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**Utilization Review
Annual Summary**

Utilization review annual summary for 2004.

Due on June 30 for previous calendar year. FOR 2003 ONLY: DUE ON JULY 31, 2003

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: Great-West Healthcare of Oregon, Inc. Filing date: June 28, 2005
2. Company address: 121 S.W. Morrison Street, Suite 475
City, state, ZIP: Portland, OR 97204
3. Company Web site: http://www.mygreatwest.com
4. Name, e-mail address, and phone number of the person completing this form:
Robert A. Allen, MD, robert.allen@gwl.com, 818-539-9000
Maricel Del Rosario, RN, mariceldelrosario@gwl.com, 818-539-9041
5. Name, title, and department of manager responsible for oversight of utilization review:
Robert A. Allen, MD, VP Medical Management, Great-West Healthcare of Oregon, Inc.
Maricel Del Rosario, RN, Director of Care Management, Great-West Healthcare of Oregon, Inc.

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

6. Time frame for making utilization review decisions:

**Preservice prospective reviews: Urgent
72 hours, non-urgent 15 days from
completed request.**

**Concurrent reviews: Urgent 24 hours
unless within 24 hours of expiration of
certification, then 72 hours; non-urgent
15 days from completed request.**

Target:

**Retrospective reviews: Urgent/non-
urgent within 30 days of completed
request.**

**Appeal: Expedited within 72 hours,
non-urgent within 15 days, retrospective
within 30 days of completed request.**

Actual (average): **97%**

Utilization Management Process and Time Frames

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 8/14/03

Date Revised: 10/30/97; 10/2/98; 1/7/99; 1/21/99; 2/15/99; 12/18/00; 04/01/02; 11/25/02; 8/07/03; 02/18/04; 03/16/04

NOTIFICATION OF UTILIZATION MANAGEMENT

DETERMINATION GRID

Retrospective Review

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 01/05/04

Date Revised: 9/98; 1/7/99; 1/21/99; 11/29/00; 11/21/02; 12/06/03

Assessment of Compliance of Physician Review Process

Date Issued: 9/4/03

Date Reviewed: 9/16/03; 1/5/04

Date Revised: 9/16/03; 12/1/03

Retrospective Review

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 01/05/04

Date Revised: 9/98; 1/7/99; 1/21/99; 11/29/00; 11/21/02; 12/06/03

Evaluation of Compliance of the Care Management Staff with the Care Management Processes

Date Issued: 6/10/97

Date Reviewed: 5/25/00;1/5/01;01/20/03;01/5/04; 04/13/05

Date Revised:

9/9/98;1/28/99;12/11/00;01/16/03;1/26/04,1/20/05, 4/7/05

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

7. Specify minimum qualifications for those who make first-level utilization-review decisions:

Fully credentialed, licensed nurses (RN), mental health staff (LCSW, MSW), and board certified/state licensed, physicians

Subject: License Requirements for Utilization Management Staff (Non-Physician)

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 01/05/04

Date Revised: 1/24/99; 11/9/00; 12/02/02; 04/17/04

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

Physician Reviewer, Minimum Requirements

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 8/14/03; 1/5/04

Date Revised: 1/24/99; 11/14/00; 12/02/02; 08/07/03; 01/05/04; 5/24/04

8. Specify minimum qualifications for those who make second-level utilization-review decisions:

Board certified, fully credentialed, licensed physician not reporting to the initial determinor.

Physician Reviewer, Minimum Requirements

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 8/14/03; 1/5/04

**Date Revised: 1/24/99; 11/14/00; 12/02/02; 8/07/03; 01/05/04;
5/24/04**

Training and Orientation, Physician Reviewers

Date Issued: 6/10/97

Date Reviewed: 05/25/00; 01/05/01; 12/02/02; 03/30/05

Date Revised: 1/24/99; 12/11/00; 12/02/02; 03/29/05

Training, URAC Standards for Physician Reviewers

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 1/5/04

Date Revised: 1/29/99; 12/8/00; 12/02/02; 8/07/03; 3/19/04

Medical Director Responsibilities and Availability

Date Issued: 8/14/03

Date Reviewed: 10/03/03; 01/05/04

Date Revised: 10/03/03; 08/23/04

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

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

No

Yes

At which level(s)?

