HEALTHWEST

Policy and Procedure

No. 06-035

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Subject: Continued Stay Reviews for Inpatient hospitalization, Crisis residential, Partial Hospitalization, SUD long term residential

I. POLICY

HealthWest will conduct Continued Stay Reviews for intensive service levels of care in accordance with this policy. Higher/intensive levels of care include Inpatient Hospital, Partial Hospital, and Crisis Residential.

Substance Use Disorder (SUD) services (long term residential and recovery housing) will also be reviewed at specified intervals, as determined regionally.

Specialized Residential placements will also be subject to ongoing care reviews.

This procedure will further outline options for providers should they wish to dispute the result of the Continued Stay Review/ongoing care reviews.
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II. PURPOSE

To provide guidelines for service providers working with consumers funded by HealthWest who need higher levels of care, and outline steps should there be a disagreement between the service provider and HealthWest reviewers. This procedure further provides HealthWest staff and consumers with information about how medical necessity is established and how the need for ongoing care is evaluated

III. APPLICATION

This policy and procedure applies to consumers with Medicaid and those without. Consumers who are covered under commercial insurance (including Medicare) will not be considered here, as the service provider will be conducting reviews with the commercial insurance carrier. Consumers with primary commercial insurance with Medicaid secondary will be addressed below.

IV. DEFINITIONS

Medically necessary – A determination that a specific service is clinically appropriate/indicated to meet the consumer's needs and goals, and is consistent with their diagnosis, symptoms, and functional impairments. The service should be delivered in the least restrictive setting to meet needs and achieve goals.

Milliman Care Guidelines (MCG Guidelines) – Evidence based best practices for clinical decision support.

Medical Necessity Criteria – Criteria used to determine which services, equipment, and/or treatment protocols are required for the diagnosis and/or severity of illness that meets accepted standards of medical/care practices.

Continued Stay Review (also known as a Concurrent Review) – A review process that occurs while the consumer is still receiving services, designed to provide information to the Utilization Management team to continue to support request for ongoing level of care.

Retrospective Reviews – Reviews of documentation that occurs after the consumer has left the level of care in question.

Utilization Management (UM) – Managed care procedures for the determination of medical necessity, appropriateness, location and cost-effectiveness of behavioral health care and SUD services.

Prior Authorization – The process to obtain approval or authorization to perform a covered service in advance of its delivery.

Treatment plans – all providers are required to develop treatment plans with consumers who are receiving services, regardless of level of care. Treatment plans must contain measurable goals, with objectives, interventions, and services specified that will be engaged to meet the goals.

ASAM Criteria – The ASAM (American Society of Addiction Medicine) criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of consumers with addiction and co-occurring conditions.

ASAM Continuum – The ASAM Continuum is an **electronic assessment tool** that generates standardized and computerized clinical decision support to assess consumers with addictive substance use disorders and co-occurring conditions. This tool was mandated for use for any consumer in SUD treatment requesting Medicaid funding by the State of Michigan beginning October 1, 2021.

V. PROCEDURE

1. Continued stay and reauthorizations will occur after a higher level of care is pre-approved. These pre-approvals will be made by appropriately credentialled and authorized HealthWest staff.

2. Continued stay reviews and reauthorizations will not replace case manager involvement (if consumer in services has a case manager), nor does it replace engagement with the case manager/discharge planner at the facility.

3. The Milliman Care Guidelines (MCG) will assist reviewers at both the hospital and the HealthWest UM team to determine if the consumer meets medically necessary criteria for ongoing stay at Inpatient Hospitalization, Partial Hospitalization, or Crisis Residential.

4. American Psychiatric Association Clinical Practice Guidelines are also to be available for reference and review for both the hospital and HealthWest UM team when evaluating course of treatment and readiness for discharge. https://www.lsre.org/clinical-practice-guidelines

5. Authorization requests for SUD treatment will be evaluated using the ASAM Continuum. An ASAM Continuum is required to be completed yearly, so requests for level of care changes or ongoing care can be supported using the ASAM worksheet. Both tools are available and must be utilized within HealthWest's electronic health record.

