| | DEPARTMENT: | Utilization Management- Admin |
|---|---------------------------------|----------------------------------|
| group health | SUBJECT: | Hospital Admission Reviews |
| group health of eau claire KMTSJ, Inc. | PRODUCT LINE: | All |
| | POLICY NUMBER: | UM111 |
| | ORIGINAL POLICY EFFECTIVE DATE: | 11/20/2020 |
| | LAST REVISED DATE: | |
| | LAST REVIEWED DATE: | 11/30/2023 |

POLICY: It is the policy of Group Health Cooperative of Eau Claire (the Cooperative) to review

admissions according to national clinical practice standards and consistently administer the

benefit according to the member's policy.

SCOPE: This policy applies to all hospital admissions including behavioral health, medical, surgical,

and acute rehab. It applies to both inpatient and observations stays. The policy will

address critical access hospitals and product line differences.

PROCEDURE: Prior Authorization/Notification: Yes. As follows:

Prior authorization is required for all elective inpatient admissions for all product lines.

All non-elective inpatient hospital stays require notification for all product lines.

Hospital observation admissions require prior authorization or notification for Cooperative Advantage.

All swing bed admissions require prior authorization.

Review procedure:

- 1. The initial admission is reviewed for medical necessity using the appropriate InterQual criteria set.
- 2. LOS is assigned using InterQual.
- 3. The following admissions require daily concurrent review using InterQual criteria
 - a. Commercial admissions
 - b. Critical access hospital admissions
 - c. IMD (depending on clinical situation)
- 4. Medicaid and Cooperative Advantage require concurrent review after the initial LOS.
- 5. The following admissions require review by a GHC physician:
 - a. All critical access admissions
 - b. All commercial admissions
 - c. All Cooperative Advantage admissions
 - d. All admissions that are beyond the assigned LOS
 - e. All out of network admissions

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| APPROVED | - Michile Bauer MD. | DATE: 11/30/2023 |
|-------------|---------------------------------------|--|
| Formal poli | cies and procedures require departm | nent manager review, approval and signature. Executive |
| and/or adm | inistrative policies and procedures r | equire CEO/General Manager review, approval and signature. |

REVISION HISTORY:

| Rev. Date | Revised By/Title | Summary of Revision |
|------------|------------------------|-----------------------|
| 11/30/2021 | Michele Bauer, MD, CMO | Reviewed. No changes. |
| 11/20/2022 | Michele Bauer MD, CMO | Reviewed. No changes. |
| 11/30/2023 | Michele Bauer, MD, CMO | Reviewed. No changes. |
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