

QIO - Swing Bed Prior Authorization

Purpose:

The Omnibus Budget Reconciliation Act of 1987 permitted certain rural hospitals with fewer than 100 beds to use their inpatient facilities to furnish long-term care services with certain payment limitations. Hospitals meeting the qualifications may utilize beds in their facility for swing bed services. Effective July 1, 2013, prior authorization (PA) of swing bed services became required for Medicaid reimbursement.

QIO Services conducts PA for all fee-for-service (FFS) swing bed admissions and continued stay reviews (CSRs), including determination of skilled level of care (LOC), appropriate number of days for authorization based on medical needs of the member, verification of swing bed hospital provider efforts to locate appropriate alternative care within a 30-mile radius, and necessary monitoring of swing bed providers to ensure active discharge planning is taking place.

Identification of Roles:

Review assistant (RA) – general review support.

Review coordinator (RC) – screen requests for completeness and review for compliance with Medicaid policy, medical necessity, appropriate units, provides case management, evaluates length of stay, and forwards to Medicaid medical director (MMD) when needed.

Manager – oversees review process, tracks performance standards, and produces reports.

MMD – reviews swing bed LOC requests that cannot be approved by RC and makes a determination based on the medical record and supporting documentation.

Performance Standards:

- Complete 95% of the PA requests not requiring MMD review, enter into system, and send appropriate notice within 10 business days of initial receipt; complete 100% of swing bed reviews within 15 business days.
- Complete 95% of the PA requests requiring MMD, enter into system, and send appropriate notice within 15 business days of initial receipt; complete 100% within 20 business days.
- For swing bed requests for which additional information has been requested and not received, process 95% no earlier than 45 days from initial receipt and no later than 60 days of initial receipt; complete 100% within 60 business days.
- Urgent requests for prior authorization of services will be reviewed and a decision rendered and communicated in no less than 72 hours from receipt of the request.

Path of Business Procedure:

See Attachment 1.

Step 1: RC will check MMIS for member affiliation with managed care organization (MCO)/FFS, as well as member eligibility status. RC will check OnBase to determine if the review is an admission or CSR. Swing Bed Certification Form 470-5156, completed by the attending physician representing a PA request, must be completed and submitted with additional documentation. If member belongs to MCO, refer provider and review to MCO.

Step 2: RC reviews certification form for compliance with criteria to determine medical need for skilled or intermediate LOC. RC determines the length of stay in the swing bed will be greater than 14 days. If RC determines the swing bed stay is anticipated to be less than 14 days, review will be required only if the member does not discharge within 14 days as planned (this is the amount of time HHS has allowed for automatic approval for someone to be in a swing bed before a formal swing bed review is required).

Step 3: Instruct the facility to fax an updated certification form, including a current attestation sheet, at the end of the initial 14 days if member is not discharged. If the stay is greater than 14 days, RC will count all days in the PA, including the first 14 days. No retroactive swing bed reviews are completed.

Step 4: On Swing Bed Certification Form 470-5156 Attachment A hospital has attested that nursing facility (NF) placement within 30 miles is not available. Clinical information regarding medical needs for the swing bed placement will be noted on review. RC telephonically requests additional information, such as confirmation of NF denials or additional clinical information.

Step 5: If RC cannot approve LOC, case is sent to MMD for review (see Attachment 2). Only MMD can make denial decisions. Denial decisions are completed in writing. A member may request an appeal on an adverse determination (see Attachment 3). Manager will review outcome of review as well as appeal requests to determine if additional medical information has been provided that was not part of the original decision. Cases with new medical information will be resubmitted to MMD for additional review. Cases with no new information will be forwarded to the RC.

Step 6: The review outcome will be entered into MQUIDS and OnBase. Notice of decision (NOD) will be distributed, as appropriate.

Step 7: Iowa Health and Wellness Plan (IHAWP): See separate operational procedure.

Step 8: Case Management Strategies: RC can offer the swing bed facility, as well as the member and family, a telephonic care conference. A conference call will also be completed when the documentation submitted by the provider does not support the LOC requested.

