

BUILDING UTILIZATION REVIEW COMMITTEE

Getting organized and what works for
your facility.

[42 CFR 482.30 - Condition of participation: Utilization review](http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec482-30.pdf)

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The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.

(b) Standard: Composition of utilization review committee. A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in § 482.12(c)(1).

(1) Except as specified in paragraphs

(2) (b) (2) and (3) of this section, the UR committee must be one of the following:

(i) A staff committee of the institution

(ii) A group outside the institution—

(A) Established by the local medical society and some or all of the hospitals in the locality; or

(B) Established in a manner approved by CMS.

(2) If, because of the small size of the institution, it is impracticable to have a properly functioning staff committee, the UR committee must be established as specified in paragraph (b)(1)(ii) of this section.

DEVELOPING A U.R. REVIEW PLAN



Department: Administration

Name of Subject: UTILIZATION REVIEW PLAN

Policy Procedure

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Approved by: Steve Cary, CEO

Date: 7/31/09

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Original Effective Date: 7/31/09; Revised 9/15/09, 6/8/11

Policy/Procedure Number:

Copies made for the following departments: Nursing, Medical Records, Physical Therapy, and

Swing Bed

DESCRIPTION OF POLICY

The Utilization Management Program of Mineral Community Hospital (MCH) shall endeavor to promote appropriate allocation of the hospital's resources while striving to provide high quality care to each patient in a cost-effective and timely manner. MCH shall maintain a Utilization Management Committee to oversee and ensure proper utilization management functions in the organization.

Goals of the Utilization Review Committee

- To assure the development, maintenance and execution of an effective Utilization Management Plan by developing an interdisciplinary and proactive approach to Utilization Review
- To assure that the medical care evaluation studies and concurrent review as required by the plan are continuously performed and documented in a timely manner, as well as meet the Conditions of Participation of CMS
- To promote efficient utilization of resources and services through concurrent and retrospective review of the medical necessity for inpatient, outpatient observation and skilled admissions, appropriate length of stay, timely and appropriate use of diagnostic and/or therapeutic services by sharing information/knowledge effectively.

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- To assure cooperation and support from all review organizations in measuring the utilization and quality of services established by the medical staff standards and as indicated by establishing measurable quality indicators.

- Between the UR Provider, Director of Nursing Services, and the UR Manager 10% of all registrations will be reviewed and recorded.

- To assure that the medical record substantiates through clear documentation the quality and utilization of services needed for the management and progress of each patient

Utilization Review Committee (UR Committee)

Authority

The Utilization Review Committee is a standing subcommittee of the Quality Improvement Committee established by the Medical Staff in accordance with the bylaws, rules, and regulations of the Medical Staff of the hospital and with the approval of the Board of Trustees.

Membership

Provider members are appointed annually from the Medical Staff. Non-provider members include the Utilization Manager, Chief Financial Officer, Director of Nursing Services, Quality Improvement Coordinator, Business Office Manager, Certified Professional Coder, CEO, and representatives from other hospital departments as needed.

No committee member shall have direct financial interest in the hospital, or ownership, and no physician will participate in the review of a case in which he or she is professionally involved. No MCH Board of Trustees may be a member of the UR Committee as he is involved in UR Committee decisions.

Meetings

The UR Committee will meet at least quarterly and on an as needed basis. The Utilization Manager will maintain Committee minutes.

Committee Responsibilities

- Receive all denied and potentially deniable inpatient, outpatient observations and skilled days of care or denied costs from third-party payers. Initiate appeals and education to avoid denials. The following data will be presented to the UR Committee for review:
 - Inpatient, Skilled, and Observation payment denials
 - Non-Skilled observation hours
 - Potentially avoidable days
 - One-day inpatient stays
 - Inpatient stays greater than 4 days
 - Compliance with Medicare quality measures
- The committee will suggest practitioner educational topics regarding clinical documentation and other UR-related issues for presentation to the general Medical Staff.

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MCH UM COMMITTEE MEMBERSHIP

- Provider appointed annually by Medical Staff
- Utilization Manager
- Chief Financial Officer
- Director of Nursing
- Quality Improvement Coordinator
- Business Office Manager
- Certified Professional Coder
- CEO
- Other Representatives as needed

Committee Responsibilities

1. Review all denied and potentially deniable inpatient, outpatient observations and skilled days of care or denied costs from third-party payers. Initiate appeals and education to avoid denials. The following data will be presented to the UR Committee for review:
 - Inpatient, Skilled, and Observation payment denials
 - Non-billable observation hours
 - Potentially avoidable days
 - One-day inpatient stays
 - Inpatient stays greater than 4 days
 - Compliance with Medicare quality measures
2. suggest practitioner educational topics regarding clinical documentation and other UR-related issues for presentation to the general Medical Staff.
3. Make inquiries of hospital ancillary departments regarding delays in the provision of services, and through information provided by the UM staff, track the utilization of ancillary resources by provider, diagnosis and medical service.
4. Refer individual cases where there is concern that patient quality of care was compromised to the appropriate department
5. Recommend appropriate changes in hospital procedures and medical staff practices that will result in more efficient utilization of hospital resources.
6. Initiate and support the issuance of HINN letters as indicated by federal guidelines for Medicare and Medicaid, and as appropriate for third-party payers.
7. Monitor utilization review activities performed by outside agencies as necessary.
8. Serve as a resource to develop corrective action plans for quality utilization issues as indicated by the Quality Improvement Organization (QIO).

Develop a committee that fits your facility needs

Every CAH can be different. Let your committee build its plan, processes and forms based to your own facility needs.



MINERAL COMMUNITY HOSPITAL

POTENTIAL DENIAL REPORT

REPORTING DATE: _____ PHYSICIAN: _____

PATIENT NAME: _____

PATIENT STATUS: INPATIENT OBSERVATION OUTPATIENT

ADMIT DATE: _____ REVIEW DATE: _____

DIAGNOSIS: _____ PROCEDURES: _____

POTENTIAL DENIAL DAYS: _____

DOCUMENT REASONS FOR POTENTIAL DENIAL:

Was a HINN letter issued to the patient? Yes No If Yes, date issued: _____

If No, provide reasons:

UR Signature: _____

CEO/CFO Signature: _____

Billing office representative notified of potential denial: _____

COMMENTS:

NOT to be placed in medical record/chart. CEO/CFO to retain report.

May 2009

Questions ?
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