Utilization Review

Better Care, Lower Medical Costs

Medical professionals throughout the health care industry tend to favor the opinions of their peers — doctor to doctor, nurse to nurse, technician to technician. That’s why Paladin Utilization Review (UR) uses Paladin physicians to review medical treatment plans, despite the industry practice of nurse-conducted URs. We know from experience that when a Paladin physician calls a treating physician to discuss a concern, they are likely to collaborate and quickly arrive at a decision.

The peer-to-peer credibility, clinical experience, and collaborative approach of our UR physicians have resulted in faster decisions, lower medical costs, and a higher level of overall care. We have also integrated our utilization and bill review processes to ensure that clients pay only for approved medical services.

MEETING TOUGH ACCREDITATION STANDARDS

Paladin strives to meet the jurisdictional requirements of many states, with certifications already in hand for California, Texas, Kentucky, Nevada, South Carolina, and Tennessee.

ACIEVING BETTER RESULTS FOR OUR CLIENTS

As with all Paladin services, the medical expertise of doctors can significantly improve the results we achieve for our clients:

- Utilization reviews save $13.11, or 1,311 percent, for every $1 spent by clients.
- Only 4.3 percent of utilization reviews changed or denied by Paladin physicians are appealed.
- Only 2 percent of these referral decisions are overturned.

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1 Research conducted July 1, 2014, through June 30, 2015, by Paladin Managed Care Services, a subsidiary of Enstar Group Limited. The research compared Paladin’s utilization review results for Paladin clients to those produced by the same clients’ previous managed care service providers. Results may vary depending on the circumstance of each client.
HOW UTILIZATION REVIEW WORKS AT PALADIN

**Step 1:** The claims examiner (or treating physician in states that require URs) refers the medical treatment plan to Paladin.

**Step 2:** Paladin’s UR coordinator reviews the claim to verify that we have the required information. Coordinators are trained to know what type of back-up documentation and medical records are needed to process the UR.

**Step 3:** The coordinator enters the information in our UR system and assigns the review to the appropriate physician based on his or her area of expertise. The system automatically forwards the assignment to the physician.

**Step 4:** The physician evaluates the proposed treatment, verifies that the recommendations conform to state UR guidelines, and renders a decision. In many cases, the doctor will also call the treating physician to learn more about the patient, discuss specific procedures, and/or recommend alternatives.

**Step 5:** The UR decision moves into Paladin’s quality assurance process to confirm that state guidelines have been applied and that documentation is in order.

**Step 6:** Written results go to all stakeholders, including the claims examiner, treating physician, and patient (as well as the attorney, if one is involved). Since Paladin UR physicians have direct access to treating physicians, the entire process takes less than 24 hours, on average.²

CONTACT PALADIN MANAGED CARE SERVICES TODAY

Paladin is setting the industry standard for managed care services by involving physicians in every service. This unique approach incorporates the medical expertise of physicians at the level where it can do the most good — for our client, the patient, and the policyholder paying the premium. Our full set of physician-guided managed care services covers Clinical and standard Medical Bill Review, Case Management, Rx Utilization Management, Physician Guide, Utilization Review, and Claims Analysis.

**To learn more,** call us at 800.559.5556, email us at info@paladinmc.com, or visit us at www.paladinmc.com.

² Based on Paladin utilization review turnaround times for 2014-15.