CCIC Policy: WA Extenuating Circumstances

Introduction

- This process is applicable to plans issued or renewed on or after January 1, 2018 by Commercial Casualty Insurance Company in Washington State.
- Obtaining authorization prior to service delivery is the optimal practice in order to mitigate provider and patient financial risk. By obtaining a prior authorization, medical necessity can be assessed before resources are expended and claims can be submitted as soon as services are delivered.
- This extenuating circumstances policy eliminates the administrative requirement for a prior authorization of medical services when an extenuating circumstance prevents a participating provider or facility from obtaining a required prior authorization before a service is delivered.
- This does not apply to prescription drug services.
- CCIC requires a participating provider or facility to follow the steps identified within this policy in order for services to qualify as an extenuating circumstance.

Definition of Extenuating Circumstance

- An extenuating circumstance means an unforeseen event or set of circumstances which adversely affects the ability of a participating provider or facility to request prior authorization prior to service delivery.
- The following situations are extenuating circumstances:
    - A participating provider or facility is unable to identify from which carrier or its designated or contracted representative to request a prior authorization;
    - A participating provider or facility is unable to anticipate the need for a prior authorization before or while performing a service; and
    - An enrollee is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to delivery of the service.

Notification Process

Documentation Requirements	• Prior to submitting a claim, provider or facility must submit in writing a description of the applicable extenuating circumstance. The advance notification will prevent the claim from automatically being denied or assessed a penalty for lack of timely admission notification or for lack of prior authorization. • The description must explain what circumstances contributed to the inability to identify CCIC as the carrier, if applicable. Examples of when the provider or facility may be unable to identify the carrier include trauma or unresponsive patients, psychiatric patients with cognitive impairment, child not attended by parent, and non-English speaking patients. • The provider or facility must describe the events that contributed to the unanticipated need for a prior

	authorization, if applicable. Applicable circumstances may include situations in which the patient requires immediate or very near term medical services that are typically related to a service already being performed. • Lastly, report when the institutional or home health care services agency became aware of the anticipated discharge and the actual discharge date, if applicable.
Timeframe for Claims Submission	• Post-service authorization requests can be placed up to five calendar days after the service has been delivered or started as long as the claim has not been received and as long as documentation can be provided.
Contact	• The provider/facility submission must include contact information to address questions related to the notification. • The notification may be sent by: Fax: 413-736-4612 Attention: Claims Manager Email: claims@wellfleetinsurance.com

Disclaimer

Claims and appeals related to an extenuating circumstance may still be reviewed for appropriateness, level of care, effectiveness, benefit coverage and medical necessity under the criteria for the applicable plan, based on the information available to the provider or facility at the time of treatment.