Leading a Meaningful U.R. Committee: Role of U.R. in a U.R. Committee

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Medicare Condition of Participation – Appendix A "Interpretive Guidelines" Section 482.30

- . The hospital UR plan should include a delineation of the responsibilities and authority for those involved in the performance of UR activities. It should also establish procedures for the review of the medical necessity of admissions, the appropriateness of the setting, the medical necessity of extended stays, and the medical necessity of professional services.
- U.R. Committee: Staff Committee of the Institution (can be group outside of the institution); U.R. committee ensures that U.R. plan being followed; outlier review compliance; determinations regarding admissions or continued stay; "not medically necessary" determinations.
- Interpretive Guidelines – help to know what Surveyor would look for & ensure CoPs are met.

U.R. Plan

- Document should explain how organization approaches U.R. activity.
- Needs to be thorough, explicit and kept current.
- Needs to be approved by U.R. Committee and governing body, e.g. Medical Executive Committee – note this committee should report through medical leadership.

U.R. Plan – Components

- Mission/Goals
- Roles and Responsibilities – designate leadership, who is responsible for day to day U.R. activity, role of U.R. committee – outline members; role of QIO
- Review Methodologies – pre-admission/admission/continued stay reviews; Medicare Inpatient Only Review Process/Retrospective (Pre-Bill) Review/Outlier Management/Denial & Appeal Management/Escalation Process

U.R. Plan – Components - Continued

- Quality Improvement Plan – monitoring activity; role of QIO
- Discharge Planning Mechanism & interface with U.R.
- Metrics – what metrics will the U.R. committee review?
- Confidentiality & Conflict of Interest
- Reports and Records – where are records (minutes) stored?

Who Should Be a Member?

Example of Structure of U.R. Committee:

Co-Chairs: Physician Advisor for U.R. & Director of U.R./C.M.

- Chief Medical Officer & 2 or more Medical Staff
- Administrator for U.R./C.M.
- Supervisor of U.R./C.M.
- Director of Social Work
- Director of Billing
- Director of Coding & Clinical Documentation Improvement
- Nursing Leadership Representative
- Director of Quality Resources
- Compliance Officer

U.R. Metrics/Dashboard - Sample

- % of cases reviewed by U.R. for medical necessity and correct level of care – broken down by payer
- Case Mix Index – all payer & Medicare
- LOS and LOS adjusted for CMI (LOS/CMI)
- LOS for high volume medical/surgical DRGs
- Readmission rates
- Observation rates by payer
- Avoidable Days by attribution
- Physician Advisor Referrals & Downgrades (CC 44)
- PEPPER Report Data

Outlier Review

- Must have process to regularly review patients who are anticipated to be outliers.
- Set parameters for review, e.g. LOS $\geq$ 20 days or charges $\geq$ $200,000.
- Establish process to review cases – weekly meeting or report – should focus on continued stay needs, plan of care, and transition planning/removing barriers to discharge.
- U.R. committee should track Outlier trends.

Sample U.R. Meeting Agenda

- Welcome, Introductions & Minutes Review
- Review 1Q Top Volume Med/Surg DRGs – focus on DRGs where ALOS is at least 1 day higher than CMS GMLOS
- Review 1Q PEPPER Report
- Review 1Q Avoidable Days; Benchmarking
- Update on One Day Stay Edits & post discharge Re-Bills
- Cost/Length of Stay Outlier Review (aggregate)
- Dashboard/Metrics Review

Use Data to Drive Decisions and Planning

- U.R. committee should review data and use data to make decisions.
- Data should drive organizational priorities to decrease cost of care.
- Aberrancies should be discussed and plan of action initiated (sometimes just means review, e.g. PEPPER outliers).
- All work should report back to U.R. committee and up through medical leadership.

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