

UTILIZATION MANAGEMENT

Utilization Review Criteria

Physicians Plus utilizes Plan-developed and nationally recognized criteria to assist in making utilization management review determinations. Plan-developed criteria are created with the input of Plan providers and specialists. InterQual is a nationally recognized criterion set used in making coverage determinations. Providers may request to review the criteria on a case-by-case basis. You may request review of criteria by contacting the Director of Health Services at 1-800-545-5015. Plan-developed criteria are also made available to practitioners at our website www.HealthyChoicesBigRewards.com.

CONCURRENT REVIEW AND DISCHARGE PLANNING

Concurrent Review is a process by which nurse reviewers determine if a member meets the acuity of continued hospitalization. The nurse reviewers identify and assist in the following: discharge planning, case management and assessment of potential quality concerns. The process is ongoing for elective and urgent/emergent admissions.

If the nurse reviewer determines that a continued stay does not meet criteria/medical necessity he/she will discuss the situation with the attending physician and Physicians Plus' medical director.

If appropriate, Physicians Plus medical director will make the final determination of continued coverage. The nurse reviewer will contact the appropriate professionals, including the attending physician to assist with discharge plans. If Physicians Plus medical director denies further inpatient coverage, the member, hospital, and attending physician will receive a denial letter and the remainder of the member's hospitalization will not be covered by Physicians Plus.

CASE MANAGEMENT

Case management is a systematic, problem-solving process designed to provide cost-effective alternative forms of care while improving or maintaining the quality and continuity of services currently being provided to a member.

The purpose of case management is to provide personalized services to members with high-risk conditions and morbidities resulting in significant dysfunction. Eligible members are identified through routine UM functions, DocSite chronic illness registry, by other internal departments, practitioners and providers, and members themselves. Case Managers monitor and facilitate the member's care by communicating with the member, member's family and significant others, practitioners and providers.

The program is comprised of Licensed Practical Nurses and Registered Nurses who assist in activities to provide a comprehensive, coordinated continuum of care. This is accomplished through ongoing activities that focus on early identification of home and alternative care needs, minimizing hospitalization stays and emergency room visits, recovery promotion, preventing medical complications and providing quality care in the most cost effective manner.

The chronic illness management programs for cardiac event prevention and diabetes are designed to assist at-risk members in achieving their optimal level of health by encouraging self-management skills, facilitating access to available services, and strengthening the patient-provider relationship. The following components are defined and documented for each chronic illness program:

- Evidence-based care guidelines
- Clinical care management and outreach
- Collaborative practice models
- Informed decision making
- Outcomes measurement
- Cohort identification, stratification and tracking
- Program administration

Utilization Management Section

If there is a potential need or benefit of Case Management, please feel free to contact a Physicians Plus Case Manager at (608) 282-8900 or 1-800-545-5015 for assistance in coordinating care or services for your Physicians Plus patient.

NursePlus

NursePlus is a 24-hour, seven-day-a-week member resource for professional support from a registered nurse. This service is available to Physicians Plus members and accessible through a toll-free phone call to 866-PPLUSRN (866-775-8776).

Members are urged to call NursePlus with any medical questions when they are unable to contact their physician or physician's office staff. Available any time, NursePlus nurses use world-class clinical guidelines to provide advice regarding medical problems/questions and also help callers access the recorded health information available from an Audio Health Library.

When your patients connect to NursePlus, a Medical Service Representative greets them, determines their reason for calling and immediately forwards the call to a registered triage nurse or into the Audio Health Library system. If the member has concerns about a medical situation, the triage nurse collects a brief health history, asks specific questions that help in assessing the problem and may recommend care options. Depending on the situation, nurses may advise members to hang up and dial 911 immediately, to proceed promptly to an immediate care facility or to schedule an appointment with their primary care physician (PCP). In other cases, nurses may simply answer questions or provide home care guidelines.

When the call ends, NursePlus faxes a Triage Encounter Document (a transcript/record of a member's call) to the office of the member's PCP. This helps ensure continuity of care and informs the PCP of any treatment advice a patient receives from NursePlus. Please call Physicians Plus Health Services at 608-282-8900 or 800-545-5015 if you have any questions about a patient's NursePlus encounter.

Members should use NursePlus as a supplemental tool to help manage their health, not as a replacement for the patient-PCP relationship.