

COORDINATION OF CARE

If a primary care provider or specialty care provider directs a member to an emergency room for treatment, it is considered best practice for the provider to notify the hospital emergency room of the pending arrival of the patient for emergency services. Members should be directed to the closest appropriate emergency provider.

Member Outreach

Mass Advantage representatives may call members to verify or coordinate services, to facilitate physician appointments or obtain information for authorizations coming into the Clinical Operations Department and to encourage member compliance with appointments. Another important component of member outreach, which is conducted by the Clinical Operations Department in some cases, is post discharge follow-up calls. These activities ensure that the member receives quality care and services and achieve positive health care outcomes.

Concurrent Review

Concurrent review is a targeted review that is performed during an acute hospital and post-acute facility stay. The review is performed to confirm the appropriateness of the setting in meeting the medical needs of the member and to initiate the member's discharge planning process. In general, the concurrent review process examines the length of stay and medical necessity and appropriateness of the admission and/or continued hospital stay.

Discharge Planning

The discharge planning process is a collaborative effort between Mass Advantage's Concurrent Reviewers, the hospital/facility care manager, the member, and the admitting provider. The main goal of discharge planning is to ensure the coordination and quality of medical services through the post-discharge levels of care.



Providers and facilities are required to provide clinical information to support discharge decisions under the following circumstances:

- An extension of the approval is needed. The extension must be requested prior to the expiration of the approved days.
- The member's discharge plan, which indicates that transfer to an alternative level of care, is appropriate.
- The member is in need of a complex plan of treatment, which includes home health services, home infusion therapy, total parental nutrition and/or multiple or specialized durable medical equipment identified prior to discharge.

The Clinical Operations Nurse will at Mass Advantage's discretion, conduct telephonic reviews to support the discharge planning efforts to coordinate health services prior to the discharge.

Mass Advantage may assist, but is not required to, help identify health care community resources following an inpatient stay.

Members who are discharged from the hospital receive a written notice called "Important Message from Medicare" (IM). When discharge from a facility such as a Skilled Nursing Facility (SNF) or when home health services or comprehensive outpatient rehabilitation services are to be discontinued, members receive a notice called "Notice of Medicare Non-Coverage" (NOMNC). These notices provide information and instructions to members regarding their right to appeal the decision to the Quality Improvement Organization (QIO). All members receive these documents, not only those who may disagree with a non-coverage determination.