Comagine Health

Reimagining health care, together.



Comagine Health's **utilization management** program includes a comprehensive medical necessity review of health care services, equipment, supplies, therapies, procedures and treatments.

Our approach is based on guiding principles and values that include promoting optimal quality of health care services, supporting patient safety, engaging health care providers to find common ground related to treatment plans and recommending the right use of scarce health care resources. We also provide early screening of patients throughout the review process for real-time referrals to other programs such as case management and chronic care management services.

urac ACCREDITED Case Management Accreditation Expires: 10/01/2027

urac ACCREDITED Health Utilization Management Expires: 10/01/2027

Our Background

Comagine Health is a 501(c)(3), nonprofit organization dedicated to serving the public and advancing health care, often for the country's most vulnerable populations. We bring an objective, evidence-based and unbiased perspective to utilization management with a program that is fully accredited by URAC.

With more than 50 years of experience using nationally recognized standards, processes and procedures, Comagine Health provides utilization management services for state Medicaid agencies across the country, as well as self-funded health plans and workers' compensation funds.

Comagine Health is mission driven to help organizations improve the quality of health care delivery and health outcomes in a cost-effective manner.

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Utilization Management

At a national level, Comagine Health has assisted Medicaid agencies and other organizations in providing high-quality, medically necessary care using evidence-based clinical criteria and data analysis. Specifically, in the past five years for Medicaid agencies, we have completed nearly a million utilization management reviews and helped Medicaid save close to a half billion dollars in gross utilization management savings.

Our utilization management services include:

- Admission, pre-admission, pre-procedure, continued stay and retrospective medical reviews of inpatient services
- Reviews of outpatient surgical procedures, durable medical equipment (DME) and supplies
- Quality of care reviews, including fraud, waste and abuse
- Reconsiderations, appeals and fair hearing support
- Analysis and reporting on services rendered

Clinical Expertise

The multidisciplinary clinical reviewers that screen cases for medical necessity are registered nurses, social workers, physical and occupational therapists and other health care professionals with current, active and unrestricted licenses. Each of our reviewers has at least four years of clinical experience and at least two years of experience in utilization review, discharge planning, quality assurance, chart abstraction and/or case management.

We also have an extensive network of physician and dentist consultants who are available to serve as peer reviewers. The physicians in Comagine Health's network represent all 24 specialty boards recognized by the American Board of Medical Specialties. We have an organized credentialing process to ensure that each person conducting peer review is properly qualified to provide a clinical opinion of the medical condition, illness, injury, procedure or treatment under consideration.

Steps to Achieving Results

Comagine Health's utilization management program addresses all levels of inpatient health care to optimize outcomes. Our clinical reviewers monitor cases by reviewing health care services based on objective clinical criteria to ensure that patients receive the right care in the right setting at the right time. We follow the cases of patients who are in the hospital for extended periods of time with continued stay reviews until they are discharged.

The key steps involved in the utilization management process are:

- Using established criteria and current evidence-based resources to evaluate medical necessity, length of stay and the level of care
- Making referrals for peer review when criteria are not met
- Assessing and addressing the adequacy of the discharge planning process
- Making referrals for other services when appropriate
- Providing a written explanation and appeals process for a non-certified case
- Integration with the claims administrator through electronic interfaces

Extensive Reporting Capabilities

Comagine Health has comprehensive reporting capabilities and provides a reporting package for each client based on specific program and population need.

Our standard utilization reports comprehensively address areas such as:

- Review activity
- Summary of closed reviews
- Utilization analyses by diagnosis and procedure
- Analysis of lengthy hospital stays
- Utilization management program summary