

(i) May be conducted by an independent, nonhospital-affiliated review agent;

(ii) Shall be performed by registered nurses, medical records technicians, or similar qualified personnel supported and supervised by physicians as may be required; and

(iii) Shall be approved and recertified at least every 2 years by the Secretary if it meets the minimum standards established under paragraph (3) of this subsection.

(2) If a hospital fails to provide the utilization review program required under this subsection, the Secretary may impose the following penalties:

(i) Delicensure of hospital; or

(ii) \$500 per day for each day the violation continues.

(3) The Secretary shall, by regulation and in consultation with health care providers and payors, establish minimum standards for a utilization review program, DIRECTED AT APPROPRIATENESS AND QUALITY OF INPATIENT CARE, ~~which--shall include~~ AS ENUMERATED IN THE FOLLOWING ITEMS:

(i) Preadmission review of elective admissions;

(ii) Postadmission review of emergency admissions;

(iii) Concurrent or retrospective review of all admissions as appropriate;

(iv) Preauthorization of certain selected procedures if proposed to be performed on an inpatient basis;

(v) Before admission, the requirement of an objective second opinion regarding the desirability of performing certain selected surgical procedures on a nonemergency basis;

(vi) Continued stay review based on recognized objective criteria; [and]

(vii) Discharge planning review; AND

(VIII) READMISSION REVIEW.

(4) A patient may not be charged for any days disallowed as a result of retrospective review under paragraph (3) of this subsection unless the patient refuses to leave the hospital when it is medically appropriate to do so and the disallowed days occur: