

**IMPORTANT TIMELINES SET FORTH IN
DIFS' UTILIZATION REVIEW RULES**

Day No.	Date Example	Description of Event	Rule(s)
Day 0	November 1, 2020	Provider submits bill to insurer.	
Day 30	December 1, 2020	<i>Within 30 days of receipt of provider's bill, an insurer or the MCCA must submit its request to the provider for a written explanation as to the "necessity or indication for the treatment, training, products, services, or accommodations," as well as "medical records, bills, and other information concerning the treatment, training, products, services or accommodations."</i>	R 500.63(1); R 600.63(2)
Day 60	December 31, 2020	<i>Within 30 days of receipt of a request from an insurer or the MCCA, a provider must respond.</i>	R 500.63(3)
Day 60	December 31, 2020	<i>Within 30 days of (submission of) its request, an insurer or the MCCA must reimburse the provider "at a reasonable and customary fee, plus the actual costs of copying and mailing," if the request requires the provider to produce "medical records, bills and other information in excess of that which customarily accompany a bill."</i>	R 500.63(4)
Day 90	January 30, 2021	<i>Within 30 days of receipt of the provider's written explanation, an insurer or the MCCA must issue a "written notice of determination" to the provider that includes:</i> <ul style="list-style-type: none"> (a) <i>"The criteria or standards on which the insurer relied in making the determination . . ."</i> (b) <i>"The amount of payment to the provider . . ."</i> (c) <i>"[A] description of any additional records the provider must submit . . ."</i> (d) <i>"A copy of the [appeal] form referenced in R 500.65(1)."</i> (e) <i>"The date of the determination . . ."</i> 	R 500.64(1)
Day 180	April 30, 2021	<i>Within 90 days of the date of the determination by the insurer or the MCCA, the provider must file an appeal on the appropriate form to dispute the determination with DIFS.</i>	R 500.65(1)
Day 194	May 14, 2021	<i>Within 14 days of receipt of a provider's appeal, DIFS shall notify the insurer or the MCCA and the injured person and "request any additional information necessary to review the appeal."</i>	R 500.65(2)
Day 215	June 4, 2021	<i>Within 21 days of the date of DIFS' notice, an insurer or the MCCA may file a reply.</i>	R 500.65(3)
Day 243	July 2, 2021	<i>Within 28 days after an insurer or the MCCA files its reply (or the timeline for doing so expires), the DIFS Director shall issue a decision.</i>	R 500.65(5)
Day 271	July 30, 2021	<i>Upon written notice to the insurer or the MCCA and the provider, the DIFS Director "may take an additional 28 days to issue a decision."</i>	R 500.65(5)

*The blue highlighting denotes timelines applicable to **providers**. The green highlighting denotes timelines applicable to **insurers or the MCCA**. The red highlighting denotes timelines applicable to **DIFS**.