

Health Utilization Management v8.1 and Workers' Compensation Utilization Management v8.1

August 3, 2022

Before We Get Started



Message Lisa Siverman for any *tech issues*



Use the chat box for *questions* and to *introduce yourself*



Explore *resources* we'll share in the chat box



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OPENING POLL

What URAC accreditation is your company accredited under or applying for?

Agenda



New standards

Policy changes

Clarifications

UM 1-1: Program Structure (new)

Theme repeated
in several URAC
accreditations:

- Goals and objectives are evaluated
- Annual program review
- Program is updated as needed

UM 1-2: Utilization Review Monitoring (new)

The organization sets the bar for performance metrics.



UM 1-2: Utilization Review Monitoring (new)

- Inter-rater reliability on the use of clinical review criteria
- Rates for:
 - Certifications
 - Non-certifications
 - First-level appeals overturned
 - First-level appeals upheld
- Annual summary reporting and analysis of this monitoring

UM 2-1: Review Criteria Requirements

Appropriate providers or prescribers involved in criteria development and evaluation:

- Have current knowledge relevant to the criteria
- Includes those who can treat the relevant conditions addressed by the criteria



UM 2-1: Review Criteria Requirements

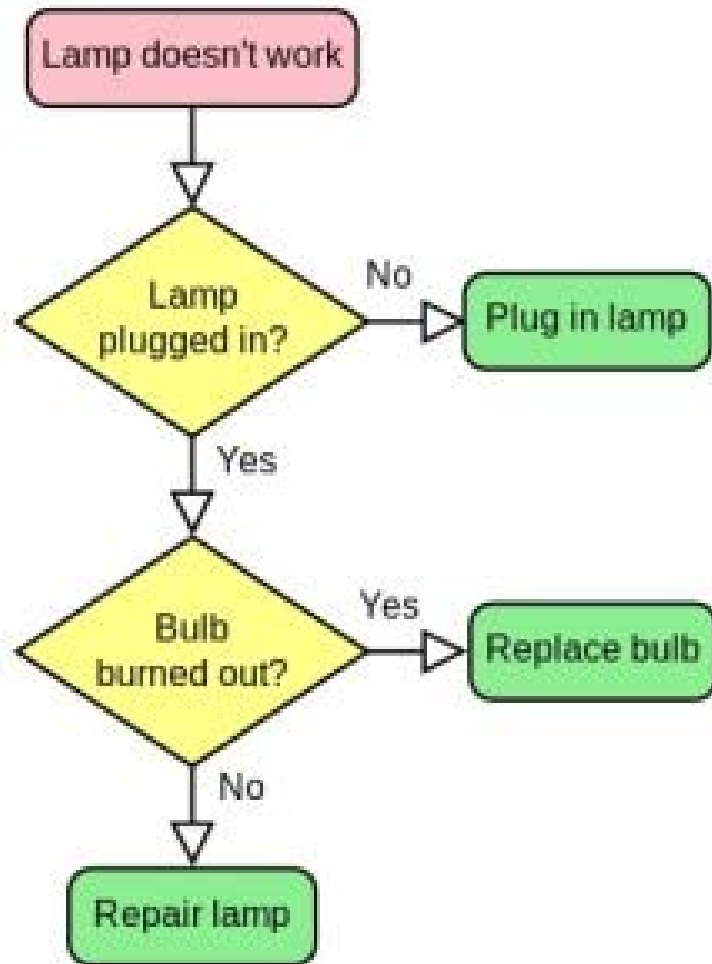


UM 3-1: Initial Screening Policy

A unique identifier is assigned to each request for certification

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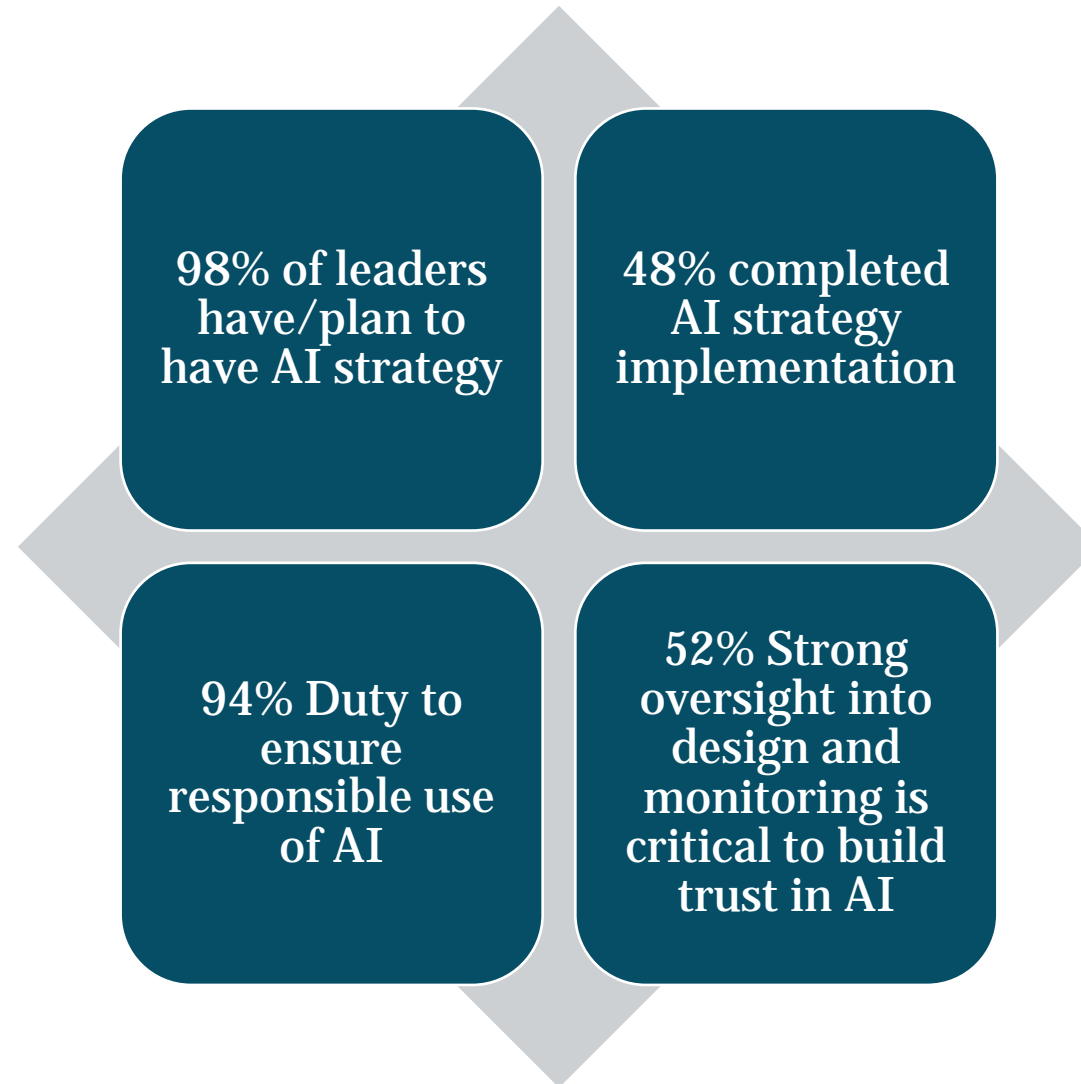
UM 5-2: Automated-Only Review (new)



