

# PROVIDER Bulletin



April 22, 2021

This Provider Bulletin applies to the lines of business and provider types checked below:

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|--|---|---|
| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid)            | <input checked="" type="checkbox"/> Ancillary               | <input checked="" type="checkbox"/> Hospitals   |



Please consider this Provider Bulletin as the Plan's formal reminder that Quality Medical Consultant Group: QMC Cares has been selected as our hospital vendor, **effective January 1, 2019**.

QMC Cares will provide coordination of inpatient care services for PHP (Medicare) enrollees. QMC Cares is authorized to manage inpatient care for PHP members throughout initial Consult, Admission, Follow-up and Discharge at your facility, in the absence of the enrollee's primary care physician.

We are confident QMC Care will optimize the coordination of inpatient care for our members and deliver outstanding healthcare services on behalf of our network. If you have any questions or concerns, please do not hesitate to contact us or anyone from our Medical Utilization Department at 1-866-990-9322. **All information may be faxed to 1 (888) 972-5340.**

## UTILIZATION MANAGEMENT NOTIFICATION

- Authorization is required for all Hospital or facility-based care (Acute, Observation, Sub-acute/Rehab, SNF, Long Term Care and Hospice)
- Hospital must notify PHP of all admissions WITHIN 24 HOURS OR NEXT BUSINESS DAY.

## REQUIRED INFORMATION FOR ALL INPATIENT ADMISSIONS

- Hospital Face Sheet/Demographic Sheet
- Admitting Diagnosis, Admitting Physician with contact phone number
- History and Physical
- ER notes, Admission orders, Consultations
- Laboratory and Diagnostic Results
- Physician orders, including discharge orders with discharge diagnosis
- Level of Care (e.g., transition from observation to inpatient, hospice, acute to subacute, ambulatory to observation)
- Progress notes (to include any discharge planning)
- Timely notification of Discharge Plan (at least 24 hours in advance)
- Utilization review notes from Hospital or other applicable entity substantiating documentation to support medical necessity for admission. PHP uses McKesson InterQual Criteria Sets
- Discharge Summary submitted to Plan as soon as available but no later than 30 days following day of discharge

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHE, PHC or PHP. If you have any questions contact the Provider Relations Department. Florida providers please email Provider Relations Department [FLPR@phcplans.org](mailto:FLPR@phcplans.org). California providers please email the California Provider Relations Department at [CAPR@aidhealth.org](mailto:CAPR@aidhealth.org). Georgia providers please email [GAPR@positivehealthcare.org](mailto:GAPR@positivehealthcare.org).