KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Admission/Discharge Notification and Authorization for Contract Facilities			POLICY #: 3.33-P		
DEPARTMENT: Health Services – Utilization Management					
Effective Date: 08/1997	Review/Revised Date: 1/28/2017	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
Chief Executive Officer
Date 1/28/17

Chief Medical Officer
Date

Chief Operating Officer
Date 1/27/17

Administrative Director of Health Services
Date 1/26/17

POLICY[i]:

Contract facilities will fax admission information face sheets to Kern Health Systems (KHS) Utilization Management (UM) at (661) 664-5169 on the day of admission or by the next working day. The contract facility's Utilization Review (UR). departments will communicate with Kern Health Systems UM staff regarding medical necessity of continued stay and level of care within the first working day of patient admission or by the next working day and throughout the hospital stay as necessary to justify level of care and/or continued stay. OB (case rate) admissions do not require concurrent review reports from participating contract providers as long as the course of the hospital stay remains uncomplicated and/or the member does not require hospitalization beyond the days allowed by the case rate.

PROCEDURE:

All admissions and discharge notifications must be faxed by the contract facilities to KHS (661) 664-5169).

1.0 OBSTETRIC ADMISSIONS (CASE RATE)

1.1 OB Admissions

All OB admissions will be considered emergency admissions and handled as such. Facilities should fax the admission face sheet to the KHS Utilization Management Department at (661) 664-5169. Concurrent review report is not required from the hospital provided that the stay is uncomplicated.

1.2 Length of Stay beyond Case Rates for Medical Necessity

Facilities must notify the Utilization Management Department of the need for extension of stay as soon as the medical necessity is identified or by the next working day.

2.0 ALL OTHER ADMISSIONS

Facilities should fax the admission face sheet to Kern Health Systems' Utilization Management Department at (661) 664-5169 within 24 hours of admission.

2.1 Utilization Review

Facilities must communicate with the KHS Utilization Management Department regarding medical necessity of continued stay and level of care within the first working day of member admission for all types of admissions, including emergent, urgent or elective.

Concurrent reviews are to be provided to the KHS UM Nurse every 24 – 48 hours for authorization for continued stay. If the request for continued facility stay does not support medical necessity, the KHS UM Nurse is to notify the KHS Medical Director or designee for further review.

2.2 Authorization

Authorization for hospital days will be provided through concurrent review. The facility will receive written authorization from Kern Health Systems within 5 working days from notification of member discharge if no denial days. If referral includes denial days and the necessary medical records have not been received, KHS will allow five (5) additional days for receipt of records to complete the referral. Correspondence will include authorization number for authorized length of stay along with level of care for authorized days.

Prior authorization must be obtained for all elective hospital admissions.

2.3 Serious Health Threats

Decision to approve, modify, or deny heath care services shall be made for the nature of the enrollee's condition, not to exceed seventy two (72) hours after the KHS's

receipt of the information reasonably necessary and requested by KHS to make a determination. The decisions are to be communicated to the provider within twenty four (24) hours of the decision.

3.0 DENIALS

Denied days will be communicated by KHS with a denial letter to the facility (and member as required) at the time the denial is determined. If KHS is not notified of a hospital admission, the decision for authorization request will be denied. Providers are required to determine a member's eligibility and obtain prior authorization before initiating services. Authorization for payment may not be given if facility fails to notify KHS of admission and the admission is other than emergent in nature.

REFERENCE:

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[1] **Revision 2017-01:** Routine revision provided by UM Department. **Revision 2013-03**: Section 3.0 Provider obligation and authorization. **Revision 2009-04:** Routine revision provided by the Utilization Management Department. Not reviewed by the AIS Compliance Department. **Revision 2006-11:** Revised by Director of Health Services.