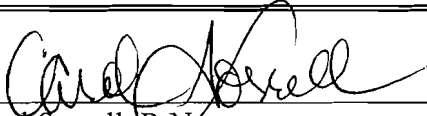
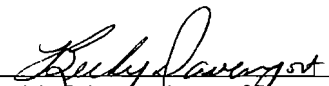




**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Admission/Discharge Notification and Authorization for Contract Facilities		INDEX NUMBER 3.33-P		Page 1 of 3			
RESPONSIBLE DEPARTMENT HEAD: Director of Health Services							
Review Date	08/29/97	07/00	11/2006	03/2009			
Effective Date			02/01/07	04/09/09			
Revision No	08/29/97	07/00	2006-11	2009-04			

Approved		Date	4/9/09
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	3-26-09
	Chief Operating Officer		
Approved		Date	3-30-09
	Associate Medical Director		
Approved		Date	3-24-2009
	Director of Health Services		

POLICY¹:

Contract facilities will fax admission information face sheets to Kern Health Systems (KHS) Utilization Management (UM) at (661) 664-5190 on the day of admission or by the next working day. The contract facility's U.R. 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.

PURPOSE:

To communicate to staff and contract facilities an efficient and orderly procedure for processing and exchanging admission and utilization review information. This procedure is intended to expedite the authorization process between KHS and contracted facilities.

PROCEDURE:

**KERN HEALTH SYSTEMS
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All admissions and discharge notifications must be faxed to KHS ((661) 664-5190 by the contract facilities.

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) 664-5190. 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) 664-5190 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 Case Manager every 24 – 48 hours for authorization for continued stay. If the request for continued facility stay does not support medical necessity, the KHS UM Case Manager is to notify the KHS Medical Director 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

**KERN HEALTH SYSTEMS
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days.

2.3 Serious Health Threats

Decision to approve, modify, or deny health 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 determined following a retrospective review of medical records submitted with a claim. Authorization for payment may not be given if facility fails to notify KHS of admission and the admission is other than emergent in nature.

¹ **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.