

**HIGHLINE MEDICAL SERVICES ORGANIZATION
MEDICAL MANAGEMENT POLICY/PROCEDURE**

TITLE: HOSPITAL ADMISSIONS	Policy Number:	395
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**Title: Hospital Admissions
Last Review: March 23, 2017**

Approved:



Chair

Policy

HMSO and its contracted Health Plans require that all contracted hospitals notify HMSO of all inpatient, observation, and outpatient admissions, excluding routine OB deliveries (vag/CS), within one business day following admission.

Recognizing that the eligibility verification process may prevent a facility from notifying HMSO within this timeframe, HMSO will authorize medically necessary admissions that meet inpatient criteria if notified any time within 2 weeks of discharge when delay is related to eligibility.

Procedure

- A. HMSO requires that current utilization review notes be submitted for all members admitted to hospitals, at least every three (3) days for the length of the admission. HMSO is responsible for ensuring that all criteria are met for admission and continued inpatient treatment.
- B. Clinical reviews may be called or faxed to the HMSO Clinical Review Nurse.
- C. Failure to provide timely and current Utilization Review notes, discharge summary and discharge date may result in denial of payment for the hospitalization.
- D. HMSO will not penalize or threaten a provider or facility with a reduction in future payment or termination of participating provider or participating facility with a reduction or termination of participating provider or participating facility status because the provider or facility disputes HMSO's determination with respect to coverage or payment for health care services.