Utilization Review Training

Presentation FAQ

December 9, 2021

1. Will be able to download the slide show.
    a. Yes, it along with Ms. Horsley's narrative and the video recording of the call will be available on our website at insurance.ky.gov at the conclusion of the training.
2. When will the recording be available?
    a. The recording along with Ms. Horsley's narrative and a FAQ of the chat session will be available on our website as soon as possible after the training has been concluded.
3. Will any of this training apply to the staff actually completing UR Reviews?
    a. This training for the individuals within the UR entity that are responsible for producing the annual report. Anyone who needs to understand the requirements of the report should review the training.
4. Do you only want to see the Kentucky numbers or an overall total for the company?
    a. Only Kentucky numbers should be reported which would include any reviews completed for policies that were issued in Kentucky. If a policy was issued in another state those reviews should not be reported on the Kentucky report.
5. At the beginning it was stated that material changes must be submitted prior to implementation but no reference to how far in advance was mentioned. Is 30 days sufficient?
    a. All material changes must be submitted and approved by the Department prior to implementation of any changes. The Department's typical review for material changes is 30 to 45 days. The UR entity cannot begin using or implement the changes until they receive approval and notice of the approval from the Department.
6. If a PRA completes reviews for an insurer with both Fully Insured and Self-Funded clients are you looking for a separate report for each or just an overall report for PRA Insurer?
    a. If the UR entities clients are only Fully Insured or Non-ERISA Self-Funded, then one report would be appropriate. However, if the clients are Fully Insured and ERISA Self-Funded, then we would need separate reports as we do not have authority over the ERISA Self-Funded groups.
7. Where do you count partial approvals/denials? E.g., if partial number of days requested were approved?
    a. As outlined in footnote # 2 on the report form any reviews that are partially approved and partially denied should be reported in the Number of Requests Denied column, not both.
8. Could you repeat the recording of the Appeal Numbers?
    a. The Number of Internal Appeals columns should be based on the number of Denied requests Column. Example: Number of Reviews Denied = 20, and 5 of the denial requests were appealed, then report 5 in the Number of internal Appeals column and if 3 of those 5 were reversed on internal appeal the Number Reserved on Internal Appeal would be reported as 3. If there are appeals open at the end of the reporting period and an appeal of a previous year's denial is submitted after the end of the reporting period, this situation should be explained in the Report Memorandum.
9. Where on the insurance.ky.gov website can the presentation be found?
    a. The Presentation is not currently on the website but will be available after the conclusion of the training under Quick Links on our Home page and also under the Utilization Review page.

10. Is this the only report that needs to be submitted to the department by UR entities?
    a. This is the only requirement for a report for UR entities for the Utilization Review Branch; however, there may be other reporting requirements for registered or licensed entities with the Department such as NAIC required reporting. This would not fall under the UR Branch's responsibilities.
11. Will this PowerPoint be sent out to us?
    a. No – the presentation will not be sent to entities but will be available to download from our website insurance.ky.gov.
12. Are we filling in numbers now for ERISA Self-Funded plans? I only submitted with zeros before as we do not have commercial business.
    a. ERISA Self-Funded plans are not required to follow the Kentucky UR Program; so yes, the report should be submitted with all zeros with a note in the Report Memorandum that the UR entity's clients are only ERISA Self-Funded plans.
13. If we are not delegated for appeals and do not perform them, are we still expected to input the appeals numbers in the report?
    a. If the entity has not been delegated to perform the appeals, then they would need to indicate in the Report Memorandum that the UR entity's client is responsible for performing the appeals so that the Department can request from the client the appeal numbers for that reporting period.
14. We are not going to be performing UR Services for our client until 2022 - Will we need to submit a report for 2021 showing that no reviews were conducted?
    a. If your entity has a current UR Registration with a valid UR Registration Certificate, then a report is required regardless of whether services were provided or not. If the UR Registration application is in the review process and is not completed prior to the end of December, the UR entity would not be required to submit a report as they are technically not a registered UR entity.
15. Do we need to submit information for ERISA Self-funded plans?
    a. As stated previously ERISA Self-Funded plans are not required to follow the Kentucky UR Program so the report should be submitted with all zeros and noted in the Report Memorandum.
16. Are ERISA Self-Funded Plans required to have a PRA License in Kentucky?
    a. Pursuant to KRS 304.17A-605 requires any entity performing UR in Kentucky to be registered with the exception of Medicare/Medicare Advantage; therefore, yes, they would be required to be registered.
17. Are review numbers required for Medicaid clients? Or is it just required that we check the Medicaid entity box?
    a. Yes. The passage of Senate Bill 54 in 2019 required Medicaid to comply with KRS 304.17A-607 which is where the timeframes are outlined. Therefore, all Medicaid numbers should be reported on the report.
18. Can you please provide the definition of "material change"?
    a. A material change would be considered anything that is an actual change in a process the UR entity utilizes to perform UR services. Demographic changes as outlined on slide # 32.
19. So, to clarify, PRA Insurer should include Fully Insured and Self-Funded Non-ERISA together and then Self-Funded ERISA should be a separate report?
    a. Yes. Fully Insured and Non-ERISA Self-Funded plans reviews should be reported on a combined report and a separate report should be submitted for the ERISA Self-Funded plans.
20. So, for appeals, you want them reported based on completion date and not service date?

