UnitedHealthcare POC

#	Recommendation	Response	Implementation Date
16a.	Only objective, clinically appropriate, clinically based, and measurable written criteria shall be used to deny provider requests for coverage of behavioral health services	Optum applies the ASAM Criteria as the standard set of Clinical Criteria for substance-related disorder services. Optum applies Level of Care Utilization System-LOCUS, Child and Adolescent Service Intensity Instrument-CASII, and Early Childhood Service Intensity Instrument-ECSII as the standard set of Clinical Criteria for mental health disorder benefits.	6/1/21
16b.	The practice of frequent, short duration concurrent reviews unrelated to the clinical condition of the patient shall be prohibited. United RI shall adopt a clinically appropriate national utilization review criteria set which includes an estimated length of stay (ELOS) component when available or, a comparable process approved by the Commissioner, and such approval shall not be unreasonably withheld. The development and application of such criteria shall include a documented process to address the patient's clinical condition and the provider's ELOS in order to avoid unnecessary frequent short duration reviews and shall account for dually diagnosed patients.	Optum's revised/updated procedures to conduct concurrent reviews consider the patient's clinical condition of factors related to the members condition, including dually diagnosed individuals and will not conduct frequent, short duration concurrent reviews unrelated to the member's clinical condition, treatment, and discharge needs. Optum's use of national utilization review criteria is referenced in 16a. ELOS is determined in accordance with the Treatment Milestone Approach (TMA) process.	6/1/21
16c.	United RI shall identify the specific formal criteria that will be used to make utilization review decisions. There shall be no ambiguity concerning which criteria are applicable for example, Level of Care Guidelines versus Coverage Determination Guidelines found during this Examination.	For medical necessity plans, Optum's use of national utilization review criteria is referenced in 16a. Optum utilizes written clinical criteria and review procedures established according to nationally accepted standards, evidence-based medicine and protocols that are periodically evaluated and updated.	6/1/21
16d.	United Rl's utilization review processes shall include a documented process that offers providers an opportunity to request approval of a behavioral health service that has been determined by United RI to be inconsistent with United Rl's formal criteria, based on the unique or unusual nature of the patient's clinical condition or circumstances and safety and welfare of the patient. Such decisions shall be	Optum has revised and updated its policy to offer providers an opportunity to request approval of a behavioral health service that has been determined to be inconsistent with the formal criteria, based on the unique or unusual nature of the member's clinical condition or circumstances and safety and welfare of the patient.	6/1/21

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	considered medical necessity decisions. The UR Agent clinical reviewer shall consider, address, and document all information submitted by the ordering provider in connection with this process as part of the medical necessity decision.	Exceptions may be made to Optum's Clinical Criteria, such as when there is a superseding contractual requirement or regulation, or when a Medical Director authorizes a case specific exception. Optum personnel exercise sound clinical judgment in all coverage determinations based on the appropriateness of care and services, individual member need, the availability of community resources and benefit coverage.	
16e.	The process for soliciting comments from Rhode Island behavioral health providers concerning proposed utilization review criteria shall be revised to improve the comment process in order to increase transparency. The process shall require United RI to reasonably and meaningfully consider and document all objections, comments and recommendations concerning the criteria. The process shall include implementation of the rules and regulations promulgated pursuant to R.I Gen. Laws§ 27-18.9.	Optum utilizes third party level of care guidelines that are developed by nationally recognized behavioral health organizations. Optum has revised/updated its process to reasonably and meaningfully consider all objections, comments and recommendations from RI providers in respect to all criteria utilized. For specific clinical guidelines not addressed in the national guidelines, Optum has established and employed a process to incorporate and consider local variations to national standards and criteria identified herein including without limitation, a process to incorporate input from local participating providers.	6/1/21
16f.	Utilization review criteria shall include detailed, clinically appropriate, clinically based guidelines to ensure safe and effective treatment for patients whose behavioral health condition results in an inability to maintain basic self-care and the ability to safely transition to another treatment environment.	Optum revised its review criteria to ensure the safe and effective treatment for members whose behavioral health condition results in an inability to maintain basic self-care or the ability to safely transition to another treatment environment.	6/1/21
16g.	United Rl's general definition of medical necessity shall not include a discretionary clause, shall be used in a manner consistent with state and federal utilization review laws and regulations and shall not modify the elements of any specific Opium formal criteria applicable to different levels of care.	Optum utilizes UnitedHealthcare's definition of medically necessary care in making determinations, and the definition is used in a manner consistent with this recommendation as well as state and federal utilization laws and regulations. The definition has been updated to not include a discretionary clause. The next submission of the current ACA filing will include this revised definition.	6/1/21

