



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

DATE: 2/05/2020

TO: NETWORK INPATIENT FACILITIES

FROM: HSCSN Utilization Management Department

SUBJECT: Inpatient Utilization Review

Dear Providers:

This communication is intended to reinforce HSCSN's concurrent review policy for acute inpatient admissions. HSCSN is clarifying its policy related to initial submission of clinical documentation. Beginning **March 1, 2020**, initial clinical documentation must be submitted on the next business day after admission.

HSCSN's Utilization Management Department has a new fax number for inpatient admission notification. Beginning **March 1, 2020**, all **admission notifications, clinical reviews, requests for discharge coordination and discharge summaries** should be faxed to (202) 407-8955 or e-mailed to expeditedrequests@hschealth.org. During normal business hours, 8 a.m. to 5 p.m. contact the UM Department at 202-721-7162. Contact HSCSN Customer Care at (202)467-2737 for assistance with authorization requests submitted outside of standard business hours (Monday to Friday, 8 a.m. to 5:30 p.m.) or for urgent expedited authorization requests after 5:30 p.m.

Additionally, please note the following to guide your utilization review teams in 2020:

- Providers must notify HSCSN of all admissions within 24 hours.
- Initial clinical documentation must be submitted by the next business day after admission.
- Administrative denials will be issued for lack of timely notification and late submission of clinical documentation.
- Concurrent clinical reviews not received every 3 days or per request will be administratively denied.
- Requests for additional clinical documentation must be received within 2 calendar days of request.
- Observation stays greater than 48 hours require authorization.
- Clinical denials may be issued for inappropriate levels of care.
- Physicians may request a Peer-to-Peer Discussion **only** within 3 business days of any adverse determination.
- HSCSN should be notified of all newborn deliveries.
- HSCSN does not require clinical review for regular newborn nursery if they do not exceed standard timeframes, i.e. 2 days for a vaginal delivery or 4 days for a Cesarean delivery. For

longer hospitalizations or higher levels of care, submission of clinical reviews to justify is required.

- Extended newborn stays beyond mother's discharge require submission of clinical.
- Facility to facility transfers require prior authorization.
- The Discharge date of each hospitalization must be submitted to HSCSN within 1 business day of discharge.

HSCSN thanks you for your partnership and looks forward to greater collaboration in this New Year.

Sincerely,



Kiesha Smith
Director of Utilization Management
Health Services for Children with Special Needs

CC: Eric Levey, MD, CMO
CC: Ranota Hall, MD, CPMO
CC: Christine Golden, PhD, Director of Psychology Services

For more information visit www.hschealth.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

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Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 202-467-2737 打電話，我們會有代表幫助您。 **Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 0시 00분에서 오후 0시 00분 사이에 202-467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeler 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.