medrisk | StrataCare

North Carolina

Preauthorization Program
2025 - 2026

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Program Goals

StrataCare Solutions, LLC (StrataCare) assists in the healthcare management of patients to ensure quality care in the appropriate setting. The goals of the UR Program are:

- To optimize health resource utilization through the pursuit of quality, medical necessity and cost- effective medical care.
- To provide a system to monitor the utilization of health resources within the appropriate continuum of care.
- The utilization review plan, including any appeal requirements, shall be conducted in accordance with URAC and state required standards or guidelines approved by the Medical director.
- StrataCare does not utilize artificial intelligence (AI) or machine learning (ML) medial software in our utilization review process.
- Compliant with 11 NCAC 23A.1001 Preauthorization for Medical Treatment.

To achieve these goals, StrataCare has developed and implemented systems for prospective, concurrent, and retrospective reviews for authorization of services based on medical necessity. These services are provided by nurses and physicians, experienced in Utilization Review.

Overview

This Plan communicates how StrataCare conducts utilization review in accordance with state laws and regulations. This Plan presents the policies, procedures, requirements and plan responsibilities of StrataCare and does not represent the policies, procedures, requirements and plan responsibilities of any other organization engaged in full or partial utilization review activities. StrataCare will share this plan where required by state law and/or governing state agency regulation.

Requests for utilization review are received telephonically, via facsimile, email, or mail. A currently licensed and board certified National Medical Director is responsible for the oversight and audit of the Utilization Review process.

An UR Nurse is responsible for the first level review of all medical information. If a treatment request fails to meet, or exceeds, stated treatment guidelines then the request is assigned to a Clinical Peer Reviewer (CPR). The UR Nurse may request appropriate additional information that is necessary to render a decision within allowed timeframes.

Any decision to deny, delay or modify a request for medical treatment will be conducted by a CPR who is competent to evaluate the specific clinical issues involved in the medical treatment services and where these services are within the scope of the physician's practice.

StrataCare utilizes nationally recognized treatment guidelines, in addition to state-mandated treatment guidelines, if any, to enact decisions regarding treatment and length of stay determinations.

StrataCare uses ODG unless treatment guidelines are not in ODG, then uses other nationally recognized treatment guidelines to determine medical necessity.

A determination is completed within the specific timeframes for the prospective, concurrent, or retrospective review performed. A written notification is sent to the requesting physician with a copy delivered to the injured worker and/or their representative and the carrier.

If the Peer Reviewer requires an oral peer to peer discussion with the injured worker's healthcare provider, he/she will adhere to the Oral Peer-to-Peer Communications Section of this plan.

The requesting physician or healthcare provider is afforded the opportunity to discuss the determination with the clinical review staff and, in the case of an adverse determination, may request a peer-to-peer discussion within two (2) business days after the issuance of an adverse determination or follow the appeals policy criteria.

Our internal appeals process affords the injured worker the opportunity to appeal decisions made by a CPR as well as meet regulatory timeframes and requirements.

StrataCare holds accreditation with URAC for Workers' Compensation Utilization Management. StrataCare follows the URAC accreditation standards; however, if the state in which we are providing services has stricter requirements, the strictest requirements are practiced.

Requirements

All requests for preauthorization by health care providers, claimant's attorneys, or unrepresented claimants, and all preauthorization determinations made by insurers on the preauthorization requests shall be submitted on Industrial Commission Form 25PR. The Preauthorization Agent is responsible for providing the preauthorization review (PR) claim number and for forwarding medical records, communications, and preauthorization review determinations to the proper entities upon receipt, unless the insurer's Preauthorization Plan designates and identifies another person to perform this requirement in accordance with 11 NCAC 23A.1001(k).

Pursuant to 11 NCAC 23A.1001(a), (i) and (k), this plan, a list of physician reviewers and the NCIC Form 25PR is available on our website at the following link, https://stratacare.com/regulatory-resources/.

Prospective Review

Prospective Review includes the initial review of outpatient care to determine the medical necessity and appropriateness of outpatient surgeries, drug utilization, procedures, medical services, diagnostics, and therapies, including physical, occupational, and chiropractic.

