

Objective:

To ensure that Utilization Management (UM) decisions are made by individuals who have the knowledge and skills to evaluate working diagnoses and proposed treatment plans.

POLICY:

- I. Appropriately licensed health professionals supervise and assess the clinical information used to make medical necessity decisions.
 - A. Supervision includes activities such as:
 1. Ensuring consistent criteria application
 2. Participating in staff training
 3. Monitoring documentation adequacy
 4. Day to day involvement in UM activities and be consistently available to staff by phone or on site.
 - B. UM Personnel
 1. Appropriate licensed healthcare professionals make UM decisions that require clinical judgment
 - a. assessing if a member's reported condition meets medical necessity criteria for treatment
 - b. determining the appropriate level and intensity of care
 - c. staff members not qualified may collect data for preauthorization and concurrent review under the supervision of appropriately licensed health professionals
- II. A Tuality Health Alliance (THA) Medical Director oversees UM decisions to ensure consistent medical necessity decision making and reviews any denial of care based on medical necessity.
 - A. THA Medical Director may utilize board-certified physicians from appropriate specialty areas to assist in making determination of medical necessity when a second opinion is needed.
 - B. 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.

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1. THA OHP members obtain behavioral health services through Washington County Department of Health & Human Services Mental Health.
- C. The denial files must contain documentation that a physician reviewed the file based on medical necessity.
- III. Professional licenses are verified to assure licensure with the appropriate Oregon State Governing Board.
- IV. Licenses for practitioners are verified to assure licensure with the Oregon Board of Medical Examiners.
 - A. THA has written job descriptions with qualifications for practitioners who review denials of care based on medical necessity that requires:
 1. Education
 2. Training or professional experience in medical or clinical practice
 3. Current license to practice without restriction
- V. THA Medical Management staff makes decisions based only on the appropriateness of care and service and existence of current coverage. THA Medical Management staff has the authority to approve (but not to deny) services for which there are explicit criteria.
- VI. Denials may be based on benefit determinations of an excluded benefit or services not covered by their benefit plan. Benefit determinations do not require physician review. Examples of benefit determinations are:
 - A. Request for extension of treatments beyond the limits and restrictions of the member's benefit plan.
 - B. A request for specifically excluded pharmaceuticals, procedures or durable medical equipment etc.
 - C. Oregon Health Plan non funded conditions
- VII. Documentation of appropriate professional review for all medical necessity denials
 - A. 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.
 - B. Medical denial files must contain documentation that a physician reviewed all denial decisions for medical services made on the basis of medical necessity.

- C. Pharmaceutical denial files that are made on the basis of medical necessity must contain documentation that a physician reviewed them.

- VIII. 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. THA monitors practitioners during the recredentialing cycle for patterns of over/under utilization.
 - A. THA staff sign annually affirmative statements regarding incentives.
 - B. Mechanisms for distribution of affirmative statements
 - 1. Members
 - a. Published on the internet
 - b. Member Handbook
 - c. Member newsletters
 - 2. Practitioners
 - a. Provider Handbook
 - b. Provider contracts
 - c. Provider newsletters
 - 3. Employees
 - a. Code of Conduct
 - b. Annual training
 - c. Email
 - d. Intranet
 - 4. Upon request of any of the above

Reference: 2011 NCQA Standard UM 4: Appropriate Professionals
THA Code of Conduct

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Formulated: N/A

Reviewed: April 1998
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THA Plan Director

THA Medical Director