

# MediGold

**Department:** Utilization Management

**Policy Number & Title:** 400.96 Long Term Acute Care Hospital Reviews

**Effective Date:** September 2016

**Revision Date:** February 2024

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**Purpose:** To provide the process for review of Long Term Acute Care Hospital (LTACH) admission organization determination (OD) requests in order to verify medical necessity for in and out of network providers.

**Policy:** It is the policy of MediGold to comply with the regulations set forth in the Medicare Managed Care Manual Chapter 13 Beneficiary Grievances, Organization Determinations and Appeals, Sections 30 and 40 related to standard and expedited organization determinations.

**Procedure:**

1. See policy 400.03 Preservice Organization Determinations for definition of OD and Centers for Medicare and Medicaid (CMS) requirements for decision making, turnaround times, and member notification.
2. When MediGold receives an LTACH request, the Utilization Review (UR) Nurse will review the individual LTACH's participation in the network.
  - a. If the LTACH is not in the network, review for network LTACH's in the member's service area for inclusion in the medical director summary.
3. UR Nurse will review clinical documentation based on the Centers for Medicare and Medicaid Services regulatory definition of an LTACH. CMS defines an LTACH as a hospital which has an expected length of stay of greater than 25 days.
  - a. For network and non network LTACHs
    - i. While utilizing clinical judgment, the hospital course medical necessity will be reviewed against the expected LOS greater than 25 days

4. For all LTACH requests, UR Nurse summarizes the provided clinical, recommending whether the member is safe in the current inpatient acute care setting and LTACH network status, then sends the request for Medical Director (MD) determination.
5. When a request for an OD is approved in whole:
  - a. The decision is communicated to the member and provider via an approval letter.
  - b. The decision is reported as fully favorable service OD in the Part C Required Reporting measure, Organization Determinations and Reconsiderations.
  - c. The request is included in the following universe as required by CMS Audit protocols: Standard and Expedited Pre-Service OD.
  - d. The LTACH is required to notify the plan of admission within two business days. Concurrent Review will occur, per policy 400.00 Utilization Review of Hospital Stay.
6. When a request for an OD is denied in whole:
  - a. The decision is communicated to the member and provider via an Integrated Denial Notice (IDN). The IDN is written in language the member is able to understand, including the reason for the denial and appeal rights.
  - b. The decision is an adverse service OD in Part C Required Reporting.
  - c. The decision is included in the appropriate CMS universe.