



## Provider Resource Guide

### INDEPENDENT REVIEW ORGANIZATION PROCESS

APRIL 2022

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**PURPOSE:** Texas Children's Health Plan (TCHP) follows the guidance on external medical review (EMR) in accordance with the HHSC, Uniform Managed Care Manual, Chapter 3.21.1 and Senate Bill 1207. This document outlines the different aspects of this process that is completed by designated Independent Review Organizations (IROs) when there are service denials, reductions, and eligibility denials for certain programs based on medical or functional necessity made by TCHP.

#### **I. External medical review process- Member Requests**

- a. After exhausting the expedited internal appeal or internal appeal process provided by TCHP, the Member, the Member's authorized representative, or the Member's Legally Authorized Representative (LAR) must contact us to request an EMR and State Fair Hearing.
- b. A Member, a Member's authorized representative, or a Member's LAR must request either (1) a State Fair Hearing or (2) both an EMR and a State Fair Hearing within 120 days. They cannot request only an EMR. The 120-Day timeframe starts from the date that we mail the Expedited Internal Appeal or Internal Appeal decision letter to the Member. Medicaid appeals, such as a Member's EMR request, can be conveyed to us verbally or in writing.
- c. There are two types of EMR requests
  - i. A standard EMR request is appropriate when the Member's life, physical or mental health, or ability to attain, maintain, or regain maximum function is not jeopardized.
  - ii. An expedited EMR request is allowable when the Member, Member's authorized representative, or Member's LAR believes and can demonstrate that taking the time for a

standard EMR request could jeopardize the Member's life, physical or mental health, or ability to attain, maintain, or regain maximum function.

## **II. TCHP Record Submission and Timeframes**

- a. TCHP must upload all documentation utilized to make the service reduction or denial decision, including information submitted by the Member, the Member's authorized representative, the Member's LAR, or the provider during the appeal process, to TIERS. TCHP must submit only those records to the HHSC EMR Intake Team that it reviewed to make the service denial or reduction determination that is being appealed. The records that must be submitted include but are not limited to the following:
  - i. service request (including prior authorizations);
  - ii. supporting clinical documents;
  - iii. letters requesting additional information from the provider(s) or the Member, the Member's authorized representative, or the Member's LAR regarding the service request;
  - iv. documentation of any phone calls with the requesting physician or any other information provided by the requesting physician;
  - v. staff member name(s) of those who conferred in the service denial or reduction decision; and
  - vi. any names of peers or providers that were consulted regarding the Member's Expedited MCO Internal Appeal or MCO Internal Appeal.
- b. TCHP must upload the previously identified service reduction or denial documentation to TIERS within the following timeframes:
  - i. Expedited EMR Request – Within one Day of receiving the EMR request from the Member, the Member's authorized representative, or the Member's LAR, unless received after 3:00 p.m. CST on a Friday, or any Day HHSC is closed for business. If the EMR Request is received after 3:00 p.m. CST on Friday, or on a day HHSC is closed for business, the Expedited

EMR Request is due no later than noon the following Business Day; or

- ii. Standard EMR Request – No later than three Days after receiving the EMR request from the Member, the Member's authorized representative, or the Member's LAR.

### **III. Independent Review Organization Assignment**

- a. TCHP must enter the EMR request in the Texas Integrated Eligibility Redesign System (TIERS). Once submitted, the HHSC EMR Intake Team will receive an automatically generated alert regarding the EMR request via TIERS.
- b. As part of the review process, the HHSC EMR Intake Team will examine the EMR request and check for conflicts of interest between the IRO, the MCO, the Member, and the provider(s) associated with the MCO Adverse Benefit Determination that is the basis of the Member's EMR request.
- c. The HHSC EMR Intake Team will then assign the Member's EMR request to an IRO using a rotational format. The HHSC EMR Intake Team will send an email to the IRO as notification of the EMR assignment no later than the next Business Day after the EMR request is received. Any IROs with a conflict of interest related to the EMR request will not be assigned the request. If any conflicts of interest are identified following the IROs assignment to the EMR request, the assigned IRO must return all records associated with the EMR request to the HHSC EMR Intake Team no later than the next Business Day after the IRO is notified of the conflict. If the originally assigned IRO is disqualified due to a conflict of interest, the HHSC EMR Intake Team will reassign the EMR request to a replacement IRO, using the rotational format.
- d. The HHSC EMR Intake Team assignment email will provide the following information to the IRO:

- i. Date EMR was requested by the Member, the Member's authorized representative, or the Member's LAR;
- ii. Due date for MCO documentation to be uploaded to TIERS;
- iii. Due date for the IRO's EMR decision;
- iv. Member information;
- v. Member's authorized representative or Member's LAR information, if applicable;
- vi. MCO documentation used to make Adverse Benefit Determination; and
- vii. TCHP's information that IROs must use for the notice of MCO action, includes name, address, phone number, and reason for our service denial or reduction determination.

