KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Admission, Discharge, Concurrent Review, and Authorization Notification Process	**Policy #**	3.33-P
Policy Owner	Utilization Management	**Original Effective Date**	4/2005
Revision Effective Date	01/2025	**Approval Date**	05/22/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

A. To define Kern Health System's (KHS), utilization management department procedural prerequisites for member institutional events to include admission, discharge, concurrent review, and authorization notification.

II. POLICY

A. Contract facilities will fax admission information face sheets to Kem 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 KHS UM staff regarding medical necessity of continued stay and level of care. This will be communicated within the next business day of the patient admission to hospital and in coordination of KHS concurrent review process for clinical updates throughout the hospital stay as necessary to justify level of care and/or continued stay.

III. DEFINITIONS

TERMS	DEFINITIONS
Elective Admission	Elective admissions are pre-arranged services that undergo medical necessity review prior to a patient being admitted to the hospital and are not emergent in nature as such that the time of the review process will not place the enrollee's health in serious jeopardy, seriously impair the enrollee's bodily functions, or cause serious dysfunction of any bodily organ or part.

Emergency Admission	An admission resulting from the need for emergency services include inpatient or outpatient services furnished immediately, in or outside of the service area, because of the presence of an emergency medical condition. As defined by the Center for Medicaid and Medicare Services (CMS), emergency care services are inpatient or outpatient hospital services that are necessary to prevent death or serious impairment of health. These health care services are to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that a prudent layperson with average knowledge of medicine and health to believe that failure to get immediate medical care could result in serious jeopardy to the health of the member or fetus. Requests cannot be denied for failure to obtain a prior approval when approval would be impossible or where a prior approval process could seriously jeopardize the life or health of the claimant (e.g., the member is unconscious and in need of immediate care at the time, medical treatment is required).
OB Active Labor or Emergency Admission	A. Active labor" means a labor at a time at which either of the following would occur: i. inadequate time to effect safe transfer to another There is hospital prior to delivery. ii. A transfer may pose a threat to the health and safety of the patient or the unborn child.

IV. PROCEDURES

ADMISSION TYPES

A. OBSTETRIC ADMISSIONS (CASE RATE)

1. All Obstetric (OB) admissions for an emergency or for a woman in active labor 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.

2. Length of Stay beyond Case Rates for Medical Necessity

3. 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.

B. ELECTIVE/SCHEDULED ADMISSION AUTHORIZATION PROCESS

1. This type of review requires justification of medical necessity before a patient can be admitted to an acute care facility. It is a process to assure that elective or non-emergency hospitalization is medically necessary and arranged in the appropriate facility.

C. EMERGENCY AND POST STABILIZATION ADMISSIONS

1. Facilities are to fax the admission face sheet to Kem Health Systems' Utilization Management Department at (661) 664-5169 or for contracted facilities notify KHS via the provider portal within the next business day of the admission.

2. In the case of an urgent or emergent admission, the hospital is required to notify the KHS Utilization Management Department within one (1) business day of the admission.

3. Upon notification of the admission, the assigned KHS concurrent review nurse will perform the initial review on the next business day following the admission notification in accordance with the UM Department's concurrent review policy and procedure 3.33-P titled Admission, Discharge, Concurrent, Review, and Authorization Notification Process Policy.

4. If KHS is contacted after the post stabilization care has been rendered and the member is discharged at the time of notification, the KHS concurrent review staff will advise the admitting hospital staff that the care will be subject to retrospective review, and that clinical records must accompany the claim (see Retrospective Utilization Review Policy and Procedure). All care rendered in the Emergency department and up to post stabilization to

treat the emergency will not be denied. Continued post-stabilization care will be reviewed based on medical necessity and will be subject to contractual / administrative notification requirements.

5. KHS does not require prior notification for members admitted to acute hospital after stabilization in the ER. Therefore, the post stabilization admission and services provided in an acute hospital is deemed approved. KHS will review the hospital stay as part of its concurrent review process to determine the medical necessity of continual stay at the acute level of care KHS shall not require a non-contracted hospital representative or a non-contracted Physician and Surgeon to make more than one telephone call pursuant to Section 1317.4a (c) (2) to the KHS number. The post stabilization admission and services provided in an acute hospital without a call to KHS are deemed approved.

6. For non-contracted hospital admissions KHS does not require patient transfers to a contracted acute care hospital. However, on the next business day a KHS concurrent review nurse will contact the non-contracted hospital to conduct continued medical necessity review and initiate discharge planning and care coordination activities to repatriate the member back to the KHS participating provider network to support ongoing post-acute care. This process may involve executing Letters of Agreement (LOAs) as appropriate with non-contracted providers involved in the members care while hospitalized to prevent any disruption in the care continuum necessary to meet the individual needs of the member related to the hospital episode of care that may not be feasible transferring to a contracted provider.

7. If during the post-stabilization medical necessity concurrent review process there is a disagreement between KHS and the Provider regarding the need for necessary medical care following stabilization of the member, KHS shall assume responsibility for the care of the patient either by having a qualified medical personnel contracted with KHS that is credentialed to provide care at the non-contracted facility personally take over the care of the patient within a reasonable amount of time after the disagreement, or by having another general acute care hospital under contract with KHS agree to accept the transfer of the patient.

