

MEDICAL DEPARTMENT

MED: 2.00-1 EFFECTIVE DATE: 9/10/2024 REVISED DATE: 8/12/2025 CORRELATE: YES

SUBJECT: Inpatient Hospital Notification and Authorization

POLICY:

All services provided to Bienvivir participants require authorization and/or approval from the Interdisciplinary Team before delivery of services unless the 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, 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 hospital setting (inpatient or observation), the Bienvivir 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 Bienvivir primary care team and/or Interdisciplinary Team.

Beginning 9/30/2024, Bienvivir will require a Notification of Admission (NOA) to be faxed to 915-875-8852 and that the Bienvivir Utilization Management Nurse authorizes all hospital days (inpatient and observation) 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.

Emergent §460.100(b)

1. Services are needed immediately because of an injury or sudden illness.
2. The time required to reach Bienvivir or a network provider would cause the risk of permanent damage to the participant's health.
3. May include inpatient and/or outpatient services furnished by a qualified emergency services provider (other than Bienvivir or one of its contracted providers).
4. These may occur in or out of Bienvivir's service area and are needed to evaluate or stabilize an emergency medical condition.

Emergency Medical Condition §460100(c):

1. A condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the following:
 - a. Serious jeopardy to the health of the participant
 - b. Serious impairment to bodily functions
 - c. Serious dysfunction of any bodily organ or part

Urgent §460.100(e)(3)(ii):

1. Care is provided to the Bienvivir participant who is out of the Bienvivir service area (out-of-network).
2. Participant believes their illness or injury is too severe to postpone treatment until they return to the service area, but their life or functioning is not in severe jeopardy.
3. Prior approval is required from Bienvivir for urgent care services to be covered.

Post-stabilization care §460.100(e)(3)(i):

1. Services provided following an emergency that a treating physician views as medically necessary once the emergent medical condition has been stabilized.
2. When this occurs within the Bienvivir service area, notice must be provided to the Bienvivir UM Nurse for medical necessity review to be done concurrently.
3. Prior approval is required when provided outside the service area. Bienvivir must respond within one hour of the request. If Bienvivir does not respond within that hour, the out-of-network facility is covered for that immediate time period. Bienvivir will engage and review concurrently.

Concurrent Review: Participants are currently confined in a facility receiving care. Examples may include a hospital bed (inpatient or observation), skilled nursing stays, and inpatient rehabilitation admissions.

Peer-to-Peer: A verbal discussion that occurs between the requesting physician and the Bienvivir Primary Care Provider or Medical Director

Last Covered Day (LCD): The last day approved by Bienvivir UM Nurse. The last covered day does not include the day of discharge.

PROCEDURE:

All contracted (and non-contracted) hospitals shall comply with the following requirements: Bienvivir must be notified of all emergency department visits, emergency (unplanned) inpatient admissions, planned inpatient admissions, and observation-level admissions within 24 hours of the admission. Failure to notify Bienvivir in a timely manner may result in denial or delay in payment of claims.

1. Initial Requests: Inpatient Level of Care

- a. Notice of all inpatient admissions must include admission history and physical, pertinent lab and radiology studies, consult notes, progress notes, and justification for the level of care requested.
- b. Notice requirement includes requests to convert a participant stay from observation to inpatient.
- c. Bienvivir will make and communicate its decision within 72 hours of receiving complete clinical information to the hospital utilization management department. If denied, the UM Nurse will inform the hospital of Peer-to-Peer rights and send a letter explaining the denial to the hospital.
- d. If the admission is approved, the Bienvivir UM Nurse will authorize hospital days based on the participant's severity of illness, medical, physical, emotional, and social needs, and anticipated discharge plans. This will be communicated to the hospital at the time the decision is made. If the participant is not discharged within the authorized days, a continued stay review will be done prior to approving additional days.
- e. Reconsiderations: There may be instances where inpatient level of care is denied because, at the time of the UM decision, the care was more appropriate for observation level but the participant then experiences an unexpected complication, or their clinical conditions worsens. The hospital may submit for reconsideration with the supporting clinical that outlines why the care needs extended beyond the observational timeframe. Clinical documentation must note that a reconsideration is being requested. These requests must be submitted no later than hospital day four.

2. Initial Requests: Observation Level of Care

- a. Notice of all observation stays must include admission history and physical, pertinent lab and radiology studies, consult notes, progress notes, and justification for the level of care requested.

- b. The requesting hospital must urgently coordinate with the UM Nurse to ensure a safe transition back to the community when the participant is admitted to an observation bed.
- c. Bienvivir UM Nurse will make and communicate its decision within 72 hours of receipt of complete clinical information.
- d. If an observation stay is expected to last longer than 48 hours, the treating hospital must notify Bienvivir and provide the phone number of the treating physician or their designee to discuss the participant's needs further.

3. Notification of Emergency Room Visit:

- a. Bienvivir must be notified of the Emergency Room Visit upon registration or as expeditiously as possible after the participant presents to the ER by contacting the Bienvivir UM Nurse via telephone at 915-772-2006.
- b. Notice of all Emergency Room visits must include the encounter report, history and physical, pertinent lab and radiology studies, consult notes, progress notes, medication administration records, and discharge planning. Documents must be faxed to the Medical Records Department at 915-875-8821.

4. Continued Stay Reviews:

- a. The Bienvivir UM Nurse will conduct continued stay reviews based on the participant's ongoing medical needs and the anticipated discharge plans.
- b. Additional days will be authorized based on this review.
- c. The Bienvivir UM Nurse's decisions to authorize further days will be communicated to the hospital utilization management department. If further hospital days are denied, a Last Covered Day will be issued, a Peer-to-Peer will be offered, and a letter will be sent to the hospital case management department.

5. Notification of Discharge: all levels of care

- a. The hospital case management department must inform Bienvivir of the actual discharge on the date it occurs. This can be done via fax to UM at 915-875-8852 or via phone call at 915-772-2006. The discharge orders and summary must be sent via fax to 915-875-8852 as soon as possible but no later than the next working day.
- b. If the discharge location is a setting other than home (i.e., inpatient rehabilitation, skilled nursing facility, etc.), prior authorization is required. Bienvivir requires seven (7) business day(s) to review these requests for medical necessity if STANDARD or 72 hours if EXPEDITED.
- c. Requests for support (HH, IV medications, DME, etc.) needed at discharge must be requested as soon as they are known but at least 24 hours before discharge.
- d. **IMPORTANT:** Discharge medication orders must be received at Bienvivir no later than 2 PM on the day of discharge to allow our 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.

STANDARDS:

- 42 CFR Part §460

ADDITIONAL GUIDELINES

- Social Security Act Sec 1862 [42 U.S.C. 14395y]
- 42 CFR Part §412
- Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A
- CMS Inpatient Only List (2024): <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates>
- National Coverage Determinations (NCD)
- Local Coverage Determinations (LCD)
- Local Coverage Articles (LCA), when used in tandem with LCD

Procedure Reviewed: _____ Date: 8/12/2025
Medical Director

Procedure Reviewed: _____ Date: 8/12/2025
Chief Executive Officer

Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
CCI - 9/5/2024				MED 108
P&P - 8/12/2025				MED109
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