#	Recommendation	Response	Implementation Date
17a.	Denial decisions shall be supported by, and not in conflict with, the facts, observations, clinical records, and other information as presented in the Case Record.	Optum's revised/updated policies include provisions that adverse benefit determinations are supported by, and not in conflict with, the facts, observations, clinical records, and other information resented and documented.	6/1/21
17b.	Optum shall document a clinically appropriate and clinically based rationale when making a coverage determination for treatment at a lower level of care when the ordering provider's initial request was for a higher level of care.	Optum revised/updated policies that documents the clinically based rationale for recommending a modification over the ordering provider's initial request.	6/1/21
17c.	If the facts and circumstances presented suggest reason to believe that clinical information material to the utilization review decision is missing, United RI shall reasonably solicit such clinical information from the provider.	If the facts and circumstances presented suggest reason to believe material clinical information is missing, Optum's revised/updated policies require that such information is reasonably solicited from the provider.	6/1/21
17d.	The utilization review decision shall adequately consider in accordance with reasonable standards: (i) the patient's clinical condition, (ii) the treating provider's treatment recommendation and rationale for the request, and (iii) all relevant information offered or included in the record.	Optum's policies have been revised to ensure that utilization review decisions adequately consider in accordance with reasonable standards: the patient's clinical condition, the treating provider's treatment recommendation and rationale for the request, and all relevant information offered or included in the record.	6/1/21
17e.	When the material facts and clinical circumstances presented by the attending provider are not in dispute, the utilization review decision should not conflict with the treating provider's level of care and/or length of stay recommendation unless United RI documents clinical facts of the case to demonstrate the care requested is not medically necessary or has documentation in accordance with paragraph 17(f).	Optum's revised/updated policies include provisions that utilization review decisions will not conflict with the provider's level of care and/or length of stay recommendation when the material facts and clinical circumstances presented by the provider are not in dispute unless the care is not medically necessary, or the provider modified the care requested.	6/1/21
17f.	There shall be clearly documented evidence to support a conclusion that the treating provider has voluntarily agreed to modify the treating provider's request so as to reduce the length of stay or lower the level of care initially requested. In the absence of such clearly documented evidence, the modified request shall be considered a denial, not an authorization.	Optum's revised/updated policies provide that modification discussions will be documented in the clinical record including the rationale for recommending a different level of care or initially authorized units, services, or days. If the provider or provider representative does not provide a bona fide voluntary agreement the modification will be classified as an adverse benefit determination and follow the applicable process.	6/1/21

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17g. and h.	Intentionally left blank by OHIC for formatting purposes.		
17i.	Until United RI fully addresses the safe transition of the patient, United RI shall not deny a request for coverage of a continued stay if there is no clinically appropriate treatment setting available for the patient upon discharge that would ensure the patient's health and safety, unless United RI has documentation in accordance with paragraph 17(f).	Optum's policies have been modified to include that it will not deny a request for coverage of continued stay if there is no clinically appropriate treatment setting available for the patient upon discharge that would ensure the patient's health and safety, unless there is a bone fide voluntary agreement from the provider. Such discussions will be documented in the clinical record and will include the rationale for recommending a different level of care.	6/1/21
17j.	Until United RI fully addresses the safe transition of the patient, United RI shall not deny a request for coverage of a continued stay, in whole or in part based on the rationale that the patient is making insufficient progress, or the provider is not treating the patient aggressively enough, unless United RI has documentation in accordance with paragraph 17(f).	Optum's revised/updated policies provide guidance to reviewers to not deny a request for coverage, in whole or in part, of a continued stay based on rationale that the patient is making insufficient progress, or the provider is not treating the patient aggressively enough.	6/1/21
17k.	A patient shall not be denied coverage for continued stay based on United RI's rationale that the level of care is "custodial" when the attending provider has demonstrated that there continues to be medically necessary treatment value unless United RI documents clinical facts of the case to demonstrate the care requested is not medically necessary or has documentation in accordance with paragraph 17(f).	Optum's revised/updated policies provide guidance to reviewers to not deny a request for coverage, in whole or in part, of a continued stay when the provider demonstrates the patient's continued stay has medically necessary treatment value unless Optum documents clinical facts of the case to demonstrate the care requested is not medically necessary or has documentation that the provider has agreed to modify the care requested.	6/1/21
17l.	Intentionally left blank by OHIC for formatting purposes.		
17m.	The utilization review process shall not be used to address quality of care issues. The revised policy shall describe alternative means to address quality of care issues observed during the utilization review process.	As part of the UM process, Optum reviews requested care or treatment with respect to the appropriateness for the member's condition, applying the applicable clinical guidelines to make coverage decisions. Optum does not use the UM process to deny services-based quality of care issues.	6/1/21
17n.	The utilization review process shall require United RI to consider and document whether a potential utilization review denial might impede care, delay care, fail to	Optum revised its policies to ensure the utilization review process will consider and document whether a decision will impede or delay care, fail to ensure	6/1/21

