

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Managed Care

POLICY # AD III-3

PAGE 1 of 4

SUBJECT: Utilization Review Plan

EFFECTIVE DATE: June 2011

SUPERCEDES DATE: June 2004

OBJECTIVES

The Division of Prisons Health Services Utilization Management Section is designed to evaluate the appropriateness and medical necessity of services provided to inmates. The program seeks to assure that services are provided efficiently, cost effectively and meet recognized standards of care. The program controls the cost of services provided through the establishment of a network of contracted providers. The Utilization Management Plan promotes and monitors the delivery of health care services that are quality oriented, medically necessary, and cost effective.

The Utilization Management Plan has been designed to accomplish the following key objectives:

1. To monitor and track the health care management of inmates.
2. To provide guidelines for the provision of efficient, quality oriented, and cost-effective health care.
3. To provide education to the providers and other health care workers.
4. To promote collaboration between Division of Prisons Health Services and staff providers to effect necessary change in utilization patterns and practice.

ORGANIZATIONAL STRUCTURE

Responsibility/Accountability - Medical care for male inmates in the North Carolina Department of Correction is arranged and/or provided through Central Prison Hospital in Raleigh, North Carolina, and other selected institutions throughout the state. Services for female inmates are provided and/or arranged through the North Carolina Correctional Institution for Women in Raleigh, North Carolina and other selected institutions.

Each facility is responsible for reviewing care rendered in that facility. However, a centralized pre-certification program has been established for all non-emergent inpatient admissions regardless of facility and admitting hospital.

The Utilization Management Section is responsible for establishing and maintaining an effective Utilization Review Management Program which assures that quality health care is provided inmates in a cost-effective manner. The committee is chaired by the Deputy Medical Director and reports to the Chief of Health Services. Responsibilities will include:

1. Overall development and implementation of the Utilization Management process.
2. Development and oversight of corrective action plans.
3. Facilitating the educational process of providers and other staff as needed.
4. UR Policy/procedure/standard development.
5. Recommendations related to participating status of providers, credentialing, sanctioning, and panel size/status of providers.
6. Reporting Utilization Management findings to providers as appropriate.

SCOPE OF REVIEW

Utilization Management (UM) promotes efficient infirmary and hospital bed management utilization through prospective, concurrent and retrospective case-specific review, based on the medical necessity of patients, their length of stay, and the appropriate use of diagnostic and therapeutic clinical services. Utilization Management will involve prospective utilization review activities consisting of pre-certification and preauthorization of various outpatient services and procedures.

The Division of Prisons Health Services utilization management staff performs utilization review on 100% of all inpatient services. Utilization review is performed on selected outpatient surgical procedures, diagnoses, and ancillary services.

With the specific information collected regarding an inmate's clinical condition, DOP staff use the following criteria as guides in making coverage determinations as applicable:

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Managed Care

POLICY # AD III-3

PAGE 2 of 4

SUBJECT: Utilization Review Plan

EFFECTIVE DATE: June 2011

SUPERCEDES DATE: June 2004

- Milliman Care Guidelines® for medical and surgical care.
- DOP Clinical Practice and UM Coverage Guidelines
- DOP Chronic Disease Guidelines
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations and Local Coverage Determinations for NC
- Interqual Criteria

In performing utilization review, the following parameters are considered and utilized as appropriate during the prospective, concurrent and retrospective review process:

1. Medical necessity - Division of Prisons Health Services utilizes criteria established above through the Physician Advisory Committee and Physician Professional Organizations for preauthorization review. The Division of Prisons Health Services utilizes similar criteria for concurrent and retrospective review as well.
2. Appropriateness of the level of care.
3. Appropriateness of the setting for the delivery of care.
4. Length of stay- Concurrent review for appropriateness based on severity of illness and intensity of service.
5. Appropriateness for case management. Case management performed by Utilization review nurses under the supervision of Deputy Medical Director
6. Appropriateness of service - provided by Division of Prisons Health Services and non-Division of Prisons Health Services providers. In utilizing the above criteria, instances occur where the available medical documentation provided does not meet guidelines for continued stay, the planned LOS, or an alternative setting may appear more appropriate. The attending physician is consulted via the case manager and queried regarding the medical indications. Responses are discussed with the Division of Prisons Health Services Deputy Medical Director and/or referred to a Physician Advisor for further review and action. Notification of adverse decisions is provided to the attending physician, the facility business office, utilization review department, and discharge planning department when appropriate.
7. Guidelines for prospective/concurrent approval of medical services are based on Severity of Illness and Intensity of Service

UTILIZATION MANAGEMENT

The Division of Prisons Health Services Utilization Management Plan can be defined in four integrated processes: prospective review, concurrent review, retrospective review and discharge planning.

