



Healthfirst Utilization Management

All Lines of Business

On December 23, 2020, the New York Department of Financial Services (DFS) issued Insurance Circular Letter No. 17, *Coronavirus and the Suspension of Certain Utilization Review and Notification Requirements under the "Surge and Flex" Protocol*. This letter was issued in response to the Governor's "Winter COVID-19 Plan" announced on December 7, which directed the New York State Department of Health to implement the State's "surge and flex" protocol, mandating all hospitals to begin expanding their bed capacity to prepare for a COVID-19 surge. To enforce the protocol, increase bed capacity, and help balance patient load, hospitals must be prepared to transfer patients between hospitals and/or discharge patients (to a skilled nursing facility or their homes) when necessary.

In response to this "surge and flex" protocol, Healthfirst is modifying certain utilization review and notification requirements, beginning with admissions, discharges, or transfers as of December 23 through February 20, 2021, unless the DFS extends this provision beyond the required 60 days.

Healthfirst will continue to comply with regulatory retrospective review requirements for emergency department and inpatient services provided during the declared state of emergency for diagnosed or suspected COVID-19 cases.

The following chart outlines critical workflow processes in support of our providers and members as of December 23, 2020.

Provider Alert

Category	Scope	Guidance
Hospital Facility Inpatient Care	Scheduled elective admissions including medical, surgical, and acute rehabilitation	<ul style="list-style-type: none"> ■ 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. ■ 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.
	Scheduled transfer from an inpatient acute care facility to an inpatient behavioral health facility	<ul style="list-style-type: none"> ■ Healthfirst will accept notification by phone, fax, or HIE and create a completed record with a corresponding reference number in our medical management system and perform a concurrent or retrospective medical necessity review on selected cases. ■ 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.
	Emergency and non-elective urgent admissions including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> ■ Healthfirst will accept notifications by phone, fax, or HIE and create a completed record with a corresponding reference number in our medical management system, and perform a concurrent or retrospective medical necessity review on selected cases. ■ 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.
	Hospital admission, concurrent review including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> ■ Concurrent review of medical necessity for members in an inpatient facility will be done on selected cases. ■ 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.
	Hospital admission, retrospective review including medical, surgical, acute rehabilitation, and behavioral health	<ul style="list-style-type: none"> ■ Healthfirst will continue retrospective reviews of selected claims for non-COVID-19 related services. ■ Healthfirst will process retrospective requests for authorization for admissions and request clinical information to perform a medical necessity review.

Provider Alert

Category	Scope	Guidance
Skilled Nursing Facility or LTACH (INN)	Transfer from acute care facility (prospective) to SNF, LTACH and Acute Inpatient Rehabilitation	<ul style="list-style-type: none"> ■ Healthfirst will accept notifications 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 concurrent or retrospective medical necessity review. ■ 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. ■ Concurrent review of medical necessity for members in an SNF, LTACH, and Acute Inpatient Rehabilitation facility will continue. ■ Discharge planning for transition to home will be done daily by our CM staff. ■ 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.
Skilled Home Care including nursing care, PT, OT, wound, and infusion	CHHAs; Skilled Home Care	<ul style="list-style-type: none"> ■ 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 concurrent or retrospective medical necessity review. ■ 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.
Scheduled Facility-Based Ambulatory Care including Medical, Surgical, Free-Standing Diagnosis, and Treatment Centers; Behavioral Health including Partial or Day Hospital		<ul style="list-style-type: none"> ■ 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. ■ 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.

Provider Alert

Category	Scope	Guidance
<p>Consumer Directed Personal Assistance Program (CDPAP) and Personal Care Services (PCA)</p>		<ul style="list-style-type: none"> ■ 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. ■ 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.
<p>Ambulatory Care</p>	<p>Scheduled office- or telehealth-based ambulatory elective care including medical, surgical, and behavioral health</p>	<ul style="list-style-type: none"> ■ 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. For more information about telehealth billing, please review these guidelines. ■ For those office-based diagnostic or surgical procedures that require review for medical necessity, Healthfirst will apply clinical guidelines for needed services. ■ 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.
	<p>Durable medical equipment and supplies</p>	<ul style="list-style-type: none"> ■ Healthfirst will continue to process prior authorizations for durable medical equipment and supplies including supplemental or other nutrition support benefits.