



## Chorus Community Health Plans

### Request for Authorization of Services and Reviews

#### I. Inpatient

Important: Inpatient notification is required in Guiding Care upon date of admission. (If a surgical procedure has been authorized prior to the date of admission, the inpatient stay still needs to be submitted for authorization on the day patient is admitted)

- A. CCHP reviews clinical information to support request within one business day of submission and utilizes evidence based criteria licensed through Milliman Care Guidelines (MCG) to determine medical necessity.
- B. CCHP will always attempt to render a decision on inpatient/urgent requests the day the request was received. However, requests received after 1300 or on a holiday may not have a decision rendered the same day to allow appropriate review of the information received. CCHP follows Timeliness of UM Decisions standards as set forth by National Committee for Quality Assurance (NCQA).
- C. CCHP requires all notifications of initial inpatient admissions and subsequent concurrent requests to be accompanied by a specific request for dates of service and appropriate clinical information to support request.
  - 1. Please make sure to go through the process in Guiding Care. CCHP will not approve authorizations that left in draft mode and not submitted. These authorizations must be submitted. You can look for this under the Auto Authorization Que under submitted. If it is not there then it is not submitted.
- D. CCHP uses evidence based criteria to determine the acuity of the member's needs and may modify a request based on the clinical received.
  - 1. In the event the member does not meet inpatient status they may be eligible for observation status.
  - 2. Observation does not require authorization.
  - 3. If a request is modified, CCHP will offer the opportunity to the provider to agree to the terms of the modification.
  - 4. If agreement to the modified terms is not received within 24 hours of original submission, CCHP will proceed to deny a request that does not meet medical necessity per MCG.
- E. For per diem services, CCHP needs a comprehensive update via clinical documentation for each day the member is receiving services. However, these updates are not required to be submitted daily, but on the scheduled review date. It is important for the clinical

submitted to include the date and author of each note. The documentation should clearly outline what the provider is trying to achieve with progressing the member's treatment plan and providing detailed information regarding the member's progress and discharge planning.

1. The following information MUST be included for admission/review:
  - a. Primary diagnosis for which the member is receiving treatment and any other concurrent diagnoses.
  - b. Presenting problem and current symptoms necessitating admission or continued stay.
  - c. Other factors contributing to the need for this level of care.
  - d. Medications and medication changes.
  - e. Labs when appropriate.
  - f. Treatment interventions (planned/completed), treatment goals/discharge criteria, and progress towards treatment.
  - g. Discharge planning should include: estimated length of stay, recommended discharge level of care, barriers to discharge and discharge appointments scheduled.
  
2. The following information is needed at time of discharge:
  - a. Date and time of discharge
  - b. Confirmed contact information for member upon discharge.
  - c. Aftercare that has been verified to be scheduled with current in-network CCHP providers.
    - i. If assistance in finding appropriate CCHP providers is needed, contact the assigned Utilization Manager.