UM Program Summary

Cognizant’s Global Clinical Services Utilization Management program provides clients with a framework for monitoring the use of healthcare resources and evaluating the appropriateness of care that is seamless to their members. The UM Plan Summary defines the goals, structure, accountability, scope and other components of Cognizant’s UM program.

Cognizant’s Mission

Cognizant’s healthcare mission is to deliver URAC accredited quality of care and innovative cost reduction solutions all within a HIPAA compliant, secure IT infrastructure. This mission is accomplished by focusing on continuous quality improvement and leveraging best practices. Cognizant supports its contracting partners through information analysis, analytics, operating systems and utilization management expertise. Cognizant strives to maximize customer service through a competitive array of products supported by consistent systems and processes. The organization is dedicated to enhancing the individual contributions of its employees by devoting resources to their ongoing development and education.

Cognizant’s Vision

Cognizant’s vision is to be recognized for leadership, innovation and excellence in providing service to its clients.

Population Served

Cognizant serves a client population consisting of managed health care organizations in the United States.

Purpose of the UM Program

The purpose of the UM program is to seamlessly support clients so that they may continue to offer access to appropriate high-quality and cost-effective care for their members. The UM program reflects Cognizant’s mission, vision and values. It is designed to implement, monitor and evaluate the customer service it provides its clients and the populations those clients serve on an ongoing basis.

Goals and Objectives of the UM Program

- Responding to the needs and expectations of Cognizant’s clients and consumers by establishing, implementing and continuously assessing utilization management processes across the continuum of care;
- Promoting quality of service and effective utilization of service for all clients and consumers;
- Promoting the delivery of appropriate healthcare services in a cost-effective setting;
- Promoting communication and collaboration with health care providers and consumers;
- Monitoring and improving, where indicated, access to services when relevant to Cognizant’s utilization management activities;
- Developing and maintaining a well-integrated, culturally sensitive system to identify, measure, and improve quality outcomes through standardized and collaborative activities;
- Maintaining compliance with both URAC accreditation standards and all local, state and federal regulatory requirements;
• Reviewing requested care to address medical necessity in a timely manner;
• Ensuring that services are provided in the most appropriate setting;
• Promoting evidence based care to optimize medical outcomes;
• Preventing over/under utilization of healthcare services;
• Identifying and referring eligible consumers to appropriate care management, disease management and wellness programs.
• Communicate the results of quality improvement related activities to staff, the Medical Director (MD), the Cognizant QM Committee, to any and all regulatory agencies as mandated by statute or contract, and to the client to meet any and all contractual obligations.

**Organizational Structure**

Cognizant's HUM Medical Director holds a current and unrestricted license to practice medicine in a state of the U.S., is board certified and possesses the qualifications to perform clinical oversight for the UM program.

The Delivery Head of Health Utilization Management is responsible for the overall performance of the UM Program and delegates day to day responsibilities to supervise UM nurses and support staff to a Service Delivery Manager.

The Quality Management Committee provides direct oversight of the UM program's Monitoring, Trending and Reporting of Quality outcomes and planning and executing of interventions to address areas of improvement.

**Staff Roles and Responsibilities**

The Medical Director's primary responsibilities are to monitor and provide oversight of all clinical aspects of the UM programs. This includes responsibility for monitoring key quality indicators and providing guidance and final approval of utilization management (UM) policies, processes and standard operating procedures (SOPs) with the goal to provide world-class excellence in execution of utilization management and service as measured by customer and employee satisfaction.

The MD reviews utilization policy, develops and implements programs relative to the Program's medical necessity criteria, utilization and care management review program, post-service claim review, and appeals. Moreover, the MD supervises, supports, and provides guidance to the Program Clinical Staff to ensure they are accountable to the organization for decisions affecting consumers. Additionally, the MD establishes effective relationships with and serves as a liaison to the Program's leadership, clinical staff, community physicians, facility representatives, UM delegates, employer groups, professional associations, and government agencies.

The Service Delivery Manager of Utilization Management is a licensed RN responsible for managing day-to-day clinical operations in the UM Department.

Cognizant employs an all Bachelor of Science in Nursing (BSN) degree prepared, U.S. active and unrestricted licensed registered nursing staff to conduct reviews. Cognizant UM nurse staff reviewers complete extensive foundational and UM program specific training to ensure understanding and compliance with URAC and applicable state regulatory standards.
Utilization Management (UM) Review Elements

The Cognizant UM review program includes prospective, concurrent and retrospective reviews. Utilization decisions are based solely on appropriateness of care and service and existence of coverage; and are made in a timely manner depending on the urgency of the request and in compliance with state regulations and URAC standards, whichever is more stringent.

