

What We Do

- Manage the prescription in the context of the patient's medical condition and history
- Validate that the drug will promote the patient's healing
- Verify that the time period for the prescription aligns with the patient's need
- Approve the prescribed dosage and frequency of use
- Determine if further assessment is needed through Paladin's Claims Analysis service

Rx Utilization Management

Expert Oversight, Lower Medical Costs

Accident victims often require pain-reducing drugs that need to be managed very carefully. Not only can inappropriate or overprescribed drugs harm the patient, they can also send medical costs through the roof.

Through Paladin's Rx Utilization Management service, we work with leading pharmacy benefit management programs (PBMs) and incorporate the expertise of a Paladin physician. Our physicians evaluate prescriptions for potentially harmful drugs, including Class II and III narcotics, experimental requests, and prescriptions that have been flagged by proprietary triggers. By evaluating the diagnosis, reviewing medical progress, and (when possible) consulting with the prescribing physician, Paladin physicians can focus on supporting claim objectives, while ensuring that patients receive the right medication.

HOW RX UTILIZATION MANAGEMENT WORKS AT PALADIN

Step 1: The patient presents the prescription to his or her local pharmacy.

Step 2: The pharmacy confirms that the prescription is covered under the PBM with which Paladin partners.

Step 3: Paladin's process enables the claims examiner or case manager to approve the medication, while verifying that it meets its basic criteria, Paladin guidelines for controlled substances, and protocol for drugs that are subject to abuse or overprescription. Automated triggers flag such things as an unusually long prescription timeframe, whether or not the patient has tried to fill it at multiple pharmacies, and other factors that may indicate a problem.

Step 4: If the system triggers an alert, the Paladin physician receives and reviews the pharmaceutical history and makes any necessary follow-up phone calls.

Step 5: If the Paladin physician finds cause for concern, he or she contacts the treating physician to discuss the issue and, when appropriate, proposes an alternative drug.

The turnaround time for Paladin's Rx Utilization Management service ranges from four hours to no more than one business day, roughly the time it takes to fill a prescription.

As part of the service, Paladin also initiates monthly conference calls with the client and PBM to bring to light cases of concern. Worrisome cases might be triggered by high morphine equivalent dosage (MED) levels; suspicious results of urine drug screenings; overuse of other medications of interest; and/or issues concerning the prescribing or treating physicians.

THE RIGHT MEDICINE AT THE RIGHT COST FOR THE PATIENT'S WELL-BEING

Paladin physicians, prescribing physicians, and pharmacy benefit management programs collaborate to control medical costs by:

- Ensuring that patients receive the appropriate level of drug therapy for their pain
- Minimizing the potential for chronic use and addiction
- Promoting the patient's speedy recovery

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.

What We Do

- Assign physicians to all utilization reviews, including initial, ongoing, and follow-up care
- Emphasize collaboration with treating physicians to ensure the most appropriate treatment for the patient
- Conduct peer reviews of physician recommendations, as necessary
- Integrate Paladin's medical bill review system to help ensure that only approved services are paid for

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.

ACHIEVING BETTER RESULTS FOR OUR CLIENTS

As with all Paladin services, the medical expertise of doctors can significantly improve the results we achieve for our clients¹:

- 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.

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

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