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	ensure continuity of care, lead to an inappropriate transition of care, or to negatively impact the welfare and safety of the patient.	continuity of care, lead to an inappropriate transition of care, or negatively impact the welfare and safety of the patient.	
17o.	Denial notifications shall avoid language that might unnecessarily adversely affect the patient, and/or language that may undermine the provider-patient relationship. Additional findings related to adverse benefit determination notices Finding 10b: Optum's Notices of Adverse Benefit Determination were unreasonable in that: ii. Optum made denial decisions without stating the specific utilization review criteria or guidelines not met, thereby not stating the principal reason for the denial. iii. Optum failed to notify patients and providers of their right to appeal an adverse benefit determination.	Optum's notification content will avoid language that might unnecessarily adversely affect the member, and/or language that may undermine the provider-member relationship. Optum's Adverse Benefit Determination notices state the principal reason for denial and include appeal rights.	6/1/21
18a.	Case Records shall include the date, time and detail of each event in the utilization review process.	Optum's Case record documentation will include the date, time and details of each event in the UR process.	6/1/21
18b.	Case Records shall include the specifics of the initial provider request, and any modifications to the initial request.	Optum's case record documentation will include specifics of the initial provider request, and any modifications to the initial request.	6/1/21
18c.	Case Records shall document the content of all conversations or other communications with the treating provider or the treating provider's designee.	Optum's case records will document the content of all conversations or other communications with the treating provider or treating provider's designee.	6/1/21
18d.	Case Records shall document all clinical information offered by the provider to include the rationale for the provider's initial and any subsequent request for coverage of services.	Optum's case records will document all clinical information offered by the provider to include the rationale for the provider's initial and any subsequent request for coverage of services.	6/1/21
18e.	Case Records shall document the utilization review decision to include: (i) the patient's clinical condition, (ii) the treating provider's treatment recommendation and rationale for the request, and (iii) all relevant information offered or included in the record.	Optum's case records will document the utilization review decision to include: The patient's clinical condition, the treating provider's treatment recommendation and rationale for the request and, all the relevant information offered or included in the record.	6/1/21

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18f.	Case Records shall be maintained in a manner to identify and report to OHIC evidence of compliance with state and federal laws and regulations.	Optum will ensure its case records are maintained in a manner to identify and report to OHIC evidence of compliance with state and Federal laws and regulations.	6/1/21
18g.	Case Records shall include evidence of an independent utilization review decision and rationale of the United RI's clinical reviewer as required by state and federal laws and regulations.	Optum will ensure its case records include evidence of an independent UR decision and rationale of the clinical review as required by state and Federal laws and regulations.	6/1/21
18h.	Case Records shall include documentation by United RI's clinical reviewer of all material clinical information that was reviewed in making the medical necessity determination and in the case of denials shall also include documentation of the specific utilization review criteria not met.	Optum will ensure its case records include documentation by clinical reviewer of all material clinical information that was reviewed in making the medical necessity determination and in the case of denials will also include documentation of the specific UR criteria not met.	6/1/21
18i.	When United RI recommends a modification of the ordering provider's initial request, the Case Record shall document the clinically based rationale for recommending the modification over the ordering provider's initial request.	Optum will ensure its case records document the clinically based rationale for recommending a modification over the ordering provider's initial request.	6/1/21
18j.	The Case Record shall document the ordering provider's explicit communication of a voluntary agreement to modify the provider's initial request.	Optum will ensure its case records document ordering provider's explicit communication of voluntary agreement to modify the provider's initial request.	6/1/21
18k.	Case Records shall be collected, organized, and maintained in a form readily accessible and reviewable by regulatory examiners for the purpose of assessing compliance.	Optum will ensure its case records are collected, organized, and maintained in a form readily accessible and reviewable by regulatory examiners for the purpose of assessing compliance.	6/1/21
17 and 18	Each revised policy and procedure shall be subject to a component of a utilization review program training manual and training module.	Revised training polices, programs and manuals shall include the following communication and socialization to clinical operations staff: 1. Meetings with leadership of clinical team on proposed policy drafts to socialize upcoming changes 2. Policy reviewed with Compliance 3. Policy finalized, published and presented during following Operational Procedures and Standards (OPS) meeting 4. Bulletin of cliff notes of policy updates presented at OPS Meeting	6/1/21

