

HEALTH PLAN OF SAN JOAQUIN					
<b>Subject: In Patient Admissions and Concurrent Review</b>					
<b>Department:</b> Medical Management				<b>Policy #:</b> UM 02	
<b>Effective Date:</b> 02/01/1996	<b>Committee/Approval Date:</b>	<b>Review/Revision Dates:</b> 02/05 , 3/16, 4/16			
Applies To:	Medi-Cal	Yes	X	No	
	MCAP	Yes	X	No	
	TPA	Yes	X	No	

**PURPOSE**

To describe how clinical determinations are based on medical necessity and that determinations are made by appropriately by licensed professionals using written objective evidence – based criteria.

**DEFINITIONS**

**Acute inpatient care** is defined as care provided to persons sufficiently ill or disabled who require:

- Constant availability of medical supervision by the attending physician or other professional medical staff,
- The constant availability of licensed professional nursing personnel, and
- The availability of other diagnostic or therapeutic services and equipment which are ordinarily immediately available only in a hospital setting to ensure proper medical management.

**Inpatient admissions include:**

- Hospital
- Skilled Nursing Facility
- Birthing Center
- Rehabilitation Center

**POLICY**

All hospital admissions are reviewed by the Medical Management Nurse to determine the medical necessity and appropriateness of hospitalization and to assure early discharge planning or case management intervention. The admission review is conducted the first working day after admission, using the same physician approved criteria as those employed in the preadmission authorization process. Concurrent review is conducted throughout the hospital stay following the initial admission review determination.

## **PROCEDURE**

### A. Objectives

1. Prevent unnecessary or inappropriate admissions.
2. Ensure that services are provided in the appropriate setting or manner required for the patient's medical condition.
3. Reduce medically unnecessary inpatient days.
4. Improve the quality of care rendered.
5. Evaluate the anticipated course of treatment and length of stay.
6. Ensure that participating providers in the network are appropriately utilized.
7. Assist in assessing alternative treatments.
8. Address, plan and coordinate needs of the patient prior to discharge, including identification of case appropriate to case management interventions.
9. To provide cost-effective care.
10. To follow the patient through the healthcare delivery system.

### B. Admission Review Process

1. Notification of an inpatient admission is faxed by the hospital to the UM department within 24 hours of admission.
2. The Intake Processor enters in the information from the admission form into the electronic prior authorization system and send on to the nurse assigned to the hospital for review.
3. The Medical Management Nurse reviews all new admissions in contracted hospitals and out of area hospitals.
4. During the review process, the patient's admission will be reviewed against the approved Milliman Care Guidelines (MCG) for medical necessity and appropriateness of the admission.
5. If the admission meets the criteria, the patient's admission is approved and the authorization is processed in the electronic prior authorization system and a Level of Care (LOC) and bed type are assigned.
6. If the admission *does not* meet the criteria due to lack of documentation/information, further information from the facility staff/physician, may be requested by the medical management nurse.
  - a. If after all available information has been reviewed and the admission does not meet established criteria, the medical management nurse will confer with the Plan Medical Director or Associate Medical Director.
  - b. The Medical Director or Associate Medical Director will attempt to contact and consult with the treating practitioner prior to making a denial for medical necessity.
  - c. If the Medical Director or Associate Medical Director, approves the admission, the UM Nurse will assign the bed type, length of stay and next review date.

- d. If the Medical Director or the Associate Medical Director determine the admission is not medically necessary, the patients' admission will be denied and the UM Nurse is informed.
- e. The UM Nurse will notify the admitting physician and the facility UR nurse of the medical director's decision to deny, orally or by faxed letter. A copy will be mailed to the member with their appeal rights.
- f. The denial with the denial rational is entered into the medical management system.
- g. The admitting physician may request an expedited review/appeal process;
  - i. If the appeal determines the admission is to be approved, the UM nurse and assigns the bed type and length of stay.
  - ii. If the appeal determines the admission is not to be approved, the admitting physician, facility and member are notified in writing. The specific evidence - based criteria is documented for reference and mailed with the letter to the admitting physician.

C. Continued Stay Review / Concurrent Review

- 1. The UM Nurse telephonically conducts concurrent review, with the facilities utilization review staff or through the electronic medical record system, on all patients in acute or subacute facilities for appropriateness of care and use of hospital services in an effort to assure cost effective delivery of care as well as medical necessity and quality care.
- 2. The objective of the concurrent review is to:
  - a. Evaluate continued medical necessity
  - b. Monitor and ensure the efficient use of health care services.
  - c. Determine if the hospital level of care is consistent with care being rendered.
  - d. To evaluate the course of treatment and length of stay.
  - e. To assess the quality of care in relation to professional standards.
  - f. To reduce length of stay by preventing unnecessary or avoidable inpatient days.
  - g. To provide timely discharge planning with the facility discharge planners.
  - h. To provide case management assistance when indicated
  - i. Identify cases requiring medical director review and/or intervention, which include, but are not limited to cases:
    - i. Which failed medical criteria
    - ii. For which medical information provided is insufficient to make a medical necessity decision.
    - iii. For which a level of care determination may be required.

- iv. For which physician to physician consultation is deemed necessary, e.g., procedures that may not be considered standard medical practice, questionable procedures/treatment.
- v. Delay in care or delay in discharge or for inpatient care that could have been rendered on an outpatient basis as examples.
- j. Identify Potential Quality Issues (PQI's) and Provider Preventable Conditions (PPC's) and refer to Quality Improvement department.

D. Appeal Process

The attending physician or member, if in disagreement with the Medical Director's decision, may request an appeal.

E. Retrospective Review

Retrospective Review is the process that applies the same process and criteria as admissions and continued stay/concurrent review, but is for past-service care that did not have authorization.

F. Potential Quality Issues

Notification of a Potential Quality Issue (PQI) affecting an inpatient stay will be communicated by the Medical Director, or the physician designee either orally, or by letter via mail or fax to the hospital Chief Medical Officer or the designated quality/compliance officer at the facility.

The QMUM Committee will be informed of the PQI and the results of the notification. See Policy and Procedure, QA 27 for reporting to and action taken by the QMUM or the Peer Review Committee

**REFERENCE**

- A. Milliman Care Guidelines – In Patient and Surgical Care Guidelines
- B. Policy QA 27-Potential Quality Issue Report

<b>Health Plan of San Joaquin</b>
<b>Approval: Signatures on File</b>

***DHCS Contract Deliverables***

<b><i>Contract Reference</i></b>	<b><i>Date of Approval</i></b>	<b><i>DHCS Unit</i></b>		<b><i>Contract Reference</i></b>	<b><i>Date of Approval</i></b>	<b><i>DHCS Unit</i></b>
A.18.5	Sent to DHCS 05/12/16					