

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Post-Acute/Sub-Acute Care Review and Coordination
PAGE: 1	REPLACES DOCUMENT:
APPROVED DATE: 10/1/2015	RETIRED:
EFFECTIVE DATE: 10/1/2015	REVIEWED/REVISED: 9/16, 4/16, 4/17, 7/17, 11/17
PRODUCT TYPE: ALL	REFERENCE NUMBER: WA.UM.03

SCOPE:

Coordinated Care (Plan) Medical Management Department.

PURPOSE:

To evaluate members for admission to a Post-Acute Facility (Skilled Nursing, Inpatient Rehabilitation or Long Term Acute Care) including support for efficient transfer to lower levels of care when clinically indicated and appropriate.

PROCEDURE:

Preadmission:

1. The Utilization Management Discharge Planner (UMDP) is responsible for all pre-admission reviews for Post-Acute services. The CCR nurse is responsible for tasking the UMDP any review for a Post- Acute admission if the UMDP is not currently following the member for complex discharge planning.
 - a. Post-Acute facility admissions are reviewed against InterQual criteria. The clinical review is entered on the last approved line item of the inpatient authorization.
 - b. The UMDP reviews all potential admissions to a post-acute care facility for current eligibility and coordination of benefits (COB). Any other coverage (e.g. primary insurance, workman's compensation) must be documented in a "COB" note type in the CDS. (See *CC.UM.01.05 - Coordination of Benefits/Subrogation Work Process.*)

2. If Preadmission Criteria are met:

- a. UMDP tasks a Program Coordinator (PC) to build appropriate post-acute authorization. The UMDP will assist with identification of facility if needed.
- b. A letter of approval will be sent to the inpatient facility and if known to the Post-Acute facility in accordance with the timeframes in WA.UM.05.
Timeliness of UM Decisions and Notifications.
- c. If the acute care hospital identifies a participating Post-Acute facility they may notify the Health Plan of the actual admitting facility after admission has occurred but no later than 1 business day following admit.
- d. If a contracted facility cannot be located the UMDP initiates the Single Case Agreement process. UMDP notifies the facility that a Single Case Agreement (SCA) will be sent to the Coordinated Care contract negotiator and he/she will contact the facility to negotiate the rate.

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- i. If the facility agrees to the SCA rate and accepts the member, the UMDP will communicate with the post-acute facility of the pre-approved days and when the next (admission) review is due (usually within 48 hours, excluding weekends).
3. If the member does not meet InterQual Criteria for Pre-admission:
 - a. A separate authorization is created and the UMDP Nurse sends case to the Medical Director for a secondary review and determination per *WA.UM.02.01 Medical Necessity Review*. If the Medical Director denies the admission, the facility making the request will be alerted within (1) business day of the determination and a letter of denial will be sent to the member, in accordance with *WA.UM. 07 Adverse Determination (Denial) Notice*, with a copy of denial letter faxed to the requesting facility.
 - b. In addition to sending the case to the Medical Director, UMDP will work with the discharge planner at the inpatient hospital to determine if the Member's care needs can be met at different level of care or with alternative services.
 - i. The UMDP will assist in securing equipment, medications, infusion services and other type's in-home medical supplies that will support the member's post-acute needs.

Concurrent Review:

1. Within two (2) business days after the admission to a Post-Acute facility, the UMDP conducts an Admission Review. Once InterQual Criteria has been met the reviewing UMDP will advise the facility of the number of prospective days approved and the date of the next review.
2. Reviews are conducted at least weekly thereafter and the UMDP may approve up to seven (7) days without Medical Director approval provided the member meets InterQual criteria.
 - a. Clinical review notes must capture required InterQual criteria for each day reviewed.
 - b. In the event that the member changes status while in the Post-Acute facility and requires either a higher or lower level of care, the change in the level of care will be entered into the authorization.
3. If the member no longer meets criteria for continued stay at the post-acute facility, the facility will be advised via facsimile and/or verbally of the need for

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Level 2 review, and the case will be sent to the Medical Director for a secondary review for Medical Necessity. In the case of therapy services a Level 2 review will first be sent to the Therapy Advisor.

- a. If the Medical Director or Therapy Advisor *approves* continued stay, the UMDP will alert the facility and resume concurrent reviews. If the Therapy Advisor recommends denial a review will be sent to the Medical Director for final determination. If the Medical Director's determination is to *deny* continued stay for lack of Medical Necessity, the facility shall be alerted within (1) business day of the determination and a letter of denial shall be sent to the member, in conjunction with *WA.UM.05 Adverse Determination Denial Notices*.
 - i. The UMDP will track for (3) business days for possible Peer to Peer occurrence and outcome.
 - ii. In the event an appeal is filed and the member remains in the facility awaiting a decision, concurrent reviews will be continued through discharge.
 - iii. In the event that the *denial* is for lack of *timely clinical documentation*, and an appeal or dispute ensues, concurrent reviews will be continued for the dates after the denial, to cover the subsequent days not included in the appeal or dispute by appeals Nurse.

Discharge Planning:

1. Discharge Planning begins at admission and continues until member is discharged or reaches a custodial level of care. The UMDP will collaborate with the facility to determine the best plan for disposition following *WA.UM.40 Transitions of Care*.
2. If member meets criteria for Hospice services per *WA.UM.21 Hospice Coverage* and needs a Nursing Home setting UMDP will assist Facility Discharge Planners with placement by approving SNF Level II as needed to obtain placements.
3. If the member's status changes from rehabilitation to long-term care (custodial care), after a letter of non-coverage has been sent, the UMDP will insure the facility has contacted Department of Social and Health Services) DSHS, for a review and determination of need for Adult Residential Services, the facility may fax form 15-031 to DSHS, to the agency at 360-586-4994. The form must include the date the member's status changed.
 - a. If the member needs help with services in the community, the UMDP will also advise the facility of the ability to request an intake assessment intake The Aging and Long Term Services Administration (AL TSA).

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- b. Coordinated Care remains responsible for medically necessary services, prescriptions and equipment, when the member is discharged to a home or community setting. If the member changes to long term (custodial) care, Coordinated Care continues to be responsible for all medically necessary services, prescriptions, and equipment not included in the Aging and Long Term Service Administration (AL TSA) nursing facility rate. The Contractor shall continue to monitor the enrollee's status and assist in coordination of transitions back to the community.
- c. In the event an admission for custodial care is requested without a prior qualifying inpatient admission, the facility is to request an authorization for admission, followed a review by UM to confirm custodial level of care is appropriate. At that time the process for *Adverse Determination (Denial) Notice* for lack of Medical Necessity is followed, with a letter of denial sent to the member and a copy sent to the facility requesting the authorization. This provides the facility with the documentation necessary to request an assessment by AL TSA.

REFERENCES:
WA.UM.07 Adverse Determination (Denial) Notices
WA.UM.05 Timeliness of UM Decisions and Notifications
WA.UM.34 Transition of Care Policy

ATTACHMENTS:

DEFINITIONS:

REVISION	DATE
New policy	10/15
Change in Hand-offs and Processes	9/16
Updated to reflect new process for contracted facilities and pre-admission review, allows for notification of selected facility after	4/6/2017

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admit if in network. Changed Post-Acute to UMDP due to new role. Updated timing of discharge planning to begin at admission.	
Update discharge planning to reflect role clarification	7/2017
Added discharge planning for Hospice in Nursing Home Placements	11/17

POLICY AND PROCEDURE APPROVAL

The electronic approval is retained in Compliance 360

Vice President Medical Management