    a. The Appeals reported on the report should correspond to the Number of Denied Requests Column on the report. However, if the appeal is still in process at the end of the year or requested after the end of the reporting period those numbers should be explained in the Report Memorandum.
21. 100% of our clients are ERISA Self-Funded Plans. Do the KY timeframes apply to these clients?
    a. As stated previously ERISA Self-Funded Plans are not required to follow the Kentucky UR Program so our timeframes do not apply to ERISA Self-Funded plans.
22. How do organizations receive notification of changes in regulatory requirements related to utilization review? Does the department have a mailing list or issue memos?
    a. No, the Department does not notify entities of regulatory changes as it is the responsible of the registered entity to ensure they are complying with all laws and regulations. Our website contains links to the Kentucky Research Commission's laws and regulations pages. Companies can sign up for RegWatch which will provide updated information on regulations and law changes. The link to sign up will placed on our website Home page.
23. Good Afternoon, as an entity with no business in the state, would I indicate zeros as the numbers in all categories? I did not notice a check box option for "no business" for the year. Thank you.
    a. Yes. All registered entities must submit a report each year regardless of whether they performed any UR services during the reporting period and a note would need to be included in the Report Memorandum indicating same.
24. We are not delegated denials, but we do send to insurer as recommended adverse determinations. In the past we noted under Requests Denied" column the number of recommended adverse determinations and noted "not delegated denials, these requests were sent to insurer as a recommended adverse determination. Insurer responsible for final determination to certify or non-certify the request" Is this ok?
    a. As stated, the Advisory Opinion 2021-05 will address this type of arrangement, in that the Department considers these "recommendations" a utilization review decision and should be reported as a denial if it not approved.
25. Do we determine a review as "KY" by patient, provider, or plan?
    a. As stated earlier, the review would be determined by where the Plan was issued. If it was issued in Kentucky, then it would be reported on the annual report.
26. Can we combine the numbers for fully insured members and for non-ERISA self-funded groups?
    a. Yes, as stated earlier, Fully Insured and NON-ERISA Self-Funded groups can be reported on a combined report.
27. So, clarify, if our only client is self-fund ERISA plan, then all boxes would be completed with zeros?
    a. Yes, all boxes would be zeros for ERISA Self-Funded plans.
28. I thought you stated that you do NOT track self-funded ERISA groups. So, we would not have to file a report for those groups correct?
    a. As stated earlier, UR entities that perform reviews for ERISA Self-Funded Plans are required to be registered, so Yes, a report is still required to be submitted.
29. If pharmacy is contracted with the Dept of Medicaid services and is the single pharmacy benefit manager (PBM) for all MCOs would the UR completed by the PBM need to be reported on this form
    a. The PBM would be required to be registered as a PBM and a UR entity in Kentucky. The UR reviews that the UR entity performed should be reported on the Annual UR Report

form. However, PBMs are required to submit an Annual PBM Report form that is not related to the UR reviews.

