

UTILIZATION MANAGEMENT COMMITTEE

&

UTILIZATION REVIEW PLAN

The Mental Health Emergency Center (MHEC) actively pursues initiatives to ensure that appropriate, high quality services are provided in a manner that promotes the most efficient use of resources. The Utilization Review Plan sets forth the process by which the MHEC Utilization Management Committee oversees the review of inpatient admissions, continued stays, extended stays, and certain professional and support services, to determine whether such admissions and/or services meet the criteria for medical necessity.

1. UTILIZATION MANAGEMENT COMMITTEE

1.1 Composition.

The following individuals shall be designated by the Medical Executive Committee to serve as the UM Committee:

- (a) at least two (2) Medical Staff members, including two (2) physicians (MD or DO) to carry out the UR function
- (b) Include at least two members of the Quality Management Oversight Committee (QMOC)

UM Committee members may not have an ownership interest in the MHEC. The Medical Executive Committee shall designate one (1) UM Committee physician to serve as the chairperson.

1.2 Consultants.

Individuals from both within and outside the Medical Center may serve as consultants to the UM Committee to provide expertise as required for the UM Committee to perform its duties properly. Such consultants may advise the UM Committee but may not serve as a voting member of the UM Committee.

1.3 Duties and Responsibilities

The Governing Board has delegated to the UM Committee the authority and responsibility to carry out the following functions:

- (a) oversee utilization review activities, including review with respect to the medical necessity of: inpatient admissions, extended stays, appropriateness of setting, and medical necessity of professional services.
- (b) work in collaboration with other individuals and committees responsible for utilization review, quality, and focused and ongoing professional practice evaluations, to ensure that any delays in the provision of services, and potential

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safety and quality problems that need further evaluation, investigation or intervention are promptly addressed.

- (c) make regular reports to the Medical Executive Committee, and QMOC. including documentation of findings and recommendations and specific actions taken to correct undesirable practice patterns or other utilization review problems, and evaluations of the effectiveness of such actions.

1.4 Meetings

- (a) Schedule. The UM Committee shall meet as needed at the call of its chairperson, but in no event less than annually, to fulfill its duties and responsibilities. Non-voting consultants may be required to attend meetings of the UM Committee by its chairperson.
- (b) Quorum. A quorum shall consist of at least fifty percent (50%) of the voting members of the UM Committee

1.5 Minutes and Records.

The UM Committee shall maintain minutes for all UM Committee meetings. Such minutes shall include dates, members in attendance, the status of any actions taken by the UM Committee. Records shall be kept of hospital utilization review activities and findings.

2. CONFLICT OF INTEREST; CONFIDENTIALITY

2.2 Conflict of Interest.

No person, including UM Committee members, will participate in the utilization review of any case in which such person: (1) has been directly or indirectly involved in the provision of care to the patient whose case is being reviewed; or (2) has a direct financial interest (for example, an ownership interest) in the MHEC.

2.3 Confidentiality.

All documentation and records related to the findings or recommendations of the UM Committee, or otherwise related to activities under the Utilization Review Plan, shall remain confidential and will only be disclosed as necessary for the UM Committee to perform its functions.

3. UTILIZATION REVIEW PLAN

3.2 Medical Necessity Criteria.

The Medical Staff has established certain medical necessity criteria which describe the conditions that must be met for an inpatient admission, continued stay, or extended stay to be deemed medical necessary. Such criteria is based on MCG Care Guidelines or other criteria approved by the UM Committee and the Medical Executive Committee (MEC). Patients admitted to the MHEC must meet inpatient Medical Necessity Criteria. However, in all cases, determinations regarding the safety and quality of care, treatment, and services

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do not depend on a patient's ability to pay, and all determinations related to ongoing care, treatment, and services, discharge, or transfer are based on the assessed needs of the individual patient, regardless of the recommendations of any internal or external review.

3.3 Concurrent and Retrospective Review.

The UM Committee shall oversee the concurrent and retrospective review of inpatient admissions, continued stays, extended stays, and certain professional services.

4. DETERMINATIONS REGARDING ADMISSIONS OR CONTINUED STAYS

An Admission Review and Continued Stay Review(s) shall be conducted for each inpatient admission, regardless of payor. The procedure for conducting such Concurrent Reviews is set forth below.

4.2 Initial Review

The designated staff will conduct an Admission Review for each inpatient admission within one (1) working day of the inpatient admission (if possible) and set a date for Continued Stay Review(s). They will make a recommendation regarding the necessity of the admission or continued stay based upon Medical Necessity Criteria.

- (a) Admission/Continued Stay Meets Criteria for Medical Necessity. If the review concludes that the admission or continued stay meets Medical Necessity Criteria, they document the findings, set a date for subsequent Continued Stay Review(s), and refer the case for discharge planning as appropriate.
- (b) Admission/Continued Stay May NOT Meet Criteria for Medical Necessity. If the review concludes that an inpatient admission/continued stay may not meet Medical Necessity Criteria, the case will refer the case to a UM Committee Physician (see Section 4.3).

4.3 Review by a UM Committee Physician.

A UM Committee Physician will review the patient's medical record, consult with reviewer, and attempt to contact the Responsible Staff Member to obtain additional information and discuss the patient's admission status as necessary. The UM Committee Physician will make a recommendation regarding the necessity of the admission/continued stay based upon Medical Necessity Criteria.

