

QIO - Iowa Health and Wellness Plans Level of Care Process

Purpose:

To determine appropriate level of care (LOC) for admission and continued stay review (CSR) for managed care organization (MCO) and fee-for-service (FFS) members who have an Iowa Health and Wellness Plan (IHAWP).

IHAWP members are eligible for skilled nursing facility benefits if they meet skilled nursing facility (SNF) LOC requirements. SNF benefits are limited to 120 days per rolling year.

Nursing facility (NF) services, also known as intermediate LOC, are a Medicaid state plan benefit and available as a covered service for IHAWP members who have a medically exempt (ME) status and members on MAGI Medicaid coverage groups. To qualify for NF services, the member must reside in a SNF, NF, hospital providing swing bed care, or must be receiving hospice benefits while residing in a SNF or NF. They must also meet the required LOC and are subject to transfer of assets policies.

Identification of Roles:

Review assistant (RA) – logs documents in OnBase workflow, assigns review to review coordinator (RC), provides program support.

RC – opens the review in MQUIDS, completes LOC review, prepares case for peer review (PR) when appropriate, sends notification to MCO when a member affiliated with an MCO is denied level of care.

Manager – oversees review processes, consults with team as appropriate.

Medicaid medical director (MMD) – completes review for cases that are not able to be approved by RC utilizing established criteria.

PR – reviews medical records when the MMD is not available or when specialty review is needed.

Performance Standards:

- Complete 95% percent of LOC determinations for admissions within 2 business days of receipt of complete information; complete 100% within 5 business days.
- Complete 95% percent of LOC determinations for CSRs within 5 business days of receipt of complete information; complete 100% within 10 business days.

Path of Business Procedure:

See Attachment 1.

Step 1: The LOC Certification for Facility form (see Forms section) will be used to determine medical need for NF or SNF LOC. The certification form must be completed, signed by the attending provider, submitted to HHS with a copy of diagnoses and medication lists. The documents may be submitted via fax or uploaded to IMPA. Review process will begin once the certification form or an IoWANS milestone is received requesting LOC review.

Step 2: QIO Services will complete NF and SNF LOC admission reviews for the entire population and will complete CSRs for the FFS population only. MCO CSRs will be completed when there is a LOC change identified. MMIS will be utilized to identify MCO/FFS, IHAWP with aid type 501/531, as well as ME status.

Step 3: Using the appropriate criteria (see Forms section), RC will determine if the member meets LOC with the information provided. The length of stay approved will depend upon the member's care needs and treatment and discharge plan.

- IHAWP allows up to 120 SNF LOC days within a rolling year. The year for a member begins the day they entered a NF on SNF LOC. If a member's health condition should need facility care beyond the 120 days, the RC will offer direction to the facility to have the member apply for ME status or traditional Medicaid through Iowa Medicaid Member Services.
- IHAWP members who qualify for NF services, the length of stay will be approved based on the member's care needs, treatment and discharge plan not to exceed beyond the next annual ME status review date. The status of being ME is re-evaluated every year.

Step 4: If the RC cannot approve the member's LOC based upon the submitted documentation, the provider is contacted by telephone or fax to determine if all available documentation has been submitted for the review. Additional time will be given for additional information to be submitted for review.

Step 5: If the RC still cannot approve LOC, the review is sent for MMD/PR (see Attachment 2).

Step 6: Once LOC has been approved or denied, the RC will enter findings into MQUIDS and OnBase. Denials are sent to the provider and member and will include appeal rights. A peer-to-peer conversation will be provided upon request. The manager will arrange for a peer-to-peer conversation within 1 business day of the request unless there are extenuating circumstances outside of QIO Services' control. The member (or their representative) can request an appeal for adverse determinations (see Attachment 3).

Step 7: The RC will answer the loWANS milestone and include a comment stating the LOC the member was approved for skilled or nursing facility level of care.