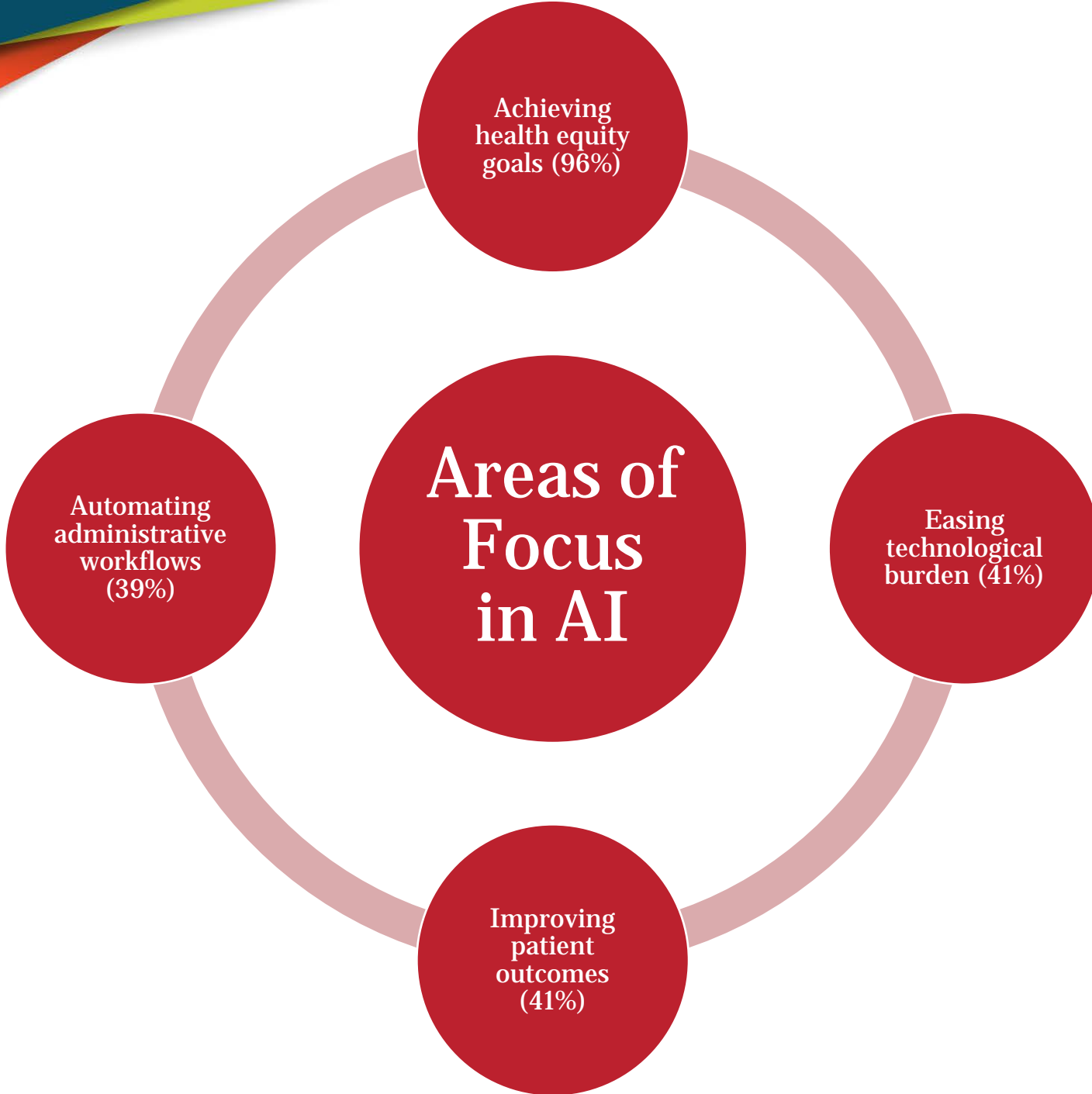
- Determinations are based on algorithms that incorporate clinical review criteria
- Criteria are kept current

Why did URAC decide to address Artificial Intelligence (AI) and Machine Learning (ML) in the UM standards?

State of AI in Health Care Remains Strong



Source: *Still on the Rise: How AI in Health Care Continues to Grow. 4th Annual Survey on AI in Health Care (November 2021)*
Survey conducted by Wakefield Research for Optum.



