



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Utilization Management			
Section	AD III-7	Issue Date November 2, 2020	Supersedes Date December 2010	Next Review Date November 2021

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-04, 5-ACI-6A-05; 5-ACI-6A-43(M)

I. PURPOSE

The Division of Prisons (DOP) Health and Wellness Utilization Management (UM) is designed to evaluate the appropriateness and medical necessity of services provided to offenders. 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 UM program coordinates review of services to meet constitutional and applicable community standards of care.

II. POLICY

- (a) All Providers and Vendors are to follow these Utilization Management (UM) guidelines when requesting or providing offenders with specialty care or ancillary services.
- (b) DOP Utilization Management staff use evidence-based clinical guidelines from nationally recognized authorities to guide utilization management decisions involving precertification, prospective review, concurrent inpatient review, discharge planning and retrospective review. Guidelines for prospective/concurrent approval of medical services are based on Severity of Illness and Intensity of Service.
- (c) With the specific information collected regarding an offender’s clinical condition, DOP staff reference the following criteria as guides in making coverage determinations as applicable:
 - (1) Coverage Determinations and Local Coverage Determinations for NC [LMRPs/LCDs for CIGNA Government Services], or guideline/policy listed in Health and Wellness Utilization Review Guidelines.
 - (2) UpToDate – a clinical decision support program.



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- (3) Center of Medicare and Medicaid Services (CMS) National Coverage Determinations and Local Coverage Determinations.
- (4) United States Preventive Services Task Forces (USPSTF).

III. Precertification and Preauthorization

- (a) A Utilization Review Request (UR) must be submitted by the facility providers for any service that requires precertification or prior authorization.
- (b) Precertification and preauthorization is the process of confirming eligibility and obtaining authorization number prior:
 - (1) Scheduled inpatient admissions and,
 - (2) Selected ambulatory procedures and specialty consult services listed below:
 - (A) All Specialty Clinic visits.
 - (B) All radiological procedures except routine X-rays.
 - (C) All diagnostic/therapeutic procedures not being done by a DOP primary care provider.
 - (D) Orthotic supplies not available at Central Supply.
 - (E) Non formulary medications.
 - (F) Hemodialysis
 - (3) Any service (except emergencies) provided without obtaining an appropriate authorization number may be subject to non-payment by the NCDPS Medical Claims Section.



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(c) **UM approval is not required for:**

- (1) Routine Labs done by contracted lab vendor.
- (2) Routine office procedures done at the facility by the facility provider.
- (3) Orthotics available through Central Pharmacy formulary.

(d) **Purchase Care Process:**

- (1) Certain items require an authorization number, but do not need to go through a formal Utilization Management process. These include:
 - (A) X-rays done at the facility by contracted vendor.
 - (B) Routine screening mammograms.
 - (C) ID clinic consults for HIV.
 - (D) Ambulance service.
 - (E) Optometry consults for yearly refraction.
- (2) Purchase Care requests will be entered at the facility by the medical record staff or staff member identified by facility Nurse Supervisor/designee and will be automatically approved.

IV. ROLES AND RESPONSIBILITIES

(a) **Utilization Management**

- (1) The UM Medical Director (Deputy Medical Director) is responsible for:
 - (A) Case-specific review of “pending” UR requests.



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- (B) Case-specific discussion with institution staff, regarding appropriateness and/or coordination of medical services.
 - (C) Clinical oversight of ambulatory referrals.
 - (D) In-patient concurrent review and assist in discharge planning.
 - (E) Physician-to-physician interaction as needed.
 - (F) Review and analysis of utilization patterns to identify trends and opportunities for improvement.
- (2) UM Physician Reviewers are responsible for:
- (A) Case-specific Review of “pending” UR Requests.
 - (B) Case-specific discussion with facility staff, regarding appropriateness and/or coordination of medical services.
 - (C) Avoiding any undue criticism of current/previous treatments or making condescending remarks, etc.
 - (D) Providing comments/alternate suggestions for deferrals.
- (3) UM Nurse is responsible for:
- (A) Timely reviews and assessments of the appropriateness of UR requests, using UM review criteria.
 - (B) On-going education of UM procedures to facility staff designated for UR work.
 - (C) Concurrent review and assessment of appropriateness for community hospitalized patients.



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- (D) Coordination of hospital discharge planning activities including infirmary/population bed placement according to clinical needs based on patient acuity.
- (E) Generating reports as requested by the UM Director.