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		5. Bulletin sent out via email distribution newsletter to clinical operations staff and posted on internal shared site for reference 6. Optum has created a RI-specific training module for clinical staff addressing the recommendations from the consent order. 7. Training conducted based on attached training slides for all applicable clinical staff 8. While staff have been trained initially on the consent order, once the corrective action plan is finalized Optum will provide refresher training where needed.	
19a. – d.	a. Identify which mental health, substance use disorder, and medical surgical benefits (excluding prescription drug benefits) are subject to utilization review and: (i) describe the utilization program for each mental health, substance use disorder, and medical surgical benefit, (ii) state the number of requests processed for each mental health, substance use disorder, and medical surgical benefit, and (iii) state the number of denials, appeals, and denials on appeal for those requests processed for each mental health, substance use disorder, and medical surgical benefit. b. Identify which mental health, substance use disorder, and medical surgical benefits (excluding prescription drug benefits) are not subject to utilization review and state the number of claims processed for each mental health, substance use disorder, and medical surgical benefit c. For each mental health, substance use disorder, and medical surgical benefit identified in Paras. 19(a) and 19(b), above: (i) state the material reasons or other factors actually used or relied on in deciding whether or not utilization review would apply, (ii) identify and summarize the data and other information used to support the reasons or other factors, and (iii) document the decision process. d. For each mental health, substance use disorder, and medical surgical benefit subject to utilization review identified in Paras. 19(a) and (b), above, propose a methodology for determining whether utilization review for mental health and substance use disorder benefits are applied no	A Federal Parity comparative analysis will be performed in accordance with published guidance from the Federal agencies on April 2, 2021 (Appropriations Act Amendment and Agency Guidance)."	7/31/21

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	more stringently than utilization review applied to medication surgical benefits. Such a methodology should: (i) use actual utilization review Case Records in comparing the degree of stringency, (ii) use independent providers to conduct the reviews, (iii) compare the time needed to complete utilization review requests for behavioral health services versus medical surgical services, (iv) compare the complexity of making behavioral health coverage requests versus medical surgical coverage requests and (iv) consider any other appropriate factors in determining the comparable rigorousness of the reviews.		
32a.	The utilization review process shall include a process that offers prescribers an opportunity to request approval of a medication (or of a quantity, supply or dose of a prescription drug) inconsistent with the formal criteria and/or formulary, based on the unique or unusual nature of the patient's clinical condition or circumstances and the safety and welfare of the patient. Such decisions shall be considered medical necessity decisions. the UR Agent's clinical reviewer shall consider, address, and document all information submitted by the prescriber in connection with this process as part of the medical necessity decision.	Upon receipt of the final exam report, UnitedHealthcare initiated a review of its processes. The current utilization review processes allow for clinical review of medications excluded from the Prescription Drug List per § 27-18-50(b). During development of UnitedHealthcare's pharmacy clinical programs, many factors are taken into consideration such as the likely impact of a drug product on member compliance when compared to alternative products and evaluation of the benefits, risks, and potential outcomes members may experience. Furthermore, the clinical reviewer will consider, address, and document all information submitted by the prescriber when a request for approval is inconsistent with the established criteria and/or Prescription Drug List based on the unique or unusual nature of the patient's clinical condition or circumstances and the safety and welfare of the patient. UnitedHealthcare has developed a process by which providers can request coverage of supply limits that go beyond the current limitations and override criteria is not currently available was implemented as of 8/1/2020. Edits for the clinical program administration process for supply limit reviews.	5/12/21
32b.	The process for soliciting comments from Rhode Island behavioral health providers concerning proposed utilization review criteria shall be revised to improve the comment process in order to increase transparency. The process shall require United RI to reasonably and meaningfully consider all objections, comments and recommendations concerning the criteria, prior to the effective	The process for soliciting comments from Rhode Island providers concerning proposed utilization review criteria was reviewed and does allow for all providers, including Rhode Island providers, to offer comments and recommendations on criteria before the effective date. Utilization review criteria is posted to uhcprovider.com via the UHC Network Bulletin prior to	5/12/21

