













































Therefore, an inmate should never automatically be scheduled by the specialty provider for a follow-up visit. Follow-up appointments and requests for additional services are managed by the on-site Medical Director and practitioners.

CENTURION OF MN requires Prior Authorization for certain inpatient and outpatient services and treatments, as well as treatment at CENTURION OF MN Designated Tertiary Facilities or when treated by Providers practicing in affiliation with those facilities.

Always contact the CENTURION OF MN Medical Management Department if there is any doubt about whether or not a service requires Prior Authorization or has been already been pre-authorized.

### ***On-Site Practitioner Referral for Specialty Service***

CENTURION OF MN's expectation is that on-site practitioners coordinate all ongoing healthcare services. CENTURION OF MN requires a referral and prior authorization for all specialty services prior to the service being scheduled and/or provided if the service is routine or urgent in nature. Prior Authorization number will be provided by the CENTURION OF MN clinical scheduling staff at the time of appointment scheduling if prior authorization is required in order to provide coverage for referrals to all specialists

CENTURION OF MN requires that all specialty providers submit feedback to the referring on-site CENTURION OF MN practitioner, in writing, that provides the practitioner the outcome of the examination, tests performed or recommended, and/or any treatment recommendations. Written report should include any discussion, education provided directly to the inmate patient regarding recommendations

### ***Specialist Referral to Specialist for Treatment or Second Opinion***

When medically necessary services are beyond the scope of the Specialist's practice, or, when a second opinion is requested, the Specialist must collaborate with the CENTURION OF MN on-site practitioner. The CENTURION OF MN practitioner will be responsible for requesting authorization for the service.

### ***Process to Request Follow-Up Specialty Services***

Specialist should contact the CENTURION OF MN referring on-site practitioner for discussion regarding additional service recommendations requested during an active appointment. Failure to contact the referring practitioner and/or CENTURION OF MN utilization management staff for prior authorization of additional services may result in non-payment of those services

### ***Self-Directed Care***

Inmates are not allowed to self-direct care. All services provided must be approved by CENTURION OF MN. If your office is contacted directly by an inmate, please contact our

Medical Management Department immediately to request clarification of the patient's eligibility. Inmates, upon release, are allowed to use any community provider; however, once released from the facility, CENTURION OF MN will no longer be responsible for cost of services.

### ***Prior Authorization Response Timeline***

Routine Prior Authorization Requests:

- Decisions shall be made within two business days of receipt of all information necessary to make a decision
- The requesting practitioner will be called within 24 hours of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification

Expedited Prior Authorization Requests:

- Decisions will be made as soon as possible taking into account medical urgency and always within two business days
- The requesting practitioner will be called within one business day of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification
- Notification of an adverse determination is sent to the practitioner and site Healthcare Unit within 24 hours after the decision and no later than 72 hours after the receipt of the request
- The decision timeframe may be extended if necessary, once, up to 48 hours if CENTURION OF MN utilization management staff are unable to render a determination based on lack of information required to complete the review.

### ***Medical Necessity***

CENTURION OF MN defines Medical Necessity as healthcare services that are consistent with generally accepted principles of professional medical practice as determined by whether:

- a) The service or level of service is the most appropriate available considering potential benefits and harms to the inmate patient
- b) Service is known to be effective, based on scientific evidence, professional standards and expert opinion in improving health outcomes
- c) For services and interventions not in widespread use, services are based on scientific evidence and are the least intensive and most cost-effective available.

### ***Review Criteria***

CENTURION OF MN has adopted the utilization review criteria developed by McKesson InterQual Products Specialists representing a national panel from community-based and academic practice, to determine Medical Necessity for non-emergency inpatient and outpatient services.

InterQual criteria are applied to:

- Medical and surgical admissions
- Select outpatient procedures
- Ancillary services

Criteria are established, periodically evaluated, and updated with appropriate involvement from physicians of Centurion's Medical Management Services and the Centurion Quality Improvement Committee. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm in the screening criteria. Criteria are used for the approval of Medical Necessity, but not for the denial of services. The CENTURION OF MN Statewide Medical Director or designee is the only individual authorized to make adverse determinations.

Providers may request an appeal related to a Medical Necessity decision made during the authorization or concurrent review process. The appeal may be submitted at 1-855-475-4395.

