

## **QIO - Utilization Control Desk Review for Critical Access Hospitals**

### **Purpose:**

To ensure that Federal requirements defined in Code of Federal Regulations (CFR) part 485, subpart F, sections 485.635 through 485.641 are in place for each Iowa Critical Access Hospital (CAH).

### **Identification of Roles:**

Program specialist (PS) - coordinates correspondence and scheduling of triennial review, collects and prepares data for reports to the CAH. Ensures copies of all letters and completed tools are saved for Policy review.

Senior manager - provides assistance to program specialist in review processes, analyzes evaluation data, and make recommendations to Policy regarding CAH policies.

### **Performance Standards:**

Conduct utilization control activity in accordance with 42 CFR Part 456; for hospitals, conduct a triennial (every 3 years) review of each CAH utilization control processes to assess their comprehensiveness and verify their completion.

### **Path of Business Procedure:**

See Attachment A

**Step 1:** Oversee the processes that are in place for all Iowa CAHs. Desk reviews of all Iowa CAH's utilization control processes will meet this requirement. The standard used for review is the CAH specific utilization control standards in 42 CR 485.635-485.641.

**Step 2:** Using tools developed from the Federal requirements, the PS and/or senior manager will review submitted documentation from each Iowa CAH.

**Step 3:** The PS will send a letter to the utilization review department of each Iowa CAH outlining the process for the review, the documentation submission deadline, and a list of the policies required. Only information that is necessary to complete the desk review will be requested. Documentation may be faxed or emailed by the CAH to the PS.

**Step 4:** A second letter will be sent to the utilization review department for each Iowa CAH that has not submitted information within 30 calendar days of the initial letter. A third and final request will be sent to each CAH that has not submitted documentation within 20 calendar days of the second request letter.

**Step 5:** Documentation received from the CAH will be scanned and sent to the PS upon arrival in OnBase.

**Step 6:** When documentation is received, PS will data enter the date documentation has been received in the hospital review database.

**Step 7:** Desk review will be completed within 25 business days following receipt of submitted documentation.

**Step 8:** The PS and/or the senior manager will review the documentation received from each CAH. The review findings that define whether the appropriate documentation has been included will be recorded in the hospital review database. The scoring matrix for the review findings are: Fully Met – 2; Partially Met – 1; Not Met – 0; Not Applicable – N/A

**Step 9:** A cover letter with review results, as well as a completed tool will be sent to each CAH reviewed. This letter will be sent to each CAH within 3 business days following review completion.

**Step 10:** Review results may be re-reviewed if requested by the facility. If the category in question is found to be present, an updated review tool will be sent to the facility. If the category is still lacking, the facility may request further review in writing from Policy.

**Step 11:** The PS will create comparison reports at the end of each review cycle for Policy review. Comparisons to prior reviews will be included as requested by Policy.

## **QIO - Utilization Control Desk Review for Acute Hospitals**

### **Purpose:**

To ensure that Federal requirements defined in CFR 42, Part 456, Subpart C is in place for each Iowa acute hospital.

### **Identification of Roles:**

Program specialist (PS) - coordinates correspondence and scheduling of triennial review, works with the senior manager to complete the desk review, collects and prepares data for reports to the acute hospital. Ensures copies of all letters and completed tools are saved for Policy review.

Senior manager - provides assistance to PS in review processes, analyzes evaluation data, and makes recommendations to Policy regarding acute hospital policies.

### **Performance Standards:**

Conduct utilization control activity in accordance with 42 CFR Part 456; for hospitals, conduct a triennial (every 3 years) review of each hospital's utilization control processes to assess their comprehensiveness and verify their completion.

### **Path of Business Procedure:**

See Attachment A.

**Step 1:** Using tools developed from the Federal requirements, the PS and/or senior manager will review submitted documentation from each Iowa acute hospital. Each Iowa acute hospital will be reviewed on a triennial (every three year) basis.

