

## **QIO – Prior Authorization**

### **Purpose:**

- Monitor services requiring prior authorization (PA).
- Control utilization of services by providing a deterrent to inappropriate use.
- Provide data to support management of services requiring PA.
- Process all PA requests, including pending, approved, modified, denied and non-adjudicated.

### **Identification of Roles:**

Review assistant (RA) and/or review coordinator (RC) – verify eligibility, complete PA requests.

Medicaid medical director (MMD) – reviews PA requests that cannot be approved by RC and makes determination based on supporting documentation. Oversees peer reviewer (PR) decision outcomes.

PR – internal or external medical expert used for peer review of potential modifications/denials.

### **Performance Standards:**

In accordance with URAC and contractual standards, prospective reviews are completed within defined calendar days of receipt of the request.

- Complete 95% of PA requests not requiring physician review, enter into system, and send appropriate notice within 10 business days of initial receipt; complete 100% within 15 business days of initial receipt.
- Complete 95% of PA requests requiring physician review, enter into system, and send appropriate notice within 15 business days of initial receipt; complete 100% within 20 business days of initial receipt.
- For PA requests for which additional information has been requested and not received, process 95% no earlier than 45 days from initial receipt (to allow time for receipt of the requested information) and no later than 60 days of initial receipt; complete 100% within 60 business days of initial receipt.