## **Requirements for Providers to Notify CENTURION OF MN Medical Management Department**

### ***Emergency Services***

Prior authorization is not required; however, CENTURION OF MN Medical Management Department should be notified within one business day of admission to the Emergency Department and/or subsequent hospitalization secondary to the Emergency Department visit. Notification should include clinical information related to the emergency services and/or need for hospital admission.

### ***Notification of Observation Stays***

It is the responsibility of the receiving hospital and/or Emergency Department to notify CENTURION OF MN Medical Management Department of all Observation Stays.

#### Definition of Observation Stay

- If an inmate patient's clinical symptoms do not meet criteria for an inpatient admission, but the treating Physician believes that allowing the inmate patient to leave the facility would likely put the inmate patient at serious risk, he/she may be admitted to the facility for an Observation Stay. Such stays should be reviewed with the CENTURION OF MN on-site or on-call practitioner or CENTURION OF MN Medical Management Department (Monday through Friday during business hours) to obtain authorization for inpatient stay and initiate discharge planning discussions to ensure inmate patient care cannot be managed by an on-site MNDOC infirmary
- Observation Services are those services furnished on a hospital's premises,

- including use of a bed and periodic monitoring by a hospital's nurse or other staff
- These services are reasonable and necessary to:
  - Evaluate an acutely ill condition
  - Determine the need for a possible inpatient hospital admission
  - Provide aggressive treatment for an acute condition.
- Observation stays may last a maximum of **24** hours
- If an inmate patient begins treatment in observation status and then transitions to an inpatient stay, all incurred observation charges and services will be rolled into the acute inpatient reimbursement rate, or as designated by the contractual arrangement with CENTURION OF MN. Observation is not separately reimbursed when the stay results in an inpatient admission.

### ***Concurrent Review***

CENTURION OF MN utilization management (UM) staff perform ongoing concurrent review for all inpatient admissions. CENTURION OF MN UM staff will review the treatment and status of all inmate patients receiving inpatient services through contact with the hospital's Care Management Department and the attending Physician, when necessary. On-site and telephonic models are utilized to conduct utilization review in collaboration with the hospital Care Management Department.

An inpatient stay will be reviewed as indicated by the diagnosis and response to treatment. The review will include evaluation of the current status, proposed plan of care, discharge plan, and any subsequent diagnostic testing or procedures.

Inpatient concurrent review authorization decisions are made within one calendar day of receipt of all necessary information and Providers are verbally informed of the decision within one calendar day of the decision. Written or electronic notification includes the number of days of service approved, and the next review date.

In the case of a denial of service days:

- Written notices are sent within one business day of the verbal notification
- All existing approved services will be continued without liability to the until the Provider has been notified of an adverse determination
- CENTURION OF MN UM staff will work directly with the hospital's Care Management Department to facilitate discharge back to an appropriate MNDOC level of care facility
- Notices will contain information on how to appeal

### ***Discharge Planning***

Discharge planning activities are expected to be initiated upon admission. The CENTURION OF MN UM staff will coordinate the discharge planning efforts with the hospital's Care Management Department, and when necessary, the attending Physician in order to ensure that inmate patient receives appropriate post-hospital discharge care. It should be noted that MNDOC infirmaries can provide a skilled level of services to inmate patients supporting earlier discharges from the hospital.



Hospital Care Management Departments are encouraged to develop understanding of level of care and services that can be provided by CENTURION OF MN/MNDOC on-site infirmaries. This level of understanding will assist in promoting coordination of discharge planning with CENTURION OF MN UM staff.

### ***Retrospective Review***

Retrospective review occurs when an initial review of the services provided to an inmate patient occurs after the date of service. This is sometimes necessary because authorization and/or timely notification were not obtained prior to the service delivery due to extenuating circumstances.

Routinely this process encompasses services performed by a Provider when there was no opportunity for concurrent review. However, retrospective review is also performed on active cases where an appropriate authorization decision cannot be made concurrently within the required timeframe due to lack of clinical information. For cases that qualify for a retrospective review, a decision is made within 30 calendar days of receipt of all necessary information.

### **Summary**

The information presented in this Provider Manual is meant to present to Specialty providers and their staff an overview of coordinating services with CENTURION OF MN. Specific questions should be directed to CENTURION OF MN Medical Management Department staff.