**Step 2:** PS will send a letter to the utilization review department of each Iowa acute hospital outlining the review process for the review, the documentation submission deadline, and a list of the documentation required. Only information that is necessary to complete the desk review will be requested.

**Step 3:** PS will mail a second letter to the utilization review department for each Iowa acute hospital that has not submitted information within 30 days of the initial letter. A third request will be mailed to each hospital that has not submitted documentation within 20 days of the second letter.

**Step 4:** Documentation received via fax, email, or mail will be electronically scanned and forwarded to the PS upon arrival in OnBase.

**Step 5:** When documentation is received the PS will data enter the date documentation has been received in the hospital review database. Desk review will be completed within 25 business days following receipt of submitted documentation.

**Step 6:** The PS will review the documentation received from each acute hospital.

**Step 7:** The review findings that define whether the appropriate documentation has been included will be recorded in the hospital review database. The scoring matrix for the review finding are: Fully Met – 2; Partially Met – 1; Not Met – 0; Not Applicable – N/A. Any deficient components that require corrective action will be discussed with the senior manager and/or policy staff prior to notifying the acute hospital of the deficiency(ies).

**Step 8:** A cover letter with review results, as well as a completed tool will be sent to each acute hospital reviewed. This letter will be sent to each acute hospital within 3 business days following review completion.

**Step 9:** Following completion of all acute hospital review, a report will be submitted to Policy with statewide total results.

**Step 10:** Review results may be re-reviewed if requested by the facility. If the category in question is found to be present, an updated review tool will be sent to the facility. If the category is still lacking, the facility may request further review in writing from Policy.

**Step 11:** The PS will create the comparison reports at the end of each review cycle. Comparisons to like facilities statewide will be included. Comparisons to prior reviews will be included as requested.

Sample Report from Baseline Reviews

Completed CAH Reviews			ReviewYear: 2009-Baseline				
Facility	FacID	Review Date	Patient Care Policies Section A	Clinical Records Section B	Periodic Evaluation Section C	Quality Assurance Section D	Overall
		4/ 1/2009	10 / 10	10 / 10	8 / 10	2 / 2	30 / 32
		4/16/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 1/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32
		3/ 9/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 8/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		2/25/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	5 / 10	0 / 10	10 / 10	2 / 2	17 / 32
		5/ 8/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 1/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		3/ 9/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	10 / 10	10 / 10	6 / 10	2 / 2	28 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	9 / 10	7 / 10	10 / 10	2 / 2	28 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	2 / 10	2 / 2	24 / 32
		4/ 6/2009	10 / 10	9 / 10	10 / 10	2 / 2	31 / 32
		4/ 6/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	4 / 10	0 / 10	10 / 10	2 / 2	16 / 32
		4/ 1/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		2/18/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		3/ 2/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		7/ 9/2009	9 / 10	10 / 10	10 / 10	2 / 2	31 / 32
		5/27/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32

