MedStar Family Choice

MedStar Family Choice
Maryland Members Only
COVID-19 Utilization Management Updates
February 8, 2022

As you are aware, we notified our provider community in late December that MedStar Family Choice was suspending various utilization management requirements until at least mid-February. We took this action to help our valued provider community during the surge of the Omicron variant, which created pressures on both utilization and staffing for healthcare facilities. At the time, we said we would revisit our policies and take appropriate action based on circumstances affecting providers in February.

We are aware that some Maryland Medicaid MCO's tied their own relaxation of utilization management requirements to the dates of the Maryland health emergency as declared by Governor Hogan. As a result, we understand that some of those MCO's will be reinstating their usual requirements because the catastrophic health emergency has now expired.

At MedStar Family Choice, we took a different approach and did not tie our suspension of requirements to the dates of the health emergency. Instead, we have based our decisions on the status of our dedicated provider community and the impacts of the coronavirus pandemic on their operations. In our view, hospitals have remained seriously stressed because of a combination of continued large numbers of COVID-19 patients; increasing numbers of non-COVID patients with serious healthcare needs because of deferral of care during the peak of the surge; and continued staffing shortages for nurses and other clinical personnel.

As a result of these factors, we are extending the suspension of various utilization management requirements ***until at least the end of February*** (see attached for details). We will reevaluate our policies then based on the circumstances that exist at that time.

Thank you for all that you are doing to care for our members during this challenging time. Please contact our provider relations department at (800) 905-1722 if you have any questions.

MedStar Family Choice

Inpatient Acute Stay Authorizations

No 'prior' authorization will be required for admission to in-network acute facilities. Admissions to out-of-network acute facilities resulting from transfers from one acute care facility to another for purposes of load balancing or capacity management do not require prior authorization. For coordination of care purposes, members should be admitted to participating facilities whenever possible. For purposes of claims payment, authorization requirements will be waived for admissions occurring while this policy is in effect. MFC reserves the right to conduct retrospective reviews for purposes of determining medical necessity.

Transfers to Post Acute Care Facilities:

No 'prior' authorization will be required for admission to post-acute facilities. For coordination of care purposes, MFC requests that members are admitted to participating facilities* whenever possible. MFC will honor retrospective requests for medical necessity review and authorization received within 180 days of discharge from the accepting facility. An authorization is still required for claims payment and must be obtained prior to claims submission.

Concurrent Inpatient Reviews:

MFC will not issue denials for failure to submit ongoing concurrent inpatient reviews. Nevertheless, we encourage facilities to submit concurrent reviews as soon as practical to facilitate assistance with discharge planning and post-acute follow up by our case managers. *We continue to encourage facility discharge planners to reach out to their MFC utilization management contacts for assistance in discharge planning or post-acute care coordination, particularly as the need to facilitate discharges is critically important to free inpatient capacity.*

Interhospital Transfers

No 'prior' authorization is required for accepting facility admission, related to interhospital transfers.

Remote Patient Monitoring

1. No authorization required for remote patient monitoring in the home. (HCPCS code S9110 or Rev code 0581).

MedStar Family Choice Quick Authorization Guide

Our current 'Quick Authorization Guide' is posted on our website. Our authorization rules have been developed to minimize the administrative burden of utilization management.

MedStar Family Choice

Highlights of current authorization guidelines that remain in effect include:

1. No authorization required for procedures conducted by in-network providers at in-network facilities, with few exceptions noted on the Quick Authorization Guide.
2. MFC honors retrospective requests for initial authorization on inpatient admissions when requested within 180 days of discharge.
3. No authorization required for first 6 home health visits provided by our contracted providers*.
4. No authorization required for DME purchase <$1000.000/month billed charges or first three months of rentals <$1000.00/month from a contracted vendor*.
5. No authorization required for the first 30 visits for outpatient OT/PT/SLP provided by a contracted provider*.
6. No preauthorization for ER visits

*Contracted providers and facilities may be found on our website: www.medstarfamilychoice.com

For MFC related Coronavirus updates, please visit: www.medstarfamilychoice.com