Second level appeal, external provider review process.

Physician Reviewer, Minimum Requirements

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 8/14/03; 1/5/04

**Date Revised: 1/24/99; 11/14/00; 12/02/02; 8/07/03; 01/05/04;
5/24/04;**

**Conflict of Interest within the Utilization Management
Process**

Date Issued: 1/6/03

Date Reviewed: 1/13/03; 1/5/04

Date Revised: 12/1/03

Physician Review Process

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 01/05/04

Date Revised: 1/26/99; 2/24/99; 12/4/00; 12/02/02; 08/23/04

**Conflict of Interest within the Utilization Management
Process**

Date Issued: 01/06/03

Date Reviewed: 1/13/03; 1/5/04

Date Revised: 01/06/03

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

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

Milliman USA, Hayes Inc., peer-reviewed published literature and scientific medical evidence, national clinical guidelines as issued by clinical specialty societies, and other reputable sources such as NIH, CDC and CMS.

Clinical Criteria as Basis for Utilization Management Determinations

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 01/05/04

Date Revised: 1/7/98; 1/20/99; 11/9/00; 12/02/02; 03/27/04

Evaluation of Compliance of the Care Management Staff with the Care Management Processes

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 01/20/03; 01/5/04; 04/13/05

Date Revised: 9/9/98; 1/28/99; 12/11/00, 01/16/03; 1/26/04; 1/20/05; 4/7/05

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

Physician Review Process

Dated Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02

Date Revised: 1/26/99; 2/24/99; 12/4/00; 12/02/02

Assessment of Compliance of Physician Review Process

Date Issued: 09/04/03

Date Reviewed: 09/16/03; 1/5/04

Date Revised: 09/16/03; 12/1/03



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

All criteria is initially reviewed prior to implementation and then reviewed annually by the Health Technology Assessment and Clinical Policy team and then approved by the National Medical Director Council. Although external criteria are preferred, if any criteria are developed within the organization, it is done by the Health Technology Assessment and Clinical Policy team under the direction of the Vice President and Medical Director Health Technology Assessment and Clinical Policy using clinical documentation as supported by recognized clinical resources such as the AMA, ACOG, or validated clinical journals and other such sources and then sent for review/approval by the National Medical Director Council.

2004 UM/QM Program Documents

Administrative Policy and Procedure Development and Maintenance for Utilization Management

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

Date Issued: 01/03/03

Date Reviewed: 1/05/04

Date Revised: 01/03/03; 3/18/04

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

Ongoing evaluation of external nationally recognized clinical practice guidelines, published peer-reviewed literature, and scientific medical literature occurs within the Health Technology Assessment and Clinical Policy unit. In addition, tracking and trending of external review determinations and treatment precedents occurs on an ongoing basis to capture any changes in the standard of practice for a particular procedure or treatment of a disease.

2004 UM/QM Program Documents

Administrative Policy and Procedure Development and Maintenance for Utilization Management

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

Date Issued: 01/03/03

Date Reviewed: 1/05/04

Date Revised: 01/03/03; 3/18/04

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

Changes in plan coverage are communicated through plan documents at the time of enrollment. In addition, the enrollees have ongoing access to current information regarding policies, procedures, benefits, and coverage through the enrollee web portal for Great-West Healthcare. Enrollees can also access the "One on One" newsletter, which provides pertinent health plan information. All determinations clearly outline utilization-review criteria and a copy of the criteria used for any determination is available upon request from Great-West Healthcare.