30. Can you please send a follow up email regarding the Entity Questions? i.e., 1 report with PRA Insurer and PRA Self-Funded Non-ERISA. ERISA would not be included as that is out of scope?
    a. This FAQ will be available on our website under Utilization Review.
31. If Auth denial occurs in December 2021 and Appeal is made in Jan 2022, should we report the Appeal?
    a. The appeal should be reported as open on the Report Memorandum submitted with the 2021 report and reported as completed on the Report Memorandum submitted with the 2022 report.
32. If the PRA (us) has a delegate making decisions (for example for high tech imaging) on our behalf--do, we include the delegates numbers in the PRA numbers?
    a. Each UR Entity must report the UR services that they perform. In this scenario, if Company A delegates their Advanced Imaging to Company B then Company B would be required to report the UR reviews and Company A would not report them.
33. Please clarify if members are individuals with coverage under plans 'issued' in Kentucky and wouldn't include 'residents' covered under a plan issued in another state.
    a. The Kentucky UR report should reflect only reviews for plans issued in Kentucky.
34. So, for a recommended adverse determination and the plan has the ultimate responsibility for a determination, the HP is reporting those determinations on appeals. Do we report as well?
    a. As stated previously, "recommendations" are considered UR decisions and would be required to be reported by the UR entity, not the Health Plan. Most Health Plans in Kentucky do not hold a UR registration, but contract with a registered UR entity to provide the UR services.
35. I have a question about the timeframes grid in the new annual report. I understand you want data on the reviews that did not meet timeframes. KY SB 54 speaks of KY timeframes as "X" hrs/days "after obtaining all necessary information to make the UR decision". I just want to confirm that for the report, the clock really starts upon receipt of information, not receipt of request.
    a. The timeframes begin upon the UR entity receiving all necessary information as required by KRS 304.17A-607. Example: the UR review request is a complete request and received at 6:00 am on 12-7-2021 then the review must be completed no later than 5:59 am on 12-8-21 or it has failed to meet the timeframes for Urgent.
36. Do we have to have a Med Director licensed in KY or is an IRO acceptable?
    a. If the UR entity performs UR reviews for a Managed Care Plan, then yes, they are required to have a Kentucky Licensed Medical Director. The use of an IRO is not acceptable.
37. If a company does not perform denials, is a Medical Director need appointed
    a. As stated earlier, any "recommendation" is considered a UR decision and must be treated as such. All UR entities are required to have a Medical Director or Licensed Physician that supervises the clinical reviewers. Any Managed Care Plan decisions are required to be signed by a Kentucky Licensed Medical Director that has been appointed by the Health insurer.
38. If you do UR for self-funded ERISA plans only does med director have to have KY license?
    a. No. As stated earlier, ERISA Self-Funded Plans are not required to follow the Kentucky UR Program.
39. Does this apply to plans that are Not a MCO in the state but in their own resident state?

    a. The other state may have a requirement for how a denial is handled for their residents, that could include reporting that information to Kentucky. But normally, any non-Kentucky issued plan's reviews would not be reported on the Kentucky report.

40. The Alternate Medical Director doesn't ask for KY license number. Is the Alternate Medical Director required to have KY license?
    a. The reason for an Alternate Medical Director is to ensure that at least one of the medical directors hold a Kentucky license if they perform UR requests for Managed Care Plans.
41. Does the instate licensed MD need to have program oversight only or do they need to be the one actually issuing all of the denials?
    a. The Kentucky Licensed Medical Director is required to sign all denials for Managed Care Plans.
42. Will you have a training session on bookmarking?
    a. No, there are numerous software packages that can be utilized for creating a bookmarked PDF documents. The Branch will attempt to provide a simple "cheat sheet" in the future when we have finalized our "Shell Application". The Branch would recommend searching for tutorials or videos on creating bookmarks on the internet.
43. There is a reference to submitting a binder and a reference to pdf. Is either acceptable?
    a. The Branch no longer requires or accepts the application in a binder. It should be submitted electronically in a PDF document.
44. Please clarify, I though demographic changes, PO Box, telephone numbers, etc. didn't require filing. Only material changes had to be filed.
    a. Demographic changes MUST be filed; however, they do not require a filing fee. Demographic changes are required to be filed within 30 days of the change.
45. Am I understanding any Anthem physician rendering a denial must be licensed in KY?
    a. No. The requirement is that a Kentucky Licensed Medical Director must sign the denials for Managed Care Plans. Each UR entity is required to have a Medical Director that supervises the clinical reviewers; however, it does not have be a Kentucky Licensed physician unless they are a Managed Care Plan.
46. Back to the Annual UR Data report, do you have written documentation of definitions and what is considered in scope? Such as the two prescription drug rows.
    a. No, they are fairly self-explanatory. As to the prescription drug rows the information provided in these two rows would be identified in the plan documents for the members. Just as some plans require all specialty drugs to be obtained from a Specialty Pharmacy and require prior authorizations for all drugs filled by that Specialty Pharmacy. All other drugs would be reported in the other Prescription Row.
47. Would a self-funded non-ERISA plan have to have a KY Medical Director?
    a. Only if it was a Managed Care Plan.
48. What is the timeframe if you do not receive all information necessary to complete the denial? Most denials are due to lack of information.
    a. Currently, Kentucky law does not prescribe a specific timeframe for submitting additional requested information for reviews. However, I do believe there are standards in URAC and NCQA that the Department would accept.
49. For a PRA that performs UR for Medicaid plans only, you mentioned earlier that there were different timeframes. Is there a separate form to report this data that reflects the applicable timeframes?
    a. The differences in Medicaid versus Commercial are primarily in regard to Appeals and External Reviews. The passage of Senate Bill 54 in 2019 required Medicaid to comply with the timeframes outlined in KRS 304.17A-607.

