Liberty Healthcare Corporation
Liberty QualityCare®
Standard Operating Policies – Utilization Review Oversight

Title:	**Utilization Review Oversight**	**Effective Date:**	**07/09/2015**
Author:	**Robin Burkert, LSW**	**Last Review Date:**	**12/10/2021**
Location:	**Hospital Behavior Health Product Line**	**Last Revision Date:**	**04/06/2020**
Functional Area:	**Operations**		

POLICY

Liberty Healthcare Corporation has a utilization review and oversight process that is available for our customers in the Hospital Behavioral Health product line. The utilization review process assesses client/patient care to determine the appropriateness of admission, level of care, and discharge and/or transfer and the corresponding documentation of services provided. It is Liberty's intent to provide this utilization review process as part of our management of the program to ensure that the Hospital receives payment from their insurance carriers for all behavioral health services and that the program managed by Liberty is compliant with all regulatory and accreditation requirements related to the documentation of clinical services.

PROCEDURE

1. During implementation of a new hospital behavioral health unit the Director of Operations will coordinate Liberty Healthcare's utilization review functions with the customer's utilization review processes to assure that a comprehensive review takes place that examines all aspects of documentation necessary to secure third party reimbursement by reviewing a random sample of 15% of discharges. If the program consistently meets utilization review standards for a full quarter, the Director of Operations shall then conduct monthly utilization review of at least 10% of monthly discharges. Oversight by the Vice President, Performance and Quality will be available upon the request of the Contract Manager.
2. If necessary, the auditors shall utilize program and/or the customer documentation standards, in addition to CMS or other third-party documentation standards to complete the review of records.
3. These Utilization Review audits shall be conducted to ensure that documentation standards were maintained throughout the admission and that discharge planning was both appropriate and timely.
4. The audits shall be generally conducted utilizing access to the program's electronic medical record.
5. Any findings or trends that are identified in these audits shall be summarized in a Plan for Deficiencies which should include quality of care issues and recommended training for Hospital staff.
6. If these audits reveal a serious breach in documentation standards, the Director of Operations shall recommend corrective action to the Contract Manager and the Program Manager with detailed timelines for corrective action completion.
7. The findings, trends and Quality Improvement/Deficiency plans of the Utilization reviews shall be maintained by the Director of Operations and results will be reported as part of the program's key performance indicator reports monthly and shall be maintained for seven (7) years.
8. If there is a denial of any Behavioral Health Service, the Director of Operations shall coordinate with the Hospital Utilization Review staff to develop both corrective actions and recommended responses to the third-party vendor concerning this denial.

Approved By: Robin Burkert Digitally signed by Robin Burkert Date: 2022.02.02 08:03:46 -05'00'

Revision History

Version	Date	Author	Summary of Changes
#1	07/09/2015	Judith Ann Shields	Policy created
#2	04/06/2020	Judith Ann Shields	Annual review, no changes made
#3	12/10/2021	Robin Burkert	Annual review, no changes made