

BIENVIVIR SENIOR HEALTH SERVICES

MEDICAL DEPARTMENT

MED: 2.03

EFFECTIVE 9/10/2024
DATE:

REVISED -
DATE:

CORRELATE: YES

SUBJECT: Post-Acute Notification and Authorization Policy

POLICY:

All services provided to Bienvivir participants require authorization and/or approval from the Interdisciplinary Team prior to delivery of services unless treatment meets the definition of emergent. Bienvivir is responsible for conducting a utilization review of all such requests. This function is required to ensure appropriate care coordination consistent with §460.102(c)(2)(ii) and §460.92(a)(3). Service authorization and approval will be based on the participant’s current medical, physical, emotional, and social needs and current clinical practice guidelines and professional standards of care applicable to the particular service consistent with §460.92(b)(1)(2). Consistent with §460.98(b)(4), authorized and approved services must be provided as expeditiously as the participant’s health condition requires, considering the participant’s medical, physical, emotional, and social needs.

Furthermore, when the site of service requested is that of a post-acute setting (skilled nursing facility, inpatient rehabilitation, long-term acute care hospital), Bienvivir’s Utilization Management (UM) Nurse will determine whether this level of care is medically necessary and is consistent with the participant’s (a) diagnosis or condition, (b) goals of care/advanced care plan and (c) cannot be provided on an outpatient basis by the Primary Care Team and/or Interdisciplinary Team IDT). Admissions to a post-acute setting are not considered “emergent”; therefore, prior authorization will always be necessary.

Beginning 9/30/2024, Bienvivir will require a prior authorization request before admission to a post-acute setting. This request must be faxed to 915-875-8852, and approval must be obtained from Bienvivir’s UM Nurse for payment of claims to occur.

DEFINITIONS:

Participant: The individual enrolled in and covered by Bienvivir.

Medical Necessity:

1. Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
2. In accordance with generally accepted standards of medical practice

Post-Acute includes the following settings:

1. Inpatient Rehabilitation
2. Skilled Nursing Facility {SNF} (includes swing beds)
3. Long-term Acute Care Hospitals (LTACH)

PROCEDURE:

All contracted and non-contracted post-acute facilities shall comply with the requirements by submitting a prior authorization request to Bienvivir for all post-acute admissions. Failure to obtain prior authorization from Bienvivir for the admission may result in denial or delay in payment of claims.

1. Initial Prior Authorization Requests:

- a. Authorization requests must be faxed to the UM Department at 915-875-8852. They must include the current admission history and physical, pertinent lab and radiology studies, consult notes, progress notes from the last 72 hours, and therapy notes.
- b. If the admission request is for Inpatient Rehabilitation, the fax must include the Pre-Admission Screening Assessment.
- c. Bienvivir will make and communicate its decision within seven (7) days for standard requests and 72 hours for expedited requests **from the time that complete clinical information has been received**. Decisions will be made as expeditiously as the participant's condition requires and based on the participant's medical, physical, emotional, and social needs.
- d. **APPROVAL:** This will be communicated by telephone to the requesting provider. The approval will include the initial number of days that are approved. The number of days initially approved will be based on the participant's severity of illness, therapy goals, and anticipated discharge plans. If the participant is not discharged within the days authorized, a continued stay review will be done prior to approving additional days.
- e. **INTENT TO DENY:** This will be provided via telephone, and the option to complete a Peer-to-Peer review will be offered.
 - i. If the Peer-to-Peer review results in an approval, the service can proceed as planned.
 - ii. If the denial is maintained after the Peer-to-Peer review, the UM Nurse will send a letter to the requesting facility explaining the decision and informing all parties of their appeal rights.
 - iii. If a Peer-to-Peer review is not completed within the timeframe, the UM Nurse will send a letter to the requesting facility explaining the decision and informing all parties of the rationale, the next steps, and their appeal rights.

- f. **Peer-to-Peer Review Timeframes for Post-Acute Authorizations:**
 - i. A request for a Peer-to-Peer review must be made within one (1) business day from the notice of the Intent to Deny.
 - ii. A Peer-to-Peer review must be completed within two (2) business days from the time that the Peer-to-Peer review was requested.
- g. If the admission is approved but there is a delay in admitting the participant to the post-acute facility, the authorization will remain valid for the dates that were authorized. (For example, if a post-acute authorization was approved for an expected admission on Monday and four (4) days were approved, the participant must be admitted no later than Thursday. No days are approved beyond Thursday. It is the responsibility of the post-acute facility to notify the Bienvivir UM Nurse if there are unanticipated delays in the admission that may require the initial authorization to be adjusted.

2. Continued Stay Reviews:

- a. The Bienvivir UM Nurse will conduct continued stay reviews based on the participant's ongoing medical needs, progress with therapy and other treatment plans, and the anticipated discharge plans.
- b. Additional days will be authorized based on this review.
- c. The UM Nurse's decision to authorize further days in the post-acute setting will be communicated via telephone to the facility's case management department. If further post-acute days are denied, a Peer-to-Peer review will be offered, and a letter will be sent to the facility's case management department.

3. Notification of Discharge:

- a. Discharge from a post-acute setting (unless an unexpected return to the acute hospital) is known well in advance, and the UM Nurse must be informed as soon as a discharge date is set so Bienvivir is prepared to support the participant upon transition back to the community.
- b. The post-acute facility case management department must inform Bienvivir of the anticipated discharge as soon as possible but no later than 48 hours prior (Exception: return to acute).
- c. When the discharge occurs, the Bienvivir UM Nurse must be notified. This can be done via fax at 915-875-8852 or phone at [915-772-2006](tel:915-772-2006).
- d. Requests for additional support (HH, IV medications, DME, etc.) needed at discharge must be requested as soon as they are known but at least 24 hours prior to discharge.
- e. **IMPORTANT:** Discharge medications must be received at Bienvivir no later than 2 PM on the day of discharge to allow Bienvivir's pharmacy to review and dispense for availability. Failure to provide before 2 PM may result in a delay in discharge to

ensure the Participant will have all needed medications when they return to their place of residence.

4. Important Exceptions from Traditional Medicare

- a. Bienvivir DOES NOT require a 3-day acute admission to be eligible for a post-acute admission. SNF admissions can occur from home, from the ER, or from an observation stay.
- b. Medical necessity must still be met, and prior authorization must be obtained.

Procedure Reviewed: _____ Date: 9/10/2024
Medical Director

Procedure Reviewed: _____ Date: 9/10/2024
Chief Executive Officer

Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
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P&P	- 9/10/2024			MED 2.02
CCI	- 9/5/2024			MED 108
	-			MED 109
	-			MED 110
	-			MED 111
	-			MED 112
	-			

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MEDICAL DEPARTMENT**

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Approval: _____
Committee with Community Input Chair

Date: 9/5/2024

Approval: _____
Chief Executive Officer

Date: 9/5/2024

Approval: _____
Medical Director

Date: 9/5/2024