Sample Report from Baseline Reviews

Completed Acute Reviews			ReviewYear: 2009-Baseline							
Facility	FacID	Review Date	Care Certifications Section A	Plan of Care Section B	Admin. UR Plan Section C	Information UR Plan Section D	Admission UR Plan Section E	OSR UR Plan Section F	Medical Care Studies Section G	Overall
		6/ 4/2009	0 / 4	0 / 24	6 / 12	0 / 18	6 / 32	10 / 56	0 / 12	22 / 158
		4/10/2009	2 / 4	10 / 24	12 / 12	2 / 18	26 / 32	32 / 56	8 / 12	92 / 158
		6/ 4/2009	2 / 4	24 / 24	8 / 12	4 / 18	26 / 32	33 / 56	0 / 12	97 / 158
		6/ 4/2009	2 / 4	22 / 24	11 / 12	12 / 18	16 / 32	6 / 56	0 / 12	69 / 158
		3/31/2009	4 / 4	24 / 24	12 / 12	18 / 18	32 / 32	56 / 56	12 / 12	158 / 158
		6/ 4/2009	2 / 4	0 / 24	10 / 12	14 / 18	12 / 32	32 / 56	2 / 12	72 / 158
		4/ 6/2009	4 / 4	24 / 24	8 / 12	14 / 18	28 / 32	44 / 56	0 / 12	122 / 158
		6/ 4/2009	4 / 4	24 / 24	12 / 12	6 / 18	30 / 32	42 / 56	10 / 12	128 / 158
		6/ 4/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	34 / 56	0 / 12	90 / 158
		4/16/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	34 / 56	0 / 12	90 / 158
		4/10/2009	2 / 4	12 / 24	9 / 12	14 / 18	16 / 32	32 / 56	0 / 12	85 / 158
		3/31/2009	4 / 4	24 / 24	12 / 12	16 / 18	29 / 32	46 / 56	10 / 12	141 / 158
		4/ 6/2009	4 / 4	24 / 24	12 / 12	18 / 18	32 / 32	56 / 56	2 / 12	158 / 158
		3/23/2009	0 / 4	0 / 24	10 / 12	2 / 18	24 / 32	21 / 56	7 / 12	64 / 158
		4/10/2009	4 / 4	22 / 24	8 / 12	2 / 18	12 / 32	14 / 56	7 / 12	69 / 158
		4/10/2009	4 / 4	18 / 24	10 / 12	18 / 18	30 / 32	46 / 56	12 / 12	138 / 158
		4/16/2009	2 / 4	8 / 24	12 / 12	12 / 18	26 / 32	32 / 56	24 / 12	104 / 158
		4/16/2009	0 / 4	0 / 24	12 / 12	2 / 18	17 / 32	7 / 56	8 / 12	46 / 158
		6/ 4/2009	2 / 4	24 / 24	12 / 12	10 / 18	26 / 32	34 / 56	12 / 12	120 / 158
		3/31/2009	4 / 4	18 / 24	12 / 12	2 / 18	12 / 32	16 / 56	8 / 12	72 / 158
		6/ 4/2009	0 / 4	12 / 24	12 / 12	12 / 18	26 / 32	34 / 56	12 / 12	108 / 158
		6/ 4/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	18 / 56	0 / 12	74 / 158
		3/31/2009	2 / 4	18 / 24	10 / 12	4 / 18	16 / 32	18 / 56	0 / 12	68 / 158
		6/ 4/2009	2 / 4	22 / 24	11 / 12	12 / 18	16 / 32	6 / 56	0 / 12	69 / 158
		3/23/2009	4 / 4	12 / 24	6 / 12	2 / 18	17 / 32	11 / 56	10 / 12	62 / 158
		3/31/2009	0 / 4	6 / 24	10 / 12	0 / 18	14 / 32	14 / 56	10 / 12	54 / 158
		4/16/2009	4 / 4	24 / 24	10 / 12	16 / 18	30 / 32	34 / 56	10 / 12	128 / 158
		4/10/2009	0 / 4	16 / 24	8 / 12	8 / 18	20 / 32	24 / 56	2 / 12	78 / 158
		4/16/2009	2 / 4	18 / 24	8 / 12	2 / 18	22 / 32	22 / 56	0 / 12	74 / 158
		3/31/2009	1 / 4	0 / 24	7 / 12	2 / 18	13 / 32	12 / 56	6 / 12	41 / 158
		3/31/2009	2 / 4	22 / 24	9 / 12	4 / 18	10 / 32	18 / 56	0 / 12	65 / 158
		4/16/2009	2 / 4	20 / 24	8 / 12	8 / 18	26 / 32	24 / 56	10 / 12	98 / 158
		3/23/2009	2 / 4	22 / 24	12 / 12	12 / 18	0 / 32	2 / 56	10 / 12	60 / 158
		4/16/2009	2 / 4	24 / 24	12 / 12	14 / 18	32 / 32	48 / 56	0 / 12	132 / 158

## RFP Reference:

1.3.1.3.B.6.b

## Interfaces:

Access database

OnBase

## Attachments:

Attachment A: Hospital UR flowchart