The UR Nurse (RN or LPN/LVN) will respond to non-urgent and urgent requests within the state recommended timeframes, as provided in the "Timeframes for Decisions" section of this plan, upon receipt of the NCIC Form 25PR, unless additional time is granted by the requesting provider, the injured worker, or the injured worker's attorney if represented. The time extension will not exceed seven (7) additional business days. Further, there may be circumstances where the Industrial Commission may grant additional time to make a determination.

Pre-admission review of any inpatient care includes review the medical necessity of facility admission/services, establishing optimal length of stay and/or review intervals and evaluating discharge planning needs.

All inpatient confinements, regardless of the type of facility, will be reviewed. These reviews may include acute medical, psychiatric, substance abuse, surgical admissions, extended care facilities, skilled nursing facilities, and rehabilitation facilities.

Concurrent Review

Concurrent review includes the review of ongoing medical treatment to assess a patient's condition during an inpatient stay; evaluate the progress and/or any changes in their medical treatment; and determine the need for continued treatment or length of stay.

A period of at least forty-eight (48) hours following an emergency admission, service, or procedure will be provided to the injured worker or the injured worker's representative to notify the utilization review agent and request certification or continuing treatment for the condition involved in the admission, service, or procedure.

The UR Nurse will respond to the non-expedited request within the state recommended timeframe, as provided in the "Timeframes for Decisions" section of this plan, once all the pertinent information is obtained from the provider. In the case of a concurrent emergency service/procedure, the UR Nurse will respond to the expedited request has soon as possible based on the clinical situation and in no case later than within the timeframe specified by the UR management team.

The frequency of the review is based on the injured worker's medical condition. The UR Nurse will inform the physician and the hospital of the certified length of stay and the next anticipated review. Typically, concurrent review will not be necessary earlier than 24 hours prior to the end of the certified length of stay.

The UR Nurse will notify the physician, the facility, and the injured worker by telephone or in writing within the state recommended timeframe when a determination is made by the Clinical Peer Reviewer not to certify continued length of stay and/or continuation of treatment. The written notification letter includes the reasons for the determination and the procedure to initiate an appeal.

Retrospective Review

Retrospective review is a request for the review of services that have already been performed. Examples of services include outpatient surgeries, drug utilization, procedures, medical services, diagnostics, and therapies, including physical, occupational, and chiropractic.

The retrospective review process is dependent upon jurisdictional requirements.

StrataCare's process for retrospective review follows our same procedures for initial and/or secondary review. A determination is made no later than the state recommended timeframe, as provided in the "Timeframes for Decisions" section of this plan, from receipt of all requested documentation.

The adjuster can initiate the retrospective review process, but all retrospective review requests should be channeled through the UR Nurse.

Failure to obtain prior certification for emergency health care services shall not be an acceptable basis for refusal to cover medical services provided to treat and stabilize an injured worker presenting for emergency health care services.

Initial Screening of Requests for Authorization

StrataCare utilizes non-clinical staff in the initial screening of requests for authorization (RFA). This initial screening does not require clinical judgement and does not result in a determination. The non- clinical staff does not evaluate or interpret clinical information; does not issue determinations; does assign RFA numbers via StrataUR.

All non-clinical staff that perform initial screenings are trained in all applicable clerical UM requirements and procedures and have access to licensed health professions for guidance as needed.

Non clinical UR staff review RFAs for completeness of information, including demographic information on the injured worker and requesting physician/facility and any other non-clinical data and the transfer of that data to a nurse for the next step in the review process.

Treatment Guidelines and Review Criteria

StrataCare utilizes evidence-based clinical treatment guidelines adopted by the state of jurisdiction as the primary source for guidelines and criteria. The state-mandated treatment guidelines and review criteria will be utilized when applicable.

If the state has not developed or adopted treatment guidelines and review criteria, StrataCare utilizes treatment guidelines that are based on current medical or scientific evidence where available, as well as widely accepted, consensus-driven standards of clinical practice.

These guidelines include, but are not limited to, the Official Disability Guidelines® (ODG®) and the American College of Occupational and Environmental Medicine guidelines (ACOEM).

StrataCare Utilization Management Program undergoes a review and update of their standards, procedures, and treatment guidelines annually. All nurses undergo training courses in the use of the treatment guidelines.

StrataCare's utilizes written screening criteria and established review procedures, which are periodically updated with appropriate involvement from health care providers. The state-mandated treatment guidelines and review criteria shall be solely utilized when applicable.

