

WORK PROCESS

DEPARTMENT: Medical Management	DOCUMENT NAME: Inpatient Leveling of Care
PAGE: 1 of 6	REPLACES DOCUMENT:
APPROVED DATE: Sept 2011	RETIRED:
EFFECTIVE DATE: Jan 2012	REVIEWED/REVISED: 9/13, 1/14, 11/14, 9/15, 8/16, 8/17, 8/18, 8/19, 6/20
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.02.02

SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Department

PURPOSE:

To provide guidelines for applying clinical support tools that designate the level of care provided to health plan members during inpatient admissions.

WORK PROCESS:

It is the policy of the Plan to assess the level of care for each day a member is inpatient in order to monitor that care is being rendered at the most appropriate level and location to meet the member's clinical needs.

Routine obstetrical admissions may be exempt from application of clinical decision support tools and daily leveling of care. If the obstetrical admission is non-routine, requiring additional days of service, a Level I review must be conducted on the additional dates of service and authorized/leveled as appropriate. Nursery leveling is addressed in policy LA.UM.02.03-Nursery Leveling of Care & Diagnosis Coding Process.

I. Notification:

- A. The provider or facility notifies the Plan that a member has been admitted to an inpatient setting.
- B. The appropriate Utilization Management (UM) Clinical Reviewer (CR) assigned to that hospital contacts the facility to obtain clinical information on the member, as well as the level of care the facility is requesting. This may be accomplished by telephonic review, EMR review, on-site review, and/or fax. This review must occur within the urgent concurrent timeliness guidelines set forth in LA.UM.05. – Timeliness of UM Decisions & Notifications.
- C. The appropriate UM CR applies Clinical Policy/InterQual® criteria using the information received during the review. Both clinical inpatient criteria and level of care criteria are assessed during the review.

II. Level of Care Criteria Meets InterQual® Guidelines:

- A. The Plan appropriate UM CR confirms the admission and level of care with the hospital UM Staff and sets the next review date. The appropriate Stay Level is assigned on the review line in the clinical documentation system (TruCare®).

WORK PROCESS

DEPARTMENT: Medical Management	DOCUMENT NAME: Inpatient Leveling of Care
PAGE: 2 of 6	REPLACES DOCUMENT:
APPROVED DATE: Sept 2011	RETIRED:
EFFECTIVE DATE: Jan 2012	REVIEWED/REVISED: 9/13, 1/14, 11/14, 9/15, 8/16, 8/17, 8/18, 8/19, 6/20
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.02.02

B. The authorization is set to a *Pay* status and no further intervention is required by the appropriate UM CR.

III. **Level of Care Criteria *Does Not Meet* InterQual® Guidelines:**

- A. If the request does not meet InterQual® criteria for the requested level of care, the appropriate UM CR refers the admission to the Plan Medical Advisor through the **clinical documentation** system's Medical Advisor Review process for a determination of the appropriate level of care.
1. If the Medical Advisor agrees with the requested level of care, the admission is approved as requested. The Medical Advisor documents the decision and rationale in TruCare® and then refers the authorization back to the appropriate UM CR, or designee, for completion **and the appropriate notification is issued per LA.UM.05 Timeliness of UM Decisions and Notifications.**
 2. If the Medical **Advisor** recommends an alternative level of care, the Medical Advisor documents this determination in TruCare®. The facility UM Staff is notified by the appropriate UM CR, or designee, of the level of care at which the member will be approved. The appropriate UM CR documents the date, time, ~~and~~ person who was informed of the change, **phone number and any other pertinent information.**
 - a. If the facility Medical Advisor or the member's attending physician agrees, the admission is approved at the recommended level of care **and the appropriate notification is issued per LA.UM.05 Timeliness of UM Decisions and Notifications**).
 - i. The appropriate ~~Medical Necessity~~ **level of care** is assigned on the review line in the system.
 - ii. If an appeal is received disputing the previously agreed to leveling of care decision within the state required timeframe for a medical necessity appeal, ~~the UM appeal policy~~ **LA.UM.08 Appeal of UM Decisions** will be followed.
 - iii. If an appeal is received disputing the claim payment, the medical necessity claims appeal process will be followed.
 - b. If the facility Medical Advisor or the member's attending physician disagrees with the recommended level of care, a denial determination is documented for the requested level of**

WORK PROCESS

DEPARTMENT: Medical Management	DOCUMENT NAME: Inpatient Leveling of Care
PAGE: 3 of 6	REPLACES DOCUMENT:
APPROVED DATE: Sept 2011	RETIRED:
EFFECTIVE DATE: Jan 2012	REVIEWED/REVISED: 9/13, 1/14, 11/14, 9/15, 8/16, 8/17, 8/18, 8/19, 6/20
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.02.02

care and the medical necessity denial letter is issued from per LA.UM.05 Timeliness of UM Decisions and Notifications.