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	date of the adoption or revision of criteria. The process shall include implementation of the rules and regulations promulgated pursuant to R.I Gen. Laws§ 27-18.9.	implementation. There is a feedback feature available on uhcprovider.com which allows any provider, including Rhode Island providers, to submit feedback at any time regarding content on the web page. The feedback is triaged and, depending on the provider's inquiry, they may be directed where to find the appropriate content on the site to address their question. If a provider has feedback regarding pharmacy utilization review criteria, UnitedHealthcare's Pharmacy Clinical team would be engaged to review the feedback from the provider and send the provider a response. UHC Pharmacy will also implement a policy, effective 5/12/2021, to solicit feedback for all newly created and revised clinical programs. Comments will be solicited from ten (10) in-network providers that would most likely be prescribers. Provider feedback and objections received will be reviewed and meaningfully considered by the UHC Utilization Management Committee and the UHC Pharmacy and Therapeutics (P&T) Committee. Any additional changes to the criteria resulting from review and consideration by each committee will be captured by the clinical pharmacist.	
32c.	United RI shall revise its utilization review criteria as part of its adverse benefit determination process and/or as part of its internal appeal process for Seroquel, Abilify, and Bupropion according to Para. 32(a) above	UnitedHealthcare reviewed its utilization review criteria for Seroquel, Ability and Bupropion, and the following changes were made: Supply limits for Seroquel immediate-release were removed effective 4/1/2016. Supply limits for Abilify 5mg were revised to allow for 47 tablets per month effective 2/1/2017 so that a daily dose of 7.5mg per day could be achieved. Prior authorization for Zyban was removed effective 6/1/2019.	2/1/17
33a.	The "trial" period for step therapy criteria shall be based on generally accepted medical standards, shall be evidence-based, and shall allow for a patient to bypass the trial period if the prescriber indicates that there is or was a contraindication to the alternative medication or the patient has/had previously used the alternative medication.	OptumRx's policies have been reviewed and confirmed to include requirement that a drug is eligible for coverage if the step therapy protocol, or the number of doses available under a dose restriction, has been ineffective, or is likely to be ineffective, in the treatment of the member's disease or medical condition based on clinical, medical, and scientific evidence; or the formulary or covered alternative, step therapy protocol, or the number of doses available under a dose restriction has caused, or is likely to cause an adverse reaction or other harm to the member, and it complies with OptumRx administrative guidelines for coverage of off-label or non-FDA approved indications.	06/1/21

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		OptumRx will update its policy to include “The trial period for step therapy shall allow for the patient to bypass if the prescriber indicates contraindication to the alternative medications.”	
33b.	United RI shall fully consider and address the need for continuity and transition of care when: i. Step therapy or "fail first" procedures are being applied and; ii. Requests are made for approval of a medication (or for a quantity, supply, or dose of a medication) in cases where the patient is being treated successfully with the medication requested (or is being treated successfully at the requested quantity, supply or dose of the medication), or if the prescription is being renewed.	OptumRx’s work instructions have been reviewed and updated to include this information. OptumRx policies will be reviewed and updated to reiterate “Only physicians may deny an exception, prior authorization, or other request that is outside the guidelines or coverage limitations as described in the Plan/Client’s benefit design, and OptumRx will classify these as denials. Denials will be made, signed, and documented by a practitioner with the same licensure status as the ordering practitioner.”	6/1/21
33c.	United RI shall revise its policies and procedures as part of its proposed and final Plan of Correction to account for the patient's need for continuity and transition of care when: (1) the patient has been prescribed the medication as a member of a different health plan and/or formulary issued by United RI, (2) the patient has been prescribed the medication as a member of a health plan issued by a different carrier, (3) the patient has been prescribed a medication that is no longer on the formulary due to a United RI issued formulary change, and (4) the patient has been prescribed medication using samples supplied to the prescriber by a pharmaceutical company. For scenario number four herein, United RI shall implement a transition fill program that allows the member to remain on the prescribed sample medication for a period of time before converting to a formulary alternative. The member may remain on the prescribed sample only when clinically appropriate and medically necessary and provided the continuity of care, welfare and safety of the patient is ensured.	For 33c(1-3), OptumRx’s work instructions have been reviewed and updated to include this information. For 33c(4), OptumRx’s policies will be updated to indicate that if the provider indicates the member has been on samples and a transition fill is needed to convert to a formulary alternative, OptumRx approves the request for a period of time when clinically appropriate and medically necessary to ensure the continuity of care and welfare and safety of the patient.	7/1/21

