	Compliance Department eviCore - Utilization Management - UM 0115		
Subject: Quality Review and Utilization Management Staff Performance Evaluations	Issue Date: 02/24/2003 Last Revision Date: 10/11/2023	QMC Review: 03/31/2023 Last Approved: 10/13/2023	# of Pages Page 1 of 5

Supersedes: Previously named *Physician Quality Review*

I. Description:

The purpose of the Quality Review and Utilization Management (UM) Staff Performance Evaluation policy is to improve job performance and foster career development. Employee evaluations are an appraisal based on the expectations outlined below. Evaluation of employee performance will aid in recognition of excellence and encourage individual improvement when needed.

II. Policy/Criteria:

To ensure that there is an ongoing quality review of the performance of utilization review activities conducted by Nonclinical and licensed Clinical staff performing case review or clinical peer review and that utilization management staff administer the clinical certification programs in accordance with written procedures, established performance standards, and customer requirements.

III. Responsibility:

eviCore Chief Medical Officer, Associate Chief Medical Officers, Executive Medical Directors, Senior Medical Directors, Director of Quality Assurance, Clinical and Nonclinical Auditing Manager, Trainers, Managers, designated Quality Assurance Auditing staff, and the Verint Support staff.

IV. Definitions

eviCore healthcare (eviCore) maintains a formal training and assessment program for utilization management staff that includes initial training, regular monitoring, periodic staff assessment via quality review, annual performance appraisal, and a review of relevant documentation produced by individual staff members.

Staff assessment is specific to the level of decision-making and/or job function of the individual. Results are included as part of the annual evaluation process and used to identify opportunities for improvement. Additional standards may be set and monitored by the Supervisor for staff performing specialty tasks not addressed in this policy.

Routine audits are quality audits performed by the Automated Quality Management (AQM) application to monitor customer service elements.

Focused audits are quality audits performed by the Quality Assurance team to look at items such as process, case decision accuracy, guideline usage, and documentation. Other areas of audit may be determined with information resulting from focused audits and in collaboration with clinical and nonclinical leadership.

The monthly routine quality audit (AQM) average score goal is 95%. Any monthly routine quality audit average score of less than 95% will result in feedback to the individual and possible corrective action for the individual or the group.

Nonclinical staff use focused audits to audit the functions and performance of nonclinical staff. The overall audit average score goal is 95%.

Licensed healthcare professionals use focused audits to audit clinical functions. Under the quality review of clinicians, the overall audit average score goal is 99%, which is inclusive of the clinical decision accuracy, and guideline (CDA) audit, which has an average score goal of 99%.

Audit results are communicated to the staff on an individual basis. Aggregated results are reported to the Quality Management Committee (QMC) with any recommended action plan to assure quality and consistency in the department. Results are trended and any identified issues will become a basis for further staff training.

V. Process:

1. ROUTINE AUDITS (AQM)

Nonclinical agents and clinicians will be reviewed on customer service elements to show they are effectively communicating information to eviCore customers. Individual performance is regularly evaluated in accordance with the following standards:

A. Goals

Upon completion of training and orientation, an eviCore employee will:

- Possess a thorough knowledge of the clinical certification/notification requirements
- Possess a basic understanding of the prior authorization process using the eviCore healthcare website
- Demonstrates understanding of regulatory requirements, customer service, and performance standards through telephone and data review audits
- Appropriately, route calls to other areas of the business
- Appropriately provide information regarding the utilization review process.

B. Standards

- Passing score/standard for audits is 95% or better on regularly scheduled quality audits

C. Quality Review:

- Each employee will be evaluated for customer service elements which include:
 - Thanking the caller
 - Advising the caller the call is being recorded (outbound calls)
 - Using ownership language
 - Offering additional assistance
 - Employee identification
 - Using confident language
 - Understanding the caller's needs
 - Using polite phrases
 - Avoiding negative comments about the Health Plan, Company, System, etc.
 - Avoiding jargon/slang/terms of endearment/escalation phrases
- Telephonic reviews: Calls are recorded and evaluated with Automated Quality Management (AQM) at nearly 100%
- If the AQM fails, the auditing staff will conduct 15 telephonic audits per quarter for the employees.
- Written reviews: Those who handle written reviews will have 15 audits conducted per quarter using the specific written guidelines for their job level/title.

- Additional reviews may be requested as needed.

