UM Auditing

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Related Policies

Utilization Management Overview

Policy Number	**322**
Original Effective Date:	2/2000
Current Approval Date:	4/27/2023
Next Review:	4/2024
Category:	Compliance

Policy Statement

The Quality Improvement (QI) Committee shall be responsible with the Optum* by OptumHealth Care Solutions, LLC Utilization Management (UM) Committee for the ongoing monitoring of all components of the Optum UM Program. These shall include the following processes and/or services:

- Compliance by health care providers with reporting guidelines and requirements.
- Support Clinician utilization of approved clinical review criteria i.e. guidelines, algorithms or protocols, health plan documents/policies of managed plan and Optum health plan documents/policies.
- Evaluating the consistency in clinical judgment determination.
- Reporting timeframes are met for concurrent, prospective and retrospective review.
- Documentation and communication of rationale for all modified clinical determinations.
- Compliance with content requirements and all authorization responses.
- Reconsideration and appeals process and timeframes.
- Expedited appeals process and timeframes.
- Reviews are conducted by Support Clinicians who have completed training.

The results of audits conducted to measure the quality and consistency of these applications will be reported to the QI Committee. Monitoring shall be regulated by the following:

- Standardized reporting and documentation forms utilized by providers.
- Comprehensive and standardized review support and process i.e. clinical review decision support (CRDS Program).
- Comprehensive and standardized decision responses and automated communication.

*Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.

Purpose

The purpose of this policy is to outline the UM auditing process and monitoring for compliance and consistency.

Scope

All in and out of network programs, involving all provider types, where utilization review determinations are required.

Description

Monitoring shall take place on no less than an annual basis to evaluate program compliance and to ensure that the review process is objective, systematic and unbiased. This should be completed as follows:

- Timeline requirements for prospective and concurrent review will be monitored daily.
- Timeline requirements for appeals will be monitored on an individual basis.
- Consistency requirements will be evaluated through specialized audits as deemed necessary.
- A score of less than 90% will result in an action plan to address identified training needs.

The following reports, documents and studies will be utilized:

- Communication Logs
- Daily production reports
- Training guides
- Adherence to clinical policy
- Adherence to applicable job aids
- Health Care Provider profile information that supports compliance with reporting, etc.
- Inter-rater reliability tests that evaluate the consistency with which support clinicians apply UM criteria will be completed on a semi-annual basis using seven hypothetical UM test cases.

References

1. National Committee for Quality Assurance (NCQA). http://www.ncqa.org/

Policy History/Revision Information

Date	Action/Description
2/23/2000	Original effective date
3/07/2001	Annual review and approval completed
9/20/2002	Annual review and approval completed
1/31/2003	Update and approval
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review completed
4/18/2013	Annual review completed
4/17/2014	Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review completed; no significant changes made to the document
4/25/2019	Annual review completed; Inter-rater reliability testing (Description section) was updated
4/23/2020	Annual review completed. Updated the description to include training guides, clinical policy and job aides. Policy statement updated to include health plan documents/policies of managed plan and Optum health plan documents/policies.
4/22/2021	Annual review and approval completed; Deleted URAC from reference list
5/03/2022	Annual review and approval completed; Added Appendix (OrthoNet Guidance)
6/29/2022	Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/23	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com.

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: phpolicy_inquiry@optum.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies.

If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

Appendix

OrthoNet Guidance

OrthoNet's Inter-Rater Reliability review shall include review for the following:

- Compliance with accreditation and regulatory standards
- Consistent and appropriate application of clinical criteria
- Compliance with OrthoNet UM policies and procedures
- Action on opportunities for improvement

The completion of Inter-Rater Reliability study will allow OrthoNet to:

- Minimize the variation in applying the clinical guidelines between the OrthoNet Case Managers (OCMs) and Medical Directors (MDs).
- Evaluate OCMs'/MDs' capabilities in identifying "potentially avoidable utilization" when reviewing cases.
- Evaluate OCMs'/MDs' ability to identify quality of care or quality of service issues.
- Target areas most in need of improvement and continued education.
- Provide immediate re-training to those OCMs/MDs who receive a score below 90%.
- Create action plans for those individuals who receive a score below 90%.