Utilization Review

1. The process, policies, and procedures whereby decisions shall be made.

   Page_____

2. A statement that medical treatment guidelines adopted by the Commissioner pursuant to KRS 342.035(8)(a) shall be incorporated in the plan as the standard for utilization review medical decision making; Official Disability Guidelines (ODG).

   Page_____

3. The criteria by which claims and medical services shall be selected for review.

   Page_____

4. The qualifications of internal and consulting personnel who will conduct the utilization review which includes their education, training, and experience, necessary to evaluate clinical issues and services for medical necessity and appropriateness.

   Page_____

5. The process to assure that treatment plans are obtained for review by qualified medical personnel in all instances where treatment plans are required by 803 KAR 25:096.

   Page_____

6. The process to assure that a physician has been designated by each injured employee as required under 803 KAR 25:096 or 803 KAR 25:110.

   Page_____

7. The process for rendering and promptly notifying the medical provider and employee of the initial utilization review decision.

   Page_____

   a.) Initial Utilization Review decision within two (2) business days of the initial request for treatment.
   b.) Retrospective Utilization Review decision within seven (7) business days of the initial UR process.
   c.) Expedited Utilization Review decision within twenty-four (24) hours following the UR request.

8. A description of the initial utilization review denial process including the following information contained on the denial letter:

    - A statement of the medical reasons for denial;
    - The name and U. S. state of licensure, and medical license number of the reviewer;
    - An explanation of utilization review reconsideration rights.

Page_____

9. A description of the reconsideration process within the structure of the utilization review program with all applicable timeframes.

Page_____

10. A description of the process when the medical provider whose recommendation for treatment is denied may request reconsideration, and may require the reconsideration to include a peer-to-peer conference with a second utilization review physician.

Page_____

11. A description of the pharmaceutical reconsideration process per 803 KAR 25:270.

Page_____

12. An assurance that a database shall be maintained for a period of no less than two (2) years, subject to audit by the Commissioner, or the Commissioner's agent, and with the details required per KRS 342:035(5)(b).

Page_____

13. A description of the policies and procedures that will protect the confidentiality of patient information.

Page_____

14. An assurance that during the term of an approved plan, the Commissioner shall be notified as soon as practicable of a material change in the approved plan or a change in the selection of a vendor.

Page_____

15. An assurance that a medical payment obligor who contracts with an approved vendor for utilization review or medical bill audit services shall notify the Commissioner of the contract. The contractual arrangement may provide for separate utilization review and medical bill audit vendors.

Page_____

16. Provide a copy of the Medical Director's Curriculum Vitae.

Page_____

17. Include a list of clients that contract you to perform UR/MBA services.

Page_____

18. Submit example letter of approval, denial, reconsideration and final reconsideration, these must be on company letterhead.

Page_____