Conduent Workers' Compensation
Conduent Care Solutions

North Carolina Preauthorization Program

2022 -2023

Rule 1001 Medical Practice Guidelines

CONDUENT

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Program Goals

Conduent Care Solutions assists in the healthcare management of patients to ensure quality care in the appropriate setting. The goals of the UR Program are:

To optimize health resource utilization through the pursuit of quality, medical necessity, and cost-effective medical care.

To provide a system to monitor the utilization of health resources within the appropriate continuum of care.

The utilization review plan, including any appeal requirements, shall be conducted in accordance with URAC and state required standards or guidelines approved by the Medical Director.

To achieve these goals, Conduent Care Solutions has developed and implemented systems for prospective, concurrent, and retrospective reviews for authorization of services based on medical necessity. These services are provided by nurses and physicians, experienced in Utilization Review.

Overview

Requests for utilization review are received telephonically, via facsimile, email, or mail. A currently licensed and board certified National Medical Director is responsible for the oversight and audit of the Utilization Review process.

An UR Nurse is responsible for the first level review of all medical information. If a treatment request fails to meet, or exceeds, stated treatment guidelines then the request is assigned to a Clinical Peer Reviewer. The UR Nurse may request appropriate additional information that is necessary to render a decision within allowed timeframes.

Conduent Care Solutions uses ODG unless treatment guidelines are not in ODG, then uses other nationally recognized treatment guidelines to determine medical necessity.

A determination will be completed within two (2) business days after receipt of the information necessary to complete the review. A written notification is sent to the requesting physician with a copy delivered to the injured worker and/or their representative and the carrier.

If the Peer Reviewer requires an oral peer to peer discussion with the injured worker's healthcare provider, he/she will adhere to the Oral Peer-to-Peer Communications Section of this plan.

The requesting physician or healthcare provider is afforded the opportunity to discuss the determination with the clinical review staff and, in the case of an adverse determination, may request and initiate a peer-to-peer discussion within two (2) business days after the issuance of an adverse determination or follow the appeals policy criteria.

Conduent Care Solutions holds accreditation with URAC for Workers' Compensation Utilization Management. Conduent follows the URAC accreditation standards; however, if the state in which we are providing services has stricter requirements, the strictest requirements are practiced.

Requirements

All requests for preauthorization by health care providers, claimant's attorneys, or unrepresented claimants, and all preauthorization determinations made by insurers on the preauthorization requests shall be submitted on Industrial Commission Form 25PR. The Preauthorization Agent is responsible for providing the preauthorization review (PR) claim number and for forwarding medical records, communications, and preauthorization review determinations to the proper entities upon receipt, unless the insurer's Preauthorization Plan designates and identifies another person to perform this requirement in accordance with 11 NCAC 23A.1001(k).

Prospective Review

Prospective Review includes the initial review of outpatient care to determine the medical necessity and appropriateness of outpatient surgeries, procedures, medical services, diagnostics, and therapies, including physical, occupational, and chiropractic.

The UR Nurse (RN or LPN/LVN) will respond to the non-emergency request within two (2) business days of receipt of the NCIC Form 25PR, unless additional time is granted by the requesting provider, the injured worker, or the injured worker's attorney if represented. The time extension will not exceed seven (7) additional business days. Further, there may be circumstances where the Industrial Commission may grant additional time to make a determination.

Decisions for cases involving urgent care will be issued as soon as possible based on the clinical situation, but no later than seventy-two (72) hours of receipt of a request for preauthorization.

Pre-admission review of any inpatient care includes review the medical necessity of facility admission/services, establishing optimal length of stay and/or review intervals and evaluating discharge planning needs.

All inpatient confinements, regardless of the type of facility, will be reviewed. These reviews may include acute medical, psychiatric, substance abuse, surgical admissions, extended care facilities, skilled nursing facilities, and rehabilitation facilities

Concurrent Review

Concurrent review includes the review of ongoing medical treatment to assess a patient's condition during an inpatient stay; evaluate the progress and/or any changes in their medical treatment; and determine the need for continued treatment or length of stay.

A period of at least forty-eight (48) hours following an emergency admission, service, or procedure will be provided to the injured worker or the injured worker's representative to notify the utilization review agent and request certification or continuing treatment for the condition involved in the admission, service, or procedure.

The UR Nurse will respond to the request within two (2) business days once all the pertinent information is obtained from the provider.