StrataCare provides a copy of the Clinical Peer Review Report with the adverse determination that discloses the criteria, guidelines and rational utilized to all parties involved.

First Level Review

Anyone may initiate the utilization review process as determined relevant by state law or regulation, or as determined by the workers' compensation insurer or claims administrator. Upon receipt of a treatment request (NCIC Form 25PR), the UR Nurse verifies that all pertinent information necessary to complete the review is available. This information includes identifying information about the injured worker, the treating healthcare provider and the facilities

rendering care. In addition, clinical information regarding the diagnosis and the medical history of the injured worker relevant to the diagnosis of the compensable injury, and the treatment plan prescribed by the treating health care provider should be available.

The UR Nurse determines if the requested treatment meets the treatment guidelines and, if so, certifies the request and notifies all parties. A determination is completed within the specific timeframes for the prospective, concurrent, or retrospective review performed. If the requested procedure/service does not meet stated treatment guidelines, the UR Nurse refers the request to a Clinical Peer Reviewer for the second level of review.

StrataCare nurses are not allowed to issue non-certifications as an outcome of a first level review. StrataCare does not issue non-certifications based on artificial intelligence and machine learning automated only determinations.

Lack of information

The UR Nurse will respond to the non-emergency request within two (2) business days of receipt of the NCIC Form 25PR, unless additional time is granted by the requesting provider, the injured worker, or the injured worker's attorney if represented. The time extension will not exceed seven (7) additional business days. Further, there may be circumstances where the Industrial Commission may grant additional time to make a determination

Second Level Review

If the requested medical treatment or service fails to meet treatment guidelines, a second level review is performed by a Clinical Peer Reviewer (CPR).

Any decision to deny or modify a request for medical treatment will be conducted by a physician or psychologist, who is competent to evaluate the specific clinical issues involved in the medical treatment and where the requested services are within the scope of their practice.

The CPR assigned to the case will review the documentation. Based upon the information provided by the requesting physician, either verbally or written, the clinical reviewer will make a determination in accordance with standards, treatment guidelines stated above, and/or based on medical necessity.

If the determination results in a certification of the service/treatment, the Clinical Peer Reviewer will notify the UR Nurse. The UR Nurse documents all the information in the treatment notes. A determination is completed within the specific timeframes for the prospective, concurrent, or retrospective review performed. A written notification is sent to the requesting physician with a copy delivered to the injured worker and/or their representative and the carrier.

If the review results in an adverse determination based on medical necessity and/or appropriateness, the principal reason for denial and the procedure to initiate an appeal will be included in the determination letter and sent to the required parties. The determination letter includes a toll-free number with which an injured worker, or injured worker representative and requesting provider may call to request a review of the determination or obtain further information regarding the right to appeal.

If the Clinical Peer Reviewer has issued an adverse determination and no peer-to-peer conversation has occurred. The requesting provider may contact StrataCare at the toll-free number within two (2) business days to discuss the adverse determination with the initial peer reviewer. If the initial peer reviewer is not available, another peer reviewer will be made available.

Oral Peer-to-Peer Communications

Per client protocols and pursuant of state regulations, the Peer reviewer may attempt to contact the ordering physician. He/she will make two attempts to speak directly to the requesting physician. The Physician reviewer will comply with NC 97-25.6(3):

The client or StrataCare may communicate with the injured worker's authorized health care provider by oral communication to obtain relevant medical information not contained in the injured worker's medical records, not available through written communication, and not otherwise available to the client or StrataCare, subject to the following:

a) The client or StrataCare must give the injured worker's prior notice of the purpose of the intended oral communication and an opportunity for the injured worker to participate in the oral communication at a mutually convenient time for the employer, injured worker, and health care provider.
b) The client or StrataCare shall provide the injured worker with a summary of the communication with the health care provider within 10 business days of any oral communication in which the injured worker did not participate.

Appeals Process

The right to appeal the determination is made available to the injured worker, the injured workers representative, or provider of record. The appeal process provides the mechanism to appeal an adverse determination made by a Clinical Peer Reviewer.

A Clinical Peer Reviewer in the same discipline as the provider of record, who was not involved in the original adverse determination or is not a subordinate of the initial reviewer will review the rationale and information from the original decision, consider new information that has become available since the initial decision, and contact the attending physician. The clinical peer reviewer will then make a final determination.

