



Binder: OSF HealthPlans HCM Department
 Policy No/Title: HCM.CMG.304 Utilization Review Process
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Replaces:	Revision/Review Date(s):
Approval:	Title: Vice President and Chief Medical Officer

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POLICY: Utilization Review Process

PURPOSE: To describe the new process of Utilization review for OSF HealthPlans Commercial members

PROCEDURE:

- On normal business days, the Commercial Healthcare Management staff will review and identify each member requiring review according to the *Daily Review Log* of OSF HealthPlans' Commercial patients shown as hospitalized with the date to expect a clinical update (utilization review) from the hospital.
- The hospital or facility will phone (309-677-8236 option 7 or 800-284-2273 option 7) or fax (309-677-8288) all patient utilization reviews to HCM. HCM staff will look for the following information to verify that Interqual criteria are met through the clinical documentation received from the hospitals.

Admission review: Severity of Illness and Intensity of Service MUST come from the same system review.

Continued Stay reviews: Select appropriate system and level of care for review of Intensity of Service. System changes can only occur if the medical condition has changed.

 - Mode of admission:** ER, Direct admit, Elective/Planned
 - Chief complaint and history of symptoms:** to include all treatments as outpatient, prior to admit.
 - Past medical history and comorbidities:** (existing diagnoses are required for new MS-DRGs) Targeted length of stay is 75% of assigned DRG GMLOS
 - Initial ER vital signs**
 - ER information:** relevant lab results, test results, imaging results, and treatment provided
 - Admitting diagnosis:** also include any secondary diagnoses, required for MS DRGs
 - Initial admission vital signs**
 - Treatment plan:** physician orders (must be specific to meet Interqual criteria: Name, route, dosage and # of doses of medications; IVF with rate, O2 concentration with either ABG results or oximetry readings, any other items to meet Intensity of Service) and plan of care.
 - DC plans:** include barriers to discharge to begin at time of admission, home or facility DC

- **Chronological DAILY clinical updates:** Vital signs, new lab, test, and imaging results, surgeries, specific treatment plan (especially changes), any new diagnosis or complications, and patient response to treatment to include progress toward discharge (can be physician progress note)
 - **DC Screen:** if not meeting intensity of service for continued stay, any barriers to discharge (e.g., SNF doesn't have a bed today, family coming from out of town to pick up, DME not available, physician did not make rounds to discharge, etc.)
 - **Discharge information:** Inpatient or observation status, date, time, disposition (e.g, to home self care, hhc, SNF, other hospital, etc.) and if DC to another facility include the name of the facility
3. If OSF Health Plans Commercial HCM determines the patient meets Interqual criteria for inpatient hospital stay, the HCM staff will update the authorization and will assign a new review date in Facets which will appear on the *Commercial Daily Review Log*. The HCM staff will notify the hospital on their fax review form if the next review date is not the same as the hospital has assigned.
 4. HCM staff will contact the hospital UR staff if additional clinical information is needed. If no additional information is provided by the hospital UR within 24 hours, the initial information received will be authorized as outpatient observation or submitted for physician review.
 5. If HCM determines the patient does not meet Interqual criteria for an inpatient hospital stay, the authorization will be updated as an observation stay and the HCM staff will contact the hospital UR staff with the decision.
 6. The hospital will notify HCM, if an OSF HealthPlans' Commercial patient transitions from an observational stay to an inpatient stay in order that Interqual criteria can be applied.