The frequency of the review is based on the injured worker's medical condition. The UR Nurse will inform the physician and the hospital of the certified length of stay and the next anticipated review. Typically, concurrent review will not be necessary earlier than 24 hours prior to the end of the certified length of stay.

The UR Nurse will notify the physician, the facility, and the injured worker by telephone or in writing within two (2) business days when a determination is made by the Clinical Peer Reviewer not to certify continued length of stay and/or continuation of treatment. The written notification letter includes the reasons for the determination and the procedure to initiate an appeal.

Retrospective Review

Retrospective review is a request for the review of services that have already been performed. The retrospective review process is dependent upon jurisdictional requirements.

Conduent Care Solutions process for Retrospective Review follows our same procedures for initial and/or secondary review. A determination is made no later than 30 days from receipt of all requested documentation.

The adjuster can initiate the retrospective review process, but all retrospective review requests should be channeled through the UR Nurse.

Treatment Guidelines and Criteria

Conduent Care Solutions utilizes the guidelines adopted by the state of jurisdiction as the primary source for guidelines and criteria. The state-mandated treatment guidelines and review criteria will be utilized when applicable.

If the state has not developed or adopted medical treatment guidelines and review criteria, the Official Disability Guidelines (ODG.) will be used. The ODG medical treatment guidelines are recognized as one of the nation's leading evidence-based medical treatment guidelines used to evaluate medical treatment services for injured workers. The following are the guidelines used, but not necessarily limited to:

- Official Disability Guidelines (ODG)
- American College of Occupational and Environmental Medicine (ACOEM)

Conduent Care Solutions' Quality Management Committee undergoes a review and update of their standards, procedures, and treatment guidelines annually. All nurses undergo training courses in the use of the treatment guidelines.

Conduent Care Solutions utilizes written screening criteria and established review procedures, which are periodically updated with appropriate involvement from health care providers. The state-mandated treatment guidelines and review criteria shall be solely utilized when applicable.

Conduent Care Solutions provides a copy of the Clinical Peer Review Report with the adverse determination that discloses the criteria, guidelines and rational utilized to all parties involved.

First Level Review

Upon receipt of a treatment request (NCIC Form 25PR), the UR Nurse verifies that all pertinent information necessary to complete the review is available. This information includes identifying information about the injured worker, the treating healthcare provider and the facilities rendering care. In addition, clinical information regarding the diagnosis and the medical history of the injured worker relevant to the diagnosis of the compensable injury, and the treatment plan prescribed by the treating health care provider should be available.

The UR Nurse determines if the requested treatment meets the treatment guidelines and, if so, certifies the request and notifies all parties. A determination date is made no later than two (2) business days from the receipt of all requested documentation. If the requested treatment does not meet stated guidelines, the UR Nurse refers the request to a Clinical Peer Reviewer for the second level of review.

Lack of information

The UR Nurse (RN or LPN/LVN) will respond to the non-emergency request within two (2) business days of receipt of the NCIC Form 25PR, unless additional time is granted by the requesting provider, the injured worker, or the injured worker's attorney if represented. The time extension will not exceed seven (7) additional business days. Further, there may be circumstances where the Industrial Commission may grant additional time to make a determination.

Second Level Review

If the requested medical treatment or service fails to meet treatment guidelines, a second level review is performed by a Clinical Peer Reviewer.

Any decision to deny or modify a request for medical treatment will be conducted by a physician or psychologist, who is competent to evaluate the specific clinical issues involved in the medical treatment and where the requested services are within the scope of the physician's practice.

The Clinical Peer Reviewer assigned to the case will review the documentation. Based upon the information provided by the requesting physician, either verbally or written, he/she will make a determination in accordance with standards, treatment guidelines stated above, or based on medical necessity.

If the determination results in a certification of the service/treatment, the Clinical Peer Reviewer will notify the UR Nurse, who will send written notification to the injured worker, the representative of the injured worker, and the provider of record within two (2) business days. The UR Nurse documents all the information in the treatment notes.

If the review results in an adverse determination based on medical necessity or appropriateness, the principal reason for that determination, as well as a written description of the procedures by which an injured worker or a provider of record may use to initiate an appeal of the determination will be included in the notification and sent to the injured worker, the provider of record or representative injured worker by the UR Nurse. Also included within the written notification will be a toll-free number with which an injured worker may call to request a review of the determination or obtain further information regarding the right to appeal.