A determination is completed within the state recommended timeframe, as provided in the "Timeframes for Decisions" section of this plan.

If the Clinical Peer Reviewer agrees or upholds the initial adverse determination, the peer reviewer will notify the UR nurse. The UR nurse will notify the ordering physician and issue the determination.

If the Clinical Peer Reviewer overturns the adverse determination, he/she will provide the UR nurse with the determination and the rationale for reversing the adverse determination. If the Clinically Peer Reviewer has not verbally notified the requesting physician of the overturned determination, the UR nurse will notify the provider and proceed with certification of the requested procedure(s). The UR Nurse will send written notice of the approval to all involved parties.

Standard Appeals

The appeal of an adverse determination must be completed within the state recommended timeframe, as provided in the "Timeframes for Decisions" section of this plan, after the appeal is filed with StrataCare Utilization Review Department, or the adjuster, and all information necessary to complete the appeal is received.

Additionally, any party has the right to appeal a denial of a request with the Industrial Commission.

Expedited Appeals

When there is an ongoing service requiring review, or if the ordering physician deems the service requires an appeal in an expedited manner, such as in the case of an urgent or life-threatening situation, StrataCare will:

- Accept additional information from the attending physician or other ordering healthcare provider via the telephone, facsimile, or other means.
- Provide reasonable access to a Clinical Peer Reviewer for an expedited appeal.
- Determinations are rendered as soon as possible to all parties, within the state recommended timeframe, as provided in the "Timeframes for Decisions" section of this plan, after the initiation of the appeal process or within state or regulatory requirements.

Timeframes for Decisions [11 NCAC 23A.1001(g)]

Unless state law dictates otherwise, StrataCare follows URAC timeframes. The following timeframes are used specifically for North Carolina:

Initial Reviews	
Non-Urgent Prospective	Determination is issued within two (2) business days of receipt of the necessary information
Urgent Prospective	Determination is issued within seventy-two (72) hours of receipt of the necessary information.
Concurrent	Determination is issued within seventy-two (72) hours of receipt of the necessary information.
Urgent Concurrent	Determination is issued within two (2) business days of receipt of the necessary information.
Retrospective	Determination is issued within 30 calendar days of the request
Appeals	
Standard	Completed within seventy-two 72 hours of the initiation of the appeal process
Expedited	Completed within thirty (30) calendar days of the initiation of the appeal process.

Contents of Written Notifications

The determination for an admission, service, procedure, or extension of stay shall be generated, and include:

- The claimant's name, address, claim number, date of injury, date of requested service, procedure requested, name of provider or facility, and treatment identification number.
- The treatment(s) or service(s) requested.
- The date the decision was made.
- The guidelines/criteria used for the determination.
- The principal reason and/or clinical rationale for the determination.
- The clinical reviewer's signature, medical specialty, and professional state license number.
- The procedures to initiate an appeal of the determination and a toll-free telephone number.
- The timeframe to file an appeal for consideration.
- An RFA number that is a unique identifier for each request for certification

The contents of the written communication are written in plain language.

Personnel Qualifications and Type

National Medical Director

Dorian Kenleigh, MD, MPH, FACOEM, FIAIME serves as our National Medical Director. He received a BA in Asian Literature and Languages (Japanese), a BS in Bioengineering and a MS in Bioengineering from the University of Pittsburgh. He received an MD from University of Iowa and a Master of Public Health from the University of Washington.

From 2015 to 2020 he contributed to health initiatives with International Medical Relief and The Project to End Human Trafficking in Uganda where he assembled medical staff and materiel capacity leading to the construction of surgical/obstetrical centers. He also provided emergency medical services, and medical staff training.

Dr. Kenleigh also served as a physician and director at Signify Health from 2015 to 2020. He led development of in-home EMR systems and furthered development of the in-home assessment model for optimization of Medicare and Medicare Advantage reimbursement. . He also directed home health teams and care management across Indiana as a treating physician.

He served as a hospitalist at the University of Washington Medical Center (2021 -2022) during the COVID pandemic while completing fellowship training in Occupational and Environmental Medicine (2020 – 2022) at the University of Washington. He then served as an attending physician in occupational medicine at Banner Health in Phoenix, Arizona. He was also a locums occupational medicine physician with Medicine for Business and Industry (MBI) in Arizona.