RFP Reference:

1.3.1.3.B.1.b.i

Interfaces:

MMIS, OnBase, IoWANS

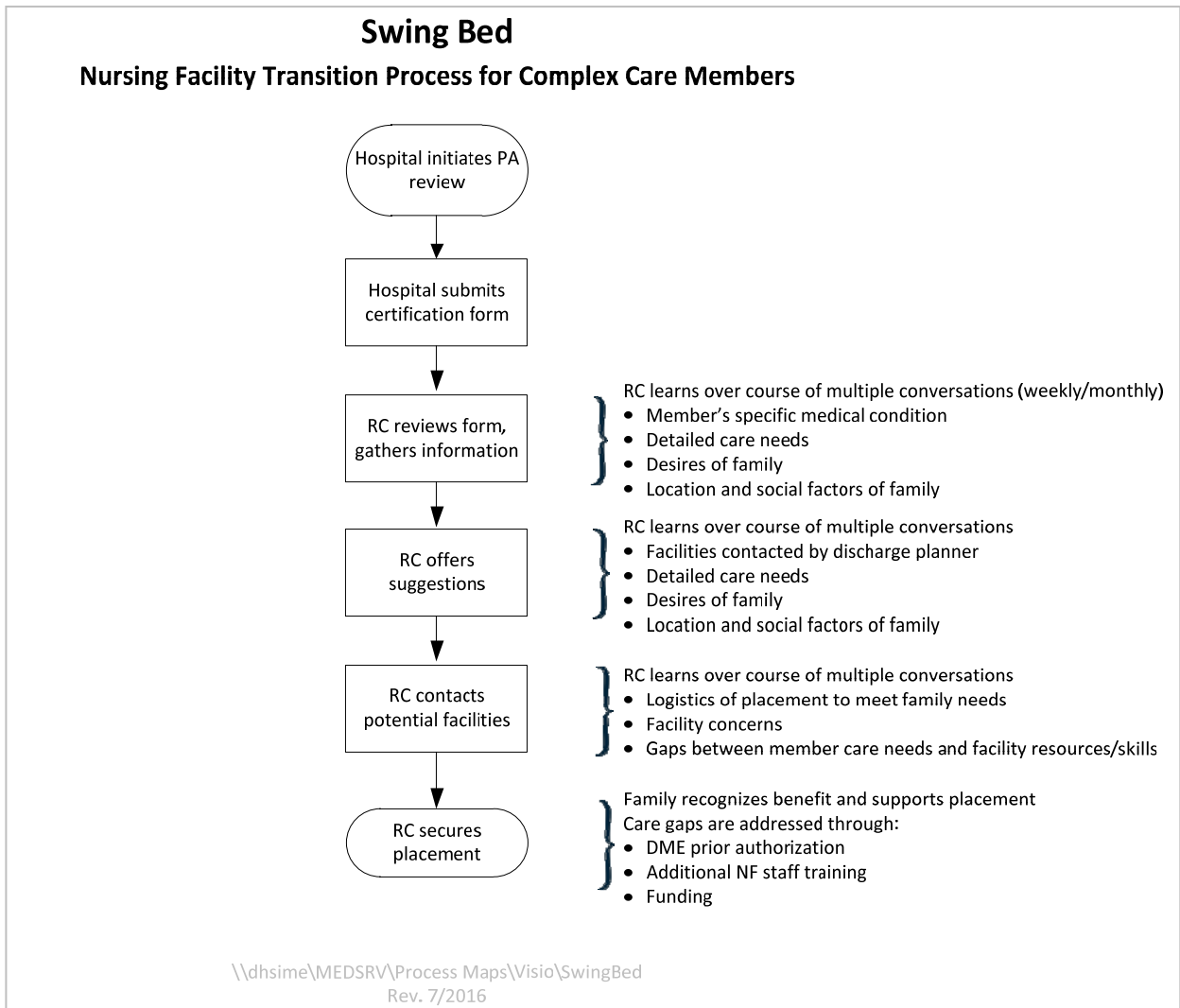
Forms/Reports:

[Form 470-5156 Level of Care Certification for Swing Bed Facility](#)

