

Swing-Bed Admission - Precertification Review

Objective:

Determine the medical necessity and quality of services to be provided in a Swing-Bed setting, the appropriateness of the setting as well as the number of days reasonably required to treat the beneficiary's condition.

Performed By:

Inpatient Review Supervisor, Utilization Review Coordinators (URC), Physician Advisors (PA)

Policy:

All swing bed admissions (including transfers to swing-beds from acute care beds) must be precertified by HSM. Requests for review and relevant information must be submitted to HSM, via telephone, FAX, or mail by the facility or attending physician prior to admission.

HSM must notify the facility, if requested, or the physician of the review determination, via telephone, within twenty-four (24) hours [one (1) business day if the request is received on a Friday or the day before a holiday] of receipt of the request and all necessary information. HSM must also send a written notice of the approval determination to the facility and attending physician within this timeframe. HSM must also send written notice of denial determinations to the beneficiary/representative, facility, and attending physician within this timeframe.

The beneficiary/representative, the facility and the physician have a right to a reconsideration of any denial decision. The request for reconsideration may be submitted by telephone, FAX, or mail to HSM within thirty (30) calendar days of the date on the denial notice for non-expedited reconsiderations. Expedited reconsiderations must be submitted within three (3) business days of the denial notice. Refer to the *Reconsideration Process Policy and Procedure* section of this manual for additional information.

Procedure: Precertification Review of Swing-Bed Admissions

1. Facilities/Physicians submit a request for precertification to HSM prior to admission. This request may be submitted by telephone, FAX, or mail. To expedite the certification process, HSM encourages facilities/physicians to utilize the telephone options. For telephonic review, having a completed HealthSystems of Mississippi Medicaid Swing-Bed Certification Request Form available at the time of the call will significantly reduce the amount of time necessary to complete the precertification process. If the FAX or mail submission method is chosen by the facility/physician, a completed HealthSystems of Mississippi Medicaid Swing-Bed Certification Request Form must be used to submit the request.
2. If the FAX or mail method is chosen for submitting a review request, the non-clinical review staff (clerical staff) review the form(s) to ensure that the non-clinical information on the form is complete, is legible, all pages are received, and the form is completed in all applicable areas (i.e., beneficiary's Medicaid number, physician's name and phone number, requestor's name and phone number, all applicable spaces on form are filled in, all pages of the review form were received, etc.) If it is incomplete or not legible, the non-clinical staff notifies the requestor verbally by telephone. The non-clinical review staff attempts telephone contact two (2) times and documents the attempts in the electronic tracking notes screen.

Depending on the time of day a FAX review request is received and tracked into HSM's data system, the non-clinical staff allows either three (3) hours from the time of verbal notification or until 12:00 p.m. (CST) the next business day, whichever is longer, for receipt of the necessary information to initiate review.

If the information is not received within the applicable timeframe, the non-clinical staff issues written notification (Lack of Information – Unable to Initiate Review) to the requestor that the review process cannot be initiated and that all information will have to be resubmitted to re initiate the review process.

3. Once the necessary information is received, the review request is forwarded to the Utilization Review Coordinator (URC).
4. Upon receipt of the request, the beneficiary's eligibility is verified. HSM will evaluate the eligibility status to determine if precertification review is necessary. The following situations require swing-bed certification:
 - The beneficiary has only Medicaid coverage.
 - A beneficiary having both Medicare and Medicaid coverage is admitted to a swing-bed for intermediate care (Medicare only covers skilled care).
 - Beneficiaries having Part A Medicare are the responsibility of the Medicare program when in a swing-bed for skilled care. Medicaid will pay the Medicare co-insurance after the twentieth (20th) consecutive day in a swing-bed for Medicare/Medicaid beneficiaries through day one hundred (100) or the last day covered by Medicare, whichever comes first. When Medicaid becomes the primary payer, the stay must be certified.

Facility and attending physician identification is also verified, including telephone and FAX numbers.