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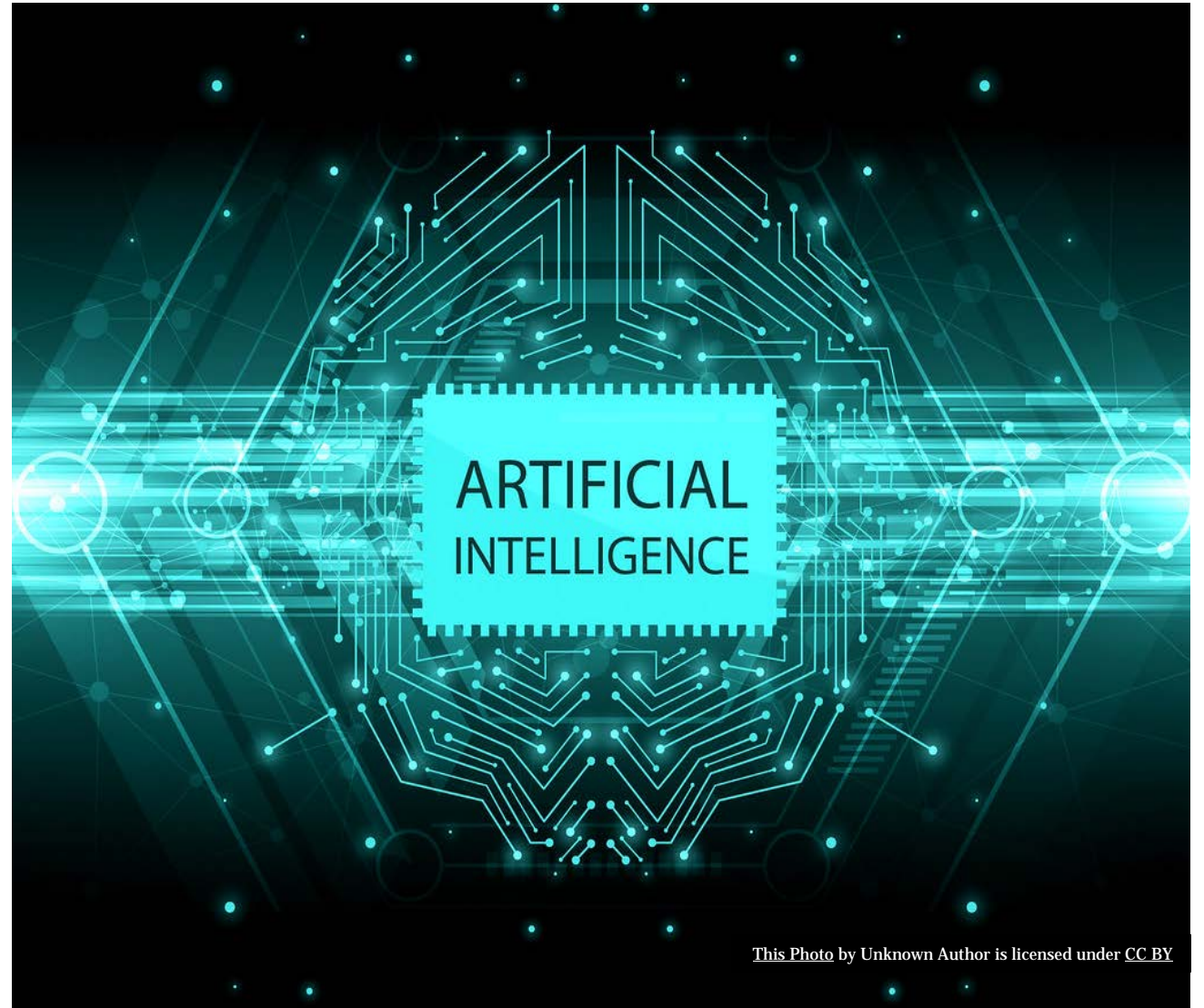
UM 6-1: AI and ML Medical Software Used in Utilization Review

AI and ML software
selection guided by:

FDA regulatory obligations

National standards that
address:

- Risk management
- Quality management
- Mitigation of potential bias



Stretch Break



POLL: AI and ML in Your Organization

Is your organization planning on using AI and ML for utilization management?

Licensure and Qualifications Hierarchy

Licensure

Additional
Qualifications

Additional
Requirements

Licensure for All Levels of Clinical Review

Current

Recognized in the relevant jurisdiction(s)

Unrestricted

Licensure: Clinical Peer Review and Appeal Peer Review

Of the type and scope that permits them to apply their clinical judgement

Either a Doctor of Medicine or Doctor of Osteopathic Medicine; or, is the same license or certification as the ordering practitioner

Additional Qualifications: Clinical Peer Review



Are knowledgeable
of the issue under
review

Qualified to render
a clinical opinion
or determination

Additional Qualifications: Appeal Peer Review

Is knowledgeable of
the issue under review

Has the clinical expertise to manage
the medical or behavioral health
condition or disease under review

Possesses a medical
board certification

Appeal Peer Reviewer Qualification Expanded from prior Versions

HUM 35: Appeal Peer Reviewer Qualifications (version 7.3/7.4)

c. Are in the *same profession and in a similar specialty* as typically manages the medical condition, procedure, or treatment as mutually deemed appropriate

UM 13-2: Additional Appeal Peer Reviewer Qualifications

a.ii Have the *clinical expertise to manage* the medical or behavioral health condition or disease under review



Appeal Peer Review Only
Additional requirements to meet:

