



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-28 June 25, 2012

Issue: General Provider Information for Concurrent Review

The recent audits of the five Bayou Health Plans regarding concurrent review yielded the following tips for providers regarding health plan notification, initial request for precert and concurrent review.

- **Common Mistake for Amerigroup: Providers Incorrectly Faxing Initial Clinical with Notifications.**

Notification of admission goes to Amerigroup's call center. The call center is not set up to receive and/or process clinical information. **Providers should only fax clinical information to their specified nurse reviewer.**

- **Important Step Missing: Notification of Admission**

Providers frequently fax in clinical information to a nurse reviewer prior to notifying the health plan of the admission. This skips a very important step in the process at the health plan. Notification of admission to the plan by the provider triggers a "case" to be built in their system. Without the case, the clinical sits in a holding area but can't be reviewed. The notification step should not be skipped.

- **Inpatient Criteria**

Bayou Health Plans utilize InterQual or Milliman for their inpatient criteria. The Plans review for clinical at admission for Severity of Illness and Intensity of Service. Providers are required to submit clinical from the date and time of admission to certify as an inpatient. The Plans certify extensions on both Severity of Illness and Intensity of Service. This is the standard for commercial plans as well.

Legacy Medicaid does not review clinical at admission for Severity of Illness and Intensity of Service. The initial length of stay for Legacy Medicaid is assigned by the TR 50th% for the admitting diagnosis submitted on the PCF01. No clinical is required for this. Length of stay extensions in Legacy Medicaid are certified on Intensity of Service only.

- **Adequate Clinical Information**

Clinical submitted by the providers for inpatient status has been significantly lacking. It is the provider's responsibility to submit clinical information that satisfies both Severity of Illness and Intensity of Service to the nurse reviewer at the health plan. If the clinical submitted is inadequate, the

health plan requests additional information. The turnaround time clock for concurrent review starts when the health plan receives all necessary clinical information.

- **Post Service Authorizations**

The Bayou Health plans cannot deny for late notification. Providers have taken advantage of this and many are taking longer and longer to notify and/or send in clinical for precert. In many cases, notification and/or initial clinical is sent on the day of discharge and sometimes after discharge. These cases Do Not fall into the concurrent review category. They fall into the category of post service authorization as the services have already been provided and the Health Plan has no ability to impact the stay. The turnaround time for post service authorization specified in the contract is 30 days.

Normal deliveries, vaginal or C-section, do not fall into concurrent review. The inpatient days for these stays are authorized by federal guidelines. It is important to note that notification of admission for delivery is required by all plans except CHS.