(b) Facility Responsibilities

- (1) Primary Care Provider is responsible for:
 - (A) Coordinating all medically necessary services for offenders at the assigned institution.
 - (B) Requesting Specialty (sub-specialty) consultations, diagnostic and therapeutic procedures as medically appropriate.
 - (C) Providing appropriate information on all requests being submitted to UM for review.
 - (D) Providing general supervision to Nurse Practitioners and Physician Assistants.
 - (i) Such supervision may be provided on site or by telephone, in accordance to North Carolina Medical Board (NCMB) policies.
 - (ii) Supervision should include joint review of specialty consultant recommendations and any involved diagnostic procedure requests.
- (2) The facility physician has ultimate responsibility for oversight of all care/treatment plans proposed/provided by Nurse Practitioners or Physician Assistants.
- (3) May initiate an appeal for deferred UM determination for medical services if he/she still deems necessary.



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- (4) Primary Care Providers should be aware that not every specialist recommendation is necessarily appropriate. Circumstances such as specific diagnosis, patient condition, or expected duration of confinement in the correctional environment may influence the decision to proceed.
- (5) After consultants offer opinions and treatment recommendations, Primary Care providers are responsible for reviewing consultant findings/ recommendations and making decisions regarding implementation of the treatment recommendations.
- (6) If a Primary Care Provider feels that consultant recommendations should not be implemented, there should be documentation in the record on the rationale for the decision, including appropriate patient education.
- (7) Nurse Practitioner and Physician Assistant responsibilities:
 - (A) Physician Assistants and Nurse Practitioners (PA/NP) function collaboratively with physicians to provide primary care services and are capable of clinical assessments and treatment under the supervision of a sponsoring physician.
 - (B) All medical assessments, treatment plans, and particularly consultation requests, should be reviewed or discussed with the physician. Physicians are ultimately responsible for oversight of all treatment plans proposed/provided by PA/NP.
 - (C) Providing appropriate information on all requests being submitted to UM for review.
- (8) Facility Nursing and Staff responsible for UR's:
 - (A) Enter into HERO and OPUS all UR information as entered into HERO by the facility Providers.
 - (B) Communicate with UM Staff to ensure appropriate ICD-9 and CPT codes



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are being utilized.

- (C) Daily review status of all the facility UR's.
- (D) Print deferrals and pending UR's for Provider review.
- (E) Promptly respond to pending requests. Pending UR's with no response for over 60 days may be deferred or withdrawn by UM staff.
- (F) Coordinate appointment scheduling once UR is approved.

(c) **DOP Health and Wellness Responsibilities**

- (1) DOP Health and Wellness management includes Director of Health and Wellness, Medical Director, Director of Behavioral Health, Chief of Psychiatry, Dental Director, Director of Nursing, Director of Administration, Pharmacy Director and Director of Quality Assurance.
- (2) Directors act in a supervisory role, serve as a resource to facility staff, and are available for consultations and direction in difficult cases. They are responsible for the orderly functioning of the system as a whole and shall be the ultimate arbiter of health and wellness matters related to their discipline, as appropriate.

V. PROCEDURE

(a) **Type of Request:**

- (1) Providers must use one of these types of request for all UR's based on the urgency of the needed service.
 - (A) **A – Emergent Service is life/limb threatening and is automatically approved by UR.** A retrospective review may be done by UR.
 - (B) **B – Urgent** Reviewed by UR Section within 2 working days.



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- (C) **C – Rush** Reviewed by UR Section within 7 working days.
- (D) **D – Routine** - Reviewed by UR Section within 30 working days.

(b) **Appeals:**

(1) If a Health and Wellness provider disagrees with a UR deferral, the provider may submit an appeal to the Utilization Management Section. An appeal may be in the form of:

(A) **Immediate Appeal**

- (i) When an initial determination to defer 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 Health and Wellness Deputy Medical Director.
- (ii) All efforts will be made to obtain any information available to resolve the expedited appeal.
- (iii) 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.

(B) **Standard Appeal**

- (i) The right to appeal a deferral through the Utilization Management Program is available to all providers.
- (ii) All appeals will be completed within thirty days of receipt.
- (iii) The facility must provide additional information justifying the



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appeal in the comment section.

- (iv) A UM physician reviewer must not deny the same appeal twice and should “pend” the request for review by the Deputy Medical Director if appealed again.
- (v) Comments/alternate suggestions for deferrals must be entered by the UM physician reviewer.
- (vi) Any further appeals for deferrals by the Deputy Medical Director should be directed to the Medical Director.
- (vii) The Medical Director will have the final authority.

(c) **“Second Opinion”**

- (1) In general, offenders may not request a “second opinion” from either a different primary care institutional provider or a consultant.
- (2) In these difficult medical situations, the institutional primary care provider should discuss the matter with the Deputy Medical Director.

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 Commissioner of Prisons

11/2/20
 Date