



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF CORRECTIONS**  
**DIVISION OF MEDICAL AND FORENSIC**  
**SERVICES**

Helen E. Hanks  
Commissioner

Paula L. Mattis  
Director, Medical and  
Forensic Services

P.O. BOX 1806  
CONCORD, NH 03302-1806  
603-271-5563 FAX: 603-222-2333  
TDD Access: 1-800-735-2964  
[www.nh.gov/nhdoc](http://www.nh.gov/nhdoc)

**Utilization Management (UM) Process / Outpatient Referral Process**

Onsite and offsite Outpatient Referral Request are treated the same way.

1. The provider writes a referral request for either onsite or offsite outpatient services for the following service types:
  - a) Audiology
  - b) Cardiology
  - c) Cardiothoracic or Vascular Surgery
  - d) Clinic - Chronic Pain or Wound
  - e) Dermatology
  - f) Diagnostic Imaging or Services
  - g) Emergency Room
  - h) Endocrinology
  - i) ENT General
  - j) Gastroenterology or Hepatology
  - k) Hematology / Oncology
  - l) Infectious Disease
  - m) Nephrology
  - n) Neurology
  - o) Neurosurgery or Spine
  - p) OB / GYN
  - q) Ophthalmology
  - r) Orthopedics – General, Hand / Arm, or Rheumatology
  - s) Orthotics / Prosthetics
  - t) Plastic Surgery
  - u) Podiatry
  - v) Pulmonology
  - w) Sleep Study – Initial
  - x) Surgery General
  - y) Therapy – Physical, Occupational, or Speech
  - z) Urology

2. The provider selects the “offsite consult button” in Techcare.
3. The provider fills out the text for the service being requested, as well as painting a picture of the resident’s current healthcare status and need for the requested service.
4. The provider determines if the service is to be performed “onsite”, “offsite” or at the hospital level of care.
5. The provider should determine the following when making a request:
  - a. Is this requested service the appropriate intervention for this resident’s presenting illness?
  - b. Are there more conservative measures that should be tried first? Have all of the clinical guidelines and tools been referenced to determine timing of intervention?
  - c. Is it the appropriate time in the continuum of illness that the service must be done now?
    - i. Interval care is a security risk when the resident has to be out from behind the walls.
    - ii. Medical necessity being met is the directive by contract (UM Program) to make sure it is the right care at the right time in the right setting with anticipated positive results.
    - iii. Residents have a constitutional right to medically necessary healthcare.
6. The provider selects the level of urgency:
  - a. Urgent – turnaround time for determination within 3 business days.
  - b. Pre-approved – turnaround time for determination within 14 business days.
  - c. Routine - turnaround time for determination within 14 business days.
7. The UM Nurse receives the onsite or offsite request through the “Techcare UM Queue” and places a checkmark in the box selecting “Pending”.
8. The UM Nurse will review **all** onsite and offsite requests with the CMO, and the New Hampshire’s UM Nurse every Wednesday from 1-5 pm. The process will be updated as needed.
9. The Chief Medical Officer (CMO) will check daily on Urgent requests and will render a decision to either authorize, recommend an Alternative Treatment Plan (ATP) prior to auth of requested service or diagnostic, or request additional information be submitted so that a decision can be rendered.
  - a) If **approved**, the request is changed from pending status to approve. Techcare routes the request to medical records who begins the process of scheduling the requested service.
  - b) If an **ATP** is recommended, Techcare routes the request to the provider who follows the ATP and the requested service is moved to a cancelled request status.
  - c) If **additional information** is requested, Techcare routes the request to the provider who adds the additional information to the request. The provider places the request in the pending status to be reviewed again by the CMO and the UM nurse.

Rev. 3/25/22