









This notice explains Home State Health's standard **Inpatient Concurrent Review Process**. Our goal is to ensure timely, medically necessary care for our members while supporting efficient discharge planning and meeting all contract and regulatory requirements.

Concurrent Review Overview

Concurrent review is the process of evaluating the medical necessity of services while the member is actively receiving care. This process includes initial admission reviews, continued stay reviews, and discharge planning.

Key Process Components

1. Notification Requirements

- Facilities must notify Home State Health of all inpatient admissions within one business day of admission, or as specified in your provider contract.
- Late notifications may result in administrative denials for days prior to notification.

2. Medical Necessity Review

- Reviews are conducted using InterQual® or LOCUS/CALOCUS criteria.
- When criteria are met, an admission or continued stay is approved.
- When criteria are not met, the continued stay is evaluated by a Home State Health Medical Director.

3. Continued Stay Review (CSR)

- Review frequency is based on member acuity and facility type:
 - High/Medium Acuity: Every 3–4 days
 - Low Acuity: Every 1–2 days
- DRG facilities: Review periods will not exceed 7 days.

4. Request for Information (RFI)

- Home State Health may occasionally request additional clinical documentation from providers.
- Prompt facility responses are critical to prevent delays or denials in care or claims.

HomeStateHealth.com	Home State: 1-855-694-4663 / TTY: 711
HomeStateHealth.com	Show Me Healthy Kids: 1-877-236-1020 / TTY: 711
Ambetter.HomeStateHealth.com	Ambetter: 1-855-650-3789 / TTY: 711
Wellcare.com/AllwellMO	Wellcare By Allwell: MAPD 1-800-977-7522 / D-SNP: 1-844-796-6811 / TTY:711
Wellcare.com	Wellcare: MAPD 1-833-444-9088 / D-SNP: 1-833-444-9089 / TTY: 711











5. Discharge Planning

- Begins on day one of each admission.
- Collaboration with the Home State Health clinical team ensures safe and timely transitions of care.
- Members with complex needs may be referred to Care Management.

6. Decision Notifications

- Providers will receive written or electronic notifications of determinations within one (1) business days of request receipt.
- Urgent requests are processed within 24 hours.

Important Reminders

- Ensure member eligibility, including presence of other insurance coverage, prior to submitting requests.
- Include all relevant clinical documentation to support medical necessity.

For additional guidance or questions regarding this process, please contact our Utilization Management team for HSH 1-855-694-4663, SMHK 1-877-236-1020 or refer to the Home State Health Provider Resource Manual, available at https://www.homestatehealth.com/providers/tools-resources.html.

Thank you for your continued partnership in delivering high-quality care to our members.

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