[Form 470-5156 Attachment A – Swing Bed Facility Contacts for Alternative Placement](#)

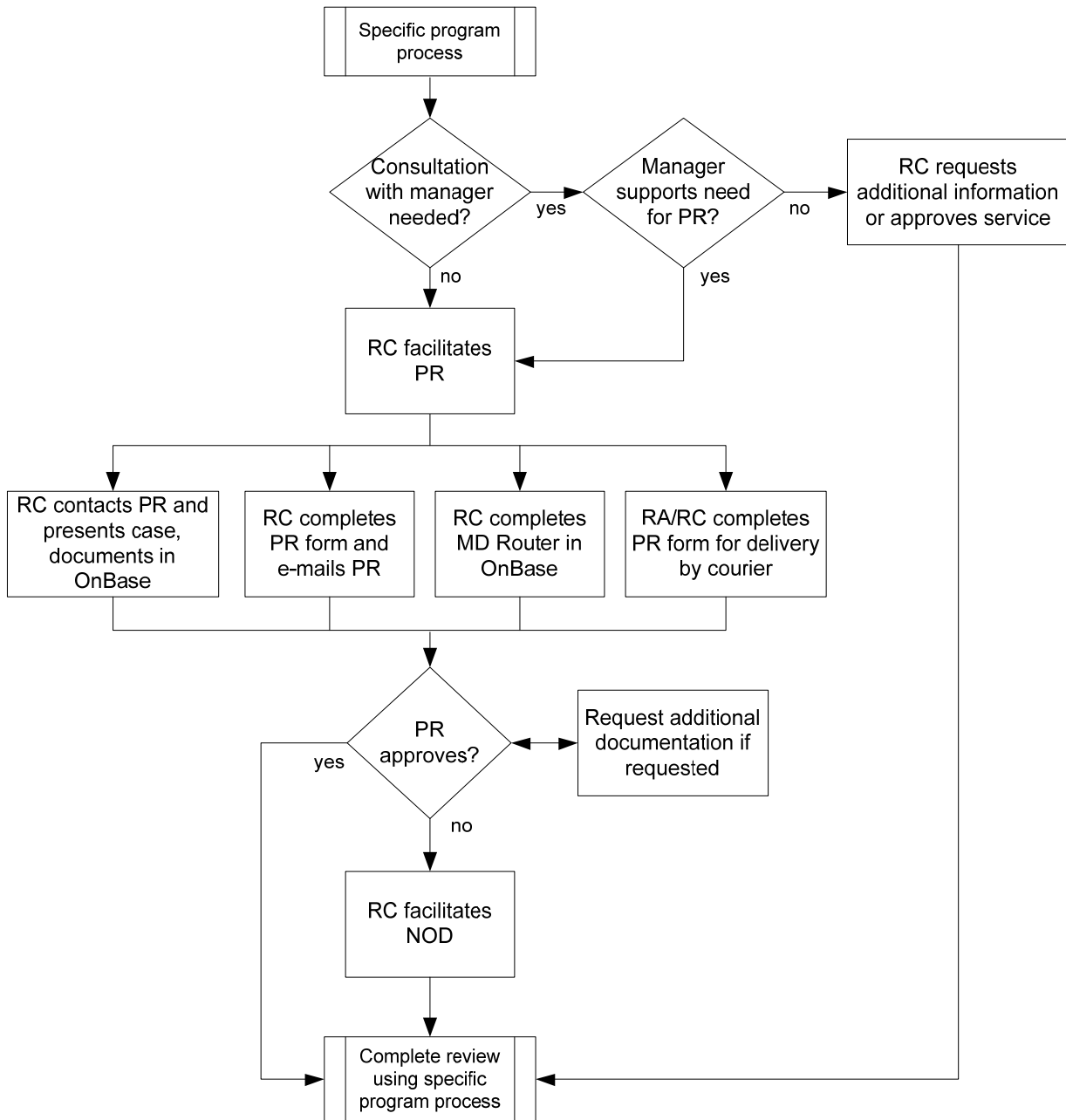
Attachments:

