



Department of Consumer & Business Services

Insurance Division — 2

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**Utilization Review
Annual Summary**

Utilization review annual summary for 2012.

Due on **June 30** for previous calendar year.

All health benefit insurers that provide utilization review or have utilization review provided on their behalf shall file an annual summary describing all utilization-review policies and utilization-review monitoring activities, including delegated functions. ORS 743.807, OAR 836-053-1130

1. Company name: UnitedHealthcare of Oregon, Inc. Filing date: 6/21/2013
2. Company address: 5 Centerpointe Drive, Suite 600
City, state, ZIP: Lake Oswego, OR 97035
3. Company Web site: www.uhctest.com, www.uhc.com
4. Name, e-mail address, and phone number of the person completing this form:
Kina Mitchell kina_j_mitchell@uhc.com (918) 459-1315
5. Name, title, and department of manager responsible for oversight of utilization review:
Dr. Cheryl Tanigawa, Senior Vice President

For the following information, enter the URL, or the name of the publication in which it appears:

6. Time frame for making utilization review decisions:
Target: 2 business days Actual (average): 1.4 calendar days
URL, or the publication title, date, and page: UCSMM.06.16 - Review Timeframes Policy w/OR State Specific Addenda - dated 01/01/08, pages 5-7
7. Specify minimum qualifications for those who make first-level utilization-review decisions:
Nurses may make coverage decisions; only licensed physicians may make non-coverage (adverse) decisions.
URL, or the publication title, date, and page: UCSMM.02.10 - Staff Qualifications and Credentials Policy- dated 01/01/08, pgs. 1-2
UCSMM.06.14 - Initial Clinical Review Policy- dated 01/01/08, pgs. 1-2
UCSMM.06.17 - Approval and Certification Notices Policy w/OR State Specific Addenda - dated 01/01/08, pages 1-6
UCSMM.06.18 - Initial Adverse Determination Notice Policy w/OR State Specific Addenda - dated 01/01/08, pages 1-12
8. Specify minimum qualifications for those who make second-level utilization-review decisions:
A specialty-matched physician or review panel.

URL, or the publication title, date, and page:

UCSMM.07.10 Appeal Peer Reviewer Qualifications Policy w/OR state specific addenda- dated 10/15/12, pages 1-4.
UCSMM.07.11 Appeal Review Timeframes Policy w/OR state specific addenda - dated 10/15/12, pages 1-4.
UCSMM.07.12 Appeal Process and Record Documentation Policy w/OR state specific addenda- dated 10/15/12, pages 1-11.
UCSMM.07.13 Appeal Notices Policy w/OR state specific addenda - dated 10/15/12, pages 1-7.
UCSMM.07.14 Independent Review Organizations Policy w/OR state specific addenda - dated 10/15/12, pages 1-7.

9. Do providers participate in making utilization-review decisions?

No Yes At which level(s)?

Generally, providers do not participate in the initial UR review process. However, the opportunity for a Peer-to-Peer Discussion is built into the process before the non-coverage (adverse) decision is made.

URL, or the publication title, date, and page:

UCSMM.06.15 -Peer Clinical Review Policy, dated 01/01/08, pgs. 1-3

10. Indicate the sources of clinical information the company researches for utilization-review decisions:

The patient's clinical records, United Healthcare Technology Assessments (medical policies) and peer-reviewed literature. The company also utilizes MCG Care Guidelines.

URL, or the publication title, date, and page:

UnitedHealthcare UM Program Description w/UHC West UMPD Addenda Attachment - dated 2/12/13- page 25 of 34; and page 33 of 34 Adobe pdf file.



11. List company's steps in developing utilization-review criteria:

Please see the detailed process listed under the policy listed below re clinical review criteria

URL, or the publication title, date, and page:

UCSMM.06.10 - Clinical Review Criteria Policy w/OR State Specific Addenda - dated 01/01/08, pages 1-4.

12. What action or event causes utilization-review criteria to be revised?

The clinical review criteria are reviewed, evaluated, and approved on an annual basis with updates by the Executive Medical Policy Committee.

URL, or the publication title, date, and page:

UnitedHealthcare UM Program Description w/UHC West UMPD Addenda Attachment - dated 2/12/13- pages 6-8, page 25 of 34; and page 33 of 34 Adobe pdf file.

13. How does the company inform enrollees about changes in utilization-review criteria?

Via web-based portals and via member newsletters, mailings, etc.

URL, or the publication title, date, and page:

www.uhcwest.com (Web Portal)
www.myuhc.com (Web Portal)
www.unitedhealthcareonline.com (Provider Portal)

14. How does the company inform providers about changes in utilization-review criteria?

Via web-based portals and via member newsletters, mailings, etc.

www.uhcwest.com (Web Portal)

URL, or the publication title, date, and page: **www.myuhc.com (Web Portal)**

www.unitedhealthcareonline.com (Provider Portal)

15. Is there a procedure for monitoring in-house utilization-review criteria?

No Yes Specify: **The in-house utilization review criteria that is developed internally is reviewed annually.**

URL, or the publication title, date, and page: **UCSMM.06.10 - Clinical Review Criteria Policy w/OR State Specific Addenda- dated 01/01/08, pages 1-4**

16. Does the company delegate any utilization-review activities to outside resources?

No Yes Specify: **N/A**

URL, or the publication title, date, and page: **N/A**

17. Are there procedures for monitoring utilization-review activities delegated to outside resources?

No Yes Specify: **If the company would delegate the utilization review activities to an outside entity, the process adhered to is outlined under UCSMM.03.11 Business Contracts and Delegations Policy.**

URL, or the publication title, date, and page: **UCSMM.03.11 Business Contracts and Delegations Policy, dated 1/1/08, pages 1-2.**
