

POINT C STANDARD OPERATING PROCEDURE

TITLE:	Review Timeframes SOP	INCEPTION DATE:	1/16/2026
AUTHORITY:	Compliance/Clinical Operations	REVISION DATE:	
POLICY NUMBER:	CO 1.0	RETIREMENT DATE:	
URAC SUBSTANDARDS			

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to define the Kentucky-specific operational workflows and processes required for compliant Utilization Review (UR) activities performed by Point C in accordance with KRS 304.17A-600 through 304.17A-619, 29 CFR 2560.503-1, and the Kentucky Department of Insurance Utilization Review Registration Application requirements.

This SOP implements the requirements identified under HIPMC-UR-1 Section 6(a–e) and must be included in the organization’s Kentucky UR Registration submission.

2. Scope

This SOP applies to all Kentucky UR activities performed by Point C, including:

- Pre-Authorization
- Pre-Admission Authorization
- Concurrent (Continued Stay) Review
- Retrospective Review

It also covers:

- Clinical criteria use
- Special circumstance handling
- Client listing (KY-required)
- Certification requirements

3. DEFINITIONS

Utilization Review (UR): Evaluation of medical necessity, appropriateness, or efficiency of health care services.

Necessary Information: Limited to (a) face-to-face evaluations, (b) second opinions, and (c) other information identified by the Department as essential to a UR decision.

Urgent Review: Request where delay may jeopardize life, health, or function.

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Concurrent Review: Review of ongoing inpatient care or emergency admissions where the patient remains hospitalized.

4. ROLES AND RESPONSIBILITIES

4.1 Registered Nurse (RN) Reviewer

- Conducts preliminary clinical review.
- Applies criteria and identifies need for physician review.

4.2 Physician Reviewer (KY-Required Specialty Match)

- Must be licensed and of same or similar specialty as ordering provider for adverse determinations (KRS 304.17A-607(1)(b)).
- Renders medical necessity denials.

4.3 Chiropractor/Optometrlist Reviewer

- Required for denials of respective services (KY date).

4.4 UR Staff

- Maintain accessibility 40 hours/week and extended hours on Mon/Fri until 6 p.m. including federal holidays (KRS 304.17A-607).
- Ensure timely notice issuance.

5. STANDARDIZED UR WORKFLOWS (6(a))

5.1 Pre-Authorization SOP

5.1.1 Workflow Steps

1. Request Intake

- Received via toll-free phone, fax, portal, or EDI.
- All intake channels must comply with Kentucky accessibility requirements.

2. Urgency Determination

- Determine if delay jeopardizes health/function → treat as *urgent*.
- Otherwise → *standard pre-service*.

3. Clinical Review

- RN applies approved criteria.
- If criteria not clearly met → escalate to **physician of same/similar specialty** (required).

4. Decision Timeframes

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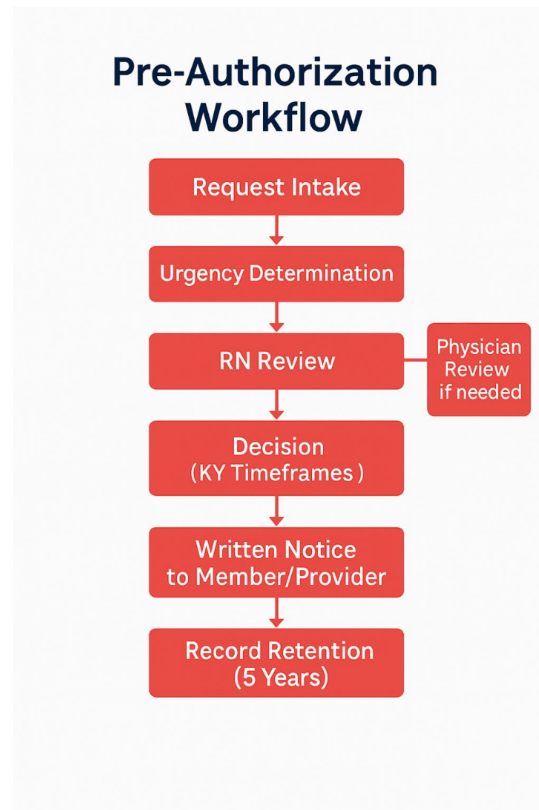
- **Standard:** Within **5 days** of receiving necessary information (KRS 304.17A-607(1)(i)2).

5. Notification

Written notice with authorization or denial elements

Denial Written notice must include:

- Medical/scientific reasons
- Reviewer's license number & state
- Alternatives (if applicable)
- Appeal rights



5.2 Pre-Admission Authorization SOP

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5.2.1 Workflow Steps

1. **Request Intake** for hospital admission or outpatient surgery.
2. **Automatic Urgent Classification**
 - All pre-admission/outpatient surgery requests must be processed as **urgent** per KRS 304.17A-600(16)(b).
3. **Clinical Review**
 - RN applies approved criteria.
 - If criteria not clearly met → escalate to **physician of same/similar specialty** (required).
4. **Decision timeframes**
 - Must be completed **within 24 hours** of obtaining necessary information.
5. **Notification** Written notice with authorization or denial elements.