If the Clinical Peer Reviewer has issued an adverse determination and no peer-to-peer conversation has occurred, the requesting provider may contact Conduent Care Solutions at the toll-free number within two (2) business days to discuss the adverse determination with the initial peer reviewer. If the initial peer reviewer is not available, another peer reviewer will be made available.

Oral Peer-to-Peer Communications

Per client protocols and pursuant of state regulations, the Peer reviewer may attempt to contact the ordering physician. He/she will make two attempts to speak directly to the requesting physician. The Physician reviewer will comply with NC 97-25.6(3):

The client or Conduent may communicate with the injured worker's authorized health care provider by oral communication to obtain relevant medical information not contained in the injured worker's medical records, not available through written communication, and not otherwise available to the client or Conduent, subject to the following:

a) The client or Conduent must give the injured worker's prior notice of the purpose of the intended oral communication and an opportunity for the injured worker to participate in the oral communication at a mutually convenient time for the employer, injured worker, and health care provider.
b) The client or Conduent shall provide the injured worker with a summary of the communication with the health care provider within 10 business days of any oral communication in which the injured worker did not participate.

Appeals Process

Standard Appeals

Appeals may be requested verbally or in writing. Verbal requests for appeal must be followed by a written request using page two of the Form 25PR and submitting it to Conduent Care Solutions with any additional necessary medical information.

The appeal process provides the means by which a medical provider can appeal an adverse determination made by a Clinical Peer Reviewer. The appeal of an adverse determination must be completed within thirty (30) days

after the appeal is filed with Conduent Care Solutions Utilization Review Department, or the adjuster, and all information necessary to complete the appeal is received. The right to appeal the determination is made available to the injured worker or provider of record.

A Clinical Peer Reviewer in the same discipline as the provider of record, who was not involved in the original adverse determination will review the rationale and information from the original decision, consider new information that has become available since the initial decision and may contact the attending physician following the requirements outlined the Oral Peer-to-Peer Communications Section. He/She will then make a final determination.

Conduent Care Solutions provides a written description of the appeal procedures, including any forms used during the appeal process on each adverse or modified determination. A toll-free number is also provided on the letter.

Additionally, any party has the right to appeal a denial of a request with the Industrial Commission.

Expedited Appeals

When there is an ongoing service requiring review, or if the ordering physician deems the service requires an appeal in an expedited manner, such as in the case of an emergency or life-threatening situation, Conduent Care Solutions will:

Accept additional information from the attending physician or other ordering healthcare provider via the telephone, facsimile, or other means.

Provide reasonable access, not to exceed one (1) business day, to a Clinical Peer Reviewer for an expedited appeal.

Determinations are rendered as soon as possible to all parties, but no later than seventy-two (72) hours after the initiation of the appeal process and all necessary information is received, or within state or regulatory requirements.

If the Clinical Peer Reviewer agrees with the initial adverse determination, he/she will notify the UR nurse. The UR nurse will notify the ordering physician with a written notification via fax.

If the Clinical Peer Reviewer overturns the adverse determination, he/she will provide the UR nurse with the determination and the rationale for reversing the adverse determination. If the Clinical Peer Reviewer has not notified the requesting physician of the overturned determination, the UR nurse will notify the provider and proceed with certification of the requested procedure(s) and a written notice of the approval to all involved parties.

Timeframes for Decisions

Unless state law dictates otherwise, Conduent Care Solutions follows URAC timeframes. The following timeframes are used specifically for North Carolina:

Reviews	
Non-urgent Prospective	Determination is issued within two (2) business days of receipt of the necessary information.
Concurrent	Determination is issued within two (2) business days and no later than 24 hours prior to the end of the current certified period.
Retrospective	Determination is issued within 30 calendar days of the request.
Appeals	
Standard	Completed within thirty (30) calendar days of the initiation of the appeal process.
Expedited	Completed within 72 hours of the initiation of the appeal process

Contents of Written Notifications

A written notice or facsimile of the determination for an admission, service, procedure, or extension of stay shall be generated. These notifications shall include:

- The claimant's name, address, claim number, date of injury, date of requested service, procedure requested, name of provider, or facility, treatment identification number.
- The treatment or service under review.
- The guidelines/criteria used for the determination.
- The principal reason/clinical rationale for the determination.
- The clinical reviewer's signature, medical specialty, and professional state license number.
- The procedures to initiate an appeal of the determination or the name and toll-free telephone number of the person to contact with regard to an appeal. The timeframe within which an appeal must be filed to be considered.

