

Evaluating Questions for Admission Review Programs

The following questions assist in evaluating current medical necessity admission review programs and provide a checklist for ongoing evaluation of program effectiveness.

1. Does the utilization review (UR) plan reflect a consistent process that is compliant with the UR standards as outlined in the Medicare Conditions of Participation (CoPs)?
2. Does case/utilization management follow a process of strict application of inpatient screening criteria for all Medicare beneficiaries as directed by the Hospital Payment Monitoring Program (HPMP) Compliance Workbook to ensure a two-level medical necessity admission review process?
3. Are expert Physician Advisor reviews completed for all Medicare cases that do not meet first-level UR screening criteria for an inpatient admission?
4. Is case/utilization management using the most updated version of inpatient UR screening criteria?
5. Is the medical necessity admission review process in effect 7 days per week, 365 days per year?
6. Is there ongoing training and education available for case/utilization management and Physician Advisor teams?
7. Is there inter-rater reliability testing and quality assurance of case/utilization management?
8. Do the Physician Advisors remain up-to-date on ongoing regulatory guidance changes and the latest evidence-based care guidelines and outcomes?
9. Is there inter-rater reliability testing and quality assurance of Physician Advisor teams?
10. Are there processes in place to ensure ongoing communication between case management, Physician Advisors and treating physicians?
11. Does the UR process ensure the creation of an enduring and auditable document for each Medicare case that provides permanent evidence of your UR process?

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- 12.** Are the treating physicians at the hospital educated regularly on the importance of complete documentation, the need to work closely with case/utilization management and Physician Advisors, and the role they play in ensuring both hospital and physician regulatory compliance?
 - 13.** Is a regular analysis of the hospital's Probe & Educate outcomes, PEPPER and other benchmarking data completed to look critically at observation rates to identify areas that may require more attention to meet medical necessity admission criteria?
 - 14.** Is there a process to ensure that the treating physician order is concordant with the admission status determination?
 - 15.** Is there a process to ensure that the treating physician, hospital and beneficiary are aware of final claim status before patient discharge?