

POLICY AND PROCEDURE

POLICY NAME: Medically Related Lodging and Food (Expanded Benefit)	POLICY ID: FL.UM.34
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 05/01/2014	PRODUCT(S): Medicaid, Foster Care
REVIEWED/REVISED DATE: 01/2016, 01/2017, 03/2018, 03/2019, 06/2020, 06/2021, 06/2022, 06/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

All Areas and Departments within Centene Corporation and its subsidiaries must have written Policies and Procedures that address core business processes related to, among other things, compliance with laws and regulations, accreditation standards and/or contractual requirements.

PURPOSE:

The purpose of the policy is to outline Sunshine Health's process for reviewing and approving medically related lodging and food for a member's family when a member's approved inpatient stay at a specialized acute care hospital has been approved by Sunshine Health and that specialized acute care hospital is 150 miles or more from the member's place of residence.

SCOPE:

This policy applies to employees of Managed Medical Assistance (MMA), Child Welfare (CW), Serious Mental Illness (SMI) and Children's Medical Services (CMS) in the Utilization Management Department. This includes officers, directors, consultants, and temporary workers (collectively, the "Plan").

DEFINITIONS:

Family Member: For a child a family member is defined as the parent and/or legal guardian, biological grandparent, aunt, or uncle; for an adult is defined as the husband or wife, significant other, biological child for an adult parent.

POLICY:

Sunshine Health strives to provide access to quality health services for our members. We recognize that a member's connection to family during an inpatient setting can facilitate decision making with the practitioner who is providing their treatment and to provide support to the member. Members who are admitted to a hospital that is far from their home may benefit from coverage of medically related lodging and food of up to \$100 per day for up to 21 days to a member's family. The \$100 allowance is for the entire family, not for each family member.

PROCEDURE:

Sunshine Health has timeframes in place for practitioners and providers to notify Sunshine Health of a service request and for Sunshine Health to make utilization management (UM) decisions and notifications to the enrollee, practitioner, and provider in a timely manner. (See Policy FL.UM.05.00 Timeliness of UM Decisions and Notifications)

The Sunshine Health UM staff processes requests for authorizations regarding medically related lodging and food and make decisions following a standardized process and time period. (See Policy FL.UM. 05.00 Timeliness of UM Decisions)

The utilization management nurse reviews the request against the criteria listed below. If services meet the criteria an authorization will be approved, and approval is communicated back to the requesting provider. If the request does not meet the criteria, the nurse sends the request to a Sunshine Health Medical Director for review. If services are denied by the Medical Director, communication of the denial is sent to the requesting provider. (See Policy FL.UM.05.00 Timeliness of UM Decisions and Notifications)

The time and date of any request for UM review is documented in the Sunshine Health clinical management system. For fax requests, the receipt date and time of authorization request in the clinical management system is reconciled to the request date and time shown in the document management system, which is the system that receives the electronic image of any fax.

Criteria:

A specialized hospital is not a community hospital that provides general medical or surgical care. It is a tertiary or quaternary acute care facility where the care is provided by physician specialists or sub-specialists with unique qualifications. A specialized acute care hospital stay includes but is not limited to:

- An elective admission for transplant services
- Facilities with specialty units such as Burn Unit
- Unique inpatient surgeries which may only be performed at specific facilities.
- Neuro rehabilitation after traumatic brain injury

The Sunshine Health utilization management staff receives the authorization request for services to be done at a specialized acute care hospital. Once it is determined that a specialized stay has been requested, approved, and authorized; it will be determined whether the member’s family meets criteria to receive lodging or meals.

Criteria includes:

- Member’s place of residence is greater than 150 miles from the specialized acute care facility which is reviewed and documented on valid web mapping server such as MapQuest.
- The member states that their family is unable to afford the lodging and/or meals to stay in the hospital vicinity while the member is in the hospital.

Process:

Once the inpatient stay has been reviewed and processed by a utilization management staff, he/she identifies if the stay is specialized, the member’s specialized acute care hospitalization will be > 150 miles away from their residence and meets the criteria for such specialized services. The utilization management staff enters notes on this assessment into the clinical documentation system.

Should the utilization management staff identify if the member may benefit from the medically related lodging and food enhanced benefit, he/she sends a referral to the case management queue in the clinical documentation system.

The assigned case manager contacts member or applicable caregiver to determine if member requires medically related lodging and food assistance. If there is a need for this, the case manager:

- Determine if any charity lodging is available through the admitting hospital and if there are any available food vouchers or discounts at the facility.
- Determine if there are no available resources for member’s family and identify lodging recommendations given by the treating facility and /or preferred by Sunshine Health.
- Notify the member and caregiver that Sunshine Health will be covering expenses up to \$100 per day for a maximum of 21 days and that the payment includes lodging and meals.
- Documented all arrangements in the clinical documentation system.
 - That information includes but is not limited to:
 - Contact information for the member and caregiver, including phone number and address
 - The lodging location’s name, phone number and contact person
 - Expected dates of lodging
 - Names of family members staying at the lodging location

Once the lodging arrangements are finalized, the assigned case manager communicates with the utilization management staff the applicable information needed for the approval and tracking.

REFERENCES:
FL.UM.05.00_Timeliness of UM Decisions

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	05/2015
New Policy	Added reference number	01/2015
Annual Review	Added Policy number FL.UM.05	01/2016
Annual Review	With no changes	01/2017

Annual Review	With no changes	03/2018
Annual Review	With no changes	03/2019
Annual Review	Updated policy annotations FL.UM.05.00. No content changes	06/26/20
Annual Review	Updated to current policy (cc.comp.22) template with reformatting	06/2021
Annual Review	Added CMS and SMI lines of business	06/2022
Annual Review	No changes needed	12/2022
Annual Review	Transferred policy to new template Corrected minor grammatical errors Added policy name to footer Added FL.UM.05.00_Timeliness of UM Decisions and Notifications to "Reference"	06/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.