blue california
Promise Health Plan

Policy Title: Urgent/Emergent Admission Review		POLICY #: 70.2.2 Line of business: ALL	
Department Name: Utilization Management	**Original Date** 11/97	**Effective Date** 5/19	**Revision Date** 12/18
Department Head: Sr. Director, UM		**Date: 3/21**	
Medical Services/P&T Committee: (If Applicable): PHP CMO		**Date: 3/21**	

PURPOSE

To establish and define mechanisms for the Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department to approve, modify, or deny urgent or emergent hospital admissions.

POLICY

Prior authorization is not required for an emergency admission or for patients in active labor (see Provider Manual for definition of "emergency"). However, prior authorization should be attempted for non-emergent admissions. If the admitting physician is not the member's PCP, the PCP should be notified of admission as soon as possible by Blue Shield Promise or the PCP's medical group.

PROCEDURE

Blue Shield Promise NOTIFICATION: The telephone number for Blue Shield Promise is printed on the member's ID cards and is to be used for notification of admission. This notification should occur prior to admission whenever possible.

BUSINESS HOURS: During business hours, the caller will be connected to the UM Department.

The UM Case Manager will obtain the demographic and clinical information available from the caller. The Case Manager will open the case in Auth Accel.

If there is sufficient clinical information to determine that admission criteria are satisfied, the Case Manager will authorize the admission and will code the case for follow up review (see Concurrent Review Procedure 70.2.3).

If there is not sufficient information to determine satisfaction of admission criteria, the Case Manager will contact the Admitting Physician or hospital Utilization Review (UR) department to obtain more information.

If the additional information satisfied admission criteria the Case Manager will authorize the admission and will code the case the follow up review.

If the additional information does not satisfy admission criteria the case will be pended for review by the Chief Medical Officer or physician reviewer.

Authorizations are indicated by the issuance of an authorization number.

AFTER BUSINESS HOURS: The on call RN will obtain sufficient demographic information to later identify the patient and open the case in the MHCS.

If there is sufficient clinical information to determine satisfaction of admission criteria, the on call RN will authorize the admission. Concurrent review will begin within 24 hrs of receipt of notification of admission (See P&P 70.2.3 Concurrent Review)

If the caller does not have sufficient clinical information to determine satisfaction of admission criteria, the on call RN will ask to be connected to the admitting physician to obtain additional information. If this is not possible, or the clinical presentation still does not satisfy admission criteria, the on call RN will advise the caller that the case will be pended for review the next business day, and tracking number issued.

The case will be subject to retrospective review if the patient is discharged before concurrent review can occur.

Blue Shield Promise UM Case Managers will review the notifications each business day to obtain information regarding admissions during non-business hours.

If circumstances at the time of admission did not allow notification for the PCP or on call RN, the hospital must notify Blue Shield Promise of the admission the next business day. Authorization for admission and continued stay will then be based on the Concurrent and/or Retrospective Review procedures.

REFERENCES