blue california
Promise Health Plan

Policy Title: Elective Admission Review		POLICY #: 70.2.4 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 elective inpatient services.

POLICY

All elective inpatient admissions require an authorization by the Blue Shield Promise Health Plan UM Department. The services must be provided by Blue Shield Promise Health Plan network providers or other providers authorized as part of this review procedure. See separate out-of-network procedure regarding use of non-network physicians or facilitates.

PROCEDURE

REQUEST FOR ADMISSION: Requests for elective inpatient admissions must be obtained by either the member's PCP or by the admitting physician provider. A request for an elective admission will be communicated to Blue Shield Promise UM Department by fax, or telephone, as indicated by the urgency/timeliness of the request. Whenever possible, these requests should be made no less than five business days prior to projected elective inpatient admission.

CASE MANAGER REVIEW: The Utilization Management (UM) Case Manager will review the request for elective admission and evaluate it for satisfaction of criteria i.e. (MCG, Clinical Rationale). Criteria to be evaluated include both clinical indicators for inpatient level of care, as well as choice of physician and facility providers.

- The Utilization Management (UM) Case Manager will obtain the demographic and clinical information available. 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. Pre-determined LOS is **not** assigned.
- If there is not sufficient information to determine satisfaction of admission criteria, the Case Manager will contact the admitting physician to obtain more information.

- If the additional information satisfied admission criteria the Case Manager will authorize it.
- If the additional information does not satisfy admission criteria the case will be pended to the Chief Medical Officer or physician reviewer for review and determination.

MEDICAL REVIEW: if the request for elective inpatient admission does not satisfy criteria at the level of Case Manager Review, then the Blue Shield Promise Chief Medical Officer or physician reviewer will contact the requesting physician to discuss the case. Depending on the information provided by the requestor the Blue Shield Promise physician reviewer may approve the admission, modify the admission, or deny the admission. In some cases, the physician reviewer may decide to consult with an alternate specialty physician before rendering a final decision.

If the admission is approved the case will be returned to the Case Manager for processing as above.

If the requested admission is denied or modified, a denial/modification notification will be issued to the provider within 24 hours and to the member deposited with the United States Postal Service in time for pick-up no later than the third working day after the decision is made, not to exceed 14 calendar days from receipt of the original request. (See Policy # 70.2.11 Medi-Cal or Policy #50.2.11 Medicare)

REFERENCES