

RCHN UM PROCESSES – Tip Sheet

Inquiries:

Phone: (877) 276-4543

Fax: (858) 309-7977

Online: <https://eznet.rchsd.org/>

Office Hours: Monday – Friday 8:00 AM – 5:00 PM

Turnaround Time Guidelines

Urgent – 72 hours

Routine – 7 calendar days (Medi-Cal) / 5 business days (Commercial)

Retroactive – 30 calendar days

*Delay/Extension** – 21 calendar days (Medi-Cal) / 45 calendar days (Commercial)

*When additional clinical information is needed, requests can be extended to allow time for submission of sufficient medical justification for the request

Availability of Criteria

The criteria used to make a decision on an authorization request is available upon request. Please call UM Operations at 1-877-276-4543 to request the criteria utilized to make a UM determination.

Peer to Peer Requests

- Providers may request a peer-to-peer review of any UM denial/modification decision for up to 15 calendar days following the date of decision
- Requests for peer-to-peer review may be submitted by phone (877-276-4543), by secure messaging in Epic EMR, or by e-mail, and will be forwarded to the Medical Director.
 - *Please refer to the written communication of our decision for the contact information for the specific medical director that reviewed the case
- Following the peer-to-peer conversation, Medical Directors may make the decision to overturn the previous decision, or to keep the decision the same.

Provider Appeals (written peer to peer request)

- Providers may appeal any UM denial/modification decision, by faxing the appeal request to (858) 309-7977.
- Appeal requests must contain documentation regarding reason for appeal, along with new or additional clinical information, that was not submitted with the original request.
- Medical Directors will review the appeal and may make the decision to overturn the denial/modification or keep the decision the same.

Affirmative Statement

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

- Practitioners are ensured independence and impartiality in making referral decisions that will not influence:
 - Hiring
 - Termination
 - Compensation
 - Promotion
 - Any other similar matters