



WPS ASO

# Utilization Management

## High-quality, appropriate care at a great value

The goal of WPS' Utilization Management (UM) program is to ensure customers receive appropriate care of the highest quality, and customers and groups receive the most value. Our team of specialists serves as a trusted partner to employers and customers, assisting them in navigating the complex health care system.

## WPS Utilization Management highlights

The primary goal of the UM program is to promote appropriate utilization of medical services and plan resources as well as oversee the quality of care delivered. While others focus on high-risk customers, WPS works with high- and low-risk customers to help prevent major health incidents. Customers have access to a team of doctors, nurses, and health coaches to help improve their health.

WPS UM employs a rigorous framework and structured programs designed to:

- » Continually monitor and evaluate the delivery of health care services to our customers.
- » Ensure that customers are receiving appropriate care at high quality.
- » Improve clinical outcomes.
- » Improve practitioner and customer satisfaction.
- » Meet and exceed quality standards established by the Utilization Review Accreditation Commission (URAC).
- » Exceed URAC standards for turnaround time for decisions to enhance the customer and provider experience.

Our framework and guidelines are developed with careful research to ensure evidence-based health care management and guide customers to care that studies have shown is effective for their condition. We review care requests when appropriate to ensure the service meets the standard and quality of care appropriate for a customer's condition. This eliminates unnecessary or duplicate procedures, lets the customer know what is covered, and helps guide the customer to the highest-value location and setting for care delivery.

Our UM processes include:

- » **Prior authorizations** for selected tests, procedures, imaging, and other services to ensure care is medically necessary and is covered. This helps prevent unnecessary or duplicate procedures and costly services that may not be covered. Care requests are reviewed with physician support to determine medical necessity and coverage. Prior authorization helps prevent overuse and manages customer health (exposure to unnecessary radiation) and costs. Prior authorization is a valuable tool in determining whether hospital stays are medically necessary, the right length of stay, and are covered, which can reduce unnecessary and lengthy hospital stays.
- » **Concurrent reviews** that determine necessity of ongoing care, such as tests and procedures during a hospital stay.
- » **Discharge planning** to support transition of care from inpatient hospital care to nursing facilities or home health services, as appropriate.

UM processes are based on specific evidence-based criteria and are referred to a Medical Director when appropriate. The Medical Director can evaluate the prior authorization and conduct a peer-to-peer consultation with the ordering physician.

## Customers benefit from Utilization Management services

Our UM program provides customers and groups with several benefits:

- » **Ensuring appropriate, high-quality care:** We review to eliminate unnecessary procedures, protecting the health of our customers. With our progressive care guidance based on scientific evidence, we direct customers to what generally accepted medical evidence supports to be the most effective care for their conditions.
- » **Guidance to highest-value care:** With evidence-based decision-making, customers are guided to effective care intended to avoid more costly services and procedures, reducing wasteful spending.
- » **Peace of mind for each customer:** We take the time to work with each customer so that there is a clear understanding of what will and will not be covered, and that customers clearly understand their care options.
- » **Faster, flexible decision-making:** Our UM programs adapt to customer and provider needs by accepting real-time clinical data over the phone as necessary, which can shorten the timelines for customers to receive care.
  - WPS average turnaround time for 2023 is 1.4 days, compared to the URAC standard of 15 days.
  - For interventional pain management, we have improved turnaround times—0.7 days for 2023.
- » **Accessibility and higher touch:**
  - Our customers are able to talk to the nurses making the decisions on their care and be educated on those decisions. The accessibility of our program allows customers to make informed choices about their care.
  - We understand our customers can get stuck in the middle, so we make the calls for them. Our approach facilitates customer interactions with providers and helps them navigate confusing options.
- » **Established provider relationships:** Being Wisconsin-based and supporting Wisconsin and the surrounding area, we know our providers. Our nurses work with our Wisconsin providers every day and have established good working relationships these providers, which helps enable faster and better decisions for our customers.

## Oncological Services

In addition, we have specialized UM programs. One of our specialized UM programs is Oncology. WPS has partnered with eviCore.

### » Oncology

#### eviCore

eviCore provides physician-directed, comprehensive oncology management—including chemotherapy, supportive care, genetic testing, and radiation oncology. All treatment plans are reviewed and there is intervention when appropriate. We want to ensure patients get the most appropriate and cost-effective treatments based on their cancer diagnosis while minimizing waste.

### Highlights

- » **Appropriate and cost-effective treatment:** Reviewers use the latest National Comprehensive Cancer Network (NCCN) guidelines and other evidence-based guidelines to review therapy to ensure alignment with current best prescribing practices. They work with oncology providers to maximize the value of the approved treatment while minimizing unnecessary/unproven/experimental treatments. eviCore recommends lower-cost treatments when appropriate.
- » **Holistic plan evaluation:** eviCore reviewers evaluate the entire treatment plan holistically rather than for individual drugs in isolation. As a result, only one prior authorization request must be submitted instead of one for each drug in the treatment plan. This often simplifies and shortens the process for customers and providers.
- » **Medical professionals on staff:** On-staff radiologists and oncologists conduct the reviews. Because cancer treatments evolve rapidly, reviews by our highly skilled practitioners using current knowledge and the latest evidence-based guidelines help customers get effective care.





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