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33d.	United RI shall explicitly consider all information that suggests that the request for a medication (for a particular prescription drug, or for a quantity, supply or dose of the prescription drug) is for continuation therapy.	OptumRx's policies will be reviewed and updated to indicate the reviewer shall explicitly consider all information provided in continuation therapy/transition of care cases. Explicit consideration will be taken when a denial would impede, delay, or adversely affect the member's continuity of care or lead to an inappropriate transition of care.	06/1/21
33e.	United RI shall clearly state the principal reason for denial of the request, including the specific criteria not met, and the facts used to determine that the specific criteria were not met	OptumRx's policies have been reviewed and updated to include requirements that OptumRx clearly states the principal reason for the request's denial, including the specific criteria not met, and the facts used to determine that the specific criteria were not met.	06/1/21
33f.	The utilization review process shall explicitly consider whether a potential utilization review denial might impede care, delay care, fail to ensure continuity of care, or lead to an inappropriate transition of care.	OptumRx's policies will be reviewed and updated to indicate the reviewer shall explicitly consider all information provided in continuity of care/transition of care cases. Explicit consideration will be taken when a denial would impede, delay, or adversely affect the member's continuity of care or lead to an inappropriate transition of care.	6/1/21
33g.	United Rl's clinical reviewers shall conduct a thorough, independent review of the prescriber's request. United RI clinical reviewers shall consider all of the information offered by the prescriber, including the rationale in support of the approval request. United RI shall include, in its proposed and final Plan of Correction, standards and procedures for how it will ensure that: (1) the United Rl's clinical reviewers do not "rubber-stamp", or give undue weight to the recommendations, suggestions, notes or comments related to disposition by the previous reviewers or decision-making staff, (2) the United Rl's clinical reviewer explains the decision with sufficient detail to understand why the decision was made and, if applicable, specifically how the prescriber's facts and rationale were considered.	OptumRx's policies have been reviewed and updated to require that clinical reviewers conduct a thorough, independent review of the prescriber's request, and the clinical reviewer's explanation of the decision made with sufficient details to understand why the decision was made. OptumRx's policies will be reviewed and updated to indicate reviewers do not "rubber-stamp" decisions or give undue weight to them and the principal reason(s) are explained in sufficient detail for the adverse determination in response to the information supplied by the prescribing physician and specifically how the prescriber's facts and rationale were considered.	6/1/21

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33h.	United RI shall state in its approval decisions what medication is approved, and what quantity, supply or doses of the medication is approved	OptumRx's policies and work instructions have been reviewed and updated, and it has been confirmed that approval decisions state what medication is approved, and what quantity, supply or doses of the medication is approved.	6/1/21
33i.	Fax forms, utilization review websites, and requests received by telephone shall conform to the following requirements: i. Drug specific prior authorization forms and protocols shall contain the specific clinical questions and information requests for the prescriber to respond to in order to obtain coverage approval. ii. The request forms and protocols shall reflect a coordinated and efficient process to address all types of utilization review, including prior authorization, step therapy, and quantity limits that does not lend itself to delays in access to medically necessary medications. iii. The request forms and protocols shall explicitly ask the prescriber whether the request is urgent. iv. The request forms and protocols shall ensure that once the prescriber has demonstrated that the request is for continuation therapy, United RI shall not deny coverage for the medication until it has determined, in a documented consult with the prescriber, that the patient can be safely and effectively transitioned to another covered medication. v. United RI shall develop a process to identify out of date fax forms, consolidate forms where possible, and effectively communicate with providers which fax forms should be used to request prior authorization.	OptumRx ensures its request forms and protocols contain the specific clinical questions and information required to obtain coverage approval. OptumRx ensures its request forms and protocols do not lend themselves to delays in access to medically necessary medications by conducting a routine review of existing request forms and protocols to ensure accuracy, currency, and applicability to all utilization review types (i.e., prior authorization, step therapy, and quantity limits). OptumRx's policies and artifacts will be reviewed and updated to explicitly ask if the request is urgent for all interactions (electronic prior authorization (ePA), phone, and fax). OptumRx's policies will be reviewed and updated to indicate OptumRx will approve the request for continuation of therapy/transition of care (regardless of whether OptumRx authorized the medication initially) if the member's prescribing physician indicates the patient cannot be safely and effectively transitioned to another covered medication. Additionally, OptumRx uses optumrx.com to communicate with providers on which fax forms to use to request prior authorization.	7/1/21
33j.	United RI shall revise its standards to ensure that reasonable efforts are made to solicit and obtain, by telephone, email, or otherwise, all information necessary to fairly and equitably process the request. If the facts and circumstances presented suggest reason to believe that necessary clinical information critical to the utilization review decision is missing, such clinical information shall be effectively solicited from	OptumRx's policies have been reviewed and updated to include requirements that OptumRx makes every effort to obtain all information necessary to review a request by asking drug specific questions. If necessary clinical information is missing, OptumRx outreaches to obtain the needed information. Optum's	6/1/21

