

## **Fact Sheet: Follow Up From ProgenyHealth Provider Education Sessions 4/14/22 and 4/26/22**

- I. Progeny contact information:
  - a. Direct contact information for the Progeny nurses performing case reviews will be provided during the case review process.
  - b. Utilization Management (UM) secure fax number for JHHC providers:  
(888) 400-4636
  - c. General UM questions: 888-832-2006 and follow the prompt for Utilization Management
  - d. General Care Management (CM) questions: 888-832-2006 and follow the prompt for Care Management
  - e. UM email: JHHC\_UM @ProgenyHealth.com
  - f. CM email: JHHC\_CM @ProgenyHealth.com

NOTE: ProgenyHealth's UM and CM nurses' direct contact information will be provided for each case upon the receipt of the admitting clinical information.

2. Progeny will perform UM reviews for all of the following case types for PPMCO and EHP babies:
  - a. At birth NICU admissions
  - b. Any admission at or transfer to NICU level of care
  - c. Detained newborns receiving non-routine newborn care such as NAS will be referred to Progeny's UM and CM. All other detained newborns will continue to be managed by JHHC.

- d. For babies initially reviewed by Progeny during the birth hospitalization, we review all readmissions into an acute care setting. Progeny will review admissions for newborns not previously managed by Progeny but readmitted to the NICU or requesting a NICU LOC.
  - e. For NICU babies that become PPMCO-eligible during the initial NICU stay, please send notification to Progeny and they will check eligibility.
3. Transfers require medical necessity review and prior authorization. Progeny will follow JHHC guidelines. Hospitals can call the Progeny nurse to request transfer. Progeny nurse contact information is provided above in #1.
4. Progeny provides peer to peer review by a same-specialty Progeny medical director. In the event of a downgrade or denial, instructions will be provided on how to request a peer to peer. There are no exclusions on what can be discussed on a peer to peer review.
5. If an infant is inpatient and remains in the NICU or special care nursery as of 5/1/22, JHHC will send clinical to Progeny and Progeny will perform utilization management for the case through the hospital discharge. From 5/1 forward, hospitals should send all new clinicals for qualifying babies (as per points above) to Progeny.
6. If baby does not have PPMCO coverage when admitted, but becomes eligible during admission, the hospital should notify Progeny of the PPMCO case as soon as they are aware of PPMCO coverage.
7. If a NICU authorization request is faxed to JHHC in error for PPMCO or EHP on or after 5/1/22, JHHC UM Intake will contact the provider and advise them to fax the clinical information directly to Progeny.

8. Progeny will use Interqual 2021 criteria for medical necessity determinations as per JHHC, which is consistent with JHHC's current process.
9. Hospital UM team should send clinical to Progeny as soon as they are aware of a NICU/SCN admission, and they do not have to wait until the hospital's Financial Clearance/Admitting Department faxes the authorization request to Progeny.
10. Daily determination logs will be sent to the hospital from Progeny and will include babies at that specific facility whose cases were reviewed that day. The determination log is not continuous. Details will include LOC and days approved, next review date, additional clinical information needed from the hospital, Progeny nurse's contact information, and authorization number. If there is a downgrade or a denial, Progeny will call the hospital contact and send a letter. Progeny will fax system-generated daily determination logs for all approvals and denials. Letters will be mailed using the denial letter templates provided by JHHC.
11. JHHC authorization request forms have been updated with Progeny's fax number, noting a 5/1 effective date, and can be accessed now on the Provider website under the "Forms" section.
12. Progeny prefers that clinical be sent with the initial admission notification; however, if it is not provided with the initial notification, Progeny will outreach to the hospital to request the clinical information. Clinical information is requested 1-3 times per week on average depending on the clinical status of the infant.