



Policy and Procedure

Policy Name: Qualifications for Staff Engaged in Utilization Management Activities	Policy#: UM100	Version#: 5
Author Department: UM	Origination Date: 09/15/2021	
Business Units Impacted: UM	Date Last Reviewed: 10/23/2025	
Products/LOBs: All	Date Approved by CPT: 10/23/2025	

DEFINITIONS:

Member: Means any individual who is enrolled in a Health Care Policy and Financing (HCPF) administered health care program and assigned to COA for care coordination or service delivery.

Utilization Management (UM): The function wherein use, consumption, and outcomes of services, along with level and intensity of care, are reviewed using utilization review techniques for their appropriateness.

Utilization Review (UR): A set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, healthcare services, referrals, procedures, or settings. Techniques include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, or retrospective review. For the purposes of this policy and procedure, utilization review shall also include reviews for the purpose of determining coverage based on whether a procedure or treatment is considered experimental or investigational in a given circumstance, and reviews of a covered person's medical circumstances when necessary to determine if an exclusion applies in a given situation. Refer to UM-102 Utilization Review Determinations policy for more information about the utilization review process.

Workforce Member(s): Means individuals employed by, or affiliated with Colorado Access (COA or organization), including full-time and part-time employees, temporary staff, contractors, volunteers, interns, and other personnel who perform work on behalf of the organization.

SCOPE:

This policy applies to the UM and UR activities for all product lines administered by COA. These activities include the review of medical, behavioral health, pharmacy, and physical health services to ensure that services are appropriate, necessary, and meet established clinical criteria. This policy applies to all Workforce Members involved in UM and UR activities.

PURPOSE:

The purpose of this policy is to ensure that all UM and UR decisions are made by appropriately licensed healthcare professionals. It ensures oversight and supervision provided for all levels of clinical decision-making, establishes processes to maintain compliance with regulatory standards, promotes high-quality care, safeguards clinical integrity, and prevents inappropriate utilization of healthcare services.



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STATEMENT OF POLICY:

COA requires that all UM determinations be supervised and made by licensed healthcare professionals. In addition, all clinical decisions are overseen by appropriately licensed healthcare professionals to ensure clinical accuracy and compliance.

PROCEDURES:

1. General Procedures
 - A. COA does not provide financial or other incentives to any COA Workforce Members making UR determinations that may result in, or otherwise affect, inappropriate utilization or result in inappropriate care to Members.¹
 - B. During new hire onboarding, Workforce Members with decision making authority will receive departmental training on COA UM program criteria.
 - C. Licensed healthcare professionals that are part of the UM leadership team will provide day-to-day supervision of UM Workforce Members, participate in required training, ensure that UM criteria are applied consistently, and monitor UR documentation for adequacy. The UM leadership team is available via phone/video conference and on-site (as needed).
2. UM Decision Making
 - A. The Chief Medical Officer and their designee(s) shall be licensed physicians with a minimum of five years' experience working at a management level with Medicaid programs spanning both physical and behavioral health. The Chief Medical Officer has overall responsibility for the clinical integrity of the UM program.²
 - B. Licensed physicians supervise and review decisions, including service reduction decisions.
 - C. Physicians participating in UR must hold an active, unrestricted medical license in Colorado. Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested will be made by a physician with the appropriate clinical expertise in treating the Member's condition or disease.³
 - All non-behavioral (physical health) service denials based on medical necessity must be reviewed and issued by a physician (MD or DO) with

¹ 42 CFR 4738.210(e); RAE Contract 14.8.11; CHP+ Contract 11.12.9

² RAE Contract 4.2.11.1.3;

³ RAE Contract 14.6.6; 8.5.4 (for appeals); CHP+ Contract 11.11.5; 8.4.4 and 8.6.4 (for appeals)



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- appropriate clinical expertise.
 - All behavioral health service denials based on medical necessity must be reviewed and issued by a physician or a licensed behavioral health practitioner with training and experience appropriate to the Member's condition.
 - All individuals responsible for denial reviews must hold a current, unrestricted clinical license and meet organizational requirements for education, training, and credentialing.
- D. Manager of Behavioral Health UM and Manager of Physical Health UM
- Provides oversight and day-to-day supervision of licensed nursing Workforce Members (RN or LPN) and licensed non-physician behavioral health staff (LPC, LCSW, LMFT, etc.) ensuring that those Workforce Members do not issue medical necessity denials.
 - Is consistently available to Workforce Members, either on site or by telephone.
 - Ensures consistent criteria application (i.e. Inter-Rater Reliability testing).
 - Provides staff training as needed.
 - Monitors documentation adequacy.
- E. UR for medical/physical health services are performed by individuals with a bachelor's degree in nursing (or related field) and an active, unrestricted Colorado nursing license (RN or LPN). Staff in this role are responsible for only issuing approvals.
- F. Drug URs are performed by individuals with a doctorate degree in pharmacy (PharmD) and an active, unrestricted Colorado pharmacy license. Staff in this role are responsible for only issuing approvals and denials.
- G. UR for behavioral health services are performed by individuals with a master's degree in psychology or counseling (or related field) and an active, unrestricted Colorado mental health license (LPC, LCSW, LMFT, or LAC). Staff in this role are responsible for only issuing approvals.
- H. Given the appropriate training, knowledge, skills, and experience, staff who are not licensed healthcare professionals may evaluate and process authorizations based on established criteria that do not require clinical judgment. Non-licensed/non-clinical staff work in conjunction with a licensed healthcare professional. Non-licensed and non-clinical staff may also collect data for URs.⁴

⁴ RAE Contract 14.8.2.4; CHP+ Contract 4.8 (Including Exhibit E, Section 2.4.2); 11.12.5.3



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3. Verification of Clinical Qualifications

- A. Staff with clinical decision-making authority are required to provide a copy of an active license or certification to People Services upon hire, and thereafter during every People Services benefits open enrollment period. The license or certification must be in good standing without restrictions. Staff must notify COA of any disciplinary action taken on their license. For more details about this process refer to COA's ADM-226 Staff Credentialing policy.

4. Use of External Board-Certified Consultants.

- A. COA uses external board-certified consultants to support complex medical necessity determinations.
- B. External board-certified consultants will be engaged through our contracted vendor, MLS Group when specialty expertise is needed.
 - MLS Group contact information:
 - Phone: (844) 415-4419
 - Email: privacy@mlsgroupllc.com
- C. MLS Group maintains a large network of board-certified consultants and acts as a centralized point of contact when COA is in need of specialty expertise for a medical necessity review.
 - Non-exhaustive list of specialties available: Cardiology, Oncology, Neurology, Orthopedics, Psychiatry, Pediatrics, OB/GYN, Radiology, Pathology, Anesthesiology, Physical Medicine and Rehabilitation, ENT, Ophthalmology, Urology, Nephrology, Endocrinology, Gastroenterology, Pulmonology, Infectious Disease, Dermatology.
- D. Opinions from board-certified consultants through MLS Group are considered advisory. COA medical directors will review the consultant's opinion and retain ultimate responsibility for the medical necessity determination (approval or denial).

REFERENCES:

ADM-226 Staff Credentialing

ATTACHMENTS:

None

POLICY HISTORY:



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SUMMARY OF REVIEW/REVISION/APPROVAL DATES:

Version 1: 09/15/2021 Version 2:11/01/2022, Version 3: 11/17/2023 Version 4: 10/24/2024, Version 5: 10/23/2025 Annual Review, NCQA updates.

APPROVAL BODY: COA Core Policy Team

APPROVAL DATE: 10/23/2025