Forms/Reports:

[Form 470-4393 Level of Care Certification for Facility](#)

[Nursing Facility Level of Care Criteria](#)

[Pediatric Skilled Nursing Facility Level of Care Criteria](#)

[Skilled Level of Care Criteria](#)

RFP References:

1.3.4.1.1 and 1.3.4.1.3

Interfaces:

MMIS

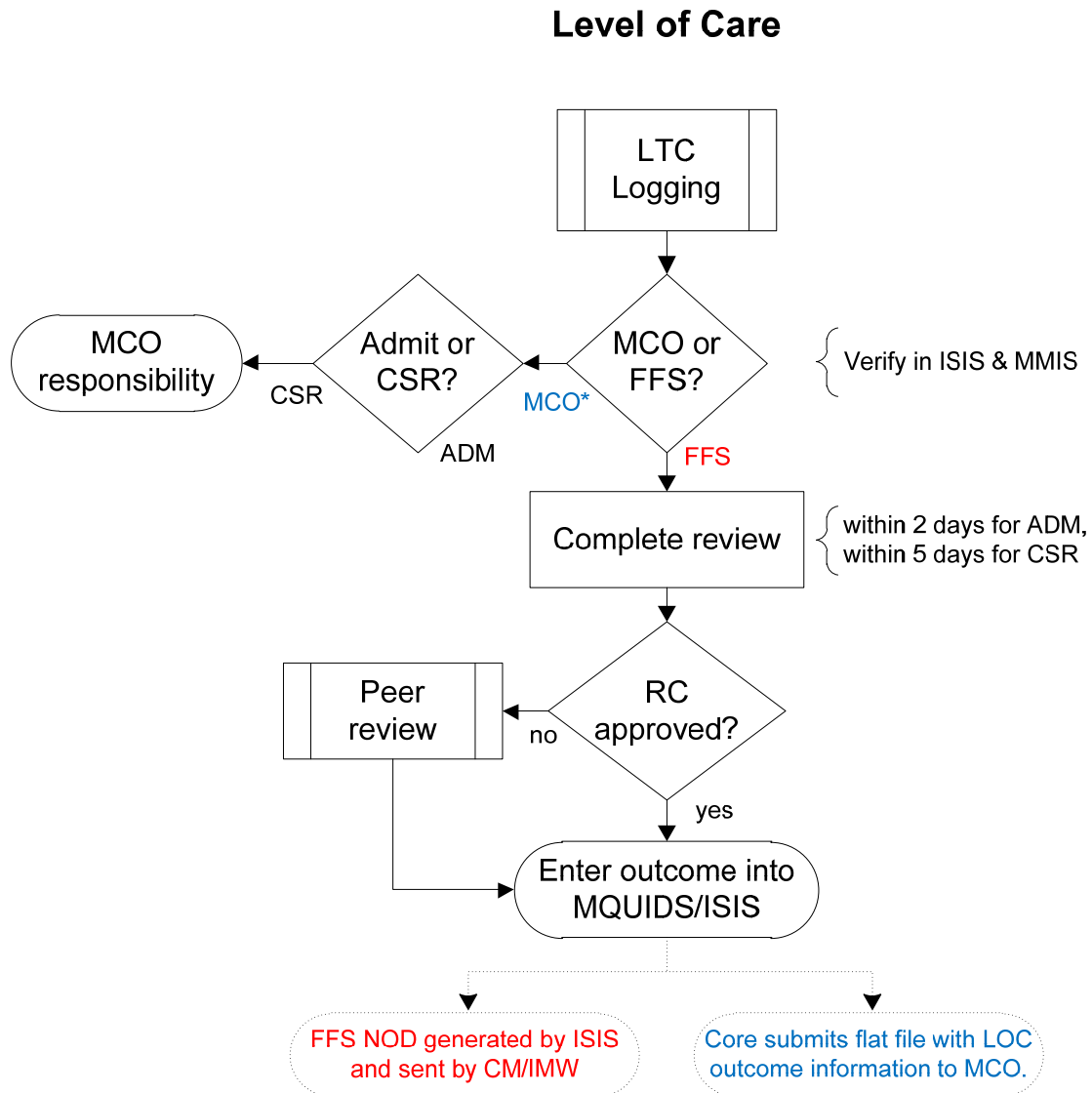
OnBase

loWANS

MQUIDS

Attachments:

Attachment 1: Level of Care flowchart

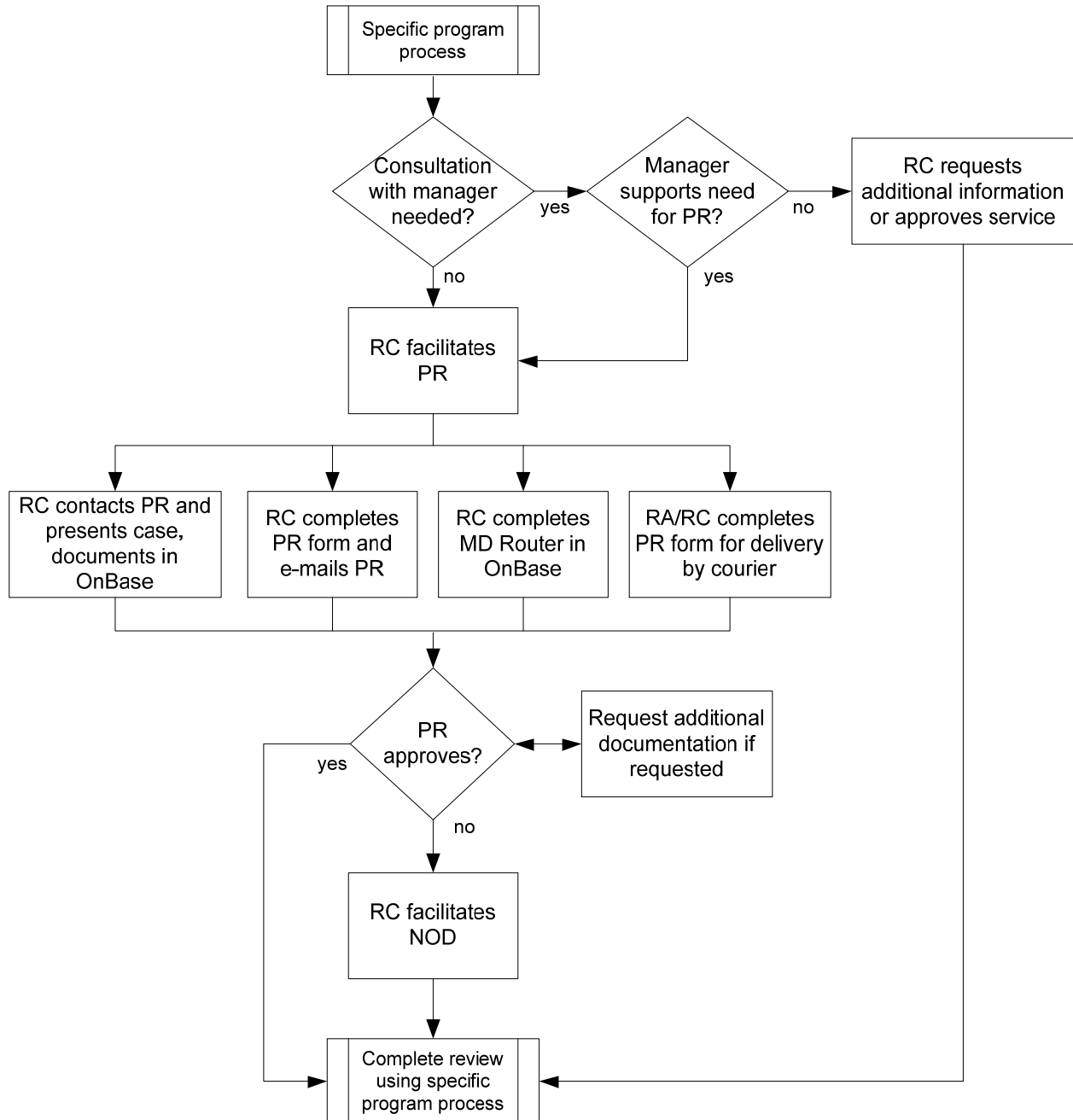


*n/a for Inpatient Psych – FFS only

\\dhsime\MEDSRV\Process Maps\LOC.vsd
 Rev. 4/2018

Attachment 2: Peer Review flowchart

Peer Review



\\dhs\me\MEDSRV\Process Maps\Visio\PR Rev. 3/2018

Attachment 3: ALJ Appeal flowchart

ADMINISTRATIVE LAW JUDGE APPEALS

