



2010 Utilization Management Adherence Audit

I. Utilization Management Committee Activity

IPA #

Date

Nurse Liaison:

Member survey by IPA score for referral question: _____ <83 REQUIRES INTERVENTION

PCP survey score for PCP referral question: _____ <83 REQUIRES INTERVENTION

	May 2010	Jun 2010	Jul 2010	Aug 2010	Sep 2010
MONTHLY REQUIREMENTS (10) (1 pt for each meeting)					
Chair/members present listed AND Members present match with list in IPA UM Plan (5)					
# Physicians at meeting (TOTAL):					
(10) # Specialists at meeting (1 OR >) :(1 pt for each meeting if at least 1 specialist present)					
Minutes signed within 5 weeks of last meeting (5)					
Denials/ Appeals					
Denials reported consistent with log, include summary of categories (medically necessary, out-of-network, benefit), number in each category (5)					
Appeals reported consistent with log, include summary of categories (medically necessary, out-of-network, benefit), number in each category (5)					
Document number of inpatient case PA referrals and the number resulting in denial. (5)					
QUARTERLY REQUIREMENTS					
Complaints					
Complaints match log (3 months), number documented in minutes (include category, such as: access, referrals, PCP), resolution documented, timeframe met. Include BH. If no complaints, must be noted. (2)					
CMF Reporting					
Quarterly reports reviewed and discussed, including delegated BH and telephone reports, if applicable (2)					
Denial File Results					
Discussion of quarterly denial file results from HMO, any non-compliance and corrective action, if applicable (2)					
SEMI-ANNUAL REQUIREMENTS					
Utilization Statistics					
Track/trend utilization data (min 4 areas, including 1 BH) for 6 months or 2 qtrs compared (5)					
Discussion of trend, issues, planned interventions (5)					
Discussion of 6 month summary of avoidable days, reasons for delayed discharge, and any IPA physician					

patterns. Include corrective action for physicians with identified patterns. (5)					
Referrals					
2 Qtrs or 6 months of data in graph or table format for specialty (any identified and total), out of network, BH referrals (total) documented/maintained. (5)					
Discussion of trend, issues, planned interventions (5)					
Inter-rater Reliability					
Inter-rater for medical criteria for UM staff, includes # cases, # staff reviewed, results, discussion of corrective action All UM staff must be included (5)					
Inter-rater for medical criteria for Medical Director, Pas, includes # cases, # staff reviewed, results, discussion of corrective action All physicians must be included (5)					
Inter-rater for UM decision-making timeframes. Summary of # staff reviewed, # cases, results and discussion of corrective action All UM staff must be included (5)					
ANNUAL REQUIREMENTS					
UM Plan					
Review and approval of IPA UM Plan, including BH (5) OR if Delegated BH – include approval of BH UM Plan	Date:				
Medical Criteria					
Review and acceptance of nationally recognized medical criteria (5)	Date:				
Nationally recognized criteria used (current):					
Review and approval of IPA additional criteria, guidelines, clinical pathways, etc. if applicable. Must include how developed and policy for use.	Date:				
Review and approval of BH criteria (5)	Date:				
BH criteria used:					
Medical Criteria (including BH) matches UM Plan					
Additional criteria matches UM Plan					
UM Program Evaluation					
Review and evaluation of UM program (5)	Date:				
Goals identified in UM Plan discussed/approved (5)					
Review and discussion of goals match UM plan (2)					
Evaluation of planned interventions for each goal, results, opportunities for improvement. New goals identified. (5)					
Review of UM Policy and Procedures (5 for applicable)					
UM staff onsite at facility, if applicable	Date:				
Staff orientation/ training/ performance review	Date:				
Diagnoses, procedures, physicians not requiring pre-certification and/or concurrent review, if applicable	Date:				
Additional criteria, clinical pathways, guidelines used for UM decision-making and the process for development and approval, if applicable	Date:				
Case closure due to insufficient information	Date:				
Standing referrals	Date:				
Appeals	Date:				

PHI	Date:				
Confidentiality	Date:				
Information systems, security, integrity, storage, disaster recovery	Date:				
Tracking avoidable days for IPA physicians and method for corrective action and non-compliance	Date:				
Hospitalist, Practitioner Rounder Program if applicable	Date:				
PCP Notification of Member of Approved Certification if applicable	Date:				
Case Management	Date:				
Reporting					
Score for satisfaction with referral process noted (1)					
Review and discussion of HMO PCP UM Survey results with interventions if referral question less than 83% (2)					
Score for satisfaction with referral process noted (1)					
Review and discussion of HMO Member Survey by IPA referral question results with interventions if referral question less than 83% (2)					

