KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Onsite Facility Review	**Policy #**	30.77-P
Policy Owner	Utilization Management	**Original Effective Date**	01/01/2026
Revision Effective Date		**Approval Date**	01/20/2026
Line of Business	☐ Medi-Cal ☒ Medicare ☐ Corporate		

I. PURPOSE

The purpose of this policy is to ensure that KHS employed staff adhere to the policies of facilities in which they perform utilization review or case manager services. KHS licensed healthcare professionals that are assigned to perform onsite Utilization Management Review in an acute care, long-term care or skilled nursing facility will adhere to the policies and procedures of that facility as they are related to medical record review, discharge planning and case management.

II. POLICY

The process for onsite facility review involves the Kern Health Systems (KHS) Utilization Review Department, Population Health Management/ Case Management Department and any facility where an onsite review is to take place. The onsite staff are licensed healthcare professionals employed by KHS that may include Utilization Management (UM) Review nurses and/or Case Managers (CM) or Social Workers who perform Care Management.

III. DEFINITIONS

TERMS	DEFINITIONS
CMS	Centers for Medicare and Medicaid Services (CMS), the Federal agency within the Department of Health and Human Services (DHHS) that administers the Medicare program and oversees all Medicare Advantage Plan (MAPD) and Prescription Drug Plan (PDP) organizations.
In-network Facility	A KHS contracted facility.
Out of Network Facility	A facility not contracted with KHS.

Onsite Reviewer	A Utilization Management Review licensed healthcare professional that is not employed by the facility in which they are conducting medical record reviews.

IV. PROCEDURES

A. Licensed healthcare professionals will wear their KHS identification (ID) badge which includes their photo, full name and name of their organization at all times when performing an onsite review in their assigned facility.

B. If the facility requests additional identification badges, the licensed healthcare professional will obtain the badge from the facility and wear it along with the KHS ID badge.

C. Prior to or at the time of arrival at the assigned facility, the KHS Onsite UM Review nurse will be responsible for reviewing member documents and agreeing to the facility's review process and confidentiality procedures to comply with Health Insurance Portability and Accountability Act (HIPAA) and ensure Protected Health Information (PHI).

D. The KHS Onsite Review nurse must follow reasonable hospital or facility procedures, including but not limited to the following:

1. Checking in with the designated hospital or facility personnel upon arrival and departure from the facility.
2. Only review those medical records of the assigned KHS member(s).
3. Follow the agreed upon scheduled onsite attendance or notify the facility at least one day in advance that they will be onsite to perform utilization reviews.
4. Follow the internal process for completing an initial or concurrent review as outlined in the Concurrent UM Review Policy.

E. The KHS Onsite UM nurse will notify the facility contact once all case reviews have been completed including the following:

1. All case review outcome determinations
2. Any cases that are not meeting medical necessity review that will require elevation to the KHS Medical Director for further review and outcome determination
3. Any cases that require discharge planning services, including transitions to alternative levels of care

F. The KHS Onsite UM nurse will monitor, refer and/or assist in the coordination of any cases that may require Case Management services as outlined in the Care Management Referral policy.

G. Facility communication will be completed following the agreed upon process, which may include written review log, verbal and/or a secure electronic communication.

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other CMS, Department of Healthcare Services (DHCS), and or California Department of Managed Health Care (DMHC) guidance, including applicable All Plan Letters (APLs), Health Plan Management System (HPMS) memos, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A: N/A

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	Medicare Managed Care Manual https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals
Regulatory	HIPAA https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation
Regulatory	Medicare Outpatient Observation Notice (MOON)- https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/CR9935-MOON-Instructions.pdf
Regulatory	eCFR- §422.152 & 405.1206- Expedited determinations for IP Hospital Care https://www.ecfr.gov/422.152 & https://www.ecfr.gov/405.1206
Regulatory	Medicare Managed Care Manual Chapter 13-Section 40; Chapter 4-Section 10.5.1; Chapter 17F-Section 110
Other KHS Policies	30.81-P Concurrent Review UM Policy
Other KHS Policies	30.82-I Medical Director Referral Policy

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New policy created to comply with D-SNP	U.M.
Revised			
Retired			

VIII. APPROVALS

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