

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Continued Stay and Discharge Planning Review
<b>PAGE:</b> 1 of 3	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 9/11	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 1/12	<b>REVIEWED/REVISED:</b> 09/13, 04/14, 11/14, 9/15, 11/16, 9/17, 9/18, <u>9/19</u>
<b>PRODUCTS:</b> Medicaid	<b>REFERENCE NUMBER:</b> LA.UM.16.03

### SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Departments

### PURPOSE:

To ensure efficient utilization management and timeliness of continued hospital stay and discharge planning related decisions.

### POLICY:

The Plan's appropriate Utilization Management (UM) Clinical Reviewer (CR) Concurrent Review Nurse (CRN) or Behavioral Health Inpatient Utilization Manager (BH-IP-UM) will perform concurrent review on all inpatient admissions (except for routine OB and retrospective cases). Cases are reviewed against benefit coverage and medical necessity criteria, such as InterQual®. Documentation is maintained in the authorization system. As part of the concurrent review process, the appropriate UM CR CRN or BH-IP-UM coordinates hospital and/or institutional discharge planning that includes post-discharge care as appropriate.

As part of the initial review, the appropriate UM CR CRN or BH-IP-UM will collaborate with the facility—Case/Utilization Management staff to begin formulation of a discharge plan identifying services and supplies necessary to complete the timely and safe discharge of the member to a lower level of care based on the member's health needs. Clinical Practice Guidelines are available for reference when helping the provider in discharge planning and follow up care.

The appropriate UM CR CRN will conduct a discharge screen on each member prior to discharge and coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate; assure that prior authorization for prescription coverage is addressed and/or initiated prior to discharge.

For members with potentially complicated discharge needs a referral to the Discharge Planning Team (DCP) should be sent to the Discharge Planning Queue in the clinical documentation system, TruCare. This referral should be

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sent as expeditiously as possible to allow for ample time to obtain all needed services prior to the planned discharge date.

### PROCEDURE:

1. The appropriate UM CR CRN or BH IP UM contacts the hospital Case/Utilization Management/Case Management (UM/CM) department, through fax, e-mail, on-site, etc., requesting clinical information prior to or on the day of the next scheduled review date.
2. When all necessary clinical information is available (fax, onsite, etc.) the appropriate UM CR CRN or BH IP UM reviews against medical necessity criteria in accordance with LA.UM.01.07 Concurrent Review Work Process.
3. The appropriate UM CR CRN, BH IP UM, or appropriate DCP team member will work with the hospital discharge planner to coordinate and authorize needed services such as medical supplies, durable medical equipment (DME), and prescriptions; coordinate referrals to alternate levels of care, such as LTAC or Rehab, specialists, or community resources, including out of network providers as necessary, to meet member needs; and make referrals to care management as indicated.
  - a. The appropriate UM CR CRN or BH IP UM will consider the following when coordinating discharge plans with the inpatient provider:
    - i. The patient's behavioral and physical health status
    - ii. The patient's response to treatment
    - iii. Treatment needs or transition of care following the current level of care
    - iv. The patient's interest in, and willingness to comply with, additional treatment
  - b. For Behavioral Health related inpatient discharges, the first follow-up visit will be scheduled within seven calendar days of the date of discharge, the initial (first outreach) for Post Discharge Outreaches (PDO) is required within 72 hours of discharge from an inpatient facility. As part of PDO outreaches, Care Management Team employees attempt to ensure members discharging from a Behavioral Health Inpatient Facility have a Behavioral appointment within 7 days of discharge and to confirm attendance of that appointment. If unable

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to meet the 7 day goal, Care Management team members attempt to ensure a member has a behavioral health appointment within in 30days of discharge from a BH Inpatient facility and to confirm attendance of that appointment.

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### REFERENCES:

Current NCQA Health Plan Standards and Guideline  
[LA.UM.01.07 – Concurrent Review Work Process](#)

### ATTACHMENTS:

### DEFINITIONS:

### REVISION LOG:

<b>Procedure 4 a.</b>	<b>Date</b>
In no instance, may the review date be longer than five (5) business days (seven (7) calendar days for NICU stays) without the Medical Director's approval.	9/12

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Correction: reference number on document header was changed from LA.UM.32 to LA.UM.16.03	9/13
Updated NCQA date	4/14
LA Procurement 2015 Policy Update	11/14
Added CCL.219 to references and Policy section Updated NCQA date to current	9/15
Removed duplication in #3 and restated verbiage in #5 regarding: As part of the process, the CRN requests participation in the development of a discharge plan with the hospital staff in UM/CM.	11/16
Grammatical Changes Removed chronic and complex case management and replaced with care management Removed specific RFP reference	9/17
Changed verbiage throughout to reflect current process. Removed verbiage from LA.UM.01.07 and replaced with a policy reference. Removed the reference to MCO Contract from References	09/18

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<u>Minor grammatical changes</u> <u>Replaced Concurrent Review Nurse (CRN) or Behavioral Health Inpatient Utilization Manager (BH IP UM) with appropriate Utilization Management (UM) Clinical Reviewer (CR)</u> <u>Added LA.UM.01.07 – Concurrent Review Work Process to References</u> <u>Procedure Section 3.b updated with Behavioral Health Post Discharge Outreach as follows: “the initial (first outreach) for Post Discharge Outreaches (PDO) is required within 72 hours of discharge from an inpatient facility. As part of PDO outreaches, Care Management Team employees attempt to ensure members discharging from a Behavioral Health Inpatient Facility have a Behavioral appointment within 7days of discharge and to confirm attendance of that appointment. If unable to meet the 7 day goal, Care Management team members attempt to ensure a member has a behavioral health appointment within in 30days of discharge from a BH Inpatient facility and to confirm attendance of that appointment.”</u>	9/19
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### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer GRC, Centene's P&P management software, is considered equivalent to a physical signature.

**Vice President of Medical Management:** SSSignature on FileSS

**Sr. VP, Medical Affairs:** SSSignature on FileSS