

Medicaid UR Hospital Plan Review Audit Tool

Calendar Year: 2025

456.101(b) Each written hospital UR plan must meet the requirements under §456.101 through 456.145. UR plan required for inpatient hospital services. §: 456.60, 446.80, 456.105, 456.106; 456.112, 456.113		
		The UR plan must provide: Certification of Need of care §456.60
456.60(a)		<i>Certification</i> (1) A Physician must certify for each applicant or recipient that inpatient services in a hospital are or were needed. (2) the certification must be made at the time of admission or, if an individual applies for assistance while in a hospital, before the Medicaid agency authorizes payment.
456.60(b)(1)		<i>Recertification</i> (1) A physician, physician assistant or nurse practitioner acting within the scope of practice as defined by state law and under the supervision of a physician, must recertify for applicant or recipient that inpatient services in a hospital are needed.
456.60(b)(2)		(2) Recertifications must be made at least every 60 days after certification.
		Plan of Care §456.80
456.80(a)		(a) Before admission to a hospital or before authorization for payment, a physician and other personnel involved in the care of the individual must establish a written plan of care for each applicant or recipient.
456.80(b)		(b) The plan of care must include— (1) Diagnoses, symptoms, complaints, and complications indicating the need for admission; (2) A description of the functional level of the individual; (3) Any orders for— (i) Medications; (ii) Treatments; (iii) Restorative and rehabilitative services; (iv) Activities; (v) Social services; (vi) Diet; (4) Plans for continuing care, as appropriate; and (5) Plans for discharge, as appropriate.
456.80(c)		(c) Orders and activities must be developed in accordance with physician's instructions.
456.80(d)		(d) Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.
456.80(e)		(e) A physician and other personnel involved in the recipient's case must review each plan of care at least every 60 days.
		Administrative §456.105 and §456.106
456.105(a)		Provide for a committee to perform UR required under this subpart;
456.105(b)		Describe the organization, composition and functions of the committee; and
456.105(c)		Specify the frequency of meetings of the committee.
456.106(b)		The UR committee is composed of two or more physicians and assisted by other professional personnel.

456.106 (d)(1)		Specify that the UR committee may not include any individual who (1) Is directly responsible for the care of the patient whose care is being reviewed.
456.106 (d)(2)		Specify that the UR committee may not include any individual who (2) Has a financial interest in any hospital.
Documentation of 456.106 (d)(2)		Physician Attestation Statement signed by all physicians' members on the UR committee attesting to the fact he/she has no financial interest in any hospital (the physician attestation statement must be sent to eQHealth Solutions annually at time of submission of UR Plan.)
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		Recipient information required for UR §456.111 through §456.113
456.111(a)		Identification of the recipient.
456.111(b)		The name of the recipient's physician.
456.111(c)		Date of admission.
456.111(d)		Provide that each patient has a plan of care in the medical records as required under 456.70.
456.111(e)		Initial and subsequent continued stay review dates.
456.111(f)		Date of operating room reservation, if applicable.
456.111(g)		Justification of emergency admission, if applicable.
456.111(h)		Reasons for continued stay.
456.111(i)		Other supporting material that the committee believes appropriate to be included in the record.
456.112(a)		The UR plan must describe the types of records that are kept by the committee
456.112(b)		The UR Plan must describe the type and frequency of committee reports and arrangements for their distribution to appropriate individuals.
456.113		The UR plan must provide that the identities of individual recipients in all UR records and reports are kept confidential.
		Admission Review §456.121 – §456.129
456.121		The UR plan must provide for a review of <i>each recipient's</i> admission to the hospital to decide whether it is needed in accordance with the requirements of §456.122 through 456.129.
456.122		Describe the written medical criteria utilized.
456.123 (a) to (g)		Describe the admission review process.
456.124		Describe the admission <i>notification</i> of adverse decision process.
456.125		Describe the time limits for admission review (within one working day).
456.126		Describe the time limits for final decision and notification of adverse decision (within two working days after admission)
456.127		Provide for pre-admission review for each category of admissions as designated by the UR Committee.
456.128(a)		Describes initial and continued stay review date.
456.129(a)		The methods and criteria, including norms if used, that the committee uses to assign the initial continued stay review date under §456.128.
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		Review of Need for Continued stay §456.131

456.131		The UR plan must provide for a review of each recipient's continued stay in the hospital to decide whether its needed, in accordance with the requirements of §456.132 through §456.137
456.132(a)		The committee develops written medical care criteria to assess the need for continued stay.
456.133(a)		The committee assigns subsequent continues stay review dates in accordance with §456.128 and §456.134(a)
456.134(a)		The UR plan must describe (a) The methods and criteria, including norms if used, that the committee uses to assign subsequent continued stay review dates under §456.133; and
456.134(b)		(b) The methods that the committee used to modify an approved length of stay when the recipient's condition or treatment schedule changes.
456.135 (a) to (h)		Describe the continued stay review process.
456.136		The UR plan must provide that written notice of any adverse final decision on the need for continued stay under §456.135(f) through (h) is sent to--(a) The hospital administrator; (b) The attending physician; (c) The Medicaid Agency; (d) The recipient; and (e) If possible, the next of kin or sponsor.
456.137(a)		The UR plan must provide that--(a) The committee makes a final decision on a recipients need for continued stay and gives notice under §456.136 of an adverse decision within 2 working days after the assigned continued stay review dates, except as required under paragraph (b) of this section.
456.137(b) - AHCA		(b) If the committee makes an adverse final decision on a recipient's need for continued stay before the assigned review date, the committee gives notice under §456.136 within 2 working days after the date of the final decision. Describe how the recipient is notified of any adverse final decision on the need for continued stay under §456.137(a)
		Requirements for Written Hospital UR Plan 456.141- 456.145
		EVIDENCE of JCAHO accreditation
456.141 – 456.145		<input type="checkbox"/> Check if JCAHO Certified If not JCAHO Certified proceed to Items #43 - 47 Medical Care Evaluation Studies (QA)
		Does the UR Plan:
456.141		Describe the purpose of the medical care evaluation studies.
456.142		Describe the methods to be used in selecting and conducting medical care evaluation studies in the hospital.
456.143		Describe the content of the medical care evaluation studies.
456.144		Identify data sources.
456.145		Number of Medical Care Evaluation Studies in progress currently.