



PROVIDER QUICK TIPS

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Reminder: Hospital Adverse Determination Summary Requirement

A hospital must have a utilization review plan that provides for review of Medicaid services with respect to the medical necessity of admission, duration of stay and professional services furnished. The hospital's Utilization Review Committee (URC) is required to submit a summary report of its adverse determinations, to the Department of Human Services (DHS) as outlined in Medical Assistance regulations 55 Pa. Code §§ 1163.77, 1163.80, 1163.477, 1163.480, 1151.75 and 1151.78. See also the All Patient Refined Diagnosis Related Group (APR DRG) Manual, Section IX and the Manual for Concurrent Hospital Review (CHR) of Inpatient Hospital Services, Section X. This requirement applies to inpatient acute care general hospitals; medical rehabilitation hospitals and units; drug and alcohol hospitals and units; and inpatient psychiatric hospitals and units. In addition, Medicaid Program Utilization Control requirements are set forth in 42 Code of Federal Regulations § 456.

Attachment C of the APR DRG Manual and Attachment D of the Manual for CHR of Inpatient Hospital Services include detailed instructions for completing the monthly report and provide the required report format, entitled "Commonwealth of Pennsylvania Department of Human Services, Hospital Utilization Review Committee's Monthly Adverse Determination Summary". These manuals can be located at:

http://www.dhs.state.pa.us/cs/groups/webcontent/documents/manual/p_012084.pdf

http://www.dhs.state.pa.us/cs/groups/webcontent/documents/manual/p_010914.pdf

The monthly summary report of the Hospital URC's adverse determinations for Medical Assistance cases is to include services provided in the fee-for-service and managed care delivery system. By the fifth day of each month the URC is to mail the summary report for the previous month's activities (Attachment C or Attachment D, as applicable) to the DHS at the following address:

Department of Human Services
Bureau of Program Integrity
Division of Program and Provider Compliance
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675
ATTN: Division Director

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov

