SAN FRANCISCO HEALTH PLAN

CO-67: Post-Stabilization and Inpatient Concurrent Review Authorizations

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	12/23/2025	New Policy
Signed by: Steve O'Brien 60DFB20814944C4...	CMO	12/23/2025	

San Francisco Health Plan℠

SFHP POLICY AND PROCEDURE

Post Stabilization and Inpatient Concurrent Review Authorizations

Policy and Procedure Number:	CO-67
Department:	Clinical Operations
Accountable Lead:	Clinical Operations Policy Analyst
Lines of Business and Coverage Programs Affected:	☒Medi-Cal ☒SFHP Care Plus (HMO D-SNP) ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan's (SFHP) Clinical Operations Department conducts utilization management (UM) by reviewing authorization requests and applying clinical criteria to make evidence-based decisions, in accordance with the benefits covered under our contracts and other program agreements, thereby ensuring the medical necessity of services provided to members. The purpose of this policy is to outline the process for review of post stabilization and inpatient concurrent review authorizations.

SFHP ensures authorization requests for inpatient services are reviewed and notification of members and providers are completed in a timely manner consistent with regulatory requirements. Timeliness of determinations are made consistent with the turnaround times outlined CO-22: Medical Authorization Requests and Decision Timeframes and utilizing the medical necessity criteria outlined in CO-57: UM Clinical Criteria.

Refer to CO-65: Medicare Notices for Discharge or Coverage Termination for information regarding hospital discharge notification requirements. Refer to CARE-10: Behavioral Health Services for information regarding psychiatric inpatient hospital services.

All sections within this policy apply to SFHP's three (3) managed care lines of business unless otherwise specified.

PROCEDURE

I. Post Stabilization

A. Following the resolution of an emergency medical condition, where a member's condition has been stabilized but the treating provider believes that the enrollee may not be discharged safely, hospitals may request post-stabilization services by calling (415) 615-4525. Only one call is required.

1. SFHP Concurrent Review (CCR) Nurses and Medical Director are available to coordinate services with the treating provider for members admitted to in-network and out-of-network emergency departments and inpatient units 7 days a week, 8:30 a.m. – 9:00 p.m., by phone at (415) 615-4525, as needed for member's care. After 9:00pm and until 8:30am, the call made to 1(415) 615-4525 is forwarded to the SFHP Medical Director or CMO that is on-call (refer to CO-63: Health Plan Physician Availability for Access Assistance policy).
2. When contacted by a hospital for authorization of post-stabilization care or to transfer a member, staff immediately respond. If staff are unable to respond to a hospital's initial contact within 30 minutes, the medically necessary post-stabilization care is authorized pursuant to HSC § 1371.4.

B. All requests for authorization, and all responses to such requests for authorization, of medically necessary post-stabilization care services are fully documented. Documentation includes, and is not limited to, the date and time of the request, the name of the health care provider making the request, and the name of the SFHP representative responding to the request.

C. SFHP does not deny medically necessary post-stabilization services.

D. SFHP is financially responsible for medically necessary post-stabilization care services obtained from in-network and out-of-network providers that are not pre-authorized by SFHP, but administered to maintain, improve, or resolve the member's stabilized condition if:

1. SFHP does not respond to a request for pre-approval within the 30-minute allotted time frame per Title 28 CCR section 1300.71.4.
2. SFHP cannot be contacted.
3. SFHP and the treating provider cannot reach an agreement concerning the member's care and an SFHP physician is not available for consultation.
4. In accordance with California Health & Safety Code Section 1371.4(d**)**, if there is a disagreement between SFHP and the provider regarding the need for necessary medical care following stabilization, SFHP shall assume responsibility for the patient's care by either:
    a. Having contracted medical personnel take over the patient's care within a reasonable timeframe, or
    b. Arranging for transfer to another contracted general acute care hospital, as outlined in Sections 1317.2, 1317.2a, or other applicable statutes.

    If SFHP fails to meet these requirements, further necessary care shall be deemed authorized, and payment for such care may not be denied.

5. Per California Health & Safety Code Section 1371.4(j)(2), SFHP shall reimburse a hospital for post-stabilization care rendered to an enrollee if any of the following occur:
    a. SFHP authorizes the hospital to provide post-stabilization care.
    b. SFHP does not respond to the hospital's initial contact or fails to make a decision regarding authorization or transfer within the required timeframe.
    c. There is an unreasonable delay in transfer, and the noncontracting physician or surgeon determines that post-stabilization care is required.

