

## Utilization Review

1. The process, policies, and procedures whereby decisions shall be made.  
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2. The specific criteria utilized in the decision making process, including a description of the specific medical guidelines used as the resource to confirm the medical diagnosis and to provide consistent criteria and practice standards.  
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3. The criteria by which claims and medical services and medical bills are selected for review.  
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4. The qualifications of internal and consulting personnel who will conduct the utilization review which includes their education, training, and experience pertinent to performing utilization review and medical bill audit.  
Page \_\_\_\_\_
5. A process to assure that treatment plans are obtained for review by qualified medical personnel in all instances where treatment plans are required under 803KAR25:096  
Page \_\_\_\_\_
6. The process to assure that a physician shall be designated by each injured employee as required under 803KAR25:096.  
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7. The process for rendering and promptly notifying the medical provider and employee of the initial utilization review decision.  
Page \_\_\_\_\_
  - a.) Initial Utilization Review decision within 2 days of the initial request for treatment.
  - b.) Retrospective Utilization Review decision within 10 days of the initial UR process.
  - c.) Expedited Utilization Review decision within 24 hours following the UR request.
8. A description of the reconsideration process within the structure of the utilization review program with all applicable timeframes.  
Page \_\_\_\_\_
9. A description of the pharmaceutical reconsideration process per 803KAR25:270  
Page \_\_\_\_\_

10. A description of the reconsideration for a pre-authorization denial per the new treatment guidelines 803KAR25:260

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11. An assurance that a database shall be maintained for a period of no less than two (2) years, subject to audit by the Commissioner, and with the details required per KRS342:035(5)(b)

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12. An assurance that a toll-free number shall be provided for the employee or medical provider to contact the utilization reviewer. The reviewer or reviewer representative shall be reasonably accessible to interested parties at least five (5) days/week, forty (40) hours/week during normal business hours.

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13. An assurance that during the term of an approved plan, the Commissioner shall be notified as soon as practicable of a material change in the approved plan or a change in the selection of a vendor.

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14. An assurance that a carrier who contracts with an approved vendor for utilization review or medical bill audit services shall notify the Commissioner of the contract. The contractual arrangement may provide for separate utilization review and medical bill audit vendors.

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15. Provide a copy of the Medical Director's Curriculum Vitae

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16. Include a list of clients that contract you to perform UR/MBA services.

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17. Submit example letter of approval, denial, reconsideration and final reconsideration, these must be on company letterhead.

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