

Quality Health Management

Quality Health Management Overview

The Quality Health Management Team is responsible for the day-to-day functions that pertain to:

- Pre-Certification
- Concurrent Review
- Out-of-Plan Referral Review
- Individual Case Management
- Drug Formulary Management
- Ambulatory Surgery
- Clinical Practice Guidelines

MercyCare's Utilization Team bases its decision-making only on appropriateness of care and service. We do not specifically reward, financially or otherwise, practitioners or other individuals conducting utilization review for issuing denials of coverage or service or encourage underutilization of your medical services.

Evaluation of the Utilization Management Program:

The Utilization Management Program shall be reviewed and evaluated annually and shall include a review of delegated Utilization Management functions. This review shall be conducted by the MCIC Medical Director and shall include feedback from providers, Physician Advisors and the Quality Health Management Team.

The goals of the MercyCare Insurance Company's (MCIC) Utilization Management Program are:

- To assure that health care services are accessible and appropriate to enrollee needs.
- To assure the provision of quality medical care to enrollees and their families.
- To identify deficiencies in the care process and strive to improve care through education of network providers.

Components of Concurrent Review

MCIC has adopted the McKesson Interqual ® Level of Care Criteria for inpatient review. You may review these guidelines upon request. The components of the utilization management process for admissions, and concurrent reviews are as follows:

Prior Authorization is needed for all contracted referral programs for inpatient and partial programming, and all psychological testing. This means authorization from MCIC must be obtained prior to admission to these programs or prior to administering any psychological testing.

- **Precertification**

The MCIC Quality Health Management Team has a process for reviewing the appropriateness of admissions.

- Initial telephonic and on site review is completed at Mercy Hospital.
- Initial telephonic review is performed for admissions to other network hospitals and for out-of-plan inpatient admissions.
- Interqual criteria is used during precertification of reviews to provide criteria for initial approval for admissions and as a criteria indicator for alternative levels of care.

- **Concurrent Review**

The MCIC Quality Health Management Team has a process for reviewing the appropriateness of continued utilization review of inpatient services.

- On site review is conducted at Mercy Hospital.
- Telephonic review is performed for admissions to other network hospitals and for out-of-plan inpatient admissions.
- McKesson Interqual ® level of care criteria is used during concurrent review to provide criteria for continued inpatient days and as a criteria indicator for alternative levels of care.

Our care management staff is available to work with you in arranging alternative setting care and can be reached Monday through Friday 8:00-4:30 at 1-800-752-3431.

Authority and Responsibility

Authority for Utilization Management Decisions: Criteria exist which may allow a Utilization Management nurse to approve a treatment, provider or location of treatment. The ultimate authority, however, for any denial for medical necessity of a request lies with the MCIC Medical Director, Behavioral Health Medical Director, or a designated Physician Advisor. Dr. Philip Bedrossian, MCIC Medical Director, can be contacted at 1-800-752-3431 ext. 3044. Dr. Ann Callison, MCIC Behavioral Health Medical Director, can be contacted at 1-800-752-3431 ext. 3002.

The attending physician has the ultimate authority for the medical care of the patient. If there is disagreement regarding the appropriate intensity or location of care, the attending physician shall be allowed to care for the immediate needs of the patient so as to never jeopardize the patient's well being.

A Retrospective review may occur, and if a disagreement between the adopted criteria and actual care is apparent, the physician will be contacted by the MCIC Medical Director, Behavioral Health Medical Director, or a designated Physician Advisor.

Criteria used for Utilization Management Decisions: These criteria are of two types:

1. **Externally Developed Criteria** - Nationally recognized review criteria developed by McKesson Interqual® and other organizations, are used to guide nurses in approving care. All such sources must be reviewed and approved annually by the MCIC QUM Committee.
2. **Internally Developed Criteria** - The Quality Health Management Team of MCIC may, from time to time, develop standards for medical appropriateness. These criteria will be developed in cooperation with network physicians with clinical expertise in the area of the criteria being developed. These criteria will also be reviewed and approved by the MCIC QUM Committee.

Determination of Medical Necessity: Medically necessary means a service, treatment, procedure, equipment, drug, device, or supply provided by a hospital, physician, or other provider of health care that is required to identify or treat a member's bodily injury or sickness and which is determined by MercyCare to be:

1. Consistent with the symptom(s) or diagnosis and treatment of the member's bodily injury or sickness;
2. Appropriate under the standards or acceptable medical practice to treat that bodily injury or sickness;
3. Not solely for the convenience of the member, physician, hospital or other provider of health care;

4. The most appropriate service, treatment, procedure, equipment, drug, device or supply which can be safely provided to the member; and
5. The most economical manner of accomplishing the desired end result.

Quality Health Management Program

While the physician remains solely responsible for the provision of quality care to his/her patients, the MCIC UM Committee has adopted the following policies to ensure a cooperative working relationship:

1. Physician Consultant Policy
2. Provider Appeal Policy for medical necessity denials

Physician Consultant

In cases where the clinical judgement needed for utilization management decisions is sufficiently specialized, MCIC will use board certified experts of similar specialty. The MCIC Physician Consultant policy is outlined below:

PURPOSE:

To establish a framework for a physician consultation when a denial is pending for a medical/surgical/behavioral health admission, procedure or continued stays/treatment.

PROCESS:

Philosophy of Process

The role of the Medical Director and Physician Consultants is to review the appropriateness of admissions and the need for continued treatment, as well as the quality of care being delivered when the course of treatment is not clearly in compliance with either internally or externally developed criteria.

Requirements for Providers Regarding the Exchange of Confidential Information

MercyCare Insurance Company (MCIC) makes every effort to protect member identifiable information. We request that all member identifiable medical information sent to MCIC be done in a consistent confidential manner. All information sent through inter-office mail or regular mail should be sent to MCIC in a sealed envelope/container and clearly marked "CONFIDENTIAL". All forms of communication to MCIC, including, but not limited to, phone calls, faxes and electronic communication, should be handled with the utmost regard for member confidentiality.