II. Inpatient Concurrent Review Authorizations

A. SFHP requires timely notification of acute inpatient admissions from the admitting hospital ED by calling the inpatient notification line at (415) 615-4525. A voicemail or fax (415) 547-7822 is available 24/7.

B. In-network and out-of-network hospitals should provide SFHP with notice of the acute inpatient admission within 24 hours or by 5:00 p.m. the next business day.
1. Notification after discharge follows the retrospective authorization request process, described in CO-22: Authorization Requests and Decision Timeframes
2. Any claim submitted by an in-network and out-of-network hospital is subject to a retrospective review and audit for medical necessity and appropriate billing.
3. This section does not apply to Administrative Days, which are described in section G below.

C. A notification of an acute inpatient admission that is underway (i.e., receipt of an inpatient face sheet) is not considered a post-stabilization request. These are classified as urgent concurrent review requests.

D. Urgent concurrent requests are processed within 72 hours of receipt of the request. The requesting provider is notified of the decision to approve or deny the authorization request verbally or in writing via fax within 72 hours of the request.

E. All acute inpatient admissions, where the member is still in-house, are always considered urgent reviews and are never downgraded to routine reviews.

III. Determination of Medical Necessity

A. SFHP ensures that it processes for post stabilization and inpatient concurrent review meet contractual and regulatory requirements. SFHP utilizes the criteria outlined in CO-57: UM Clinical Criteria.

B. SFHP requires sufficient clinical information at the time of admission to determine medical necessity and appropriate level of care.
1. Timeliness of clinical record requests
    a. Clinical information must be provided within 24 hours of admission or within the stated timeframe on the clinical request.
    b. Delayed or inadequate provision of medical records may result in medical necessity denial.

C. If the SFHP MD determines that the admission does not meet medical necessity criteria for an inpatient hospital stay, SFHP denies the admission. If the provider disagrees and believes that the member is meeting medical necessity criteria, the provider must notify SFHP's Concurrent Review team while the member is still hospitalized within one (1) business day and request to reopen the authorization and review the admission. If the member has already discharged, the provider must follow the Provider Dispute Resolution (PDR) process outlined in CL-07: Provider Dispute Resolution Mechanism.

IV. Repatriation

A. Pediatric members (Age 20 or younger) in the SF Community Clinic Consortium (CLN) or SF Health Network (SFN), which are assigned to Zuckerberg San Francisco General for their hospital services, are repatriated when they have been seen in another hospital Emergency Department (ED) and referred for an unplanned inpatient admission or when admitted as an inpatient at another hospital.

B. When SFHP Concurrent Review (CCR) staff receive a request for repatriation, staff will verify repatriation eligibility. If member is eligible and stable for transfer per transferring treating provider, SFHP coordinates potential transfer with member's in-network hospital. Upon medical necessity review and verification from the transferring hospital that the member/authorized representative are agreeable to transfer, a referral is sent to ZSFG UM department.

V. Observation Days

A. SFHP covers observation days following the "two-midnight rule". If a treating provider expects a member to need hospital care spanning at least two midnights (48 hours), the stay is considered inpatient. If the stay is expected to be shorter than that, the member may be placed in observation status. Two observation days are covered without authorization. On the third day, it is the hospital's responsibility to discharge the member or convert them to an inpatient status.

VI. Administrative Days

A. Administrative days are a SFHP covered benefit with dates of service February 1, 2015 or later for Medi-Cal members.

B. Concurrent reviewers review and authorize only medically necessary Level 1 and Level 2 administrative days using MCG Recovery Facility Care guidelines. Members who are subject to concurrent review under a delegated medical group are out of scope for administrative day review by SFHP.

C. The types of administrative days to be reviewed are:

1. Administrative Days Level 1: A lower administrative days level of service rendered to a patient in an acute care hospital awaiting placement in a Nursing Facility Level A (NF-A) or Nursing Facility Level B (NF-B). SFHP performs medical necessity review using MCG Recovery Facility Care guidelines.
2. Administrative Days Level 2: For services rendered to patients awaiting placement in a sub-acute Nursing Facility. SFHP performs medical

necessity review using MCG Recovery Facility Care guidelines on a weekly basis. Per DHCS guidelines, Level 2 administrative days are allowed to private hospitals. Publicly funded hospitals are not allowed Level 2 administrative day authorizations. Publicly funded hospitals include UCSF and ZSFG.

