North Carolina Preauthorization Program

- July 1, 2026 – July 1, 2027
- Follows:
  - URAC 8.1
  - 11 NCAC 23A.1001 Preauthorization for Medical Treatment

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Program Goals [UM 1-1a] [UM 6]

StrataCare Solutions, LLC (StrataCare manages utilization review (UR) to support appropriate, high-quality patient care.

The goals of the UR Program are to:

- Ensure care is medically necessary, appropriate, and cost-effective
- Monitor use of healthcare services across the continuum of care
- Comply with URAC and applicable state requirements
- Support timely, consistent utilization review decisions

StrataCare does not use artificial intelligence (AI) or machine learning (ML) to make medical necessity determinations.

This Utilization Review Plan is designed to comply with URAC 8.1 and 11 NCAC 23A.1001 Preauthorization for Medical Treatment.

To meet these goals, StrataCare performs prospective, concurrent, and retrospective reviews of treatment requests. Reviews are conducted by qualified nurses and physicians using established medical necessity criteria.

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.

This Plan applies to utilization review for North Carolina workers' compensation claims and to all employees and contractors involved in the UR process. Failure to follow this Plan may result in disciplinary action, up to and including termination.

Requests for Authorization (RFAs) may be submitted by phone, fax, email, or mail.

The National Medical Director, who is licensed and board-certified, oversees and monitors the UR program.

- Nurses perform first-level clinical reviews of all treatment requests
- Requests that do not meet treatment guidelines are referred to a Clinical Peer Reviewer (CPR) for physician-level review

StrataCare uses nationally recognized and, when applicable, state-mandated treatment guidelines to evaluate medical necessity and determine appropriate treatment and length of stay.

All determinations are made within required timeframes for prospective, concurrent, and retrospective review. Written notification of each determination is sent to the requesting provider, with copies provided to the injured worker, their representative, and the carrier as required.

An internal appeals process allows injured workers, providers, or representatives to appeal adverse determinations in accordance with regulatory requirements.

StrataCare is accredited by URAC for Workers' Compensation Utilization Management. When state requirements differ from URAC standards, the more stringent requirement is followed.

Definitions. [UM 15]

Utilization Review (UR) is the process of determining whether medical treatment is medically necessary, appropriate for a work-related injury, and consistent with evidence-based guidelines. UR does not determine claim compensability or payment.

Types of UR:

- **Prospective Review** – Conducted before treatment is provided (prior authorization). This includes outpatient procedures, medications, diagnostic testing, and therapies (e.g., physical, occupational, chiropractic).
    - Includes pre-admission review for inpatient care
    - Evaluates medical necessity of admission, expected length of stay, and discharge planning needs
    - Applies to all inpatient settings, including acute care, psychiatric, substance abuse, surgical, skilled nursing, rehabilitation, and extended care facilities
- **Concurrent Review** – Conducted during ongoing treatment, such as during an inpatient stay or extended course of care. This review:
    - Assesses the patient's current condition
    - Evaluates treatment progress and any changes in care
    - Determines the need for continued treatment or extended length of stay
- **Retrospective Review** – Conducted after treatment has been completed to evaluate medical necessity and appropriateness of care provided.

Emergency care is not denied due to the absence of prior authorization.

Treatment Guidelines and Review Criteria [UM 2-1a-c] [UM 5-1c]

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

North Carolina does not have state-adopted treatment guidelines.

Guidelines used include, but are not limited to, the Official Disability Guidelines® (ODG®) and the American College of Occupational and Environmental Medicine guidelines (ACOEM), along with the most current version of other evidence-based medical treatment guidelines, and current scientifically based, peer-reviewed studies that are published in journals that nationally recognized.

StrataCare's 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 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.

Initial Screening of Requests for Authorization [WCUM 1] [UM 3] [UM 3-1] [UM 4-2] [NCAC 23A.1001(k)] [NCAC 23A.1001(i)]

Requests for Authorization (RFAs) may be initiated by any party, as permitted by applicable state law or by the workers' compensation insurer or claims administrator.

All preauthorization requests and determinations must be submitted using Industrial Commission Form 25PR.

This requirement applies to:

- Health care providers
- Claimant's attorneys
- Unrepresented claimants

All insurer determinations regarding preauthorization must also be documented on Form 25PR.

