



Suspending of Utilization Management and Medical Necessity for All Lines of Business

VillageCareMAX (Plan) in an effort to reduce administrative burden on key providers that are serving the populations most impacted by COVID-19, we are waiving prior authorization requirements for medically necessary hospital services, home health services, skilled nursing facilities, inpatient rehabilitation facilities and durable medical equipment and supplies for a period of 90 days commencing March 26, 2020. VillageCareMAX reserves the right to conduct retrospective reviews following the 90 days.

VillageCareMAX will continue to monitor the current environment and suspend/relax additional policies to ensure members have access to care. Updates will be posted on the provider page on the VillageCareMAX website at www.VillageCareMAX.Org/providers.

The summary will apply to all lines of business.

Acute Hospital Discharges

VillageCareMAX will provide automatic prior approval for discharges from Acute Care settings to the following post-acute care settings: Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF) and Home Health.

Hospitals should provide the Plan with notification within 48 hours post-admission to assist in the coordination of discharge planning.

Acute Emergency Hospital Admissions

Hospitals should provide 48 hours post-admission notice to the Plan to assist in the coordination of discharge planning.

Skilled Nursing Facility (SNF) Admissions from Acute Hospital Settings:

Members requiring Skilled Nursing Facility level of services following an acute care hospital stay will receive automatic prior approval for 10 days. SNF's should submit within three (3) days of receiving the member details and clinical documents for medical necessity to VillageCareMAX using the current processes.

SNFS will continue to follow the Plan's procedures for concurrent review requests within the standard time frames and the Plan reserves the ability to conduct retrospective reviews.

The Plan has attached an up-to-date list of all in network rehabilitation facilities and skilled nursing facilities in order to facilitate such discharges.

The Plan will cover out-of-network SNF inpatient stays for 10 days following a hospital admission. VillageCareMAX will negotiate a rate with the out-of-network facility within 48 hours from the notification

Community Admissions to Skilled Nursing Facility from Home or Emergency Department

SNFS can accept members admitted directly from Home or the Emergency Department and will receive an automatic prior approval for 10 days. For these cases, the SNF must submit clinical information to the Plan with three (3) days of admission and indicate "Community Admission" either on the E-Fax or via phone.



Concurrent review for these cases will follow standard processes and the Plan reserves the ability to conduct retrospective reviews.

Inpatient Rehabilitation facility (IRF)

Member requiring IRF level of service following an acute care hospital stay will receive automatic prior approval for 10 days. For these cases, IRF must submit clinical information to the Plan with three (3) days of admission. Concurrent review for these cases will follow standard processes and the Plan reserves the ability to conduct retrospective reviews

Home Health Agency Services on Hospital Discharge

All Home Health Agencies on Hospital Discharge will receive an automatic approval for 30 days for a total of three (3) Skilled Nursing Visits and must submit clinical information to the Plan within three (3) days of initial Home Health Request. Additional visits may be requested by the Home Health Agency, authorizations will be based on medical necessity.

DME

VillageCareMAX will remove prior authorizations on Hospital Discharge for any oxygen, ventilators, CPAP/BIPAP and associated respiratory supplies for a period of 90 days.