#### **IV. Member EMR Request Withdrawal**

- a. Should the Member, the Member's authorized representative, or the Member's LAR decide to withdraw the EMR request, they must initiate an EMR request withdrawal communication to us here at TCHP.
- b. The EMR request withdrawal communication must be made to the TCHP prior to the IRO's EMR decision using one of the following methods:
  - i. in writing, via United States mail  
Texas Children's Health Plan  
Attention: Utilization Management Department  
WLS 8390  
P.O. Box 301011  
Houston, TX 77230-1011
  - ii. Email [TCHPUM@TEXASCHILDRENS.ORG](mailto:TCHPUM@TEXASCHILDRENS.ORG)
  - iii. Fax 832-825-8796
  - iv. Verbally, by phone for STAR Members at 832-828-1001 or toll free at 1-866-959-2555 and STAR Kids Members toll free at 1-800-659-5764.
- c. Lastly, we must convey the EMR request withdrawal communication to the HHSC EMR Intake Team no later than the next business day

after it is received from the Member; the Member's authorized representative, or the Member's LAR.

**V. IRO Processing**

- a. the EMR must be completed within the following timeframes:
  - i. Expedited EMR Request– No later than the next Business Day following receipt of the MCOs records related to the service denial or reduction determination from the HHSC EMR Intake Team
  - ii. Standard EMR Request– No later than ten Days following receipt of the MCO records related to the service denial or reduction determination (see also, Section 3(B), MCO Record Submissions and Timeframes) from the HHSC EMR Intake Team.

**VI. IRO Decision Determinations**

- a. The IRO will make one of the following determinations:
  - i. Upheld - meaning the IRO agrees with the MCO's determination in its entirety
  - ii. Partially overturned - meaning the IRO allowed a portion of the service request that the MCO denied or reduced
  - iii. Overturned - meaning the IRO disagreed with the MCO determination in its entirety and approved all services that the MCO had denied or reduced
- b. At its discretion, HHSC will overrule the IRO if it determines that the IRO decision is inconsistent with the HHSC policy

**VII. IRO EMR Decision Notifications**

- a. The IRO must send written notification of its EMR decision, no later than the due date established in the HHSC EMR Intake Team assignment email to the following parties: the Member; the Member's authorized representative or Member's LAR, if applicable; the MCO; and the HHSC EMR Intake Team.

**VIII. Post Decision Activities**

- a. Decision Upheld- After the IRO sends notification of an upheld decision; the HHSC EMR Intake Team will enter the EMR decision in TIERS, which will generate an automated update to TCHP and the Fair and Fraud Hearings section of the HHSC Appeals Division. The HHSC EMR Intake Team will also upload a copy of the IRO's Decision Notice to TIERS.
- b. Decision Partially Overturned- After the IRO sends notification of the partially overturned decision, the HHSC EMR Intake Team will enter the decision information in TIERS, which will generate an automated update to the MCO and the Fair and Fraud Hearings section of the HHSC Appeals Division. The HHSC EMR Intake Team will also upload a copy of the IRO Decision Notice in TIERS. If the Member's benefits were discontinued following receipt of the EMR request and the State Fair Hearing request, we are required to reinstate the Member's benefits within 72 hours of the MCO receiving the EMR decision. The MCO must enter the date that the Member's services are resumed in TIERS.
- c. Decision Overturned- After the IRO sends notification of the overturned decision; the HHSC EMR Intake Team will enter the decision information in TIERS, which will generate an automated update to the MCO and the Fair and Fraud Hearings section of the HHSC Appeals Division. The HHSC EMR Intake Team will also upload a copy of the IRO Decision Notice in TIERS. If the Member's benefits were not continued following receipt of the EMR request and the State Fair Hearing request, the MCO is required to reinstate the Member's benefits within 72 hours of the MCO receiving the EMR decision. The MCO must enter the date the Member's services are resumed in TIERS.
- d. Withdrawing State Fair Hearing Request- It is the responsibility of the Member; Member's authorized representative, or Member's LAR to withdraw a State Fair Hearing request. If they do not withdraw the State Fair Hearing request, regardless of the EMR decision, the

Member, the Member's authorized representative, or the Member's LAR is required to attend the State Fair Hearing.

**IX. Member or TCHP Request for IRO Participation in State Fair Hearing**

- a. The IRO will be required to attend the State Fair Hearing if TCHP, the Member, Member's authorized representative, or Member's LAR makes a request for its attendance at the State Fair Hearing.
- b. If the Member, Member's authorized representative, or Member's LAR want the IRO to attend the State Fair Hearing, instructions for requesting that the IRO be named a party in the State Fair Hearing are located in the UMCM Member Handbooks, specifically in Chapters 3.4, 3.15, and 3.26.