6. Continuing authorization in higher level of care settings may be authorized when signs, symptoms, behaviors, harm inclinations, etc. continue at a severity to warrant further treatment at the various higher levels of care.

7. Continued stay reviews for Inpatient hospitalization, Partial hospitalization, and crisis residential will largely be conducted via phone. There may be instances when documents are requested to be presented for review.

8. Reviews for SUD services will be conducted through submission of requested documents through HealthWest electronic health record.

9. Reviews for ongoing services at specialized residential will be conducted through HealthWest's Clinical Consult Committee meetings.

10. Reviews for Inpatient hospitalization, Partial hospitalization, and Crisis residential will be reviewed on the first day not covered within an authorization. It is the responsibility of the provider to secure ongoing approval in a timely fashion to ensure that no days are left uncovered.

11. Likewise for SUD residential, authorization requests shall be submitted in a timely manner, that will allow sufficient time for the Utilization Management team to review the request, request and receive any additional information, and adjudicate the authorization.

12. If a consumer is admitted under a commercial insurance policy, which either is determined to be inactive or terminates during the higher level of care stay, HealthWest will conduct a retrospective review for the entirety of the stay or for the uncovered days.

13. Retrospective reviews will not be completed for consumers who do not have Medicaid at the time of the admission and prior authorization was not obtained.

I. DENIALS/DISPUTES

1. For Medicaid and individuals without insurance for Inpatient Hospitalization, Partial Hospitalization, or Crisis Residential:

   a. The Utilization Management team may deny an authorization for ongoing care in any higher level of care if medical necessity criteria are not supported or met.

   b. If the UM team determines that information presented during the continued stay review does not support additional days of service, the consumer will be issued a Notice of Adverse Benefit Determination and offered appeal rights as specified in the Notice.

   c. The service provider will also be notified of denial of ongoing days via a letter of denial. The letter will indicate the rationale for the decision and the service being denied. This letter will be sent by email or fax with the interest of providing a timely response.

   d. The service provider can then request either an expedited review or allow the stay to continue to discharge and request a retrospective review, which may or may not result in the continued stay being covered. The expedited or retrospective review will be conducted by a member of the UM team that was not involved in the previous decision concerning the stay or the subsequent denial.

   e. The result of the expedited and/or retrospective review will be provided in writing within 14 days.

   f. Providers at this point should refer to the Provider Claim Dispute Resolution, HealthWest Policy number 03-014 for further recourse.

2. For SUD residential stays:

   a. The Utilization Management team may deny an authorization request for ongoing care for SUD services if medical necessity criteria is not supported or met. The UM team will deny the authorization within HealthWest's electronic health record (status of authorization will be "Denied"). The UM team also has the option of returning an authorization to the requesting provider, requesting additional information to support the ongoing stay. Those authorizations may be marked "Return to Requester", with

notes indicating why the request is being returned, and what additional information is needed to adjudicate the authorization. Providers are asked to review these and return them with the requested additional information within 7 days.

b. The UM team then must issue a Notice of Adverse Benefit Determination to the consumer if ongoing days in treatment is denied. The consumer then has the option to follow the Appeal process as outlined on the Notice of Adverse Benefit Determination.

c. The service provider has the option to request either an expedited review, or allow the stay to continue, and request a retrospective review. In each case, the expedited or retrospective review will be conducted by a member of the UM team that was not involved in the previous decision concerning the stay or the subsequent denial.

d. The result of the expedited or retrospective review will be provided in writing within 14 days.

e. If the facility determines that the consumer no longer meets criteria for additional days or establishes an administrative reason for discharge from the program (such as rule violations) they must provide the consumer with the Notice of Adverse Benefit Determination.

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