50. Should retrospective authorization requests for outpatient surgery and hospital admissions be reported as "urgent' or "retrospective?"
    a. All retrospective reviews would be recorded under “Retrospective” regardless of the type of service provided.
51. When do you anticipate the special Q&A session for dental/vision PRAs?
    a. We hope to have a FAQ for Dental/Vision/Limited Health Benefit Plans within the next 30 days, and it will be available on our website.
52. Going back to the timeframe grid, if the service has been under an PA waiver and providers are submitting notification of services and not med necessary review requests should the notification be reported
    a. If a Prior Authorization requirement is waived for any reason, then it would not need to be reported as it would not have gone through the UR review process.
53. We do not perform external appeals for our client. External appeals are handed by them. We would need to still submit our clients P&P for external appeals.
    a. Yes, effective 1-1-22 if you have not been delegated a function by the health plan, then a copy of their policy related to External Reviews or Appeals would be required to be submitted with the UR entity’s registration application.
54. Can you please clarify that a change in Primary Reviewer contact is considered a demographic change?
    a. The Primary Contact for the UR Entity is considered a demographic change as well as if the listing of clinical reviewers changes and they both must be filed with the Department within 30 days of the changes.
55. so, the updated KY Annual Report form we are to use is the one dated 9/2020? or will it be updated with a 2022 date?
    a. The revised forms will all have the 9/2020 date, as stated we can only change the forms when they have gone through the legislative review process.
56. If our company issued the KY health plan and we fully delegate UR and Appeals are we required to submit that company's Policies, Procedures, and letters that is performing the fully delegated UR and Appeals?
    a. The delegated entity would be required to be a registered UR entity and would be required to submit all appropriate policies, procedures, and letters to become registered.
57. Can you please clarify that when a UR entity is not delegated for internal appeals or external appeals, we must obtain the clients applicable policies and submit these with the UR application?
    a. Yes, if the UR entity has not been delegated for internal appeals, they must provide their client’s applicable policies, procedures, and letters along with the UR entity’s registration application.
58. Is your UR initial application and renewal application one in the same?
    a. Yes, the initial and renewal application is the same form. Each renewal of a UR registration must be a complete resubmission of the entire application with appropriate documentation.
59. If we do not have a medical director licensed in Kentucky, would a Kentucky physician that works for MRIoA or other vendor that completes reviews for us, be listed as an alternate.
    a. No, you must have contract with a specific Kentucky licensed medical director that will sign the denial letters for Managed Care Plans.
60. Will recently submitted applications pending be required to be amended to comply with the requirement to supply internal and external appeals from clients?

a. Any currently active UR entities will not be required to make changes to their registration application based on Advisory Opinion until they renew.
b. If the UR entity's registration is expiring after 1-1-22, then yes, they would need to make the changes in their registration application submission. Currently, staff are working on issues with the UR entities that have renewal applications under review.

61. Where can I find the UR report and when it is due?
    a. The report is on our website, insurance.ky.gov and is due no later than 3-31 of each year for the preceding calendar year.
62. Medicare Advantage UR entity does not need to file the UR report is that correct?
    a. Yes Medicare/Medicare Advantage is specifically excluded from the Kentucky UR Program as outlined in KRS 304.17A-605(3).