- i. The requested level of care is documented in the clinical documentation system as well as the notification of the level of care at which the member can be approved. The appropriate UM CR documents the date, time, person who was informed of the change, phone number and any other pertinent information.**
- ~~b. If the facility Medical Advisor/or the member's attending physician disagrees with the recommended level of care regarding a Pediatric Intensive Care Unit (PICU) admission or acute vs observation admission , a medical necessity denial letter is issued from the system with 'Disputed Level of Care Change' language noting the approved level of care. (see Exhibit A)

 - ~~i. The Medical Necessity on the review line is set at Criteria Met/Lower Level and the approved Stay Level assigned.~~
 - ~~ii. If an appeal is received within the state required timeframe for a medical necessity appeal the UM appeal policy will be followed as applicable.~~
 - ~~iii. If an appeal is received disputing the claim payment, the medical necessity claims appeal process will be followed.~~
 - ~~iv. All other level of care requests that are not PICU or acute vs observation will be paid at acute therefore no additional letter is needed~~~~
- ~~c. Since this is considered a partial denial, the authorization is set to Pend and a claim note is entered stating the approved level of care for the specified dates of service.~~
- ~~d. Appeals to level of care decisions will be logged in the system Appeals Log and the authorization updated per the medical necessity appeal process.~~

REFERENCES:

LA.UM.02.03 Nursery Leveling of Care & Diagnosis Coding Process
 LA.UM.05 Timeliness of UM Decisions and Notifications
LA.UM.08 Appeal of UM Decisions
 CDS Training Manual
 Current NCQA Health Plan Standards and Guideline

ATTACHMENTS:

WORK PROCESS

DEPARTMENT: Medical Management	DOCUMENT NAME: Inpatient Leveling of Care
PAGE: 4 of 6	REPLACES DOCUMENT:
APPROVED DATE: Sept 2011	RETIRED:
EFFECTIVE DATE: Jan 2012	REVIEWED/REVISED: 9/13, 1/14, 11/14, 9/15, 8/16, 8/17, 8/18, 8/19, <u>6/20</u>
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.02.02

~~Exhibit A – Disputed Level of Care Change – located at end of policy~~

DEFINITIONS:

Leveling of Care: the process by which a request for hospitalization is reviewed against InterQual® criteria to ensure the medical necessity is met at the appropriate level of service within the hospitalization.

REVISION LOG

REVISION	DATE
1. Changed all references of TruCare to “clinical documentation system” 2. Changed all references of Clinical Day Type to “ Medical Necessity” 3. Changed all references of day type to “Stay Level”	8/13
Changed concurrent review to denial unit	1/14
Updated “denial: to “Correspondence”. Updated CC policies to reference LA policies. Added ® after InterQual.	11/2014
Updated current NCQA date	9/15
Changed 24 hours to 1 calendar day Removed “the” in front of TruCare.	8/16
Removed language regarding Undisputed Level of Care and removed Exhibit: Undisputed Level of Care Change Template Letter	8/17
Updated the timeframe for review to reflect current NCQA Standards within LA.UM.05 Grammatical change	08/18
Changed Concurrent Review Nurse to UM Clinical Reviewer. Changed Medical Director to Medical Advisor. Removed LA.UM.02 Clinical Decision Criteria, LA.UM.02.01 Medical Necessity Review, LA.UM.07 Adverse Determination (Denial) Notices from Reference Section. Added LA.UM.02.03 Nursery Leveling of Care & Diagnosis Coding Process to Reference Section.	08/19
<u>Grammatical changes</u> <u>Referenced LA.UM.05</u> <u>Changed Medical Necessity to level of care</u> <u>Added phone number and any other pertinent information to the notification of change in level of care</u> <u>Added section when facility Medical Advisor does not agree with the level of care and removed prior section of Medical Advisor does not agree</u> <u>Referenced LA.UM.08</u>	<u>6/2020</u>

WORK PROCESS APPROVAL

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

VP Medical Management: Sr. VP of Population Health: _____ Electronic Signature on File _____

WORK PROCESS

DEPARTMENT: Medical Management	DOCUMENT NAME: Inpatient Leveling of Care
PAGE: 5 of 6	REPLACES DOCUMENT:
APPROVED DATE: Sept 2011	RETIRED:
EFFECTIVE DATE: Jan 2012	REVIEWED/REVISED: 9/13, 1/14, 11/14, 9/15, 8/16, 8/17, 8/18, 8/19, 6/20
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.02.02

~~Sr. VP of Medical Affairs~~ Chief Medical Officer: _____ Electronic Signature on File

~~Disputed Level of Care Change Insert Language~~

~~*Insert the following language into the medical necessity denial letter when an unresolved dispute occurs between the requested and approved level of care.*~~

~~The request for *(Insert either admission review or continued stay review)* at the *(Insert the level of care)* level of care has been completed. Clinical information provided by your *(Insert either the hospital Utilization Management Department or the Hospital Physician Reviewer)* has been reviewed against the InterQual medical necessity criteria for the current level of care. After InterQual review and discussion with our Medical Advisor a lower level of care has been identified as appropriate. Your *(Insert either the hospital Utilization Management Department or the Hospital Physician Reviewer)* does not agree with the lower level of care decision.~~

~~Effective *(Insert date)*, *(Insert Plan name)* will authorize services for the above noted member at the *(Insert the lower level of care)* level of care. Reimbursement will be provided at the approved level of care. However, dependent on your contract, reimbursement may not be affected for this admission but will be considered in aggregate in future negotiations.~~