

OFFICE OF HEALTH POLICY UTILIZATION REVIEW AUDIT OVERVIEW

The Office of Health Policy (OHP) conducts yearly audits of approved Utilization Review (UR) Agents. Audits may be conducted at earlier intervals if the OHP deems warranted. Audits consist of the OHP selection of 6 UR files. Each file should include all claim information in the UR Agent's possession from the date of injury to present. Documents should include, but are not limited to, UR cases notes (e.g., confirmation of compensability, demographic information, notes reflecting activity and communications); requests for approval of services and UR letters; and treatment guidelines referenced to render the determination. Audit documents should also include minutes or agenda from MA Quality Management Committee meetings, MA internal audit results, MA training, and credentials of licensed reviewers.

The OHP will provide written Findings after the audit which specify any areas of non-compliance. The UR Agent is required to respond to the Findings and if any area of non-compliance is acknowledged, provide a corrective action plan.

452 CMR 6.07(8)(a): Failure to comply with all applicable rules, regulations, orders, and requirements of the OHP may result in a fine of up to \$300.00 per violation.

452 CMR 6.07(6) NONCOMPLIANCE CATEGORIES include but are not limited to:

- Failure to send the Introductory Letter.
- Failure to use the appropriate diagnosis when conducting the review.
- Failure to cite the correct treatment guideline when rendering the determination.
- Failure to document clinical rationale to support the determination.
- Failure to note the start and end dates for all approved health care services.
- Failure to specify additional information necessary to complete the review and the time period in which the information must be provided.
- Failure to send Determination Letter to provider and injured worker/representative within regulatory time frame.
- Failure to notify the injured worker/representative and requesting provider of the appeal process.
- Failure to render an adverse determination by a same school practitioner.
- Failure to render an appeal determination by a same school practitioner who was not involved with the initial adverse determination.

- Failure to use only licensed medical personnel when rendering a determination.
- Failure to inform the OHP of any material change to the UR program.
- Failure to adhere to quality assurance policies set forth in the UR application.
- Failure to comply with audits - including timely providing the OHP with all requested documents in chronological order.
- Failure to keep UR services separate and distinct from ancillary services (e.g., case management).

OHP PROCEDURES AND POLICIES:

- Compensability must be documented in UR case notes when UR request not received from claim adjuster.
- Case notes should explain the reason for deviation from regulatory requirements.
- Additional information must be requested as soon as it is determined that such information is required to conduct the review.
- UR Letters should mirror template letters in the approved application.
- UR Letters must be checked for errors – composition, format, spelling ...
- Determination Letters must be concise and include only the applicable section of the treatment guideline.
- Diagnosis noted on Determination Letters must be up to date.
- MA Guideline must be referenced before other treatment guidelines if in existence and applicable. Informational Bulletin 104.
- The “10% Rule” must be correctly applied and documented.
- Reviews should be conducted by health care professionals identified in the UR application.
- Clinical rationale must be patient specific, concise, and include objective clinical findings to support the determination when appropriate.