Utilization Review - Utilization review involves the coordination of several review activities:

- A. Prospective Review - Prospective utilization review activities consist of pre-certification of services. Preauthorization/pre-certification is the method by which a participating provider obtains prior approval from Health Services for services before they are delivered. In addition to inpatient admissions, additional services are identified based on historical trends of overuse, questionable medical necessity, and high cost. Failure to obtain the required preauthorization may result in a denial of service and reimbursement to the provider. In instances where repeated occurrences exist, counseling and possible sanctioning of the provider may occur. Preauthorization is required for, but not limited to the following services:

Scheduled inpatient admissions and,
Selected ambulatory procedures and specialty consult services listed below:

- All Specialty Clinic visits
- All radiological procedures except routine X-rays

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Managed Care

POLICY # AD III-3

PAGE 3 of 4

SUBJECT: Utilization Review Plan

EFFECTIVE DATE: June 2011

SUPERCEDES DATE: June 2004

-
- All diagnostic/therapeutic procedures not being done by a DOP primary care provider
 - Orthotic supplies not available at Central supply
 - Non formulary medications
 - Hemodialysis
 - (X-rays and EKGs done at the prison facilities will be provided via the purchase care process)

The preauthorization process allows identification of cases for case management intervention and initiation of discharge planning. In some instances case management intervention will allow the institution of alternative services that may substitute for inpatient care. Preauthorization is required for any scheduled admission to an inpatient facility in the community using the following procedures:

1. Physician determines that an admission to an inpatient facility is indicated.
 2. The physician or designee, prior to scheduling the admission with the facility, contacts the Utilization Review Section/Nurse through the UR process
 3. The UR Section/Nurse screens for medical necessity utilizing the appropriate criteria.
 4. When all criteria are met, the admission is certified, a length of stay assigned and an authorization number is provided to the facility.
 5. The physician and the admitting office of the inpatient facility are notified through the UR process of the recertified services and the assigned length of stay.
 6. When criteria are not met, the case is referred to the designated physician reviewer. The utilization review nurse may refer the case to the physician reviewer at any time during the review process. The physician reviewer will then make a determination. If the admission, continued stay, surgical procedure or diagnostic test is approved, the case is referred back to the utilization review nurse who provides the facility and the physician with the appropriate certification number and assigned length of stay and will continue concurrent review.
 7. In the event the admission or procedure is not approved, the case will be referred back to the utilization review coordinator. The utilization review coordinator will notify all relevant parties that DOP/Health Services will not be responsible for any further charges. If the attending physician disagrees with the decision he/she may appeal the decision.
- B. Concurrent Review - Concurrent review is the ongoing evaluation throughout a course of treatment to assure that continued stay is:
1. Medically appropriate
 2. High quality
 3. Provided effectively and efficiently
 4. Provided in the most appropriate setting
 5. Performed at the appropriate level of care

Concurrent review is conducted using medical record review via fax info, provider link or telephone review with the facility case manager. Inpatient cases are assessed concurrently for target diagnosis case management intervention, for initiation of discharge planning, and for generic (adverse outcome) screening for referral and possible investigation by the Quality Improvement staff.

- C. Discharge Planning is a systematic approach to identifying the level of care that the receiving prison facility can provide for each inmate prior to discharge from the community hospital. The Division of Prisons Utilization Review nurse coordinates the discharge with the community hospital Utilization Review Department, Discharge Planning Department and the attending physician. The inmate is discharged when the receiving prison facility can provide the level of care needed for continued convalescence.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Managed Care

POLICY # AD III-3

PAGE 4 of 4

SUBJECT: Utilization Review Plan

EFFECTIVE DATE: June 2011

SUPERCEDES DATE: June 2004

-
- D. Retrospective Review - Retrospective review may be conducted when the utilization section has been notified post discharge. A copy of the record is requested from the hospital and a denial/approval of authorization for services could be rendered based on the results of the review.
- E. Appeals - If a Division of Prisons Health Services provider disagrees with a denial, the provider may submit an appeal to the Division of Prisons Health Services Deputy Medical Director. An appeal may be in the form of an immediate appeal or a standard appeal.
1. Immediate Appeal - When an initial determination to deny authorization of a health care service is made prior to or during an ongoing period of service and the attending physician believes that the determination warrants immediate appeal, the attending physician may appeal over the telephone to the Division of Prisons Health Services Deputy Medical Director. All efforts will be made to obtain any information available to resolve the expedited appeal. Immediate appeals which do not resolve a difference of opinion may be referred to a physician advisor for another opinion or through the standard written appeal process.
 2. Standard Appeal - The right to appeal a denial through the Utilization Management Program is available to all providers. All appeals will be completed within thirty days of receipt. The facility must provide additional information justifying the appeal in the comment section. A UM physician reviewer must not deny the same appeal twice and should pending the request for review by the Deputy Medical Director if appealed again. Comments/alternate suggestions for denials must be entered by the UM physician reviewer. Any further appeals for appeals denied by the Deputy Medical Director should be directed to the Chief of Health Services. The Chief of Health Services will have the final authority.

CONFIDENTIALITY

Utilization Management activities of the Division of Prisons Health Services participating providers and facilities are designed to improve patient care and as such shall remain confidential pursuant to State Law.

All minutes, records, reports, worksheets, study documents, and any other materials collected as part of Utilization Management activities shall be considered strictly confidential and handled in a manner designed to ensure confidentiality. All records will be maintained for a minimum of seven years as required by law.

Access to information obtained through utilization management activities shall be restricted to those individuals and/or committees charged with the responsibility/accountability for various aspects of the program.

Individual practitioner records shall be restricted to those individuals and/or committees charged with reviewing for sanctioning, recertification purposes, and management purposes.

ANNUAL REVIEW/APPRaisal

The Utilization Management Plan is evaluated annually. The focus of the annual evaluation is to document the contribution of Utilization Management to the appropriateness, effectiveness, and efficiency of care within the delivery system and to assist in setting program objectives for the subsequent year and each succeeding year.

Paula Y. Smith, M.D.

6/1/11

Paula Smith MD, Director of Health Services

Date

SOR: Deputy Medical Director