D. If an administrative day is not deemed medically necessary by Recovery Facility Care guidelines criteria on review by the MD, the day is denied, and the denial process is initiated.

VII. Same Day Admissions and Discharges

A. If the day of discharge or death is the same calendar day as the day of admission, one (1) hospital day must be authorized if it meets medical necessity criteria. Otherwise, SFHP does not authorize for the day of discharge.

B. If repatriation occurs on the day of admission, the hospital is authorized one (1) hospital day.

VIII. Psychiatric Admissions

A. Psychiatric emergency medical conditions do not require authorization from SFHP. Admission to a hospital psychiatric unit or acute psychiatric hospital for care or treatment solely necessary to relieve or eliminate a psychiatric emergency should be referred to and managed by San Francisco Behavioral Health Services (SFBHS) for Medi-Cal line of business and Carelon Health Services for Care Plus and Healthy Workers line of business for utilization management services.

IX. Voluntary Inpatient Detoxification (VID)

A. Voluntary inpatient detoxification (VID) is fee-for-service (FFS) Medi-Cal benefit that is available to all Medi-Cal beneficiaries.

B. Beneficiaries who meet medical necessity criteria as defined in Medi-Cal Managed Care Division All Plan Letter 14-005 may receive VID services in a general acute care hospital. Services are not available through a Chemical Dependency Treatment Facility or an Institution for Mental Disease.

C. For members admitted out of network or out of medical group, SFHP CO staff may attempt to repatriate to the member's assigned hospital.

D. SFHP CO staff follows any members admitted for VID services for concurrent review.

E. VID services require an approved Medi-Cal Treatment Authorization Request (TAR). SFHP CO staff notifies VID providers of their requirement to submit a TAR to the local Medi-Cal field office for approval.

X. Authorization for Maternity Admissions

A. Time Period. SFHP does not restrict inpatient hospital care to a time period less than 48 hours following a normal vaginal delivery and less than 96 hours following a delivery by caesarian.

B. Newborn Authorization. Initial inpatient newborn care is automatically authorized if the mother's admission is authorized. The neonate is assigned the same authorization number as the mother.

C. NICU Admission. If the infant is admitted to the Neonatal Intensive Care Unit (NICU) and requires a longer stay in the hospital after the mother's discharge, SFHP must be notified. A new authorization number must be assigned, and medical review must be done to justify the continued stay of the infant. Hospitals are required to report neonates admitted to the NICU who may be eligible for coverage under CCS as outlined in CARE-12 California Children's Services (CCS).

XI. Delegated Medical Groups

A. Delegated medical groups are required to respond to post stabilization requests within thirty (30) minutes of notification per H&S Code §1371.4 (j)(1), unless other arrangements have been made.

B. SFHP is responsible for authorizing out-of-area acute inpatient admissions for members assigned to Hill Physicians (HIL) and Brown & Toland Physicians (BTP) medical groups. HIL and BTP must notify SFHP at the time of admission for any out-of-area admissions that need to be managed by SFHP.

MONITORING

A. Monthly, the utilization management (UM) workgroup monitors authorization and appeal metrics, clinical member grievance (including Independent Medical Reviews, State Fair Hearings, and Consumer Complaints) trends, as well as service utilization trends. The UM workgroup submits reports to the Utilization Management Committee (UMC) and Quality Improvement and Health Equity Committee (QIHEC) for oversight, input, and strategic direction. Collaboratively, the committees make recommendations for corrective action and/or identify where UM processes can be revised, if necessary, to improve member experience, address barriers, and ensure the UM criteria are consistent with current industry and evidence-based practices and state/federal regulations.

B. Quarterly, the Clinical Operations Nurse Trainer Auditor conducts an internal audit of authorization files including adverse and favorable determinations. The purpose of the internal audit is to ensure authorization files meet the statutory/regulatory requirements of CMS/DHCS/DMHC as well as accreditation guidelines of NCQA. The audit follows NCQA's 8/30 audit sample methodology.

C. Annually, inter-rater reliability audits are conducted for both physician and nurse reviewers to ensure decision making accuracy and consistency.

