Standard Operating Procedure (SOP) for Medical Exception Review Process (Best Choice) January 1st 2025

1. Purpose

The purpose of this SOP is to outline the procedures for managing and reviewing requests for medical exceptions to ensure consistent, fair, and timely decisions while maintaining compliance with regulatory requirements and patient safety.

2. Scope

This SOP applies to all members involved in processing and reviewing medical exception requests for treatments, medications, or other health-related services that fall outside of standard coverage policies. This includes medical providers, administrative staff, and review committees.

3. Definitions

- **"Medical Necessary" Exception**: A request for deviation from standard medical policies or guidelines based on unique patient circumstances or medical necessity (ie: procedures defined as "*experimental/investigative*"). This review is required due to the staff member has chosen the Best Choice Health Plan, which is limited to Broward Health (e.g., facilities and/or employed or affiliated physician) for services and treatments.
- **Out of Network/ONN (Tier 2 Network):** If a treating physician, test, or procedure is not available at Broward Health (BH) facilities, or a BH employed physician, or an BH affiliated physician; you may need to seek care from a provider not in the Best Choice EPO plan's narrow network. This would include providers that are not Broward Health **Employed** Providers, or those providers not **affiliated** with Broward Health, but they **are** in the Broward Health's **Aetna Open Access** Network provider listing.
- **Requestor**: The individual (e.g., patient, healthcare provider) submitting the medical exception request. The member or dependent is seeking treatment or services outside of Broward Health.
- **Review Committee "Committee"**: A designated group of healthcare professionals responsible for evaluating the validity and appropriateness of medical exception requests.

4. Responsibilities

- **Requestor**: Submits the medical exception request form along with ALL supporting documentation (e.g., medical records, physician notes).
- **Administrative Duties (Benefits)**: Logs the request, ensures all necessary documentation is complete, and assigns it to the Review Committee.

- **Review Committee**: Evaluates the request based on clinical guidelines, patient safety, and regulatory requirements. Makes recommendations on whether to approve or deny the exception – if the services requested can be offered by a Broward Health facility or physician (employed or affiliated) the services may not be approved, this Committee will be responsible for making the final determination.
- **Medical Director**: Has the final authority to approve or deny medical exception requests, after review with the Committee.

5. Procedure

5.1 Submission of Medical Exception Request Form (*Protocol Exception Form for Use with Best Choice Plan members*)

- The requestor submits the medical exception request form through a specified form or electronic submission system, that is indicated on the form.
    - Procedures or services must include a requirement for an **Out of Network** (OON) exception, stating that the service or procedure cannot be provided by a Broward facility or provider, along with the reasoning. (For instance, special medical equipment, physician not on staff, service not offered)
- Required documentation includes, but is not limited to:
    - Patient information (name, ID number, contact information). Dependents over 18 years of age must complete and sign this form if legally competent; otherwise, their Legal Guardian must sign this form. Documentation of Guardianship maybe requested by the committee.
    - Medical records detailing the patient's condition.
    - Justification for the exception, including why standard treatment is not appropriate.
    - Proposed alternative treatment or service.
    - Other pertinent information outlined on the form.
    - Additional forms/documentation are permitted to be submitted and may be requested by the committee.
- Submission channels may include secured email to the Benefits Department at Broward Health.
    - If questions arise: **1-954-473-7192**; or email: benefitexceptions@Browardhealth.org

5.2 Intake and Documentation Review

- **Step 1**: Benefits Department receives and logs the exception request in the tracking system.
- **Step 2**: The Benefit Department reviews the submission to securely attaches all submitted documents and information is completed on the form and attached to request. If form is incomplete, the requestor is notified within 48 hours (business days) to provide missing information.
- **Step 3**: Once submission is complete, the case is forwarded to the Benefit Review Exception Committee for evaluation.

5.3 Medical Exception & Out of Network Review Process (this process follows HIPPA guidelines)

- **Step 1**: The Review Committee reviews the submitted documentation and evaluates the request against clinical guidelines, regulatory standards, and medical necessity to ensure Broward Health does not offer these services or treatment.
- **Step 2**: The committee members may consult with specialists, the patient's healthcare provider, or other experts for additional insights.
- **Step 3**: The review is completed within 7-10 business days, barring delays due to incomplete documentation or the need for additional consultation.
- **Step 4**: A written decision is drafted, including:
    - Approval or denial of the request.
    - Reasoning behind the decision.
    - Alternative treatment suggestions (if applicable).

5.4 Decision Notification

- **Step 1**: The decision is communicated to the requestor in writing (by email or letter) within 48 hours of the committee's final decision.
- **Step 2**: If the request is denied, the requestor is provided with:
    - A clear explanation of the decision.
    - Information about the appeal process.

IMPORTANT: If approved, the approval will expire 12-31-2025. Unless, noted otherwise. In addition, each year the person will need to request for benefit exception.

5.5 Appeal Process

Process is not available for out of network requests, only medical necessity requests.

- **Step 1**: If the medical exception request is denied, the requestor may submit an appeal within 30 days of receiving the decision; with more documentation to support their appeal.
- **Step 2**: The appeal is reviewed again within 10 business days.
- **Step 3**: A final decision on the appeal is provided to the requestor in writing, detailing the outcome and any further action (if necessary).

Note: if the patient has procedure without approval from the Committee the medical expenses will be their responsibility not Broward Health's.

5.6 Documentation and Record Retention

- All documentation related to the medical exception request, including decisions, correspondence, and supporting materials, must be retained in a secure system for a minimum of 5 years. This information must be kept in the secure location in the benefits department, or electronically.
- Documentation must comply with applicable privacy laws (e.g., HIPAA).

6. Timelines

- **Initial Review**: 7-10 business days from the date of complete full form submission
- **Decision Notification**: Within 48 hours of the committee's decision.
- **Appeal Review**: 10 business days for appeal processing.

7. Compliance and Quality Assurance

- The process should regularly audit to ensure adherence to this SOP; by the AVP Talent Rewards.
- Any deviations or issues identified during audits will be addressed through corrective action plans.
- Staff involved in the review process will undergo regular training on updates to services and treatment offered.

8. Effective Date

This SOP becomes effective as of January 1, 2025, and will be reviewed annually for any necessary updates.