8. For KHS contracted hospitals, the facility shall submit notification of admission either through the KHS provider portal or by faxing the face sheet and clinical documentation to (661) 664-5190 by the next business day. KHS is contracted with a network of hospitalists for each KHS contracted facility to admit KHS members requiring stabilization and ongoing post-stabilization care for its members. Based on the directive of the contracted admitting physicians KHS will approve the admission. If there is not a KHS hospitalist available, KHS will honor the hospital's on-call paneled physicians willing to treat the member as a substitute. KHS will reimburse at Medi-Cal Fee For Service (FFS) rates or an agreed upon rate that is different between KHS and the provider. If during a continued post-stabilization concurrent review for medical necessity there is a dispute between the KHS Medical Director or MD designee the case will undergo a peer to peer review process and in accordance with H&S Code 1367.0 in the case of concurrent review, care shall not be discontinued until the enrollee's treating provider has been notified of the plan's decision and a care plan has been

agreed upon by the treating provider that is appropriate for the medical needs of that patient.

D. INPATIENT REVIEW PROCESS

1. Upon receipt of an urgent initial hospital admission notification the KHS concurrent review nurse will review medical records of all hospital admissions and monitor the member's care throughout the length of stay using established national recognized criteria and Title 22 Requirements.
2. The Utilization Management (UM) department receives a face sheet from the facility indicating urgent request for approval of the admission . The UM coordinator will verify member eligibility and will assign a case authorization number.
3. KHS does not require prior notification for members admitted to acute hospital after stabilization in the Emergency Room (ER). Therefore, the post stabilization admission and services provided in an acute hospital is deemed approved.
4. KHS will review the hospital stay as an expedited notification to determine the medical necessity of post stabilization admission and then subsequently thereafter as a concurrent review continual stay at the acute level of care. KHS will approve all emergent and post stabilization care up to the first business day of an admission after notification.
5. KHS will render a decision (approve, modify, defer/pend, deny) within seventy-two (72) hours of receipt of the initial urgent notification of admission. The hospital provider will receive notified of the determination within twenty-four (24) hours of making the decision (verbal or electronic) and followed up the determination in writing or electronically.
6. The concurrent review nurse will continue the clinical information received within twenty-four (24) hours of receipt with ongoing endorsement of the review decision based on medical necessity criteria within twenty-four (24) hours throughout the remainder of the stay.
7. If continued hospitalization meets medical necessity criteria Milliman Care Guidelines (MCG) criteria, the next/frequency of review is determined by the member's acuity level, individual circumstances, and MCG® criteria.
8. If the stay does not meet the criteria due to lack of documentation/information, further information from the nursing staff/appropriate departments/personnel may be requested.

9. If, after all available information has been reviewed, and the stay does not appear to meet criteria, the authorization is escalated by the concurrent review nurse to the Medical Director or Physician Designee for review of medical necessity.

10. The Medical Director or Physician Designee reviews the medical record documentation and makes the decision to approve or deny continued hospitalization within 24 hours of the receipt of the information. (1 calendar day).

    a. If the Medical Director or Physician Designee approves the continued stay, concurrent review nurse will continue the concurrent review process.
    b. If the Medical Director or Physician Designee determines the stay is not medically necessary, the patient's stay is not approved, and the Nurse Coordinator verbally notifies the facility that the stay is considered for denial.
    c. The Medical Director or Physician Designee is available for the Peer Review Process with the attending physician to discuss the case.
    d. The result of the review is documented on the Peer Review Form and includes the rationale for the decision (Attachment A).
    e. In the case of concurrent review, care shall not be discontinued until the enrollee's treating provider has been notified of the plan's decision, and a care plan that is appropriate for the medical needs of that patient has been agreed upon. CA H&SC 1367.01 (h)(3)
    f. If denied, the determination will be followed by verbal or electronic notice to the provider within twenty-four (24) hours and then followed up In written/electronic notification within three (3) calendar days of the oral notification.
    g. The KHS Medical Director or Physician designee will sign the denial letter.
    h. The denial notification will be submitted utilizing the KHS Notice Of Action (NOA) and contain Appeals and Grievance information, Your rights Attachment, Non-Discrimination Notice and Language Assistance Taglines.

V. ATTACHMENTS

Attachment A:	Hospital Concurrent Review Peer to Peer Care Plan Discussion Form

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	CA H&SC 1367.01 (h)(3)
Regulatory	CA H&SC 1371.1
Regulatory	NCQA UM Standards

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2025-01	Annual policy review.	UM
Revised	2024-10	A purpose statement was added to the policy	UM
Revised	2024-04	Revisions to the post-stabilization process	UM
Revised	2017-01	Routine revision provided by the UM Department	UM
Revised	2013-13	Section 3.0 Provider Obligation and Authorization	-
Revised	2009-04	Routine revision provided by the Utilization Management Department. Not reviewed by the AIS Compliance Department	-
Revised	2006-11	Revised by the Director of Health Services	-

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 3.33-P Admission, Discharge, Concurrent Review, and Authorization Notification Process

Last approved version: 1/28/2017

Reason for revision: Annual Policy Review.

Director Approval		
Title	**Signature**	**Date Approved**
Chistine Pence Senior Director of Health Services		
Dr. Maninder Khalsa Medical Director of Utilization Management		
Amanda Gonzalez Director of Utilization Management		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____

KERN HEALTH SYSTEMS

Hospital Concurrent Review Peer to Peer Care Plan Discussion Form

Member Name:	Member ID:
Admit Date:	Admit Dx.
Treating Facility:	
Treating Provider:	
KHS Medical Director/Physician Reviewer	
MD Name:	Date/Time
Discussion; (free text)	
MD Signature:	