5. If the beneficiary is not eligible, the review process is ended. The facility and/or physician are notified via telephone. Written notification (Notice of Receipt of Certification Request - Non-Medicaid Beneficiary) is issued to the facility and physician.
6. Once eligibility is verified, the URC assesses the case to determine if there is sufficient clinical information to make a determination. If additional information is required, it is requested via telephone and in writing (Request for Additional Information) within twenty-four (24) hours [one (1) business day if the request is received on a Friday or the day before a holiday] of receipt of the request and the review is pended. The facility/attending physician is afforded three (3) business days to submit the requested information.
7. If the requested information is not received within three (3) business days, the URC will close the case. A Notice of Incomplete Information - Certification Suspended will be sent to the facility/attending physician informing each party that the case has been closed.
8. Once all available information has been received, the URC performs review of the case to:
 - evaluate the proposed admission/treatment to date, if any, for medical necessity and appropriateness of the setting by screening the information contained in the request against the following criteria:
 - Division of Medicaid's Swing-Bed Criteria (Refer to *Criteria* section of this manual.)

- evaluate the quality of care through application of appropriate quality screens described in the *Quality Assurance/Utilization Review: Quality Screening Policy and Procedure* to ensure that care proposed to be provided meets professionally recognized standards of care.
9. If the case meets criteria, the URC certifies an initial length of stay of fifteen (15) days.
 10. The URC assigns a Treatment Authorization Number (TAN) and next review date (prior to or on the last day certified).
 11. The facility and/or the physician are notified via telephone or FAX, depending on the provider's requested preference, of the review determination within twenty-four (24) hours [one (1) business day if the request is received on a Friday or the day before a holiday] of receiving the request and all necessary information. Written notification (Notice of Certification Approval - Precertification Review) is also sent to the facility and the attending physician within the same timeframe.
 12. If the case does not meet criteria, and/or a quality screen is failed, the case is referred for review by a HSM Physician Advisor (PA) licensed in the appropriate clinical specialty.
 13. The PA reviews the case and all available information, and if necessary contacts the attending physician to obtain additional information. If additional information is required, a period of twenty-four (24) hours is allowed for submission of the information. The PA and/or the URC request the information from the physician and, when appropriate, from the facility via telephone with written follow-up (Request for Additional Information).

If the requested information is not received by HSM within twenty-four (24) hours, the URC will close the case. A Notice of Incomplete Information - Certification Suspended will be sent to the facility/attending physician informing each party that the case has been closed. When the needed information is received, PA review continues.

14. The PA makes a determination based on practice standards, and his/her clinical experience and judgment.

If the PA's initial determination is to deny, verbal notification to the agency and/or the physician is made. PAs call the attending physician two (2) times prior to issuance of written denial determination. If no contact occurs because the physician is not available, HSM proceeds with issuance of the denial notification letter to maintain review timeframe completion requirements. During attempted telephone contacts the PA provides verbal instructions and contact information for the attending physician, affording the attending physician an opportunity to discuss the case (peer-to-peer conversation). HSM makes every attempt to arrange a peer-to-peer conversation within one (1) business day of a request with the same PA making the initial determination or as soon as possible.

NOTE: A peer-to-peer conversation that occurs following issuance of the denial determination notification in no way may change the PA's initial denial determination. If the attending physician continues to disagree with the PA's determination following the peer-to-peer conversation, the attending physician may submit a request for reconsideration to HSM. Please refer to the Reconsideration Policy and Procedure for detailed information on this process.

Review of the case is completed within twenty-four (24) hours of receiving the request and obtaining any necessary additional information.

15. If the admission is approved and no quality screens are failed, the URC enters the PA's review documentation and completes steps ten (10) and eleven (11) described above. Written notification of the review approval determination is sent to the facility and the attending physician, within twenty-four (24) hours of the determination.
16. If the admission is denied, verbal notification to the facility and/or the physician (based on whether the PA informed the physician) is made within the twenty-four (24) hours of review determination. Written notification of the denial determination is sent to the beneficiary/representative, facility, and attending physician within twenty-four (24) hours of the determination.

17. Determination notifications will include the following information:

Notices of certification approval will include the following information:

- date of notice
- date(s) of service being approved
- the number of days certified for swing-bed admission
- the Treatment Authorization Number (TAN)
- the Last Day Certified (LDC)

Notices of certification denial will include the following information:

- date of notice
- date(s) of service being denied
- the principal and clinical rationale for denial
- the process for submitting and reconsideration, and
- reconsideration timeframes

NOTE: The beneficiary's notice will not contain the medical basis for the denial.

17. The beneficiary or representative, the facility and the physician have a right to a reconsideration of any denial decision. Refer to the *Reconsideration Process Policy and Procedure* section of this manual for additional information.
18. If a quality issue is confirmed, the facility and/or physician have a right to request a quality re-review. Refer to the *Quality Re-review Policy and Procedure* section of this manual for additional information.