D. Annually, the Clinical Operations Director leads a cross-functional evaluation of the UM Program's effectiveness. The evaluation process includes reassessment of program structure, scope, processes and sources used to determine benefit

coverage and medical necessity. It considers member and practitioner experience, regulatory compliance, data trends, and a status assessment of annual goals and activities. The UM Evaluation informs the UM Workplan. The UM Evaluation, UM Workplan, and UM Program Description are reviewed and approved by the UMC and QIHEC.

E. The SFHP Chief Medical Officer (CMO), Medical Director, or physician designee identifies potential quality issues (PQI), including provider preventable conditions (PPCs), and follows the PQI process defined in QI-18 and the PPC process defined in QI-19.

F. Annually, medical groups delegated to perform utilization management are audited as outlined in DO-02 Oversight of Delegated Functions. In addition, to provide real-time oversight, SFHP's Delegation Oversight Nurse conducts quarterly authorization files review audits.

DEFINITIONS

Delegation of UM Decisions: Occurs when SFHP gives another entity the authority to carry out the UM function that it would otherwise perform. This authority includes the right to decide what to do and how to do it within agreed parameters. A mutual agreement defines the specific functions that are delegated in compliance with standards established by the National Committee on Quality Assurance (NCQA), the California Department of Health Care Services (DHCS), the California Department of Managed Health Care (DMHC), and others. SFHP is obligated to oversee delegated functions (i.e., to ensure that these functions are properly performed). Medical groups that are delegated by SFHP for UM include North East Medical Services (NEMS), Brown & Toland Physicians (BTP), Hill Physicians (HIL), Jade Health Care (JADE), and All American Medical Group (AAMG).

Medical Necessity: The Medicare definition of medical necessity are services reasonable or necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member as defined in §1862(a)(1)(A) of the Social Security Act. The Medi-Cal definition of *medical necessity* for members 21 and over is reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury. For Medi-Cal members under 21 who are eligible for EPSDT services, services are determined to be medically necessary when needed to correct or ameliorate defects and physical and mental illnesses or conditions.

Post-stabilization Care: Services related to an emergency medical condition that a treating provider views as medically necessary that are provided to a patient after an emergency medical condition has been stabilized to maintain, improve, or resolve the patient's stabilized condition. In most cases except intensive care unit (ICU)

admissions, change to inpatient status reflects post-stabilization care, since the patient may be transferred safely to an acute unit or to another facility.

Retrospective (Post-Service) Review: Request for authorization after the first **and** last date of service have occurred (post-service).

Repatriation: Transfer of a member from a hospital outside of the member's medical group to the member's assigned hospital.

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Health Services – Clinical Operations
Operations – Claims
Operations – Member Services
Operations – Provider Network Management

RELATED POLICIES & PROCEDURES, DESKTOP PROCESS and PROCESS MAPS

1. CARE-18: Transitional Care Services
2. CL-07: Provider Dispute Resolution Mechanism
3. CO-01: Utilization Management Notice of Action Letters
4. CO-02: Skilled Nursing and Custodial Long-Term Care (LTC) Admissions
5. CO-12: Emergency Medical and Psychiatric Services
6. CO-22: Medical Authorization Requests and Decision Timeframes
7. CO-26: Discharge Planning
8. CO-32: Hospice Care
9. CO-57: UM Clinical Criteria
10. CO-59: Investigational or Experimental Services
11. CO-63: Health Plan Physician Availability for Access Assistance
12. CO-65: Medicare Notices for Discharge or Coverage Termination

REVISION HISTORY

Original Date of Issue: December 18, 2025
Revision Approval Date(s):

REFERENCES

1. 28 CCR §§1300.67, 1300.67.2.2, 1300.71.38, and 1300.71.4
2. DHCS/SFHP Contract, Exhibit A, Attachment III, Subsection 2.3 (Utilization Management Program)
3. H&S Code §§1367, 1367.01, 1367.62, 1363, 1371.4, 1371.5, 1374.72 and 1262.8

4. Medi-Cal Bulletin 438, March 2011
5. DHCS APL 21-011: Grievance and Appeal Requirements, Notice, and “Your Rights” Templates
6. DHCS APL 23-009: Authorization for Post Stabilization Care Services
7. DMHC APL 24-012: Single Point of Contact for Hospitals to Request Authorization for Post Stabilization Care