

## 9: Hospital Services

### 9.1 Role of the Hospital

Hospitals are expected to deliver care in accordance with the provisions outlined in the Provider Network Participation Agreement.

#### **Hospital responsibilities include, but are not limited to:**

- Notifying the PCP of the treatment plan and estimated duration of care. Hospitals should use established means of communicating this information as appropriate.
- Complying with Unison administrative prior authorization guidelines.
- Maintaining a member's medical record and documenting all services provided to the member.
- A willingness and ability to make distinctions between treatment methods consistent with the member's cultural background and to maintain consistency in providing quality care across a variety of cultures.
- As agreed upon in the Network Participation Agreement, the Hospital will (a) not discriminate in providing services to members on the basis of race, color, sex, age, national origin, religion, economic status, source of payment, health status or health care needs; (b) observe, protect and promote the rights of members as patients; (c) maintain a written sexual harassment policy and inform employees of the policy; (d) comply with Title VI of the Civil Rights Act of 1964 in providing covered services hereunder; and (e) maintain written procedures as to interpretation and translation services for members requiring such services, including members with Limited English Proficiency.
- Pursuant to regulations implementing the Americans with Disabilities Act ("ADA"), 28 C.F.R. 35.101 et seq., Hospital shall not, on the basis of the disability, exclude any individual with a disability from participation herein or from activities provided for hereunder. Hospital shall comply with the "General Prohibitions Against Discrimination," 28 C.F.R. 35.130, and similar regulations or guidelines that apply to the State of Ohio.
- Hospital must have a process to identify, keep a record of, and report to Unison upon request members requiring oral translation, oral interpretation or sign language services and provide the use of TTY or language assistance all free of charge for members. Unison's Special Needs Unit may be contacted at 877.844.8844 for assistance in arranging these services. Please note that Unison may conduct periodic audits of Hospitals' processes to arrange interpreter services.
- Hospitals are prohibited from advising or recommending to an eligible individual that s/he select membership in a particular MCP.

### 9.2 Emergency Medical Condition Defined

An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average

knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or,
3. Serious dysfunction to any bodily organ or part.

### 9.3 Medical Emergency

A member may self-refer for an emergency as defined above. PCP authorization is not required prior to medical emergency treatment. However, Unison recommends that the facility or member notify the PCP of the incident within 24 hours.

### 9.4 Emergency Room Services

PCPs should call the UM Department when referring any member to the Emergency Room. The facility should verify member eligibility as soon as possible after the member presents to the Emergency Department. If the situation is determined not to be an emergency medical condition as defined above, the facility must identify and contact the member's PCP prior to providing care. The facility should use its best efforts to document its attempt to contact the PCP in the member's medical record. The PCP has thirty (30) minutes from the facility's initial attempt to respond. The PCP must be informed of the member's medical condition. The PCP will then determine what medical care is appropriate. The facility should document the PCP recommendation in the member's medical record. (In some instances ER medical records may be required to document prudent layperson standards or other PCP contacts such as referenced above)

The facility is authorized to treat the member if the PCP fails to respond within thirty (30) minutes. **At no time should emergency room services be withheld or delayed.**

In the event that a member presents requiring obstetrical emergency room services the member's obstetrician may be contacted in lieu of the member's PCP.

#### *9.4.1 Emergent Inpatient Admissions*

In order for Unison to monitor the quality of care and utilization of services by our members, all Unison providers are required to notify the Utilization Management Department within 48 hours or the next business day of a hospital admission arising from an emergency medical condition.

### 9.5 Post-Stabilization Services

Unison will cover post-stabilization services as defined in Federal Medicaid managed care regulation at 42 CFR 438.114(e) and 42 CFR 422.113(c) and OAC rule 5101:3-26-03(G) without requiring prior authorization if any of the following situations exist:

- The post-stabilization services were pre-approved by Unison.
- The post-stabilization services were not pre-approved by Unison because Unison did not respond to the provider's request for the services within one (1) hour of the request.
- The post-stabilization services were not pre-approved by Unison because Unison could not be reached by the provider to request pre-approval for these post-stabilization services.

- The post-stabilization services are not pre-approved by a Unison UM Representative and a Unison Medical Director was not available for consultation; the treating physician may continue with the proposed plan of care until a plan Medical Director can be reached.
- The attending or treating physician shall determine when the member is stable for transfer or discharge. Unison shall defer to the treating physician regarding the point of stabilization.

