



UM COVID-19 Implementation Plan

Goal: Middle Path

- Minimize impact to providers and members
- Support members outcomes
- Maintain current operational needs
- Promote stewardship of our health care dollars

Assumptions:

- Authorizations are valid for medical necessity - coverage is based on benefits and eligibility.
- Emergency COVID-19 UM processes will be reassessed frequently and are subject to change.
- Targeted retrospective review (excluding COVID related) of authorizations, level of care and utilization will be conducted to evaluate trends resulting from altering standard UM procedures.

Inpatient Admissions – Medical / Behavioral Health (BH)

- Inpatient admissions require notification from facility including admission diagnosis. Authorize 4 days without review.
- Request records for care management and discharge planning purposes every 4 days until discharge.
- Obtain discharge date. Update authorization to reflect inpatient dates of service.
- Covid-19
 - Admissions with diagnosis of COVID-19, respiratory distress, fever do not require medical necessity review.
 - Admission with COVID-19 diagnosis and/or symptoms in an out of network facility will not be expected to be transferred to an in-network facility.
- Social distancing and COVID considerations are considered during discharge planning.

LTAC / SNF Admissions

- Admission notification from facility including diagnosis. Authorize 7 days without review.
- Request records prior to the end of the authorization for medical necessity, level of care and discharge planning reviews. Authorize up to 7 days. Continue process until discharge.
- Obtain discharge date. Update authorization to reflect inpatient dates of service.
- Take into consideration social distancing and COVID considerations for disposition.

Residential Treatment BH / Substance Use Disorder (SUD)

- Admission notification from facility including diagnosis. Authorize 14 days without review
- Request records prior to the end of the authorization for medical necessity, level of care and discharge planning reviews. Authorize up to 14 days. Continue process until discharge.
- Obtain discharge date. Update authorization to reflect inpatient dates of service.
- Take into consideration social distancing and COVID considerations for disposition.
- Healthy U Integrated: Authorize 60 days for adults and 30 days for adolescents without review. Review for medical necessity and level of care for longer length of stay requests.

Partial Hospitalization

- Admission notification from facility including diagnosis. Authorize 14 days without review.
- Request records prior to the end of the authorization for medical necessity, level of care and discharge planning reviews. Authorize up to 14 days. Continue process until discharge.
- Obtain discharge date.
- Take into consideration social distancing and COVID considerations for disposition.
- Healthy U Integrated: No review required.

Intensive Outpatient (IOP)

- Notification of request for IOP services. Authorize 20 visits / days without review.
- Request records prior to the end of the authorization for medical necessity, level of care and discharge planning reviews. Authorize up to 14 days. Continue process until discharge from IOP.
- Healthy U Integrated: No review required.

Home Health

- Notification of request for authorization of home health services. See UM Modification Grid for initial certification period without review.
- Extend existing home health authorizations to 120 days.
- Authorization requests received after the initial certification period of 120 days, will be reviewed for medical necessity. If medically necessary the certification will be set for 120 days.
- Post-service guidelines: Apply the same guidelines as outlined above if home health services provided from 4/1 – 12/31/2020.

Pre-service Authorizations: Procedures

- Notification of request for authorization of home health services. See UM Modification Grid for those procedures that can be authorized without review and the recommended certification period.
- If requested procedure is not on the UM Modification Grid, request records and review for level of care and medical necessity. If authorized, set certification date range for 120 days.
- Existing procedure authorizations will be valid until the end of the year. Benefit and eligibility applies.
- Post-service guidelines: Apply same guidelines as outlined above if procedure is requested between 4/1 – 12/31/2020

Preservice Authorizations: Durable Medical Equipment (DME)

- Notification of request for authorization of DME. See UM Modification Grid for equipment that can be authorized without review and the recommended certification period.
- If the requested equipment is not on the UM Modification Grid, request records and review for medical necessity. If authorized, set certification date range for 120 days.
- Existing DME authorizations will be valid until the end of the year. Benefit and eligibility applies.
- Post-service guidelines: Apply same guidelines as outlined above if DME is requested between 4/1 – 12/31/2020.

UM Modification Grid

| UM Management Process | Current Management Approach | Modification |
|--|--|--|
| Solid Organ Transplants (adults) | U of U 'gold carded' for liver and kidney, all other require review; all OON require review | Gold card for all covered solid organ transplants done in network |
| Solid Organ Transplants (pediatrics) | All covered solid organ transplants require review | Gold card for all procedure done in network |
| Bone Marrow Transplant (adult) | All reviewed against IQ criteria | Gold card for all procedure done in network |
| Bone Marrow Transplant (pediatrics) | All reviewed against IQ criteria | Gold card for all procedure done in network |
| Nebulizer machines | Require authorization prior to acquisition | Gold card for 180 days then re-review |
| Cough Assist Devices | Require authorization prior to acquisition | Gold card for 180 days then re-review |
| Oxygen therapy <ul style="list-style-type: none"> • Portable oxygen • O2 concentrators | Auth after 30 days | Auth after 180 days |
| CPAP/BiPAP | No auth first 90 days then auth required | No auth first 180 days, then gold card for additional 90 days without face to face review |
| Zoll External Defibrillator vests | Require authorization prior to acquisition | Gold card for 180 days, then require medical necessity |
| Incontinence Supplies (primarily a Medicaid issue) <ul style="list-style-type: none"> • Diapers/briefs • Chux/pads | Quantity limits for Medicaid; 156 for traditional and >200 require Med nec review | Approve without review up to 300/mo. for those with no waiver; up to 400/mo. for those with waiver |
| Speech/Oral Therapy (exclusive of ABA therapy) | Require initial review up to benefit limit | Approve all requests up to additional 180 days of tx without review |
| PT/OT/ST for MHC (Montana) | No auth below benefit limit | Approve 1 additional benefit with review for next 180 days |
| Home Health | Require review prior to discharge and every 60 days | Gold card with notification for 180 days |
| Advanced Imaging <ul style="list-style-type: none"> • MRI • PET Scans | UofU providers gold carded; everyone else require review except for PET if associated cancer diagnosis | Gold card all mri and PETs for next 90 days |
| Cardiac Procedures <ul style="list-style-type: none"> • ICD placements • Pacemakers • Cardiac ablations for atrial fibrillation | Require prior auth | Approve with notification only for next 90 days |