



Clinical Medical Policy Levels of Care

Benefit Coverage:

Neighborhood covers medically necessary care delivered in multiple settings, including hospitals, outpatient surgery centers, skilled nursing facilities, both inpatient and outpatient physical/occupational/speech therapy settings, and in physician offices or health centers.

Description:

Medically necessary services are defined as those services required for the prevention, diagnosis, cure, or treatment of a health related condition including those necessary to prevent a decremental change in the member's medical or mental health status. Medically necessary services must be provided in the most cost effective and appropriate setting, and shall not be provided solely for the convenience of the member or service provider.¹

Neighborhood's Medical Management Department contracts with The Oak Group, Inc. to utilize MCAP[®], a criteria-based medical decision support system designed to assist providers and payers in developing cooperative systems for the efficient delivery of high quality health care

MCAP is the standard criteria Neighborhood utilizes for inpatient facility review, and, along with additional documented Neighborhood modifications, is also the standard criteria applied for alternative levels of care reviews. The Oak Group uses an evidence-based approach to the development and maintenance of the MCAP criteria, and employs physicians, nurses and social workers who review literature from nationally and internationally recognized peer reviewed medical journals. In addition, current research, including outcome studies, along with an interactive process with the practitioners, and solicited input from customers, is utilized to continuously update and develop new criteria.

Annually, Neighborhood's Clinical Management Committee reviews the clinical criteria to determine if it remains applicable to the populations served by Neighborhood and is in line with the community's standard of care. Neighborhood provides, upon request, an electronic or hard copy of the specific written screening criteria for medical necessity and review procedures to Rhode Island hospitals and the Rhode Island Medical Society.

Coverage Determination:

Through the process of utilization review, a medical necessity determination is rendered. This process includes the prospective, concurrent, or retrospective assessment of the medical

¹ Contract between State of Rhode Island Department of Human Services and Neighborhood Health Plan of Rhode Island, Section 1.19.



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necessity and appropriateness of the allocation of health care services given or proposed to be given to a patient by a provider.

When a review is required for medical necessity determination, the following elements may be requested by the Medical Review Nurse and/or Associate Medical Director or NHPRI Physician Reviewer:

- Medical records
- Progress notes describing history of the current problem, status, and current treatment plan
- Diagnostic testing results pertinent to the requested service
- Patient psycho-social history as appropriate and related to the current problem
- Consultant's summaries/notes
- Operative and pathological reports
- Rehabilitation evaluations, progress, attendance, and adherence

In addition, the following information may be requested in order to determine if there are other factors which may impact the plan of care and attribute to the medical necessity of the request:

- Knowledge and skills for self care
- Resource needs
- Support system deficits, barriers
- Co-morbidities
- Other complications
- Available resources within the local delivery system

Criteria:

The following MCAP Criteria Sets for Medical/Surgical Criteria are utilized by Neighborhood:

- Acute – includes inpatient medical, surgical, intensive care, obstetrical, pediatric
- Acute Specialty – includes intensive care, neonatal care
- Rehabilitation – includes both acute inpatient, and outpatient PT/OT/ST
- Alternative - includes care in SNFs, community based (home)

A review of the medical documentation is compared to the MCAP criteria to determine if the level of care requested is appropriate, given the clinical intervention and the member's status.



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When MCAP criteria is not met, the Medical Review Nurses present the case and all associated information collected, to Neighborhood’s Associate Medical Directors or Physician Reviewers, for a final determination.

Discharge planning is expected to be initiated at the onset of each level of care. Extended service for the purpose of discharge planning will also be evaluated by Neighborhood’s Associate Medical Directors or Physician Reviewer’s, for a final determination.

Neighborhood will provide a copy of the specific MCAP Criteria Set used to render a decision.

Exclusions:

Neighborhood does not cover experimental procedures or treatments, except as otherwise required by law. Also refer to Clinical Medical Policy “Experimental or Investigational Services.”

CMP Number: CMP-047

CMP Cross Reference: CMP-026 Experimental/Investigational Services

References:

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