2. ADDITIONAL AUDITS (FOCUSED AUDITS, CLIENT AUDITS, ETC.)

Additional audits may be requested to maintain oversight in all areas of the business. Standards that apply for education auditing and coaching differ by job title and/or specialty:

NON-CLINICAL STAFF

Nonclinical agents verify member eligibility, review requests for completeness of information, collect and transfer nonclinical data, and may acquire structured data for clinical certification requests that does not require evaluation or interpretation of clinical data. Initial screening may lead to an approval if the information collected matches the structured clinical questions. Nonclinical agents function under the supervision of licensed health professionals. Nonclinical agents also assist callers with starting cases using the Interactive Voice Recognition system, as well as, provide support to eviCore customers by answering questions, researching issues, and resolving problems related to the certification process. This includes knowing when and where to refer callers, understanding the appeals/reconsideration process, and being able to effectively communicate information to eviCore customers.

WRITTEN/FAX TEAM STAFF

Written/Fax Team Agents are nonclinical employees who provide support to eviCore customers by processing clinical certification requests for services from ordering practitioners and/or rendering providers, collecting demographic information and entering data via facsimile, web upload, or telephonically.

CONSUMER ENGAGEMENT STAFF

Consumer Engagement staff are nonclinical agents who collect data for the purpose of assisting a member with site selection at the completion of a medical necessity review. This process may include an outbound call to the member and conference call with a participating imaging facility.

PHYSICIAN SUPPORT UNIT

Physician Support Unit (PSU) staff are responsible for appropriately directing calls requesting Physician-to-Physician Approval/Notification.

CLINICAL REVIEW STAFF

Clinical Review Staff are responsible for clinical certification activities including telephonic and written requests for certification/notification of clinical services from referring provider offices and/or service centers, evaluation of those requests against established clinical protocols and approving services or referring the requests for expert medical review with a Clinical Peer Reviewer.

PHYSICIAN AND CLINICAL PEER REVIEW STAFF

Physician and Clinical Peer Review staff are responsible for review of cases sent for physician referral, documentation of the rationale for the decision, and peer-to-peer review of cases where any portion of requested services is not approved, as well as appeals of cases that are noncertified.

Quality Review Oversight for Clinicians:

- Clinical staff will receive Case Decision Accuracy and Guideline audits (CDA) to maintain clinical oversight. A minimum of 15 audits will be conducted quarterly.
- Other focused audits will be performed on customer service and process of operations.
- Additional reviews may be requested as needed.

The following standards will apply:

- a. Case decision accuracy will be judged by comparing the decision with the relevant accepted criteria, including the guideline policy as it pertains to the Medicare hierarchy of review, when applicable. Flexibility will be allowed if deviation from those standards is sufficiently documented and reasonable.
- b. If the Clinician's audit findings in the areas noted above fall below a 99% accuracy rate, a notification email is sent to that person to inform them of the completed review, and the supervisor is copied on the email for follow up.
- c. A coaching session will be conducted by the Team Lead and an action plan will be developed to address the specific issues identified. Follow up of findings will be at the discretion of the eviCore Chief Medical Officer or designee.

Follow up of findings will include:

- a. Counseling by the supervisor or designee regarding the nature of the deficiency.
- b. Additional audits after such counseling will be reviewed to assure that the deficiency has been corrected.
- c. Audit results and corrective actions will be documented in writing and will be considered part of the annual performance evaluation.
- d. Audit results are aggregated and reported quarterly to the Quality Management Committee for review.

Quality Review Oversight for Nonclinical Agents:

- Non-Clinical staff will receive Customer Service and Process focused audits. A minimum of 15 audits will be conducted quarterly.
- Additional reviews may be requested as needed.

The following standards will apply:

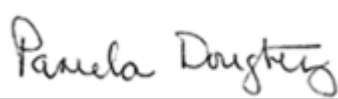
- a. If the Agent's audit findings in the areas noted above fall below a 95% overall audit average, a notification email is sent to that person to inform them of the completed review and the supervisor is copied on the email for follow up.
- b. A coaching session will be conducted by the Team Lead/Supervisor and an action plan will be developed to address the specific issues identified. Follow up of findings will be at the discretion of the eviCore Non-Clinical leadership team or designee.

Follow up of findings will include:

- a. Counseling by the supervisor or designee regarding the nature of the deficiency.
- b. Additional audits after such counseling will be reviewed to assure that the deficiency has been corrected.
- c. Audit results and corrective actions will be documented in writing and will be considered part of the annual performance evaluation.
- d. Audit results are aggregated and reported quarterly to the Quality Management Committee for review.

Revision Dates

10/11/2023 - Quality Review Oversight for Clinicians section revised; added language addressing Medicare hierarchy
03/03/2023
02/08/2023
12/05/2022
01/31/2022
01/13/2021



Approved by: _____
eviCore healthcare Compliance Officer

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