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	the prescriber and the prescriber shall be allowed a reasonable period of time to respond.	policies include requirements for time periods allowed for response to additional information requests.	
33k.	United RI shall request medical records of the patient when necessary to fairly and equitably process the request.	OptumRx's policies have been reviewed and updated to include requirements that OptumRx requests medical records of the patient when necessary to fairly and equitably process the request.	6/1/21
33l.	United RI shall classify as a denial any utilization review decision that does not authorize the prescription drug requested, or does not authorize the quantity, supply, or dose of the prescription drug requested.	OptumRx's revised/updated policies require that OptumRx classifies as a denial any utilization review decision that does not authorize the prescription drug requested, and does not authorize the quantity, supply, or dose of the prescription drug requested.	6/1/21
33m.	United RI shall not require a patient to authorize its provider in writing to conduct an appeal on the patient's behalf.	UnitedHealthcare's revise/updated procedures do not require a network or non-network provider to obtain written authorization from a patient to initiate an appeal on the patient's behalf.	4/12/21
34a.	Case Records shall include the date, time and detail of each event in the utilization review process	OptumRx's internal work instructions have been reviewed and updated to include requirements that case records include the date, time and detail of each event in the utilization review process.	6/1/21
34b.	Case Records shall include: i. The specifics of the initial prescriber request, including the rationale for the prescriber's request; ii. The quantity, supply or dose of the medication requested; iii. Any voluntary agreement to modify the request; iv. All information submitted by the prescriber in connection with the request; and v. Information to determine if the request is for continuation therapy.	OptumRx's internal work instructions have been reviewed and updated to ensure that the case records include the listed elements in the recommendation.	6/1/21

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34c.	Case Records shall document all conversations or other communications with the prescriber, including the date, time and content of the communications.	OptumRx's internal work instructions have been reviewed and updated to include that case records document all conversations or other communications with the prescriber, including the date, time and content of the communications.	6/1/21
34d.	Case Records shall include prescriber fax forms, and all website request information offered by the prescriber, if used by the prescriber.	OptumRx's internal work instructions have been reviewed and updated to ensure that case records include prescriber fax forms, and all website request information offered by the prescriber, if used by the prescriber.	6/1/21
34e.	Case Records shall include United Rl's clinical reviewer documentation that all material clinical information was reviewed by the clinical reviewer and shall include documentation of the utilization review criteria not met, and the reviewer's rationale for rejecting or disagreeing with the requesting prescriber's request, clinical judgment or recommendation.	OptumRx's internal work instructions have been reviewed and updated to ensure that case records include OptumRx clinical reviewer documentation that all material clinical information was reviewed by the clinical reviewer and includes documentation of the utilization review criteria not met, and the reviewer's rationale for rejecting or disagreeing with the requesting prescriber's request, clinical judgment or recommendation.	6/1/21
34f.	If a request is pended for insufficient information, the Case Record shall document: (1) what specific information is needed, (2) communications or attempted communications with the provider, and (3) the provider's response to the communication(s).	OptumRx's internal work instructions have been reviewed and updated to include that case records document the elements listed in the recommendation.	6/1/21
34g.	Case Records shall be collected, organized, and maintained in a form and manner such that the Commissioner can readily ascertain compliance with state and federal laws and regulations, and implementation of these recommendations and the final Plan of Correction.	OptumRx's internal work instructions have been reviewed and updated to include that case records are collected, organized, and maintained in a form and manner such that the Commissioner could readily ascertain compliance with state and federal laws and regulations.	6/1/21
33 & 34	Each revised policy and procedure shall be subject to a component of a utilization review program training manual and training module.	Prior Authorization new hire employees attend classes that consist of new employee orientation, prior authorization concepts, systems and skills relevant to their job role, member and provider service, communication, and corporate culture. Training includes reviewing written staff work instructions, which detail the processes and procedures found in our policies and procedures. Each revised policy and procedure shall be subject to an explicit component of a utilization review program training manual and training module.	5/13/21

