



Policy and Procedure

Policy Name: Qualifications for Staff Engaged in Utilization Management Activities	Policy#: UM100	Version#: 4
Author Department: UM	Origination Date: 09/15/2021	
Business Units Impacted: UM	Date Last Reviewed: 10/24/2024	
Products/LOBs: All	Date Approved by CPT: 10/24/2024	

DEFINITIONS:

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. Please reference UM102 Utilization Review Determinations for more information about the utilization review process.

SCOPE: This policy applies to the UM and UR activities for all product lines administered by Colorado Access. 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.

PURPOSE: The purpose of this policy is to ensure that all UM and UR decisions are made by appropriately licensed healthcare professionals, with oversight and supervision provided for all levels of clinical decision-making. This policy establishes processes to ensure compliance with regulatory standards by promoting high-quality care, safeguarding clinical integrity, and preventing inappropriate utilization of healthcare services.

STATEMENT OF POLICY:

Colorado Access will ensure that licensed healthcare professionals supervise and make utilization management determinations, and appropriately licensed healthcare professionals will oversee all clinical decisions.



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PROCEDURES:

1. General Procedures
 - A. Colorado Access does not provide financial or other incentives to any Colorado Access staff 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, staff with decision making authority will receive departmental training on Colorado Access UM program criteria.
 - C. Licensed healthcare professionals on the UM leadership team will provide day-to-day supervision of UM staff, participate in staff 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. Clinical Qualifications of UR Staff
 - A. The Chief Medical Officer and his/her/their designee shall be a 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 and shall have overall responsibility for the clinical integrity of the UM program.²
 - B. 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
 - C. UR for medical/physical health services are performed by those with a bachelor's degree in nursing (or related field) and an active, unrestricted Colorado nursing license (RN or LPN).
 - D. Drug URs are performed by those with a doctorate degree in pharmacy (PharmD) and an active, unrestricted Colorado pharmacy license.
 - E. UR for behavioral health services are performed by those 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).
 - F. Given the appropriate training, knowledge, skills, and experience, staff who are not licensed healthcare professionals may evaluate and process authorizations based on

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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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

3. Verification of Clinical Qualifications: 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 Colorado Access of any disciplinary action taken on their license. Please reference ADM226 for the complete policy and procedures.

REFERENCES:

ADM226 Staff Credentials

ATTACHMENTS: None

POLICY HISTORY:

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

APPROVAL BODY: COA Core Policy Team

APPROVAL DATE: 10/24/2024

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