Personnel Qualifications and Type

National Medical Director

Dr. D. Gary Rischitelli serves as the National Medical Director. Dr. Rischitelli, received a BA in Biology with Highest Honors from Saint Vincent College, Latrobe, PA in 1983; an MD from Baylor College of Medicine, Houston, TX in 1987; a Master of Public Health (MPH) from the Medical College of Wisconsin, Milwaukee, WI in 1994; and a JD from The Lewis and Clark School of Law in Portland, OR in 1994. Dr. Rischitelli completed an internship at Emanuel Hospital, Portland, OR in 1987-88, and a residency in occupational medicine in the Johns Hopkins School of Hygiene and Public Health in Baltimore, MD in 1995-96.

Dr. Rischitelli holds academic appointments as an Adjunct Associate Professor in the Department of Public Health and Preventive Medicine at the Oregon Health Sciences University. Dr. Rischitelli is licensed to practice medicine in California and Oregon and is a member of the Oregon State Bar.

Dr. Rischitelli is Board Certified in Health Care Quality Management by the American Board of Quality Assurance and Utilization Review Physicians, and The American Board of Preventive Medicine in Occupational/Preventive Medicine. He is a Fellow of the American College of Occupational and Environmental Medicine (ACOEM), and was the Chair of the Board of Fellowship Examiners and a former member of the Board of Directors of the Occupational Physician Scholarship Fund. He was a member of the Board of Directors of the American College of Occupational and Environmental Medicine from 2000-2003.

Dr. Rischitelli is responsible for reviewing all commercial criteria used during the utilization review process (ODG and ACOEM) as well as oversight of our national utilization management program at Conduent Care Solutions. He assists in ensuring that the processes by which Conduent Care Solutions reviews and approves, modifies, delays, or denies requests by physicians prior to, retrospectively, or concurrent with the provision of medical treatment services, are in accordance with URAC standards and state requirements. He is available to clinical staff by phone or email during normal business hours.

D. Gary Rischitelli, MD, JD, MPH, FACOEM
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Licensure: CA MD License C55926 OR MD License 15703
Board Certifications: The American Board of Preventive Medicine Occupational Medicine
The American Board of Quality Assurance and Utilization Review Physician

Nursing Staff

Conduent Care Solution' nurses have current, unrestricted professional licenses and are RNs or LPN/LVNs. The nurses possess clinical nursing experience and are knowledgeable in the utilization review process in workers' compensation.

Conduent Care Solutions performs primary source verification of an nurse's licensure, education, and certification(s) upon hire and before expiration. Conduent Care Solutions will continually ensure that the licensure/certification(s) meets the requirements of the job description. Any nurse who does not hold a required license, whose license has been suspended or revoked, or whose education and/or certification status cannot be verified will not be considered for employment.

Their personnel records are updated upon each anniversary of their licensure and copies of their current license verification and any certifications are kept in their personnel file.

Based on their role, new nursing staff will have an individualized orientation plan developed using telephonic, e-learning platform, one-on-one discussions, and independent study.

Clinical Peer Review

Conduent Care Solutions uses only URAC accredited vendors for our Clinical Peer Reviewer services. All Clinical Peer Reviewers hold active, unrestricted licenses or certifications in either *North Carolina*, *South Carolina*, *Georgia*, *Virginia* or *Tennessee and* practice medicine or a health profession and hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider requesting preauthorization of surgery or inpatient treatment.

Conduent Care Solutions contracts with URAC-accredited peer review organizations for clinical peer reviews. Licensing and credentialing functions are delegated to the peer review organization, ensuring that all URAC and jurisdictional requirements are met through primary source verification of licensure and board certifications.

A list of clinical peer reviewers is attached to this plan separately.

Accessibility

Conduent Care Solutions operates during normal business hours Monday through Friday, between 8:00 a.m. and 8:00 p.m. Eastern Standard Time.

Toll-free phones, fax numbers and confidential emails are available 24 hours/day, 7 days/week. Staff are required to check their voicemail at intervals during business hours and return calls within one (1) business day. Compliance with these guidelines is monitored. Contact information is listed below:

Conduent Care Solutions, LLC
P.O. Box 32037
Lakeland, FL 33802

Toll Free:	888-853-4735
Phone:	863-669-0861
Fax:	863-668-9553
Email:	WCCS.UR.Referral@conduent.com

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Workers' Compensation Utilization Management
Expires 04/01/2021