#	Recommendation	Response	Implementation Date
		OptumRx Prior Authorization Policies and Procedures (P&Ps) are external-facing documents that define and describe the high-level steps OptumRx follows to adhere to the purpose and scope (e.g. rules, regulations, guidelines, etc.) indicated in the P&P, and are separate artifacts from the written staff work instructions (e.g. job aids) that employees review during their training. Written staff work instructions for Prior Authorization (e.g. job aids) are always maintained with current processes within a platform that serves as a document repository, which is accessible to all staff. When OptumRx Prior Authorization P&PS are updated in a way that affects how Prior Authorization staff need to perform their duties, written staff work instructions are updated accordingly, and the Prior Authorization Communications team sends notices to staff with direct links to the updated job aids. When needed, leadership staff holds team huddles to discuss the updates. OptumRx has communicated all updated instructions informed by the recommendation language to applicable staff as of 7/23/2020. Beginning May 2021, OptumRx Prior Authorization will conduct an annual refresher training for all staff who handle (or will handle) reviews needing to adhere to all applicable Rhode Island rules, regulations, and requirements.	
40.	United RI shall revise and maintain effective, independent oversight of Optum and OptumRX's policies and procedures, and its administration of United RI's utilization review programs, to ensure full compliance with state and federal laws. This oversight program shall include, at a minimum, the following: An oversight process to oversee the development and implementation of United RI's and United RI's delegated entities' (such as Optum and OptumRX) plan to correct the non-compliance documented in this Report; Identification and specification in the oversight program of how entities or departments to which United RI delegates any of its utilization review responsibilities (such as Optum and OptumRX) will be overseen in terms of regular oversight of relevant contracts, meaningful auditing of utilization review	United RI has revised its oversight program of Optum Behavioral Health and OptumRX's policies and procedures and administration of utilization review activities, to ensure full compliance with state and federal laws as well as MCE recommendations. Multiple improvements have been made to the oversight program since the time of the market conduct exam including: - Revisions to the utilization management delegation assessment tools, including updates to specifically address MCE recommendations. - Creation and implementation of Rhode Island specific delegation oversight policy, including oversight of sub-delegates that perform utilization management.	6/1/21

#	Recommendation	Response	Implementation Date
	activities and regular reporting to OHIC to ensure initial and continued compliance with each element of United RI's final Plan of Correction resulting from this Examination; Effective, oversight of any sub-delegate administering portions of the utilization review program; Submission of an oversight program as part of its proposed and final Plan of Correction; and Submission of periodic audit reports in form, content and frequency as determined by the Commissioner.	- Increased frequency of case reviews from annually to quarterly. For each quarterly review period, a relevant sample size of Rhode Island cases will be selected for review using the NCQA file sample methodology guidelines. - Quarterly review with United RI CEO of Rhode Island delegate oversight and corrective action results for Optum Behavioral Health, OptumRx and any associated sub-delegates. United RI will also provide periodic audit reports in form, content, and frequency as determined by the Commissioner.	
42.	United RI shall evaluate its performance in and compliance with the examination process. United RI shall issue a report of the steps it has taken since 2016 and the steps it recommends be taken to address the shortcomings set forth in the report's findings and to ensure prompt and effective compliance with future market conduct examinations. United RI shall submit this report to the Commissioner on or before the submission date for the proposed Plan of Correction.	United RI, OptumRx and Optum Behavioral Health (Optum) have evaluated their performance and compliance with the examination process, including addressing the observations noted in the report's findings to ensure prompt and effective compliance with future market conduct examinations. Since the time of the MCE exam standardized processes and procedures have been developed to ensure all market conduct exams are facilitated in a consistently accurate and efficient manner. The revised process includes: - Establishment of timelines and due dates to allow for quality checks prior to submission of data requests. - Simplification of the data request process to ensure a consistent approach is used during data request intake process, including confirmation of requested data and layouts. - Improvement to the methods used to obtain data to allow for consistent quality checks to be performed prior to submission. - Regulatory related activity is tracked and reported on a regular basis.	7/31/20