

Exciting Changes Are Coming



Recently, we asked our providers about how we can make it easier to do business with HAP. We listened and we are planning for change.

Because of your feedback, we're rolling out important changes over the next few months. We are removing some administrative burdens that don't align with industry standards. We want to help you spend less time dealing with administrative overhead, so you have more time to care for your patients.

Some highlights of what's changing:

- **Observational stays:** HAP will no longer require providers to obtain authorizations for observational stays as of Oct. 29, 2017.
- **24-hour notification:** Effective immediately, providers are no longer required to call HAP prior to – or at the time of – an emergent inpatient admission. Authorization requests should be submitted after admission to allow collection of the appropriate clinical data. Requests will not be denied for late notification as long as they are received within three business days of the admission.
- **Admissions process changes:**
 - HAP will no longer operate a 24-hour admission and transfer team for authorizations. Any standard concurrent admission case (where care is already being rendered at an emergency department, inpatient, or observational setting at the time of request) submitted after normal business hours, including weekends or holidays, will be reviewed on the next business day. Urgent cases will be reviewed within 24 hours of submission.
 - Urgent cases are defined as any request for approval of care or treatment where the passage of time could seriously jeopardize the life or health of the patient, the patient's ability to regain maximum function, or would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.
 - Beginning Oct. 1, 2017, providers will have three business days after admission to submit clinical data to support admission. This will allow time to collect the appropriate notes and define a plan of care in hopes of providing a more informed decision. Peer-to-peer reviews continue to be an important process for our providers to review member care with our physicians, and we will continue to work with you for these discussions.
 - Patients will no longer need to be transferred at the time of admission unless your facility cannot provide the appropriate level of care. Facilities can admit patients as medically appropriate and submit authorization requests up to 3 business days after admission; the request will not be denied for late submission under this new policy.
- **PCP restricted procedures:** Effective Oct. 1, 2017, primary care physicians will no longer have restricted procedures that cannot be performed in their offices. This will allow primary care providers to submit claims for any procedure code based on your specialty scope of practice.

- **Concurrent review:** On Jan. 1, 2018, HAP will implement a telephonic concurrent review process across all facilities. This will allow us to assist members as they move across the continuum of care who may benefit from ongoing care coordination. In an attempt to lower readmission rates and provide optimum care coordination, all members will be included in the concurrent review process.
- **Readmission criteria:** HAP is updating our criteria for determining readmissions. The Health Care Management team will utilize these criteria for readmission determinations starting Oct. 1, 2017.
- **Inpatient early case management intervention:** To support members in their transition to a home setting, HAP will begin expanding identification of appropriate members for transitional case management upon authorization for inpatient admission. Our case managers may conduct outreach to your clinical team to coordinate discharge planning activities, ensure transition needs are met, and support reinforcement of care plans following the member's discharge. We want to continue to partner with you to reduce readmissions. Our focus will be to increase communication and improve coordination with you specific to discharge planning, follow up, and case management.
- **Transitional case management at skilled nursing, long-term acute care and inpatient rehabilitation facilities:** In addition to our efforts during hospital admissions, HAP will intensify discharge planning activities when our members are admitted at certain SNF, LTAC, and inpatient rehab facilities to facilitate safe transition to the home setting. Our case managers may conduct outreach to your clinical team to coordinate discharge planning activities, ensure transition needs are met, and support reinforcement of care plans following the member's discharge. Again, our aim is to reduce readmissions from the post-acute setting by improving communication and coordination specific to discharge planning, follow-up, and case management.

Updates on these programs can be found when you log in at **hap.org** and select the Provider Newsroom. You can also contact Provider Services by email at prelweb1@hap.org or call (866) 766-4708.