

Utilization Review - 2: Monthly Meeting Log

Acronyms used: DOB (Date of Birth), F/U (Follow-Up), MTP (Medical Therapy Program), MTU (Medical Therapy Unit), OT (Occupational Therapist), PT (Physical Therapist), UR (Utilization Review)

Date:	County:
Medical Therapy Unit(s):	

UR Team Details

Team Members Present	
Physician(s):	
Last Name:	First Name:
Occupational Therapist (OT):	
Last Name:	First Name:
Physical Therapist (PT):	
Last Name:	First Name:
Other Participants:	
Last Name:	First Name:
Last Name:	First Name:
Last Name:	First Name:
Last Name:	First Name:

UR Beneficiary Checklist

Beneficiary Charts Reviewed Last Name, First Name	Date of Birth	Accepted		F/U Assigned to: Last Name, First Name (If necessary)
		Yes	No	

Comments

--

UR Beneficiary Re-Review Checklist

Beneficiary Charts reviewed Last Name, First Name	Date of Birth	Date of Initial review	Accepted		F/U Assigned to: Last Name, First Name (If necessary)
			Yes	No	

COMMENTS

--

UTILIZATION REVIEW MONTHLY MEETING LOG (UR-2) Instructions**UR Team will complete the following:**

- Date
- MTU(s) reviewed
- UR Team members present
- Name and date of birth for each beneficiary chart reviewed
- Accepted or not accepted at review
- UR Team member assigned to follow up on MTU plan(s) to correct deficiencies submitted to UR Team
- Comments include any needs identified such as changes/ updates to procedures affecting OPRC/documentation of services, and/or date of expected correction, etc.
- UR Team member assigned to follow up will complete bottom section of form with results of re-review from past months' deficiencies.