Utilization Review Parameters for Extended Acute Care

Community Behavioral Health (CBH) is committed to ensuring that services delivered across our network are medically necessary, cost-effective, recovery-oriented, and equitably accessible. As part of our ongoing Utilization Management (UM) strategy, CBH continuously monitors service utilization through robust data analysis to identify trends, outliers, and opportunities for improvement.

Key performance indicators—including average length of stay, readmission rates, denial and appeal rates, cost per member, and delayed discharges—inform our decision-making and support collaborative discussions around provider performance and system efficiency.

A pilot initiative implemented from August to November 2025 introduced revised utilization management strategies, including a reduction in the number of days authorized per review period. The pilot demonstrated positive results as evidenced by increased appropriate discharges and successful transitions of members to lower levels of care within the community.

Effective Jan. 1, 2026, following this successful and ongoing pilot, CBH will implement updated authorization parameters for the Extended Acute Care (EAC) level of care:

- Initial Authorization: Up to 30 days
- Continued Stay (Concurrent) Reviews: Up to 15 days per review

These changes are designed to support timely transitions of care, enhance clinical oversight, and align with best practices in managed care utilization review.

For questions regarding this bulletin, please contact **Megan Volkert**, LSW, Director of Complex Care & Special Populations.