



January, 2013

## UNIFIED PROVIDERS NEWSBRIEF

### **Utilization Management Plan 2013 Communication Standards**

- Communication Standards: UPN provides timely access to patients, providers and facilities during business hours (8:30 a.m.–5:00 p.m.) and non-business hours for inquiries, questions and utilization management issues. The UM staff provides quality service assistance to patients, hospitals, physicians and other health professionals; identifying themselves by name, title and organization name when initiating or returning calls. *After* business hours, UPN offers access to on-call UM staff coordinators with a Voice Mail system equipped with instructions, available by calling **800-668-6439**.
- UM Coordinators Affirmation: All Professionals, and UR staff of UPN whose duties include coordination of decisions made by UPN physicians affirm that UM decision making is based on coordination of benefits, required medical care and services, in–plan referrals and health plan available benefits. UPN does not reward practitioners, health plan staff, or other individuals for issuing denials of coverage, care or service. UM coordinators do not encourage decisions that result in under-utilization and provide full disclosure of financial affiliations that may pose a conflict of interest in performance of certain duties or committee activities.
- Medical Criteria: **APOLLO Medical Review Criteria Guidelines 2013-** is the nationally recognized medical criteria that is utilized by our UM staff to support and coordinate the appropriate direction of care. Annually, UPN reviews this criteria as applicable to prospective, concurrent, and retrospective review and case management activities. For instances where a case may not be well represented by APOLLO, additional criteria is accessed. Case specific appropriate referral criteria is available by written request to our QA/UR Department via U.S. mail, email or fax.
- UPN offers a **Complex Case Management Program** that helps members with complex health care needs access care and services to regain optimal health or improved functional capability. Contact UPN if you feel your patient qualifies for referral to our Complex Case Management Program.
- Access to UM Staff: Unified Physicians Network practices an open access policy during the UM coordination process. Calls regarding UM decisions are returned within one business day of receipt. *During business hours*, UPN UM Coordinator Staff (including Physician Advisor, if applicable) are available at **847-763-1700** to discuss UM cases in review and cases resulting in denial decisions. *After normal business hours*, calls regarding UM decisions may be taken via the UPN Voice Mail system equipped with instructions, available by calling **800-668-6439**. UPN offers TDD/TTY services to deaf, hard of hearing or speech impaired members and language assistance is available for members to discuss UM issues (during office hours).
- **UPN** is in compliance with all regional and state regulatory agencies, and adheres to **HIPAA** requirements. All material, clinical information and ambulatory care record excerpts collected for **QA/UR** purposes are and must remain strictly confidential.

Currently, our website is being redeveloped to bring you new features and useful information that will be organized and easy to navigate. Contact information, newsletters and newsbriefs like this, updated guidelines/project instructions and links to online services are some enhancements which will be launched in the coming months!

**To request a copy of the UPN UM Plan contact our Medical Management staff at **847-763-1700****