



Maryland Care, Incorporated
Policy

Policy Name:	Administrative Days	Page: 1 of 4
Department:	Medical Management	Policy Number: UM 02
Subsection:	Concurrent Review	Effective Date: 04/01/2015
Applies to:	Medicaid Health Plans Internal Policy	

PURPOSE:

The purpose of this policy is to define Maryland Care, Inc., dba Maryland Physicians Care (MPC) business standards for the use of administrative days.

OBJECTIVE:

The objective of this policy is to determine the use of administrative days during an inpatient admission if applicable.

To be paid for administrative days, the provider shall document in the Medical Record:

The member no longer needs acute care and the following conditions are met:

- The provider has implemented a pre-discharge plan and initiated placement activities for the member
- A plan for discharge during the period of administrative days, the provider is actively pursuing placement at an appropriate level of care for the member, and has documented the activity in the member's record
- The provider has received the determination from MPC that the member no longer needs the level of care for which the hospital is licensed to provide
- The provider has received a determination from MPC that the member requires the level of care provided by a pediatric specialty hospital, nursing facility, or a chronic level of care facility.
- The provider has notified MPC's Utilization Management (UM) department of the pre-discharge planning before the termination of the need for inpatient hospitalization at the level the facility is licensed and certified to provide
- The hospital has submitted documentation to MPC's UM department that placement activity is conducted, at least 2-3 referrals, on each workday for which payment is requested for administrative days

The provider has:

- Submitted documentation to MPC that placement activity was conducted on each workday for which payment is requested for administrative days;

Administrative days will be reimbursed if the member is at an inappropriate level of care but cannot be moved, and the following conditions are met:

- The attending physician has declared that, because of physical or emotional problems, the recipient is unable to be moved;
- The reason the recipient cannot be moved is adequately documented by the attending physician



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- in the recipient's medical record; and
- Reevaluation by the attending physician of the recipient's inability to be moved and appropriate documentation of this in the recipient's record have been made at least every 3 days in acute general hospitals.

The use of administrative days applies to discharge planning for medically necessary care at a lower level, i.e.: skilled nursing facility and a bed is not available. This excludes social causes for a delay in discharge planning including but not limited to Child Protective Services (CPS) holds and guardianship.

OPERATING PROTOCOL:
Systems

The business application system prior authorization module is used to document the admission and level of care information which includes administrative days.

INTER-/INTRADEPENDENCIES:

Internal

- Chief Medical Officer
- Claims
- Compliance
- Finance
- Medical Management
- Member Services
- Provider Services
- Quality Management
- Quality Management/Utilization Management Committee
- Quality Management Oversight Committee

External

- Members
- Practitioners/providers
- Regulatory bodies



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LEGAL/CONTRACT REFERENCES:

- MPC's contract agreements
- COMAR 10.09.92.06
- COMAR 10.01.92.01

ATTACHMENTS:

None

DEFINITIONS:

Acute Hospital: an institution that provides active, short-term medical diagnosis, treatment, and care

Administrative Day: a day of medical services delivered to a participant who no longer requires an acute level of care.

Affiliate: Medicaid business conducted by the direct and indirect subsidiaries of the management company.

Board of Directors: MPC board of directors (governing body) has ultimate accountability for the health plan processes, activities, and systems. This includes responsibility for implementing systems and processes for monitoring and evaluating the care and services members receive through the health delivery network.

Code of Federal Regulations (CFR): This codification of rules and regulations published in the Federal Register by the Federal Government of the United States.

COMAR: Code of Maryland Regulation

Contractor and Agent: Any entity or person, including a sub-contractor, that, on behalf of MPC or its affiliates, furnishes of administrative and/or operational services.

Member: Person enrolled in the HealthChoice Medicaid Program by the Maryland Department of Health to MPC, a Medicaid managed care organization.

Personnel: Employees of MPC management company, its affiliates, consultants, temporary or seasonal employees, student interns, volunteers, and any other class or type of full or part time employee who participate in MPC administrative operations.



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REVISION LOG:

REVISION	DATE
Annual Review, no revisions necessary	03/26/2020
Annual Review, no revisions necessary	10/09/2019
Updated levels of care allowed for administrative days to reflect 2018 MDH transmittal, updated COMAR reference	9/10/2018
Changed title from chief medical officer to chief medical director	03/2018
Overview of changes made (substantive) Copied policy to new MPC policy template. Removed Aetna specific verbiage/processes.	01/10/2017
Annual Review, no revisions necessary	04/2015
Annual Review, no revisions necessary	10/2016
No substantive changes made to existing policy; copied to new MPC policy template.	11/22/2016

POLICY AND PROCEDURE APPROVAL:

The electronic approval retained in P&P management software is considered equivalent to a signature.