

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: UTILIZATION MANAGEMENT PLAN

NUMBER: NN-PI-02

ORIGINAL DATE: 06/05/89

REVIEW/REVISE DATE: 09/19/90, 09/11/91, 04/08/92, 04/04/95, 04/23/98, 01/03/02,
09/02/04, 4/16/09, 2/17/11

APPROVAL: Rosalyn Reynolds {s}, Agency Director

I. PURPOSE

The purpose of this policy is to assure that Utilization Management Services (UM) are provided in accordance with an approved plan to assure maximum allocation of hospital inpatient services, resources and optimal consumer care regardless of the consumer's financial status.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to develop and implement a Utilization Management Plan which delineates the methods whereby review, analysis and evaluation of all aspects of consumer care are performed. In addition, the plan assures that the utilization of services and physician practices are monitored, reviewed and evaluated as a measure of the effectiveness of the services provided to consumers in the hospital programs.

III. PROCEDURE

1. The Utilization Management Plan of NNAMHS is developed by the Utilization Management Committee and approved for implementation by the medical staff, Medical Director and the Local Governing Body.
2. Utilization Management Goals
 - A. To ensure services and outcomes are effective for the consumers.
 - B. To identify trends of under-utilization, over-utilization or lack of continuity between services.
 - C. To make recommendations to medical staff and CORE Leadership Committee for improving service delivery.
3. Objectives
 - A. To monitor and evaluate the necessity and appropriateness of inpatient services and level of care provided.
 - B. To identify potential utilization related problems by an ongoing review process for the appropriateness and clinical necessity of admissions or continued stays.
 - C. To monitor discharge planning is initiated upon admission and appropriate to the needs of the consumer.
 - D. To support appropriate treatment and discharge decisions are made in response to the identified care required by the consumer, regardless of recommendations made by an external agency.
4. Organization and Responsibilities
 - A. The Utilization Management Committee is a standing committee of the medical staff, established in accordance with the Medical Staff Bylaws. No one with a financial interest in NNAMHS will serve on the Utilization Management Committee. The attending physician will not perform the role of physician advisor on his/her cases.
 - i. Membership shall consist of, but is not limited to:

- a. A physician act as an advisor to the Utilization Management Coordinator.
 - b. The Utilization Management Coordinator who is a registered nurse and serves as the Committee Chairperson
 - c. Performance Improvement Coordinator
 - e. Social Services representative
 - f. Billing Representative
 - g. Nursing representative
 - ii. Ex officio members will be:
 - a. Pharmacist
 - b. Director of Outpatient Services
 - c. Director of Allied Therapies
 - d. Health Information Services Representative
 - iii. Other members will be selected and/or invited by the committee on an as needed basis.
 - B. The committee will meet at least quarterly and will maintain detailed minutes of the committee's activities, decisions and actions. The chairperson may call special meetings as needed for more urgent matters.
 - C. Committee functions:
 - i. Review data
 - ii. Monitor results of concurrent studies relating to utilization
 - iii. Recommend actions or solutions to identified problems
 - D. The committee will address problems identified through the review process and referrals from other committees, programs or outside agencies
5. Utilization Management Committee Responsibilities
- A. Establish admission and continued stay criteria
 - B. Through the activities of the Utilization Review Coordinator, monitor new admissions and readmissions for appropriateness; identify patterns or deficiencies in documentation, admissions, length of stay, and discharges.

- E. Monitor individual physician patterns and report data to the Medical Director of NNAMHS.
6. Utilization Management Coordinator Responsibilities
- A. The Utilization Management Coordinator will be under the supervision of the Director of Nursing.
 - B. Will have current knowledge of review criteria and trends in utilization related topics.
 - C. Will attend treatment team meetings as appropriate to the review process.
 - D. Has the authority to review records and to refer questionable cases to the physician advisor.
 - E. Will conduct admission and continued stay reviews and report all utilization related activities and identified problems to the Utilization Management Committee.
 - F. Perform utilization related studies and monitoring activities; maintain communication with third party payers, reviewers and physicians to assure that services, treatments rendered and admissions are appropriate and necessary; justify the level of care provided
 - G. Chair UM Meetings and assemble and document all utilization related activities and maintain committee minutes and reports
 - H. Report to the Leadership Committee and medical staff regarding utilization review findings and activities.
 - I. Be a liaison between the clinical treatment team and third party payers.
 - J. Perform the Utilization Management process:
 - i. Review all admissions on the first working day following their admission to the hospital to determine appropriateness and medical necessity according to the diagnostic and specific criteria endorsed by the Utilization Management Committee. The monitoring process will consist of the following determinations:
 - a. That the consumer meets admission criteria and that documentation supports this;

- iv. Review of statistical information, trends in utilization related problems, and plans to correct deficiencies and improve consumer care.
 - v. Findings, reports, and committee minutes will be distributed only to those staff members directly involved with utilization activities.
 - v. The original of the Utilization Management Committee minutes will be filed in the Utilization Management Office. The Quality Improvement Office shall maintain a copy. A report will be given to the medical staff and Leadership Committee.
- 9. Confidentiality
 - A. Minutes, reports, and procedures of the Utilization Management Committee are considered confidential and protected by Federal Confidentiality Rules (42 CFR, Part 2). The Federal Rules prohibit making any further disclosure of information unless further disclosure is permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR, Part 2.
 - B. Records generated by the Utilization Management Process are the property of NNAMHS and will be confidential according to NRS 49.265. Identifying the consumer by record number will preserve the consumer's confidentiality.
- 10. Review/Revision/Update of Utilization Management Plan
 - A. The Utilization Management Program, including the plan, criteria and length of stay norms will be reviewed and evaluated at least once every two years, and revised as necessary.