Denial written notice must include:

- Medical/scientific reasons
- Reviewer's license number & state
- Alternatives (if applicable)
- Appeal rights

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Pre-Admission Authorization



5.3 Concurrent Review SOP

5.3.1 Workflow Steps

1. Trigger:

- Ongoing inpatient stay OR emergency admission retrospective review while patient still hospitalized.
- All considered **concurrent** per Kentucky.

2. Urgent Review Requirement

- Must be handled as urgent.

3. Clinical Review

- RN applies approved criteria.
- If criteria not clearly met → escalate to **physician of same/similar specialty** (required).

4. Decision Timeframe

- **Within 24 hours** of receiving necessary information.

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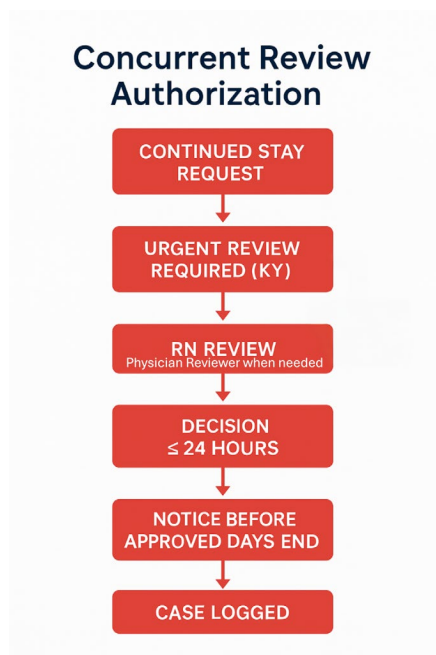
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- Failure to meet timeframe = **deemed authorization** (KRS 304.17A-607(2)).

5. Notice

- Issued before expiration of previously authorized days
- Notices must go to member/authorized person, and provider.



5.4 Retrospective Review SOP

5.4.1 Workflow Steps

1. Intake of Request

- Submitted after services rendered

2. Clinical Review

- RN applies approved criteria.

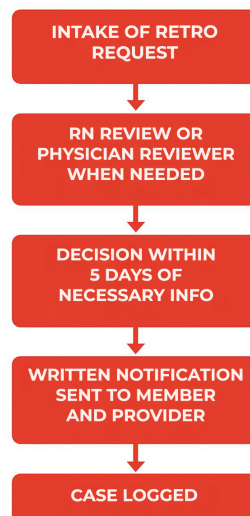
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- If criteria not clearly met → escalate to **physician of same/similar specialty** (required)
- 3. **Decision Timeframe**
 - **Within 5 days** of obtaining necessary information (KRS 304.17A-607(1)(i)2).
- 4. **Retrospective Denial Restrictions**
 - Cannot rescind prior approval unless fraud/misrepresentation (KRS 304.17A-611).
- 5. **Notification Requirements**
 - Send to member and provider

Retrospective Authorization



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6. CLINICAL CRITERIA USE

Point C uses nationally recognized criteria MCG, and plan specific clinical guidelines.

Kentucky-required elements:

- RN reviewers applying standard criteria for screening
- Only same-or-similar-specialty physicians may make adverse determinations (KRS 304.17A-607(1)(b)).
- Chiropractor/optometrist denials must be issued by KY-licensed reviewers of those specialties.
- Criteria applied uniformly and documented on every case.
- Peer-to-peer discussion opportunity offered before adverse determination.
- Documentation of each criteria applied and rationale for denials
- Annual review and approval of criteria by Quality Management Committee and Medical Director.

7. SPECIAL CIRCUMSTANCES WORKFLOW STANDARDS

Kentucky requires additional standards for:

1. Urgent Situations

2. Must issue decision within 24 hours after necessary information.

2. Non-Contact Denial Protections

Providers attempting contact during normal business

hours. If insurer fails to respond despite 3 attempts in 4 hours, insurer must cover until decision is made (KRS 304.17A-615).

3. Emergency Admission While Hospitalized

Any retrospective review request while patient remains hospitalized is treated as concurrent review (urgent).

4. Accessibility SOP Requirements

- Toll-free line required and staffed 40 hours/week.
- Must be available through 6 p.m. Monday & Friday including federal holidays (KY-specific).

8. POLICY HISTORY

Policy Number	Author	Description of Change & Reason	Approval Date	Distribution Date
OP 1.0	Jennifer Sweeney	Initial SOP Drafted	1/30/2026	

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