Total possible score: 134 (Excluding CMF not applicable = 132)

Enter IPA Name: _____

Enter IPA Number: _____ Date of Audit: _____

Reviewer: _____

II. CASE FILE REVIEW

The Nurse Liaison will choose at least twenty cases from the IPA admission logs while on site and including complex case management files. The files will be chosen to reflect: four emergent, four concurrent, two behavioral health initial, two behavioral health concurrent, two skilled nursing facility, two home health, two cases with referrals to the physician advisor, and two long stay cases. Any type of case which is not available will be replaced with another type of case. The cases will be chosen from the last six months prior to the audit. Twenty cases will be reviewed to determine the MG/IPA case file score (272 points). Cases can be reviewed at the time of audit for assessment of the Hospitalist Program Criteria. Automatic audit points may be achieved with documented Hospitalist Program requirements (twice daily visits, AM and PM, by PCP or Hospitalist).

Emergent (Initial) - 4 cases, 2 pts each box, total 64

	Case 1	Case 2	Case 3	Case 4
Review/ cert. form completed within 24 hours of receipt of request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated length of stay documented (original and additional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical criteria including code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member and Practitioner notification within time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required elements documented: patient name, Patient ID, date of review, name of physician(s), diagnosis, procedure, admit date, facility name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning initiated on initial review, potential plan documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home, family, environment assessment on initial review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case was reviewed by PCP or hospitalist in AM and PM every day of stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>

Concurrent - 4 cases, 2 pts each box, total 56

	Case 1	2	3	4	
First concurrent review form completed within 24 hours of receipt of request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subsequent concurrent reviews 1 day prior to end of additional length of stay assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional estimated length of stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>
Medical criteria including code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practitioner notification within time frame, or IPA policy assumes approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge need documented prior to estimated discharge date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case was reviewed by PCP or hospitalist in AM and PM every day of stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>

FOR NURSE LIASON USE:

PATIENT COULD HAVE BEEN DISCHARGED EARLIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRITERIA WAS STALLED, NO NEW CRITERIA NOTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFERRAL TO PA WITHOUT CRITERIA RESULTED IN APPROVAL, SEEMED APPROPRIATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFERRAL TO PA WITHOUT CRITERIA RESULTED IN APPROVAL, SEEMED INAPPROPRIATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFERRAL TO PA LED TO DISCHARGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Behavioral Health Emergent (Initial) - 2 cases, 2 pts each box, total 32

(If no behavioral health cases available, choose medical emergent cases)

	Case 1	Case 2
Review/ cert. form completed within 24 hours of receipt of request	<input type="checkbox"/>	<input type="checkbox"/>
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>

Estimated length of stay documented (original and additional)	<input type="checkbox"/>	<input type="checkbox"/>	
BH criteria including code	<input type="checkbox"/>	<input type="checkbox"/>	
Practitioner notification within time frame	<input type="checkbox"/>	<input type="checkbox"/>	
All required elements documented: patient name, Patient ID, date of review, name of physician(s), diagnosis, procedure, admit date, facility name	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge planning initiated on initial review, potential plan documented	<input type="checkbox"/>	<input type="checkbox"/>	
Home, family, environment assessment on initial Review	<input type="checkbox"/>	<input type="checkbox"/>	
Case was reviewed by PCP or hospitalist in AM and PM every day of stay	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>

Behavioral Health Concurrent - 2 cases, 2 pts each box, total 28
(If no BH, choose medical concurrent)

	Case 1	Case 2	
First concurrent review form completed within 24 hours of receipt of request	<input type="checkbox"/>	<input type="checkbox"/>	
Subsequent concurrent reviews 1 day prior to end of additional length of stay assigned	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>	
Additional estimated length of stay	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>
BH criteria including code	<input type="checkbox"/>	<input type="checkbox"/>	
Practitioner notification within time frame, or IPA policy assumes approval	<input type="checkbox"/>	<input type="checkbox"/>	
Appointment for follow-up care documented, within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	
Case was reviewed by PCP or hospitalist in AM and PM every day of stay	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>

Skilled Nursing - 2 cases, 2 pts each box, total 32
(If no skilled, choose pre-cert or emergent case)

	Case 1	Case 2
Initial review summary documented within 7 days of admission	<input type="checkbox"/>	<input type="checkbox"/>
Documented plan of review; for example, "case will be reviewed every 7 days"	<input type="checkbox"/>	<input type="checkbox"/>

