



## UPDATE REGARDING ENHANCED INPATIENT REVIEW AND DISCHARGE PLANNING

Highmark's Utilization Management team continues to enhance its inpatient review process for acute care facilities to ensure that our members are receiving care in the most appropriate setting and for the most appropriate amount of time, given their diagnosis and clinical presentation. As such, our nurses will work closely with your utilization review department to review member hospital stays and improve overall care coordination.

As announced in a NaviNet® Plan Central message dated Aug. 30, 2016, we will continue these best practice utilization management procedures, adding initial authorization requests for unplanned inpatient hospital admissions via NaviNet beginning mid-February 2017. Specific adjustments are as follows:

- Using InterQual® Level of Care Criteria to provide support and guidance, our Utilization Management team will determine medical appropriateness of hospital admission (observation vs. inpatient), continued stay and discharge readiness, notifying you when a concurrent review update is required.\*
- Highmark will review documentation for inpatient requests to ensure appropriate use of the observation level of care. Observation care is typically a stay lasting less than 48 hours in an acute inpatient facility, usually for the purpose of evaluating a patient's condition to determine if the patient can be safely discharged during that time with outpatient follow-up or if an inpatient admission is necessary for care that cannot be delivered outside of the hospital setting. Diagnoses such as, but not limited to, abdominal pain; atrial fibrillation/flutter; cellulitis; chest pain; dizziness; hypertension; nausea and vomiting; palpitations; kidney stones; syncope; TIA; UTI; dehydration; headache; seizures; simple pneumonia; and medical back pain will pend for authorization via NaviNet and with phone and fax requests, even though InterQual screening criteria are met, to allow for closer review by our Utilization Management team.
- Highmark will continue to initiate the discharge planning process as early as reasonable. For scheduled admissions, discharge planning discussions should begin prior to admission. For urgent/emergent, unplanned hospitalizations, these discussions should occur at the time of admission. Increased coordination with your utilization review team promotes safe, effective and timely transition of care for our members.

There is no change to current processes for requesting initial authorizations. The preferred method for requesting authorizations remains through NaviNet, although authorization requests may also be submitted via phone or fax. \*Concurrent updates for requests entered and approved through NaviNet are required within five days of the approval date, unless you have been told otherwise by our Utilization Management team. Please continue to use the Discharge Planning Information survey in NaviNet for concurrent review within the five-day period. For all other requests, our Utilization Management team will inform you when a concurrent update is required at the time of approval.