2160
- » Contact Health Plan Services by phone\* | 303-602-2100