- (a) Admission/Continued Stay Meets Criteria for Medical Necessity. If the UM Committee Physician concludes that the admission/continued stay meets Medical Necessity Criteria, the UM Committee Physician (or designee) will notify the Responsible Staff member, document the findings, set a date for subsequent Continued Stay Review(s), and refer the case for discharge planning as appropriate.
- (b) Admission/Continued Stay Does NOT Meet Criteria for Medical Necessity. If the UM Committee Physician concludes that an inpatient admission/continued stay does not appear to meet Medical Necessity Criteria, the UM Committee Physician

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will attempt to discuss findings with the Responsible Staff Member and offer the Responsible Staff Member an opportunity to provide additional information.

- i. No Response. If the Responsible Staff Member does not respond to the UM Committee Physician's attempt to contact him/her, review by the UM Committee is not necessary and the UM Committee Physician's conclusion that the admission/continued stay does not meet Criteria for Medical Necessity is considered final. Proceed to Section 4.5.
- ii. Responsible Staff Member Concurs. If the Responsible Staff Member concurs with the UM Committee Physician's conclusion that the admission/continued stay does not meet Criteria for Medical Necessity, review by the UM Committee is not necessary and the UM Committee Physician's determination is considered final. Proceed to Section 4.5.
- iii. Responsible Staff Member Disagrees or Requests Further Review. If the Responsible Staff Member disagrees with the UM Committee Physician's conclusion that the Admission/Continued Stay does not meet Criteria for Medical Necessity, or requests further review, the case will be referred for review by the UM Committee and completed within two business days. (see Section 4.4).

4.4 Review by the UM Committee.

The UM Committee (including at least one additional UM Committee physician) will review the patient's medical record, consult with the reviewer and the UM Committee Physician who performed the initial review, and offer the Responsible Staff Member an opportunity to provide additional information and discuss the patient's admission status as necessary. In no case may a non-physician make a final determination that an admission or continued stay is not medically necessary or appropriate.

- (a) Admission/Continued Stay Meets Criteria for Medical Necessity. If the UM Committee concludes that the admission or continued stay meets Medical Necessity Criteria, a UM Committee Physician (or designee) will notify the Responsible Staff Member of the UM Committee's final determination in writing as soon as possible, but in no event later than two (2) days of making such determination. In addition, a UM Committee Physician (or designee) will document the findings, set a date for subsequent Continued Stay Review(s), and refer the case for discharge planning as appropriate.
- (b) Admission/Continued Stay Does NOT Meet Criteria for Medical Necessity. If the UM Committee concludes that the inpatient admission/continued stay does not meet Medical Necessity Criteria, proceed to Section 4.5.

4.5 Notification.

- (a) Notification. If a UM Committee Physician (in accordance with Section 4.3) or the UM Committee (in accordance with Section 4.4) concludes that an inpatient admission/continued stay does not meet Medical Necessity Criteria, a UM

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Committee Physician (or designee) will notify the following individuals in writing of the final determination that an admission/continued stay does not meet Criteria for Medical Necessity as soon as reasonably possible, but in no event later than two (2) days of making such determination:

- i. the Responsible Staff Member;
- ii. the patient or patient representative;
- iii. the Administrator;
- iv. the Billing Supervisor;
- v. Health Information Services, and
- vi. MetaStar (Medicaid Patients only).

5. EXTENDED STAY REVIEWS

An Extended Stay Review shall be conducted on cases reasonably assumed to be outlier cases because the extended length of stay exceeds the threshold criteria by length of stay and may be amended based on Committee review. (Refer to site addendum to Utilization Review Plan for outlier definition and frequency of reporting) The extended stay referred cases may be referred concurrently or retrospectively and are identified during the review process.

The procedure for conducting Extended Stay Reviews includes case review within 7 days of the outlier by at least one member of the case management team and a UR Committee Physician. The outlier cases will be presented at least annually to the UR Committee

6. Utilization Management Plan Review

The MHEC reviews the UM plan on annual basis and makes recommendations for edits and approval to site UM committee, QMOC and MEC. Each hospital UM Committee and Medical Executive Committee are responsible to carry out the plan.

REFERENCES:

Federal Regulations and Other Guidance

- 42 CFR § 482.30.
- CMS Manual System, Transmittal 299, September 10, 2004; Medical Claims Processing Manual, Ch. 1 an Inpatient Admission May Be Changed to Outpatient Status.

Wisconsin Administrative Code

- Wis. Admin. Code DHS § 124.11 (2019).

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Utilization Review Committee Composition

Standard 482.30 (b)

Committee Members: practitioners, and team members of institution to include at least 2 members of the Quality Management Oversight Committee (QMOC).

Two or more practitioners (Doctor of Medicine or osteopathy) to carry out the UR function:

- 1.
- 2.

Staff Committee of Institution for MHEC including 2 members from the Quality Oversight Outcomes Committee (QMOC)

- 1.
- 2.
- 3.
- 4.
- 5.

Ad Hoc Members



Committee/Group Review conducted by:

- Individuals with no direct financial interest
- Individuals that are not professionally involved with the care of the patient

Extended Day/Outlier Criteria: The extended stay/outlier case review is all patients with an inpatient or observation length of stay greater than 15 days or more.

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