



## Healthfirst Utilization Management

### All Lines of Business

**Updated as of June 19, 2020**, after the initial State of Emergency as defined by the Department of Financial Services for the State of New York in the original Insurance Circular Letter No. 8 (2020) issued on March 20, 2020 and Supplement No. 1 to Insurance Circular Letter No. 8 (2020) issued on April 22, 2020.

This document defines Healthfirst utilization processes (prospective, concurrent, and retrospective) and decision-making criteria for provider and member requests in response to the Department of Financial Services Circular Letter Regarding Suspension of Utilization Review Activities (Insurance Circular Letter No. 8 (2020))\* and the revised Circular Letter No. 8 Supplemental No. 2 issued on June 26, 2020 and the Centers for Medicare & Medicaid Services (CMS) Memo, "Information Related to Coronavirus Disease 2019 - COVID-19," dated March 20, 2020.

Healthfirst will follow the instructions from the regulators as to the medical review of cases and the handling of claims involving hospital-based services, inpatient or ambulatory, for members with a confirmed or suspected diagnosis of COVID-19.

The following chart outlines critical workflow processes in support of our in-network (INN) providers and members (unless otherwise noted) as of June 19, 2020.

\*Please note that the Circular Letter issued by the Department of Financial Services does not prohibit doing retrospective review of appropriate claims after the State of Emergency Period has expired.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").

# Provider Alert

Category	Scope	Guidance
<b>Hospital Facility Inpatient Care</b>	Scheduled admissions including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> <li>■ Healthfirst will accept requests for authorization by phone, fax, or HIE and create a completed record with a corresponding reference number in our medical management system, and perform a prospective medical necessity review.</li> <li>■ The record will (1) identify a member who has been hospitalized and (2) be used by our Care Management (CM) staff to support transition-of-care needs for the member.</li> </ul>
	Emergency admissions including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> <li>■ Healthfirst will accept requests by phone, fax, or HIE and create a completed record with a corresponding reference number in our medical management system, and perform a medical necessity review on selected cases.</li> <li>■ The record will (1) identify a member who has been hospitalized and (2) be used by our Care Management (CM) staff to support transition-of-care needs for the member.</li> </ul>
	Hospital admission, concurrent review including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> <li>■ Concurrent review of medical necessity for members in an inpatient facility will be done on selected cases.</li> <li>■ Healthfirst staff will support the facility as appropriate for transition-of-care planning as well as arrange for any subsequent needed services such as Home Health Care or medical equipment.</li> </ul>
	Hospital admission, retrospective review including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> <li>■ Healthfirst will continue retrospective reviews of claims for which clinical information was received prior to March 20, 2020.</li> <li>■ Healthfirst will process retrospective requests for authorization for admissions occurring on or after June 19, 2020, and request clinical information to perform a medical necessity review.</li> </ul>

# Provider Alert

Category	Scope	Guidance
<b>Skilled Nursing Facility or LTACH (INN)</b>	Transfer from acute care facility (prospective) to SNF or LTACH	<ul style="list-style-type: none"> <li>■ Healthfirst will accept requests for authorization by phone or fax and create a completed record with a corresponding reference number in our medical management system, requesting medical information to perform a prospective medical necessity review.</li> <li>■ The record will (1) identify a member who has been hospitalized and (2) be used by our Care Management (CM) staff to support transition-of-care needs for the member.</li> <li>■ Concurrent review of medical necessity for members in an SNF or LTACH facility is resumed as of June 19, 2020, after being suspended during the State of Emergency.</li> <li>■ Discharge planning for transition to home will be done daily by our CM staff.</li> <li>■ Transfer to custodial status will be based on the member's benefit plan. Placement will be back to the member's original custodial residence or, if need be, the member can be admitted under their Alternate Level of Care benefits.</li> </ul>
<b>Skilled Home Care including nursing care, PT, OT, wound, and infusion</b>	CHHAs; Skilled Home Care	<ul style="list-style-type: none"> <li>■ Healthfirst will accept notifications by phone or fax and create a completed record with a corresponding reference number in our medical management system, and perform a prospective medical necessity review.</li> <li>■ The record will (1) identify a member who has a skilled plan of care and (2) be used by our Care Management (CM) staff to support transition-of-care needs for the member, such as obtaining medical equipment.</li> </ul>
<b>Scheduled Facility-Based Ambulatory Care including Medical, Surgical, Free-Standing Diagnosis, and Treatment Centers; Behavioral Health including Partial or Day Hospital</b>		<ul style="list-style-type: none"> <li>■ Healthfirst will accept requests for authorization by phone or fax and create a completed record with a corresponding reference number in our medical management system, requesting medical information to perform a prospective medical necessity review.</li> <li>■ The record will (1) identify a member who is receiving services and (2) be used by our Care Management (CM) staff to support transition-of-care needs for the member.</li> </ul>

# Provider Alert

Category	Scope	Guidance
<p><b>Consumer Directed Personal Assistance Program (CDPAP)</b></p>		<ul style="list-style-type: none"> <li>■ The UM department will keep the current authorization open for a member who has existing CDPAS and/or PCA services authorized regardless of any hospitalization, SNF, LTACH, or facility stay.</li> <li>■ The UM department will accept requests for changes in currently approved CDPAS and/or PCA services following our approved policy and process for expedited reviews of concurrent requests including transfers from one vendor to another to avoid gaps in care.</li> </ul>
<p><b>Ambulatory Care</b></p>	<p>Scheduled office- or telehealth-based ambulatory elective care including medical, surgical, and behavioral health</p>	<ul style="list-style-type: none"> <li>■ In-network providers should continue to provide office- or telehealth-based services for the evaluation and management of members' healthcare needs. There is no authorization requirement.</li> <li>■ For those office-based diagnostic or surgical procedures that require review for medical necessity, Healthfirst will apply clinical guidelines for needed services.</li> <li>■ For ACT, PROS, CFTSS, and HCBS, Healthfirst will accept notifications by phone or fax and create a completed record with a corresponding reference number in our medical management system. Healthfirst will apply clinical guidelines for services.</li> </ul>
	<p>Durable medical equipment and supplies</p>	<ul style="list-style-type: none"> <li>■ Healthfirst will continue to process prior authorizations for durable medical equipment and supplies including supplemental or other nutrition support benefits.</li> </ul>