Emergency services do not require preauthorization.

UM nurses and physician reviewers consistently apply written, evidence based guidelines during the UM review process. If the initial guideline does not address the treatment requested, other nationally recognized evidence based guidelines will be applied.

Review Criteria

Cognizant Utilization Management uses nationally recognized, written clinical criteria/guidelines including standards contractually specified by clients. These include standards published by the American College of Cardiology, MCG, Hayes, Inc., ODG, or client proprietary guidelines developed in accordance with current state and federal regulations. When a client uses more than one set of clinical guidelines and has a hierarchy for use, Cognizant will adhere to the client’s hierarchy.

Guidelines are based on current clinical principles and are evaluated at least annually by the Medical Director and approved by the Quality Management Committee.

Cognizant shall cite clinical standards used during the review determination notification and make these standards available to providers and other stakeholders upon request.

Confidentiality

Cognizant has written procedures in place to assure personal health information (PHI) obtained during the UM process is kept confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable federal and state laws. PHI is used solely for the purposes of utilization management, quality assurance and case management, and is shared only with those entities that have the authority to receive the information. In the case of summary data, it will not be considered confidential if it does not provide sufficient information to allow identification of individuals. Cognizant will provide written notice to physicians or health care providers when publishing data, including quality review studies or performance tracking which identifies a particular physician or health care provider.

Patient Rights and Responsibilities

Cognizant recognizes its obligation to share patient rights and responsibilities with consumers. In order to fulfill its responsibility in a timely fashion, Cognizant posts this information on its website and provides a hard copy to any consumer who requests it.

Scope of Review Information

Cognizant accepts information from any reasonably reliable source that will assist in the review process. During the review process, Cognizant does not routinely require hospitals, physicians and other healthcare providers to provide coded diagnoses or procedures but may request such codes if available. Cognizant collects only the information necessary to authorize or certify an admission, procedure or treatment, length of stay, or frequency or duration of services. Rather than routinely request copies of all medical records for all patient reviews, Cognizant requires only that section or
sections of the medical record necessary to certify medical necessity or appropriateness of the admission or extension of stay, frequency or duration of service.

UM nurses do not issue non-certifications based on initial clinical review. All requests that do not meet guidelines are referred to a physician or psychologist reviewer (as applicable). The physician or psychologist reviewer shall be located in the U.S. and possess a valid and unrestricted license to practice medicine in a state or territory of the U.S.; shall be board certified or board eligible, or trained in the similar specialty as the health care provider who typically manages the medical condition, or provides the health care service.

**Notification of UM Review Determinations**

Prior to issuing a denial determination, the physician reviewer will make at least one attempt to contact the requesting physician to afford a reasonable opportunity to discuss the treatment plan and the clinical basis for the decision.

Notification of UM review determination and appeal is issued according to URAC or state regulation (whichever is stricter).

Timeframes for determinations are based on URAC standards or state requirements *whichever is more stringent*. The following standard timeframes are used when all clinical information is received:

- Prospective – within 15 calendar days of receipt of the request.
- Concurrent review – within three calendar days
- Urgent/ Emergent – as soon as possible but no later than 24 hours after receipt of the request
- Retrospective – within 30 calendar days of receipt of the request

Appeals will be accepted within 45 days of receipt of the initial denial notification by any involved party. Timeframes for appeals will be maintained as follows unless the state mandated timeframes are stricter.

- Prospective – within 30 calendar days of receipt of the request for appeal
- Concurrent review – within 30 calendar days of receipt of the request for appeal
- Expedited- as soon as possible but no later than within 72 hours of receipt of request for appeal.
- Retrospective – within 30 calendar days of receipt of the request

Written notice of non-certification decisions will be issued to the patient, attending physician or other ordering provider or facility rendering services. The written notice will include the following:

- principal reason(s) for non-certification
- a statement that the clinical rationale used in making the non-certification determination will be provided in writing, upon request
- instructions for initiating an appeal

Cognizant will notify all its stakeholders (Clients, providers, patients) of any changes to its existing UM requirements as stated above, no less than 60 days before implementation.