### 9.6 Non-emergent Inpatient Admissions

In order for Unison to monitor the quality of care and utilization of services by our members, all Unison providers are required to obtain prior authorization by contacting the Utilization Management Department for all hospital admissions not meeting the definition of emergency medical condition.

Unison will accept prior authorization requests for non-emergent services from the PCP, ordering Provider, attending physician or Hospital Utilization Review Department. No party should assume the other has obtained prior authorization.

The requesting Provider should make every attempt to request the above prior authorization at least 72 hours prior to admission unless contract guidelines stipulate otherwise.

### 9.7 Inpatient Concurrent Review

The Unison Utilization Management Department must monitor a member's progress throughout the inpatient stay. This is accomplished by a review of clinical information provided by the Hospital detailing the member's progress to date. The Utilization Management Department monitors appropriateness of continued inpatient stay according to established criteria under the direction of the Unison Medical Director. If medical necessity dictates a continued stay, the Hospital and plan representative will mutually agree on the next review date. As part of the concurrent review process, the UM Department coordinates the discharge plan and assists in arranging additional services, special diagnostics, home care, and durable medical equipment.

### 9.8 Hospital Transfers

In the event of a transfer admission to or from the Hospital, the sending and receiving Hospital or the attending physician must contact the Utilization Management Department. No party should assume the other has obtained prior authorization.

### 9.9 Outpatient Surgical Services

Unison providers may use a hospital's short procedure unit (SPU) or ambulatory surgical unit (ASU) only when prior authorized by the Utilization Management Department. The ordering Provider must make the request for such prior authorization.

The requesting Provider should make every attempt to request the above prior authorization at least 72 hours prior to admission unless contract guidelines stipulate otherwise.

In the event that a member's condition requires an immediate admission, prior authorization must be obtained for the admission. The ordering Provider or the facility may make the request for such prior authorization. In the event the member is admitted, the SPU charges and charges for inpatient services

must be billed separately. Please be sure that all claims include your appropriate Provider ID numbers and appropriate authorization information for each place of service.

### 9.10 Discharge Planning

Discharge planning begins at the time a member is admitted to the hospital and continues through the concurrent review process. The UM nurse will use approved medical criteria as discharge indicators. In addition to the member's clinical status, the psychosocial situation and home environment are also taken into consideration when evaluating the member's discharge status. Post hospitalization services may include, but are not limited to, home health visits, durable medical equipment (DME), rehabilitation and pharmacy services. The UM nurse will refer pre-identified patients to a dedicated discharge team. This discharge team will assume responsibility for the finalization of the discharge plan and will serve as a resource to the attending physician, hospital team and the member. The discharge team will perform the following discharge planning tasks:

- Confirm benefit levels
- Assist with the identification of participating providers
- Facilitate the certification process of post-hospitalization services
- Assist with notification of providers and scheduling of services
- Refer members to Case Management and Special Needs Unit as needed
- Identify high risk patients for post-discharge follow-up contact to confirm the discharge plan was executed
- Assist physician with identification and resolution of unanticipated issues identified immediately post-discharge

The UM discharge team's focus is to assist the hospital staff and attending physician with the coordination of the member's discharge plan. In addition, during the discharge planning process, the discharge team will identify those members who may be considered high-risk and will outreach to the member post-discharge to verify the discharge plan was executed as the treating physician intended.

### 9.11 Home Health Services

Upon discharge, specific Home Health Care services and related Durable Medical Equipment must be prior authorized through the Unison UM Department as necessary.

### 9.12 Skilled Nursing Units

Unison providers may use a Skilled Nursing Unit only when prior authorized by the Utilization Management Department. The ordering Provider or the facility may make the request for such prior authorization.

The requesting Provider should make every attempt to make the above prior authorization request at least 72 hours prior to admission unless contract guidelines stipulate otherwise.

### 9.13 Inpatient Rehabilitation Unit

Unison providers may use an Inpatient Rehabilitation Unit only when prior authorized by the Utilization Management Department. The ordering Provider of the facility may make the request for such prior authorization.

The requesting Provider should make every attempt to make the above prior authorization request at least 72 hours prior to admission unless contract guidelines stipulate otherwise.