POLICY AND PROCEDURE	
TITLE: Concurrent Review	
DEPARTMENT: Health Services	**POLICY #:** HS-002
EFFECTIVE DATE: 02/07/2011	**REVIEW/REVISION DATE:** 09/22/2025
COMMITTEE APPROVAL DATE: Not Set	**RETIRE DATE:** Not Set
PRODUCT TYPE: Medi-Cal	**REPLACES:** v.2 Concurrent Review

I. Purpose

A. To describe Gold Coast Health Plan's (GCHP) concurrent review process as performed by the Utilization Management clinical staff in the Health Services Department with the goals of ensuring that patients receive quality of care, in the proper setting and in the most cost-effective way.

II. Policy

A. It is the policy of GCHP to perform concurrent utilization review during an inpatient confinement.

B. The following guidelines will be followed in performing Concurrent Stay reviews:

1. Review will be conducted by licensed clinical staff.
2. Discharge planning activities are performed concurrently for contracting and non-contracting facilities telephonically.
3. MCG Guidelines will be used to perform reviews. Cases that do not meet medical necessity will be referred to the Medical Director or their designee for review.
4. Continued Stay Review RNs will assist the Discharge Planner by providing information timely on any potential discharge needs the member may have.
5. Inpatient Pre-authorization and concurrent review will be conducted for Members requiring an admission to inpatient rehabilitation or skilled nursing facilities. Reviews are done telephonically.
6. Inpatient concurrent review nurses will assist in identifying Members with multiple co-morbidities and/or complex care needs.

These Members will be referred to the GCHP Care Management team for monitoring to reduce the likelihood of readmissions.

III. Definitions

Acute Admissions: Admission to an acute care hospital for a severity of illness that requires treatment intensity of service that is medically necessary and that can only be performed in an acute inpatient setting.

Admission Review: Admission review is an assessment of medical necessity and appropriateness for a hospital admission before or after the hospitalization has occurred. Scheduled admissions may be prior authorized before the member is admitted to the hospital while urgent/emergent admits are generally reviewed 24 hours after the member has been hospitalized.

Alternate Level of Care: The alternate level of care is a higher or lower level of care that is more appropriate for a patient who does not meet their current level of care.

Concurrent Review: Concurrent review is a review that is performed during a hospital stay. It includes the review of requests for extended stays or additional services.

Observation: An observation bed (short stay) is an alternative level of health care comprising short stay encounters for patients who require close nursing observation or medical management. It is an area where the patients are observed and assessed to determine if they need to be admitted to the hospital.

IV. Procedure

A. Concurrent Stay Review Process
    1. The Health Services Department of GCHP coordinates all concurrent review activities for member inpatient stays.
    2. GCHP receives a face sheet notifying the UM department of inpatient admissions from acute care facilities. Face sheets are faxed to the Health Services Department and may be received 24 hours/day, 7 days/week.
    3. Observation days and normal deliveries do not require authorization or concurrent review. Concurrent review is conducted by fax, hospital electronic medical records (EMR) and/or telephonically.
    4. Each contracted facility has a designated Continued Stay Review Nurse (CSR).

5. The designated CSR nurse obtains the necessary clinical information to review for medical necessity and level of care. Initial calls to the admitting hospitals are made within 24 hours of notification of admission. Necessary clinical information for CSR includes minimally:
    a. The date of admission
    b. The plan of care
    c. Initial and subsequent continued stay review dates
    d. Date of operating room reservation, if applicable
    e. Justification of emergency admission, if applicable
    f. Reasons and plan for continued stay, if attending physician determines continued stay is necessary
6. If no clinical documentation is received, the CSR non-clinical support staff will make a second request to the admitting hospital. If no documentation is received after 72 hours a denial for lack of information will be issued. Any decisions to deny coverage are made by the Medical Director or Physician designee.
7. If the member does not meet the requested level of care, the severity of illness or the intensity of service according to MCG Guidelines, GCHP Utilization Management (UM) staff will contact the facility case manager or, if necessary, the admitting or attending physician to see if additional information is available to justify the medical necessity of an ongoing stay.
8. If the member does not meet the level of care, the severity of illness or the intensity of service based on additional information obtained from the admitting or attending physician, GCHP CSR nurse will forward the case to the Medical Director or their designee. Any decisions to deny coverage are made by the Medical Director or Physician designee.
9. The CSR nurse shall identify continuing care needs early in the inpatient stay to support efforts for the hospital and the GCHP discharge planner to facilitate discharge to the appropriate setting.
10. Written notification of the denial of coverage determination shall be sent to the provider, facility and Member within contractually required timeliness. For inpatient cases, written notice of the denial of coverage determination may also be provided by facsimile to the hospital.
11. Discharge planning is an integral part of inpatient concurrent review. Recognizing and planning for discharge needs begins at the time of notification of admission and continues throughout the hospital stay.
12. Effectiveness of Concurrent review shall be monitored by GCHP's Utilization Management Committee and may include, but not limited to the following review indicators.

a. Number and percentage of admissions per thousand.
b. Number and percentage of denied admissions and continued stay days not meeting criteria
c. Acute Bed Day of Care Rate per 1000 unique Members
d. Readmission rate
e. Inter-rater reliability testing for Physician and Non-Physician annually

V. Attachments

N/A

VI. References

A. APL 21-011 Grievance and Appeals Requirements, Notice and "Your Rights" Templates
B. California Codes: Title 22 CCR Section 51014.1 and 51003
C. Title 42 CFR Sections 456.111 and 456.211

VII. Revision History

STATUS	DATE REVISED	REVIEW DATE	REVISION AUTHOR/APPROVER	REVISION SUMMARY
Created	10/18/13		CEO	
Reviewed		2/27/2018	Utilization Management Manager	
Approved		3/14/2018	CEO	
Revised	1/11/2019		Utilization Management Manager	
Approved		01/25/2019	Utilization Management Committee	
Approved		02/07/2019	DHCS	
Approved		02/12/2019	CEO	
Revised	12/06/2019		Manager Utilization Management	
Approved		02/18/2020	Compliance Director	
Reviewed		10/08/2020	Utilization Management Manager	
Approved		10/29/2020	Utilization Management Committee	
Revised	3/2/2021		Utilization Management Director	
Approved		3/9/2021	Policy Review Committee	

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STATUS	DATE REVISED	REVIEW DATE	REVISION AUTHOR/APPROVER	REVISION SUMMARY
Approved		5/14/2021	Utilization Management Committee	
Approved		12/08/2021	CEO	
Revised	02/25/2022		Utilization Management Director	Minor revisions to language and addition of reference to APL21-011
Revised	3/8/2022		DEI	reviewed for inclusive language. Updated for compliance.
Approved		3/8/2022	Policy Review Committee	
Approved		05/12/2022	Utilization Management Committee	
Approved		06/14/2022	CEO	
Revised	05/04/2023		Utilization Management Manager	Revised to include updates from revised APL 20-021 and grammatical changes.
Approved		05/24/2023	Policy Review Committee	
Approved		07/27/2023	Utilization Management Committee	
Approved		09/19/2023	CEO	
Reviewed		07/25/2024	Utilization Management Manager	Reviewed, no changes
Revised	8/6/2024		Utilization Management Manager	Removed reference to Acute Hospital Care at Home as the program was retired by DHCS