Not involved in the initial denial
determination

Not a subordinate of the individual who
made the initial denial determination

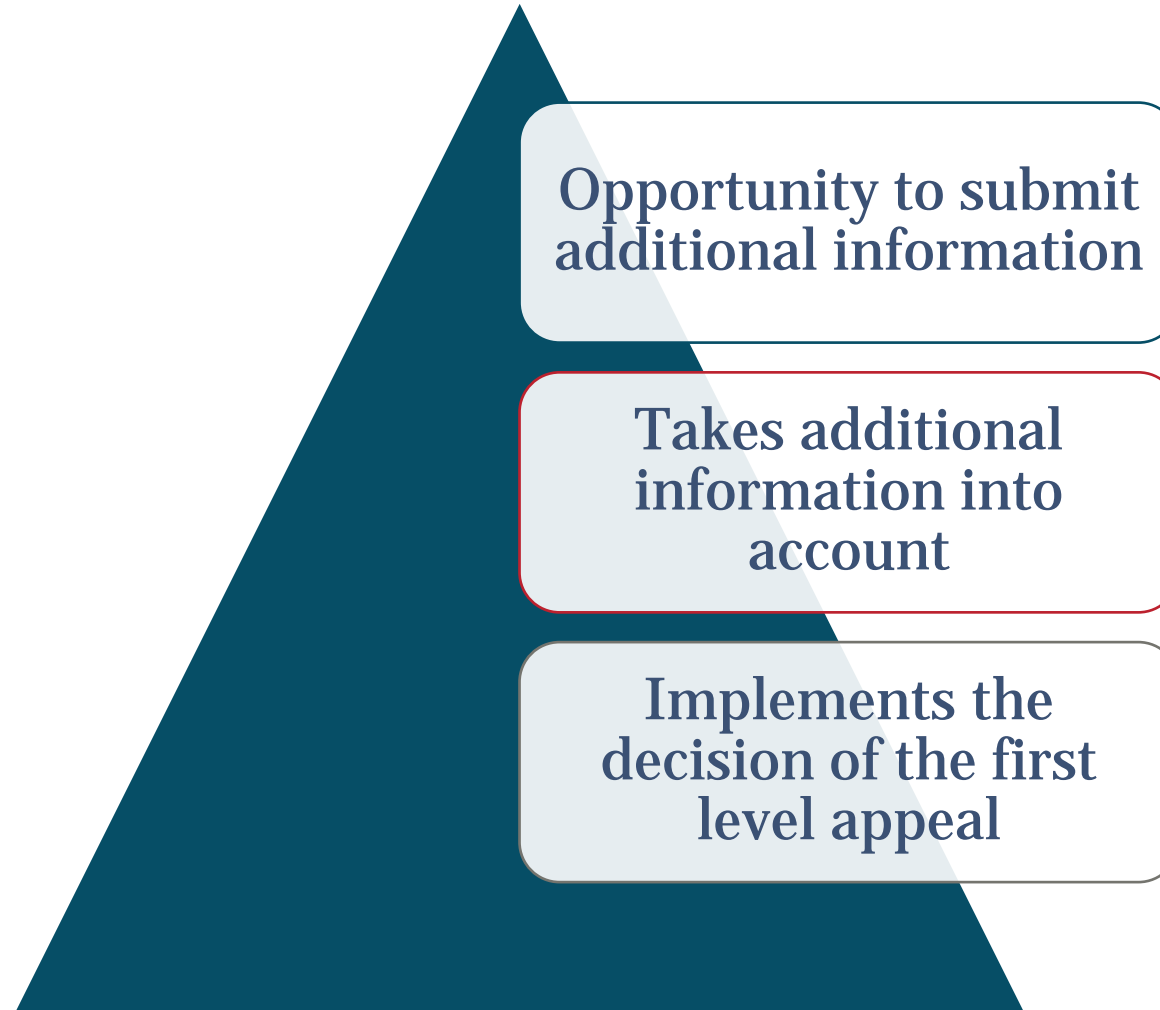


Appeal Peer Review Only
For each appeal case, attest to:

Scope of licensure or certification
that permits management of the
issue under review

Current, relevant experience
and/or knowledge

UM 14-1: Appeal Process



UM 14-2: Appeal Notification Time Frames



Appeals

Urgent care:
within 72 hours



Appeals

Pre-service
appeals: within
30 calendar days



Appeals

Post-service
appeals: within
60 calendar days



UM 15: Drug Utilization Management



UM 15-1: Initial Determinations

- Qualified health professionals
- Trained non-clinicians
 - Desktop: sample educational materials
 - Validation Review: personnel files to verify qualifications and education

UM 15: Drug Utilization Management

UM 15-2: Initial Denial and Appeal Determinations

Initial Denials:
pharmacist or
physician

Appeals: different
pharmacist or
physician OR appeal
peer reviewer

Workers' Compensation Utilization Management

WCUM Focus Area

WCUM 1: Initiation of the Workers' Compensation Review Process

The organization allows any person to initiate the certification review process as determined by state law or regulation, or by the workers' compensation insurer or claims administrator. [M]

Desktop Review

- Policies and processes
- As applicable, excerpt of applicable law/regulation



WCUM 2: Workers' Compensation Appeal Process

The organization coordinates its appeal activities with regulatory appeals processes, which may be available to the worker. [M]

Desktop Review

- Program document(s) describing coordination of the appeals process



Questions.....