At least one concurrent review	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated additional length of stay documented	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>
Documentation of care plan	<input type="checkbox"/>	<input type="checkbox"/>	
All required elements documented: patient name, patient ID, date of review, name of physician(s), diagnosis, procedure, admit date, facility name	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge planning initiated on initial review, potential plan documented	<input type="checkbox"/>	<input type="checkbox"/>	

Case was reviewed by PCP or hospitalist in AM and PM every day of stay NA
Home Health - 2 cases, 2 pts each box, total 20
 (If no home health, choose pre-cert or emergent case)

	Case 1	Case 2
Initial review summary documented within 24 hours of receipt	<input type="checkbox"/>	<input type="checkbox"/>
Clinical documented with source	<input type="checkbox"/>	<input type="checkbox"/>
Estimated number of HHC visits documented	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of care plan	<input type="checkbox"/>	<input type="checkbox"/>
All required elements documented: patient name, patient ID, date of review, name of physician(s), diagnosis, procedure, admit date, facility name	<input type="checkbox"/>	<input type="checkbox"/>

Case Not Meeting Criteria, Referred to PA - 2 cases, 2 pts each box, total 20
 (If not applicable, choose concurrent review case)

	Case 1	Case 2
Documentation explains PA's decision to approve or deny	<input type="checkbox"/>	<input type="checkbox"/>
Date sent to PA	<input type="checkbox"/>	<input type="checkbox"/>
Determination of PA (approval, denial)	<input type="checkbox"/>	<input type="checkbox"/>
Determination within 24 hours of receipt of request	<input type="checkbox"/>	<input type="checkbox"/>
If PA approves continued stay, PA approved additional length of stay documented.	<input type="checkbox"/>	<input type="checkbox"/>

Long Stay Case - 2 cases, 2 pts each box, total 20

	Case 1	Case 2	
Admission date AND initial date referred to PA documented	<input type="checkbox"/>	<input type="checkbox"/>	
Home, family, environment assessment on initial review	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge planning initiated on initial review, potential plan documented	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to PA for weekly review	<input type="checkbox"/>	<input type="checkbox"/>	
PA response noted** (not scored)	<input type="checkbox"/>	<input type="checkbox"/>	
Medical criteria continued to be met until discharge or weekly PA reviews for extension of length of stay	<input type="checkbox"/>	<input type="checkbox"/>	
Informational (one check only)			
*Discharged to SNF	<input type="checkbox"/>	<input type="checkbox"/>	
OR			
Discharged to HHC	<input type="checkbox"/>	<input type="checkbox"/>	
OR			
Discharged to home	<input type="checkbox"/>	<input type="checkbox"/>	
OR			
Patient expired			
Case was reviewed by PCP or hospitalist in AM and PM every day of stay	<input type="checkbox"/>	<input type="checkbox"/>	NA <input type="checkbox"/>

*Not scored

COMPLEX CASE MANAGEMENT:

1 – IPA CAN DEMONSTRATE USE OF THE FOLLOWING DATA TO IDENTIFY POTENTIAL CASE MANAGEMENT CASES:

- a) claims data (.5 pt);
- b) hospital discharge data (.5pt);
- c) pharmacy data (.5 pt);
- d) data collected from the UM process (.5 pt); or
- e) D2 report D2 identifying potential CM cases (1 pt).

f) ADDITIONAL SOURCES (health information line, disease management program, discharge planner referral, PCP, PSP, UM referral, patient self-referral) (1 pt if any of these)

2 – IPA PROVIDES AT LEAST 1 COMPLEX CASE MANAGEMENT CASE ON LOG AND A FILE OR DEMONSTRATION OF ANALYSIS FOR POSSIBLE COMPLEX CASE MANAGEMENT. (10 pts)

3 – AT LEAST ONE OF THE COMPLEX CASE MANAGEMENT FILES INCLUDES 80% OF THE FOLLOWING ELEMENTS (12/15= 80%)

- a) evidence based guideline noted;
- b) documentation of member or member related contact (includes staff ID, date, time of interaction);
- c) date to follow-up with member;
- d) initial assessment;
- e) life planning activities;
- f) evaluation of member's cultural and linguistic needs;
- g) evaluation of available benefits;
- h) evaluation of caregiver resources;
- i) CM plan for member (short and long term goals);
- j) barriers to meeting goals;
- k) schedule to follow-up with member;
- l) communication documented of member self management plan;
- m) assessment of member progress toward goals and overcoming barriers;
- n) estimated inpatient days saved or NA; and
- o) documentation of CM survey given if case closed.

PLEASE NOTE: If the IPA can demonstrate the use sources a-d or the use of D2 to identify potential complex case management cases, and NO cases are identified as complex, the IPA will be eligible for the 14 points. Documentation must be provided.

Total possible – 14 POINTS