Attachment 1: Swing Bed PA flowchart



Attachment 2: Peer Review flowchart

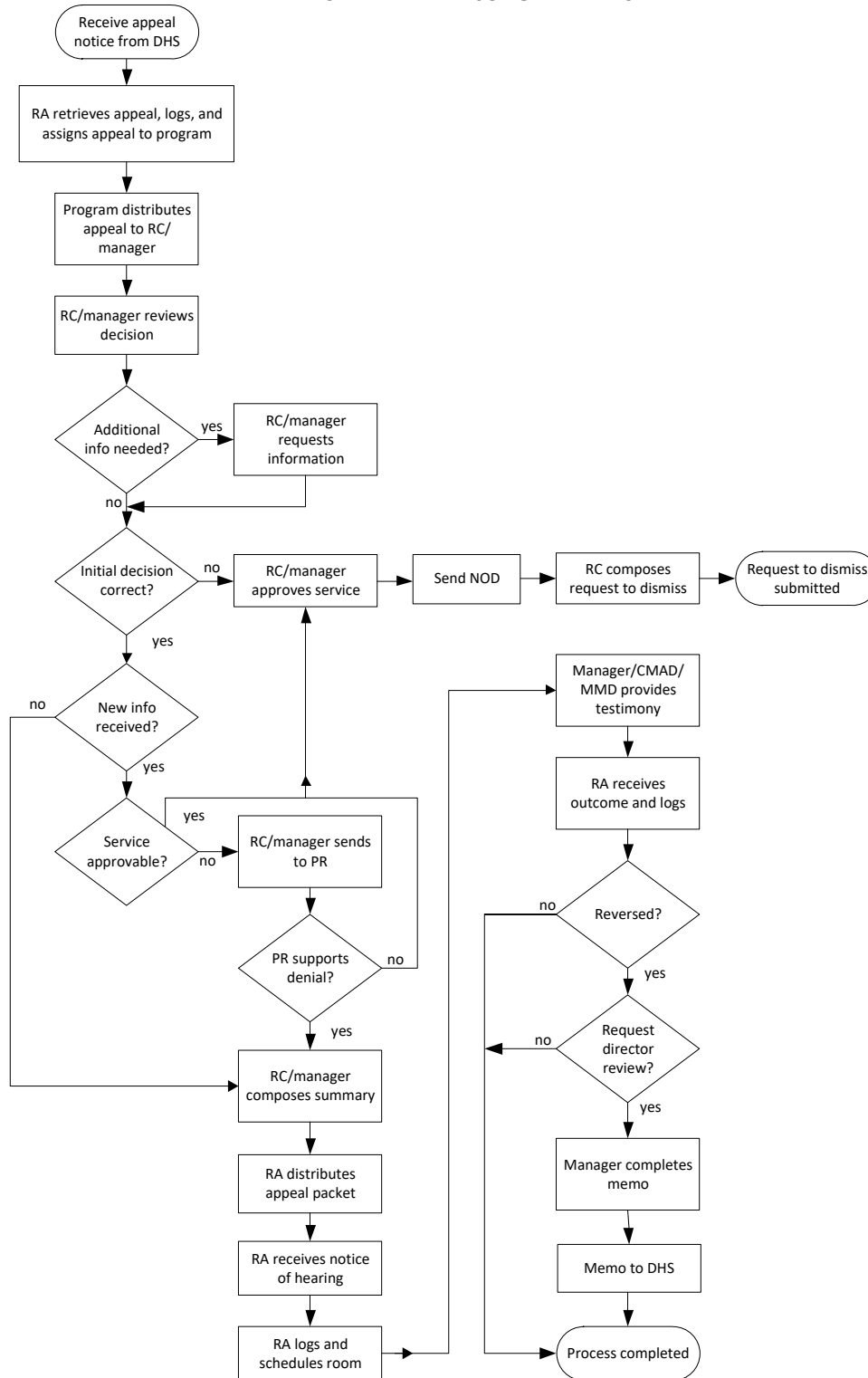
Peer Review



\\dhsime\MEDSRV\Process Maps\Visio\PR Rev. 3/2018

Attachment 3: ALJ Appeal flowchart

ADMINISTRATIVE LAW JUDGE APPEALS



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