

Subject: Appropriate Utilization Management Professionals (Page 1 of 3)

Objective:

- I. To ensure that Tuality Health Alliance (THA) Utilization Management (UM) decisions are made by individuals/staff members who have the knowledge and skills to evaluate working diagnoses and proposed treatment plans.

Policy:

- I. THA Medical Management makes UM decisions based only on the appropriateness of care and service and existence of current member coverage. THA Medical Management staff has the authority to approve (but not to deny) services for which explicit UM decision-making criteria applies.
- II. The THA Medical Management Team consists of appropriately-licensed health professionals, such as certified nurses, to supervise and assess the clinical information used to make medical necessity decisions for Utilization Management determinations. Such supervision tasks and UM decision-making tasks, as performed by appropriate professionals, include:
 - Ensuring the application of consistent UM criteria;
 - Participating in staff training;
 - Monitoring documentation adequacy;
 - Day-to day involvement in UM activities, including consistent availability by phone or on site;
 - Assessing a member's reported condition – to evaluate whether the condition meets medical necessity criteria for treatment; and
 - Determining the appropriate level and intensity of care.
- III. THA Medical Management staff members who are not qualified to make UM determinations may collect data for preauthorization and concurrent review under the supervision of appropriately-licensed professional staff.
- IV. The THA Medical Director oversees UM decisions to ensure consistent medical necessity decision making and reviews any denial of care based on medical necessity.
 - a. *Medical Director/UM Physician Qualifications*

THA has written job descriptions with qualifications for the THA Medical Director or physician designee who reviews denials of care based on medical necessity. Qualifications pertain to:

 - Education;
 - Training or professional experience in medical or clinical practice; and
 - Current license to practice without restriction.

Subject: Appropriate Utilization Management Professionals (Page 2 of 3)

- b. *Documentation of Appropriate Professional Review for all Medical Necessity Denials*
- Documentation may consist of a handwritten signature, initials or unique electronic identifier on the letter of denial or on the notation of denial in the file.
 - Medical and pharmaceutical denial files must contain documentation that the Medical Director or physician designee reviewed all denial decisions for medical services made on the basis of medical necessity.
- c. *Second Opinion*
- When a second opinion is needed, The THA Medical Director may utilize board-certified physicians from appropriate specialty areas to assist in making determinations of medical necessity (i.e. MRIoA).
- The THA Medical Director may utilize a psychiatrist, doctoral-level clinical psychologist, or certified addiction medicine specialist to review any denials for medical necessity that may be related to behavioral health care.
 - The second opinion denial files must contain documentation that a second physician reviewed the file based on medical necessity.
- V. Denials may be based on benefit determinations of an excluded benefit or services not covered by the member benefit plan. Benefit determinations do not require Medical Director/physician review. Examples of benefit determinations may pertain to:
- Requests for extension of treatment beyond the limits and restrictions of the member's benefit plan;
 - Requests for specifically-excluded pharmaceuticals, procedures, durable medical equipment, etc.; and
 - Requests for treatment of Oregon Health Plan non-funded conditions.
- VI. Professional staff licenses are verified for persons making UM determinations to assure current, valid licensure with the appropriate Oregon State Governing Board; for physicians, Oregon Board of Medical Examiners licensure is verified.
- VII. THA does not reward practitioners or other individuals for issuing denials of coverage or service care, nor are there financial incentives to discourage utilization of resources.
- a. THA monitors practitioners for patterns of over/under utilization.
 - b. THA staff sign affirmative statements regarding incentives on an annual basis.
 - c. Affirmative statements may be provided to THA members through:

**Subject: Appropriate Utilization Management Professionals
(Page 3 of 3)**

- The Internet/THA website;
 - The Health Share/THA Member Handbook; and
 - Upon request.
- d. Affirmative statements may be shared with providers through:
- The Provider Manual;
 - Provider contracts; and
 - Upon request
- e. Affirmative statements may be shared with employees through:
- Code of Conduct forms;
 - Annual training;
 - Email;
 - The Tuality Hospital Intranet; and
 - Upon request.

References: 2013 NCQA Standard UM 4: Appropriate Professionals
THA Code of Conduct

Formulated:	April 1998
Reviewed:	July 1999 November 2000 March 2005 June 2011 August 2013 May 2015 August 2017
Revised	March 2002 March 2003 April 2004 May 2006 July 2007 September 2008 February 2010