



MedStar Family Choice

MedStar Family Choice Novel Coronavirus (COVID-19) Utilization Management Updates April 14, 2020

As we recognize the impact of the COVID-19 pandemic, MedStar Family Choice (MFC) would like to thank our healthcare providers on the front line as well as our healthcare partners who are working to meet the daily health needs of our members.

In our effort to ease the administrative burden and support ongoing quality care to our members, MFC is making several updates related to our utilization management processes. These changes will be **effective immediately** and will remain in effect through Maryland's State of Emergency.

Transfers to Skilled Nursing Facilities:

No 'prior' authorization will be required for admission to post-acute facilities. For coordination of care purposes, MFC requests that members are admitted to participating facilities* whenever possible. MFC will honor retrospective requests for medical necessity review received within 180 days of discharge from the accepting facility. An authorization is still required and must be obtained prior to claims submission.

Concurrent Inpatient Reviews:

MFC will not issue denials for failure to submit ongoing concurrent inpatient reviews. All concurrent reviews should be submitted as soon as practical to facilitate assistance with discharge planning and post-acute follow up by our case managers. MFC will honor retrospective requests for medical necessity review received within 180 days of discharge from the accepting facility. An authorization is still required for all inpatient days and must be obtained prior to claims submission.

Interhospital Transfers

No 'prior' authorization is required for accepting facility admission, related to interhospital transfers. MFC will honor retrospective requests for medical necessity review received within 180 days of discharge from the accepting facility. An authorization is still required for all inpatient days and must be obtained prior to claims submission.

DME/DMS

MFC DME/DMS vendors will not require written signature to verify receipt. Vendors should confirm that the recipient or recipient's representative was present at time of delivery.

Remote Patient Monitoring

1. No authorization required for remote patient monitoring in the home. (HCPCS code S9110 or Rev code 0581).



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MedStar Family Choice Quick Authorization Guide

Our current 'Quick Authorization Guide' is posted on the Provider Resources page on our website (<https://www.medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/provider-resources>). Our authorization rules have been developed to minimize the administrative burden of utilization management.

Highlights of current authorization guidelines that remain in effect include:

1. No authorization required for procedures conducted by in-network providers at in-network facilities, with few exceptions noted on the Quick Authorization Guide.
2. MFC honors retrospective requests for initial authorization on inpatient admissions when requested within 180 days of discharge.
3. No authorization required for first 6 home health visits provided by our contracted providers*.
4. No authorization required for DME purchase <\$1000.000/month billed charges or first three months of rentals <\$1000.00/month from a contracted vendor*.
5. No authorization required for the first 30 visits for outpatient OT/PT/SLP provided by a contracted provider*.
6. No preauthorization for ER visits.

*Contracted providers and facilities may be found on our website:
www.medstarfamilychoice.com

For MFC related Corona virus updates, please visit: www.medstarfamilychoice.com