

July 1, 2022

Subject: Changes to the Observation Review Process

Dear Provider,

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) would like to inform you of a change to the observation review process for inpatient facilities.

Previously, inpatient facilities were required to submit authorization requests within 24 hours of admitting Presbyterian members for observation visits, and these visits were processed as expedited concurrent reviews. Because Presbyterian is unable to reach a decision until the member has been discharged, we are changing this process.

Effective immediately, observation stay requests will be processed as retrospective reviews. This change allows for inpatient facilities to send all supporting clinical documentation upon a member being discharged from a facility. Retrospective reviews also ensure that the length of the member's visit is accurately captured on the authorization request and the most appropriate determination is made. Presbyterian is allotted 30 calendar days to reach a determination.

If you have any questions or concerns regarding this change, then please contact your Provider Network Operations relationship executive. Their contact information can be found in the Presbyterian Provider Network Contact Guide available at <http://www.phs.org/ContactGuide>.

As always, thank you for partnering with us to improve the health of the patients, members and communities we serve.

Healthy regards,

Presbyterian Provider Network Operations

Provider Network Operations



Hours: Monday through Friday, 8 a.m. to 5 p.m.



Phone: (505) 923-5757

Contact Guide: www.phs.org/ContactGuide



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