

POLICY:	<b>HIM 02.20 Utilization Review Plan</b>	
Effective Date:	10/18/94	
Revision Date:	1/25/07, 2/7/14, 01/18/15	
Review Date:	10/19/07, 11/19/08, 11/25/08, 11/11/09, 12/20/10, 5/30/11, 12/2/11, 11/26/12, 2/11/14	
Owner:	DNS	
Reviewer:	HIM Manager	
Approved:		_____ Bradley Howell, CEO

**PURPOSE:**

Roundup Memorial Healthcare (RMH) is committed to promoting our services to the community through positive actions so that we will remain a viable facility and become the nucleus for family health care in our community. The purpose of Utilization Review (UR) is to limit denials, maximize reimbursement, while promoting efficient, effective, quality health care.

**POLICY:**

It is the policy of RMH to regularly review the admissions, continued stays and discharges of all patients, to assure appropriate placement and provision of medically needed services to its patients and residents.

The UR Plan is approved by the Medical Staff and Governing Board annually, and revised as appropriate to reflect findings of the hospital utilization review activities.

**OBJECTIVE:**

Concurrent review is performed to assess appropriateness of admission before and during hospitalization, measuring against intensity of service/severity of illness criteria, generic quality screens, discharge screens and the 2 Midnight Rule.

Retrospective review identifies trends of utilization, and serves as an educational tool, to continuously improve the quality of medical care. The information is gathered from monthly discharges, not monthly payment.

UR Committee members consist of the Chief of Staff or designee, Director of Nursing Services (DNS), Chief Executive Officer (CEO), Health Information Management (HIM) Manager, Case Manager and UR Coordinator (DNS or designee).

**SCOPE:**

- UR Committee members do not have direct financial interest (ownership) in the facility;
- Records utilized in the review process are to remain confidential.

**CONCURRENT REVIEW:**

Occurs daily (except weekends and holidays), consisting of the attending practitioner(s), DNS and/or staff nurse and Case Manager, and focuses on at least the following areas:

- Appropriateness of admission utilizing the guidelines established by the Mountain-Pacific Quality Improvement Organization (QIO), CMS's 2 Midnight Rule, and Interqual's criteria;
- Professional and ancillary services furnished;
- Anticipated length of stay for acute inpatient (must be less than 96 hours) related to diagnosis and patient's condition, utilizing CMS guidelines as appropriate;
- Discharge planning is initiated to facilitate discharge as soon as acute inpatient level of care is no longer required.
- The records not meeting criteria are referred back to the attending provider.
- Determination that an admission or continued stay is not medically necessary can be made by the UR Coordinator and referred to the reviewing physician.
- UR Coordinator or reviewing physician must consult the practitioner(s) responsible for the care of the patient prior to making the determination that an admission or continued stay is not medically necessary, allowing the practitioner the opportunity to present their views.
- If the reviewing physician decides that an admission or continued stay is not medically necessary, written notification must be given, no later than two days after the determination, to the hospital, patient, and practitioner(s) responsible for the care of the patient.
- DNS and/or designee, notifies Medical Review Consultants (MRC) on a weekly basis regarding any skilled swing bed patients. If the facility concurs with the decision of the MRC coordinator and physician advisor that a patient is not at the skilled level of care, the facility is responsible for issuing the letter of denial to the patient and/or family.
- All activity related to medical necessity, discharge planning, etc. will be documented on the UR spreadsheet which is a shared document for all staff involved.
- If concerns are raised regarding the quality of care provided at RMH by any of the providers, as a result of a review performed by outside agencies, this information will be reported to the UR Committee, Medical Staff Committee, and Governing Board, with corrective action as deemed appropriate. The HIM is the contact person for the above agencies in regards to releasing records and receiving review results and will be responsible for informing the CEO.