Currently, Dr. Kenleigh is the physician owner of Desert Occupational Medicine in Phoenix, Arizona. His practice provides occupational health consultation, particularly for occupational toxicology, as well as independent medical examination, disability examination, medical case and claim forensic review, and expert witness services. He is also a contracted Independent Medical Examiner and a Utilization Review Physician Reviewer with Dane Street.

Dr. Kenleigh serves on the board of the Western Occupational and Environmental Medical Association (WOEMA) and provides section leadership for the medical informatics and environmental health sections of the American College of Occupational and Environmental Medicine (ACOEM). He is a panel expert for the Industrial Commission of Arizona and an expert reviewer for the Arizona Medical Board.

Dr. Kenleigh is responsible for reviewing all commercial criteria used during the utilization review process (ODG and ACOEM) as well as oversight of our national utilization management program at StrataCare. He assists in ensuring that the processes by which StrataCare reviews and approves, modifies, delays, or denies requests by physicians prior to, retrospectively, or concurrent with the provision of medical treatment services, are in accordance with URAC standards and state requirements. He is available to clinical staff by phone or email during normal business hours.

Dorian Kenleigh, MD, MPH, FACOEM, FIAIME

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Licensure:

CA C167244	EXP 12/31/2025
AZ 58925	EXP 05/02/2026
IN 01076045A	EXP 10/31/2025
UT: 141307703-1205	EXP 1/31/2026
CT 83116	EXP 01/31/2026

Certifications:

Preventive Medicine, American Board of Preventive Medicine
Occupational and Environmental Medicine, American Board of Preventive Medicine
Certified Independent Medical Examiner (CIME), American Board of Independent Medical Examiners
Certified MedicoLegal Evaluator (CMLE), International Association of Independent Medical Evaluators
Fellow, American College of Occupational and Environmental Medicine (FACOEM)
Fellow, International Association of Independent Medical Evaluators (FIAIME)
Medical Review Officer Certification, Certification Council - Registry #22-233768
NIOSH Spirometry Certification, Council
Level 2 Certification in Military Environmental Medicine, Military, VA
Level 1 Certification in Military Environmental Exposures, Military, VA

Medical Acupuncture, Helms Institute - 500-hour clinical course. Board eligible in medical acupuncture.

Nursing Staff

StrataCare nurses have current, unrestricted professional licenses and are RNs or LPN/LVNs. The nurses possess clinical nursing experience and are knowledgeable in the utilization review process in workers' compensation.

StrataCare performs primary source verification of an nurse's licensure, education, and certification(s) upon hire and before expiration. StrataCare will continually ensure that the licensure/certification(s) meets the requirements of the job description. Any nurse who does not hold a required license, whose license has been suspended or revoked, or whose education and/or certification status cannot be verified will not be considered for employment.

Their personnel records are updated upon each anniversary of their licensure and copies of their current license verification and any certifications are kept in their personnel file.

Based on their role, new nursing staff will have an individualized orientation plan developed using telephonic, e-learning platform, one-on-one discussions, and independent study. Nurses are required to participate in ongoing training to maintain current job knowledge. StrataCare nurses have current, unrestricted professional licenses and are RNs or LPN/LVNs. The nurses possess clinical nursing experience and are knowledgeable in the utilization review process in workers' compensation.

Clinical Peer Review

StrataCare uses only URAC accredited vendors for our Clinical Peer Reviewer services. All Clinical Peer Reviewers hold active, unrestricted licenses or certifications in North Carolina, South Carolina, Georgia, Virginia or Tennessee and practice medicine or a health profession and hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider requesting preauthorization of surgery or inpatient treatment.

StrataCare contracts with URAC-accredited peer review organizations for clinical peer reviews. Licensing and credentialing functions are delegated to the peer review organization, ensuring that all URAC and jurisdictional requirements are met through primary source verification of licensure and board certifications.

A list of clinical peer reviewers is attached to this plan separately.

Accessibility

StrataCare operates during normal business hours Monday through Friday, between 8:00 a.m. and 8:00 p.m. Eastern Standard Time.

Toll-free phones, fax numbers and emails are available 24 hours/day, 7 days/week. Staff are required to check their voicemail at intervals during business hours and return calls within one (1) business day. Compliance with these guidelines is monitored.

