

Procedure

DEPARTMENT: Utilization Management	
TITLE: Social Companion	VERSION: 1.0
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DEPENDENCIES:	

Table of Contents

Purpose 2

Procedure 2

Change Log 4

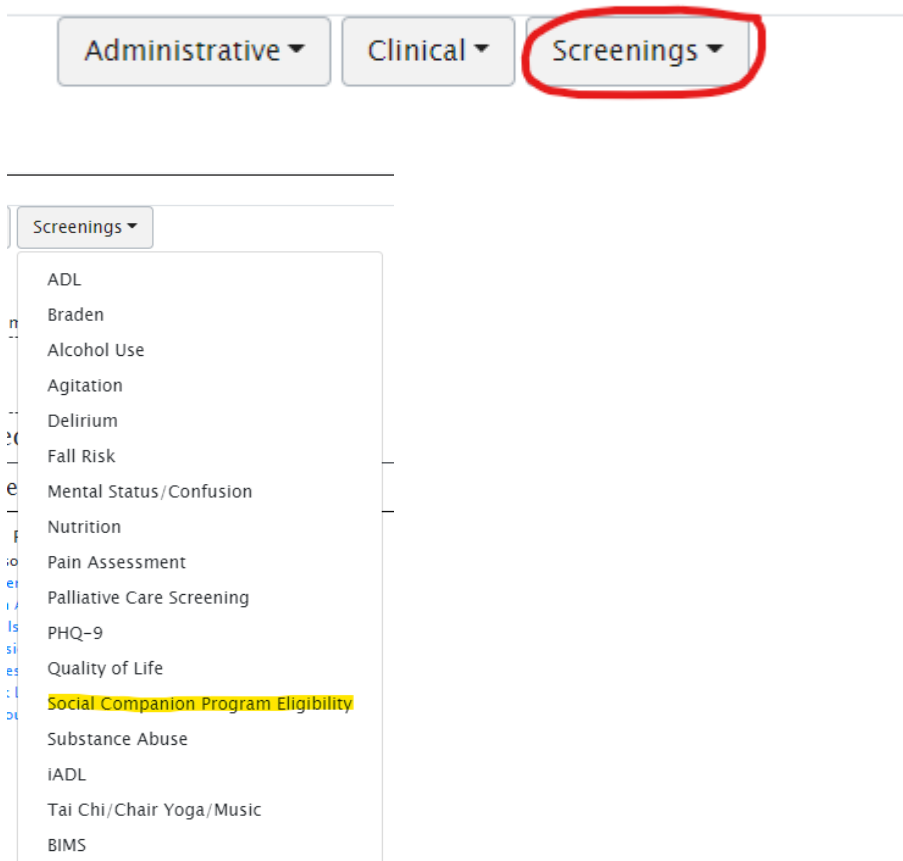
Appendices 4

Purpose

Longevity Health Plan provides a Social Companion Benefit to their members who require short term, individual monitoring based on current health conditions or circumstances that meet eligibility criteria for this benefit. This procedure describes the process for determining eligibility for the member as well as submission of the required prior authorization request.

Procedure

1. The Advanced Practice Provider (APP) is to complete the Social Companion Eligibility Form in LWCC, located under “screenings” within the encounter.



The Social Companion Program Eligibility Form within LWCC will aid the Advanced Practice Provider in determining eligibility to utilize the benefit.

2. The Advanced Practice Provider must alert the Skilled Nursing Facility that the benefit has been approved and that the member has qualified for the benefit.
 - a. If the Skilled Nursing Facility can staff the Social Companion, the Advanced Practice Provider does not need to take further action.
 - b. If the Skilled Nursing Facility is unable to staff the Social Companion, the Advanced Practice Provider must indicate this at the time of the Prior Authorization Request. The Advanced Practice Provider should work with their market team to determine who will provide the service to the member. This information must be provided with the Prior Authorization Request so that the Care Coordination Team can properly enter the prior authorization into the system.
 - c. If the Advanced Practice Provider and/or Market Team are unable to come up with a solution to provide the benefit to the member, the Network Team should be engaged using the [Network Issues Tracker](#) so that a solution can be found for the member.

3. Once the Advanced Practice Provider has qualified the member to receive the benefit, the [Prior Authorization Request](#) will be submitted to the Care Coordination Team with the total number of units authorized to be utilized by the member and the servicing provider. If the Skilled Nursing Facility will be providing the service, this should be indicated on the Prior Authorization Request.

Note: 1 unit = 15 minutes, 4 units = 1 hour. Members are allotted a maximum annual benefit of *up to 160 hours annually* for this benefit. Refer to the state specific supplemental benefits for further details.

4. When the Care Coordination Team enters the prior authorization, it will be auto approved and the requesting Advanced Practice Provider as well as the Director of Clinical and Quality Operations for the market will receive a notification that it has been entered and approved. A notice of authorization will also be supplied to the servicing provider as well as to the member by the Utilization Management Department.



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		8/3/2022	Courtney Gonzales	NEW

Appendices

-  Social Companion Procedure Visio PDF
-  Colorado 2022 SOB.pdf
-  FL 2022 SOB.pdf
-  IL 2022 SOB.pdf
-  MI 2022 SOB.pdf
-  NJ 2022 SOB.pdf
-  NY 2022 SOB.pdf
-  NC 2022 SOB.pdf