



Healthcare Utilization Review & Managed Care Checklist 2026

Pre-Authorization & Prior Authorization Verification

Ensuring all required clinical documentation and payer-specific approvals are secured before services are rendered.

Patient Identification Number

Payer/Insurance Carrier Name

- ☐ Medicare
- ☐
- ☐ Blue Cross Blue Shield
- ☐ Aetna
- ☐ UnitedHealthcare
- ☐ Other Private Insurance

Requested Service Date

Clinical Support Documentation

 Upload File

Authorization Status Check

- ☐ Initial Request Submitted
- ☐ Pending Payer Review
- ☐ Approved
- ☐ Denied
- ☐ Request for Additional Information Sent

Reviewer Verification Signature



Medical Necessity & Clinical Criteria Review

Validating that all requested treatments, procedures, and admissions meet established evidence-based guidelines and payer-specific criteria.

Clinical Criteria Standard Used

- ☐ InterQual
- ☐ MCG (Milliman Care Guidelines)
- ☐ Internal Facility Protocol
- ☐ Other

Required Clinical Evidence Present

- ☐ Laboratory Results
- ☐ Imaging Reports (X-Ray, CT, MRI)
- ☐ Physician Progress Notes
- ☐ Vital Signs Trends
- ☐ Diagnostic Test Results

Justification for Acute Level of Care

Write something...

Date of Clinical Review

Enter date...

Supporting Clinical Documentation

 Upload File

Reviewing Clinician Attestation

Concurrent Review & Inpatient Monitoring

Active monitoring of ongoing inpatient stays to ensure appropriate level of care and timely transitions to lower levels of acuity.

Date of Review

Enter date...

Patient Acuity Level

- ☐ Low
- ☐
- ☐ High
- ☐ Critical

Current Level of Care Status

Write something...

Clinical Review Tasks Completed

- ☐ Physician Order Verification
- ☐ Lab/Imaging Result Review
- ☐ Nursing Note Assessment
- ☐ Progression of Care Assessment

Clinical Justification for Continued Stay

Write something...

Reviewing Utilization Manager Signature

Retrospective Review & Claims Audit

Post-service evaluation of clinical records to confirm accuracy, compliance with utilization guidelines, and potential for denied claims.

Audit Review Date

Patient Medical Record Number (MRN)

Review Type

- ☐ Concurrent Review
- ☐ Retrospective Review
- ☐ Denial Appeal Review

Discrepancies Identified

- ☐ Coding Mismatch
- ☐ Lack of Clinical Documentation
- ☐ Incorrect Authorization Number
- ☐ Inappropriate Level of Service

Clinical Findings & Discrepancy Notes

Write something...

Supporting Clinical Documentation

 Upload File

Auditor Verification Signature

Discharge Planning & Transition of Care

Coordination of post-acute care requirements, including DME (Durable Medical Equipment) and skilled nursing facility referrals.

Discharge Disposition Type

- ☐ Home with Home Health Services
- ☐ Skilled Nursing Facility (SNF)
- ☐ Rehabilitation Center
- ☐ Long-Term Acute Care Hospital (LTAC)
- ☐ Assisted Living
- ☐ Home with Family Caregiver

Target Discharge Date

Enter date...

Required Post-Discharge Services

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Wound Care
- ☐ Home Oxygen Therapy
- ☐ In-Home Nursing

Follow-up Appointment Date & Time

Write something...

Discharge Summary & Clinical Notes

 Upload File

Care Coordinator Verification

Payer Contract & Managed Care Agreement Compliance

Reviewing adherence to specific Managed Care Organization (MCO) reimbursement rules, fee schedules, and notification timelines.

Payer Organization Name

- ☐ Medicare Advantage
- ☐ Medicaid
- ☐ Blue Cross Blue Shield
- ☐ UnitedHealthcare
- ☐ Aetna
- ☐ Other Managed Care Entity

Contract Effective Date

Enter date...

Contract Expiration/Renewal Date

Enter date...

Required Compliance Documents

- ☐ Current Fee Schedule
- ☐ Service Authorization Protocols
- ☐ Network Participation Agreement
- ☐ Credentialing Verification

Upload Signed Agreement/Addendum

 Upload File

Specific Reimbursement Notes

Write something...

Compliance Officer Verification

Denial Management & Appeals Documentation

Standardized procedures for investigating clinical denials, gathering rebuttal evidence, and submitting timely appeals.

Claim Reference Number

Write something...

Denial Reason Category

- ☐ Medical Necessity
- ☐ Coding/Coding Error
- ☐ Authorization Missing
- ☐ Duplicate Claim
- ☐ Timely Filing
- ☐ Other

Date of Denial Notification

Enter date...

Appeal Deadline Date

Enter date...

Root Cause Analysis Summary

Write something...

Supporting Clinical Documentation

 Upload File

Reviewer/Auditor Attestation

Utilization Management (UM) Data Reporting & Analytics

Tracking key performance indicators (KPIs) such as Length of Stay (LOS), denial rates, and avoidable days for 2026 reporting standards.

Reporting Period End Date

Enter date...

Average Length of Stay (ALOS)

Enter a number...

Total Denial Rate (%)

Enter a number...

Primary Metric Focus

- ☐ Readmission Rates
- ☐ Denial Rate
- ☐ Authorization Turnaround Time
- ☐ Cost Per Case

Key Performance Indicators (KPIs) Tracked

- ☐ Avoidable Days
- ☐ Denial Root Cause Analysis
- ☐ Concurrent Review Completion
- ☐ Payer Compliance Score

Variance Analysis Summary

Write something...

Monthly Utilization Report (PDF/CSV)

 Upload File

UM Director Review Authorization

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✔ Finish

✎ Generate Sample Report