Contact information is listed below:

StrataCare Solutions, LLC
PO BOX 14807 | Lexington, KY 40512

Toll Free:	888-853-4735
Phone:	801-568-8700
Fax:	863-668-9553
Email:	WCCS.UR.Referral@StrataCare.com

StrataCare has an after-hours call recording system to address utilization review concerns of injured workers and employers, and receive provider requests Monday through Thursday from 5:30 p.m. to 8 a.m. and Friday from 5:30 p.m. to Monday 8 a.m. The voice mail greeting identifies

the organization and provides the caller an opportunity to leave a message, which staff will respond to on the next business day.

Confidentiality

All materials obtained during the utilization review process will be kept in strictest confidence in accordance with any applicable state and federal laws and used only in the delivery of our services. This includes medical records received from providers, triage notes, case management and/or utilization notes and other internal case notes or studies which contain individually identifiable health information. StrataCare will not disclose or publish any individual medical records, personal information, or other confidential information about an injured worker without the prior consent of the injured worker or as otherwise required by state and federal law. All medical information received will be used only for the purpose of utilization management, evaluation of performance and quality review (includes external and internal audits), for questionable bills, and quality improvement activities. This information will be utilized only by authorized personnel, on a need-to-know basis, and will be shared only with confirmed parties to the claim.

StrataCare is primarily paperless. Medical Records are scanned into our secure computer application. Hard copy medical records are secured in locked bins until shredded. No one other than designated staff have access to the secured bins. Computer access is limited to UR personnel only.

Voice mail on phone systems is password protected to prevent unauthorized access. E-mail access is password protected and all outgoing emails include a confidentiality disclaimer as described in our Web-Based and Mobile Technologies policy. All external emails which include personal identifiable health information are encrypted. Cellular phones are only used only on an account-specific basis and are secure. Outgoing faxes have a facsimile cover sheet with a privileged and confidential statement included.

Information generated and obtained for UR review shall be kept at least 2 years for an adverse determination decision or for a case likely to be reopened.

As part of initial and ongoing training, StrataCare educates staff on their responsibilities regarding privacy and security of patient information.

Complaints

Any party may file a complaint by fax, telephone, e-mail, or in writing via mail.

Complaints are assigned to the appropriate responder for each type of complaint. The responder is responsible for gathering additional information, updating the complaint ticket with full details and any attachments received, logging the resolution, as well as sending any required letters (E.g. acknowledgement and resolution letters)

StrataCare will take immediate corrective action and attempt to resolve the complaint within thirty (30) business days from receipt or according to statutory requirements.

Financial Incentives

StrataCare does not have a system for incentives, bonuses, or reimbursement to staff, vendors, or health care providers based directly on consumer utilization of health care services.

Exhibit 1 – URAC Certificate

StrataCare Care Solutions, LLC – URAC Certificate of Award

urac

CERTIFICATE OF AWARD

in recognition of

StrataCare Solutions, LLC
402 S. Kentucky Ave., Suite 390
Lakeland, Florida 33801

for compliance with

Workers' Compensation Utilization Management 8.1 Accreditation Program

is awarded

Full Accreditation

Effective from 04/01/2024 through 04/01/2027

Shawn Griffin MD

Shawn Griffin, MD
President & Chief Executive Officer

Certificate Number: WUM010014

urac®
ACCREDITED

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.

Revision History

Date	Revision	Staff Name
06/02/2023	Formatting, margins, head/footer changes to align with the standard plan Updated wording to align with the changes made to the standard plan since last renewal that is not state specific language Added revision history box	M. Wissen
04/24/2024	UPDATED FORMATING AND NON STATE SPECIFIC LANGUAGE TO ALIGN WITH THE TEMPLATE ADDED URAC CERTIFICATE	M. Wissen
05/01/2024	Verified regulations and email address	M. Wissen
06/13/2024	Updated cover page	M. Wissen
08/09/2024	Updated plan for name change from Conduent to StrataCare Inserted tags for state regulations and laws	M. Wissen
09/11/2024	Updated color and logo	M. Wissen
10/25/2024	Updated URAC Certificate	M. Wissen
12/03/2021	Updated address	M. Wissen
01/28/2025	Updated MD and Referral emails in Plan Updated contact email with state.	M. Wissen
06/17/2025	Updated Plan for annual renewal (revision dates)	M. Wissen
10/15/2025	Updated Medical Director info	M. Wissen

StrataCare Solutions, LLC

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