URL, or the publication title, date, and page: <http://www.www.greatwesthealthcare.com>

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

All providers receive an updated provider handbook with information regarding health plan coverage criteria, policies, and procedures. Updates in health plan policy are also available through the Great-West Healthcare web portal. In addition, each provider is entitled have a copy and access to the most current, specific UM criteria and rationale related to any inquiry or request.

<http://www.www.greatwesthealthcare.com>

Notification of Utilization Management (UM) Determinations

Date Issued: 6/10/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 8/14/03; 1/5/04; 04/13/05

Date Revised: 9/8/98; 1/2/98; 1/20/99; 11/15/00; 11/21/02; 8/07/03; 12/1/03, 10/27/04; 02/14/05; 04/12/05

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

Administrative Policy and Procedure Development and Maintenance for Utilization Management

Date Issued: 1/03/03

Date Reviewed: 1/05/04

Date Revised: 11/20/03; 3/18/04

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

No Yes Specify:

Regular audits of reviews performed by physicians and nurses would include how the criteria was applied to a specific patient situation or review.

Administrative Policy and Procedure Development and Maintenance for Utilization Management

Date Issued: 1/03/03

Date Reviewed: 1/05/04

Date Revised: 11/20/03; 3/18/04

Evaluation of Compliance of the Care Management Staff with the Care Management Processes

Date Issued: 6/10/97

Date Reviewed: 5/25/00;1/5/01;01/20/03;01/5/04; 04/13/05

Date Revised: 9/9/98; 1/28/99; 12/11/00; 1/16/03; 1/26/04; 1/20/05; 4/7/05

Physician Review Tracking - CART UM Module

Date Issued: 04/01/01

Date Reviewed: 4/01/01; 12/02/02, 01/05/04

Date Revised: 8/18/01; 12/02/02; 12/21/03; 03/17/04

Audit: Assessment of Compliance of Physician Review Process

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

Date Issued: 9/4/03

Date Reviewed: 9/16/03; 1/5/04

Date Revised: 9/16/03; 12/1/03

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

No Yes Specify:

Oncology treatment for initial medical necessity determinations are performed by Quality Oncology, final determination and appeal determinations remain within the health plan. Complex tertiary neonatal intensive care unit concurrent review cases are reviewed by Paradigm for medical necessity, final determination and appeal determinations remain within the health plan.

Delegation, Utilization Management

Date Issued: 7/14/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 07/07/03, 1/5/04

Date Revised: 3/29/99; 11/9/00; 12/02/02; 07/03/03, 11/24/03

2004 UM/QM Program Documents

Administrative Policy and Procedure Development and Maintenance for Utilization Management

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

Date Issued: 01/03/03

Date Reviewed: 1/05/04

Date Revised: 01/03/03; 3/18/04

Safeguards for Handling Confidential and Proprietary Information

Date Issued: 01/14/04

Date Reviewed: 1/14/04; 7/30/04

Date Revised: 01/14/04

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

No Yes Specify:

Great-West Healthcare of Oregon, Inc. and Great-West Life & Annuity Insurance Company are committed to the following oversight activities: To monitor, evaluate, and ensure that all utilization management activities delegated to an entity meet the standards set by Great-West Life & Annuity Insurance Company, URAC, and any other governing agency; to ensure that enrollees receive equitable access to care and services across the network, benefits are administered consistently, and denials and appeals are properly adjudicated; and to monitor for and prevent potential over and under utilization of services.

Delegation, Utilization Management

Date Issued: 7/14/97

Date Reviewed: 5/25/00; 1/5/01; 12/02/02; 07/07/03, 1/5/04

Date Revised: 3/29/99; 11/9/00; 12/02/02; 07/03/03, 11/24/03

2004 UM/QM Program Documents

Administrative Policy and Procedure Development and Maintenance for Utilization Management

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

Date Issued: 01/03/03

Date Reviewed: 1/05/04

Date Revised: 01/03/03; 3/18/04

Conflict of Interest within the Utilization Management Process

Date Issued: 1/6/03

Date Reviewed: 1/13/03; 1/5/04

Date Revised: 12/1/03
