



Policy: GG.1501
Title: **Inpatient Length of Stay (LOS) Assignment**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 06/05/2024

Effective Date: 10/01/1995

Revised Date: 06/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the procedure and guidelines for assigning inpatient Length of Stay (LOS) for CalOptima Health Members.

II. POLICY

- A. CalOptima Health's Utilization Management (UM) Department shall assign an authorized inpatient admission and LOS based on Medical Necessity and nationally recognized, evidence-based criteria.
- B. CalOptima Health's UM Department shall base all authorized inpatient extensions for continuing hospitalization on Medical Necessity and nationally recognized, evidence-based criteria.
- C. CalOptima Health shall notify a Member and Provider of a decision to deny, delay, or modify health services requested by Providers prior to, retrospectively, or concurrent with the provision of health care services, in accordance with CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization.

III. PROCEDURE

- A. Hospital and Skilled Nursing Facilities (SNF) are required to notify CalOptima Health within twenty- four (24) hours or within one (1) Working day of an inpatient admission or by the next business day when the admission occurred on a weekend or holiday.
- B. Hospitals and SNFs shall use secure methods, including fax, telephone, and/or an Admit, Discharge, Transfer (ADT) Feed to inform CalOptima Health of any hospital admissions of a Member. The information shall include, at a minimum the, following:
 - 1. Face sheet;
 - 2. Clinical information;
 - 3. Hospital or facility information; and
 - 4. Date and Time of the admission.

- C. CalOptima Health's UM Department shall assign a LOS to every admission notification, at the time of the initial authorization review. The UM Department shall utilize the following criteria:
 - 1. Medi-Cal and Medicare guidelines;
 - 2. Centers for Medicare & Medicaid Services (CMS) National and Local Coverage Determination Guidelines;
 - 3. MCG; and/or
 - 4. Other criteria as approved by the Utilization Management Committee and CalOptima Health's Chief Medical Officer (CMO), or by their Designee.
- D. Before, the expiration of the assigned LOS, CalOptima Health's UM Department shall perform concurrent review and authorize days based on the clinical information available to justify the Medical Necessity for continued hospitalization. For concurrent review, care shall not be discontinued until CalOptima Health notifies the Member's treating Provider of a decision and a care plan has been agreed upon by the treating Provider that is appropriate for the medical needs of the Member.
- E. The UM Department shall refer days that do not meet criteria to CalOptima Health's Medical Director for review and approval or denial.
- F. CalOptima Health's Medical Director shall perform periodic evaluations of LOS determinations and annual Inter-Rater Reliability audits on all CalOptima Health licensed staff to ensure appropriate LOS assignments by CalOptima Health's UM Department.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
- D. CalOptima Health Utilization Management Program
- E. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-009: Authorizations for Post-Stabilization Care Services

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/03/2015	Department of Health Care Services (DHCS)	Approved as Submitted - AIR

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/1995	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal
Revised	03/01/1999	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal
Revised	05/01/2007	GG.1501	Inpatient Length of Stay Assignment for CalOptima Direct Members	Medi-Cal
Revised	12/01/2013	GG.1501	Inpatient Length of Stay Assignment for CalOptima Direct Members	
Revised	03/01/2015	GG.1501	Inpatient Length of Stay Assignment for CalOptima Direct and CalOptima Community Network Members	Medi-Cal
Revised	11/01/2015	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	08/01/2017	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	10/01/2018	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	06/01/2020	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	05/01/2021	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1501	Inpatient Length of Stay Assignment	Medi-Cal OneCare
Revised	06/01/2024	GG.1501	Inpatient Length of Stay (LOS) Assignment	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Admission, Discharge, and Transfer (ADT) Feed	A standardized, real-time data feed sourced from a health facility, such as a hospital, that includes Members' demographic and healthcare encounter data at time of admission, discharge, and/or transfer from the facility.
Authorization Request Form	CalOptima Health's form to request authorization for Covered Services.
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Length of Stay (LOS)	The length of an inpatient episode of care, calculated from the day of admission to the day of discharge, and based on the number of nights spent in hospital.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a health care Provider to obtain advance approval of Medically Necessary Covered Services, including the amount, duration and scope of services, except in the case of an emergency.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>

Term	Definition
Provider	<p><u>Medi-Cal</u>: A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Skilled Nursing Facility (SNF)	<p><u>Medi-Cal</u>: Skilled Nursing Facility (SNF): As defined in Title 22 CCR Section 51121(a), any institution, place, building, or agency which is licensed as a SNF by the California Department of Public Health or is a distinct part or unit of a hospital, meets the standard specified in Section 51215 of these regulations (except that the distinct part of a hospital does not need to be licensed as a SNF) and has been certified by DHCS for participation as a SNF in the Medi-Cal program. Section 51121(b) further defines the term "Skilled Nursing Facility" as including terms "skilled nursing home", "convalescent hospital", "nursing home," or "nursing facility."</p> <p><u>OneCare</u>: A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p>
Working Days	Monday through Friday, except for state holidays as identified at the California Department of Human Resources State Holidays page.