


UTILIZATION MANAGEMENT	 a Sun Life company			
	<i>Policy and Procedure</i>			
	Policy Name:	Verbal Notification of Authorization Determination	Policy ID:	UM07-INS
	Approved By:	Meghan Hytry, Vice President, Operations	Last Revision Date:	06/06/2024
	States:	All States	Last Review Date:	06/06/2024
Application:	Government programs	Effective Date:	06/06/2024	

PURPOSE

This policy establishes the process for verbal notification to members and providers of prior-authorization determinations, ensuring compliance with contract and regulatory requirements.

POLICY

It is DentaQuest’s policy to ensure verbal notification is completed to members and providers as required by contract and/or regulatory requirements.

REFERENCES

- 18 U.S.C. §2510
- 47 U.S.C. §227
- 45 C.F.R. Part 160
- 45 C.F.R. Part 164, Subparts A, C, and E

PROCEDURE

- A. DentaQuest uses good faith efforts to ensure that members and providers are notified of prior authorization determinations made by the organization, in accordance with the federal statutes cited above.
- B. Outreach efforts are made daily, using claims data extracted from DentaQuest claims payment records, which are transmitted to a Subcontractor in accordance with applicable statutory requirements, including but not limited to the HIPAA Privacy and Security Rules.
- C. Calls may be recorded, and both live and recorded calls are monitored for quality assurance.
- D. DentaQuest maintains consistent QA standards and performance guidelines relative to verbal outreach and call standards.
- E. All calls are logged, and results including the time and outcome of the call are recorded in DentaQuest’s member and provider files and made available to DentaQuest Customer Service and Audit personnel.

EXHIBITS

- **Exhibit A** – Verbal Notification of Authorization Determination – New York
- **Exhibit B** – Texas HHSC

EXHIBIT A – Verbal Notification of Authorization Determination – New York

In addition to the procedure outlined above, DentaQuest has processes in place to ensure, as of 08/01/2018, compliance with the New York Department of Health requirements that:

1. Each prior authorization receives up to two (2) phone call attempts to reach the enrollee/their designee and the provider/provider representative OR provider if they have agreed to be the responsible party impacted in the service(s);
2. Each attempt must allow no fewer than ten (10) rings, when possible, before leaving a voicemail for the enrollee/their designee and the provider/provider representative OR provider if they have agreed to be the responsible party; and
3. There is a minimum of one hour in between each call attempt as directed by the State of New York Reasonable Effort Policy.
4. Each prior authorization will have documented that all services and outcomes will be provided to the enrollee/enrollee's designee and the provider/provider representative OR provider if they have agreed to be the responsible party impacted in the service(s).

REFERENCES

- New York PHL Article 49
- New York DOH Reasonable Effort Policy

Exhibit B – Texas HHSC

In connection with application of this policy to membership for TX HHSC, any terms listed below found in the policy will be conferred with the definition set out in the Texas Health and Human Services Commission (HHSC) Uniform Managed Care Contract Terms and Conditions:

1. Appeal
2. Complaint
3. Copayment
4. Emergency services
5. Medically necessary
6. Network
7. Primary care dentist/provider
8. Provider