

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

TITLE: HOSPITAL ADMISSIONS	Policy Number:	395
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Title: Hospital Admissions
Last Review: January 23, 2020

Approved:



Chair

(The following policy and procedure applies to services if delegated under health plan contract)

Policy

HMSO and its contracted Health Plans require that all contracted hospitals notify HMSO of all inpatient admissions excluding routine OB deliveries and routine newborn admissions, within one business day following admission. Notification can be completed 24hrs a day by faxing or calling HMSO UM department.

HMSO does not require prior authorization for transfer from one acute care hospital to another at the same level of care (inpatient to inpatient). The receiving facility is responsible for notifying HMSO of the admission through standard notification process. This process/policy does not apply to Long Term Acute Care (LTAC) or Skilled Nursing Facility (SNF) transfers.

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 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.