Preauthorization Agent Responsibilities

StrataCare is responsible for:

- Assigning the Preauthorization Review (PR) claim number
- Distributing and forwarding all relevant materials, including:
    - Medical records
    - Communications
    - Preauthorization determinations

These materials must be provided to all appropriate parties upon receipt.

Non-Clinical Staff

StrataCare uses non-clinical staff to perform the initial screening of RFAs. This screening is administrative only and does not involve clinical judgment or results in a utilization review determination

Non-clinical staff:

- Review RFAs for completeness, including required demographic and non-clinical information
- Assign a unique RFA identification number
- Enter and transfer request information to clinical staff for review

Non-clinical staff do not:

- Interpret or evaluate clinical information
- Make medical necessity determinations
- Issue certifications or non-certifications

Completed RFAs are forwarded to a nurse reviewer for the next step in the utilization review process

First Level Review [UM 11-4a i] [UM 3-1a,b] [UM 7-1a] [UM 8-1A,B] [UM 3-1a,b] [UM 7-1a] [UM 8-1A,B] [NCAC 23A.1001(k)]

Upon receipt of a request for authorization (RFA) on a Industrial Commission Form 25PR, a licensed UR nurse reviews the request to ensure all information necessary to complete the review is available. This includes:

- Demographic and identifying information for the injured worker, requesting provider, and servicing facility
- Relevant clinical information, including diagnosis, medical history, and proposed treatment plan

Determination outcomes:

- If the request meets guidelines, the nurse approves (certifies) the request and notifies all required parties
- If the request does not meet guidelines, it is referred to a Clinical Peer Reviewer (CPR) for second-level review
- All determinations regarding preauthorization must also be documented on Form 25PR.

UR nurses do not issue denials (non-certifications). All adverse determinations are made by a qualified physician reviewer.

StrataCare does not issue determinations based solely on artificial intelligence (AI) or machine learning (ML).

Both non-urgent and urgent determinations are made within North Carolina recommended timeframes, as provided in the "Timeframes for Decisions" section of this plan after all necessary information is received.

Prospective Review

Prospective review is conducted before services are provided.

Pre-admission review for inpatient services includes:

- Evaluating medical necessity for admission
- Determining appropriate level of care and expected length of stay
- Assessing discharge planning needs

All inpatient admissions are reviewed, including acute care, psychiatric, substance abuse, surgical, skilled nursing, rehabilitation, and extended care facilities.

Concurrent Review

Concurrent review is conducted during ongoing treatment.

The UR nurse reviews requests for continued care within required timeframes once sufficient information is available. For urgent situations, reviews are completed on an expedited basis according to clinical urgency and regulatory requirements.

If a Clinical Peer Reviewer issues an adverse determination (e.g., denial of continued treatment or length of stay):

- The requesting provider, facility, and injured worker are notified within required timeframes

- Notification may be verbal and/or written, as required
- Written notice includes the reason for the determination and instructions for appeal

Retrospective Review

Retrospective review is conducted after services have been provided and follows applicable jurisdictional requirements.

The review process is consistent with first- and second-level review procedures.

Retrospective reviews may be initiated by the claims adjuster, but requests are processed through the UR nurse.

Failure to obtain prior authorization for emergency services is not a basis for denying coverage of medically necessary care provided to stabilize the injured worker.

Lack of information [11 NCAC 23a .1001(e)(4), (l)(1)]

An extension may be granted when additional time is needed:

- Extensions must be agreed to by:
    - The requesting provider
    - The injured worker, or
    - The injured worker's attorney, if represented
- Extensions may not exceed seven (7) additional business days, unless:
    - Additional time is authorized by the North Carolina Industrial Commission

Denials for Lack of Information

If a determination cannot be made due to insufficient information:

- The denial must:
    - Clearly state that the request is incomplete
    - Identify the specific information required to complete the review

Second Level Review [UM 8-1a,b] [UM 9-1aiv,v] [UM 9-2a] [UM 11-3a] [NCAC 23A.1001(k)]

If a requested treatment or service does not meet applicable treatment guidelines, the request is referred to a Clinical Peer Reviewer (CPR) for second-level review.

Second-level reviews are conducted by a physician or psychologist who is qualified and competent to evaluate the clinical issues involved and whose scope of practice aligns with the requested service

The Clinical Peer Reviewer:

- Reviews all available clinical documentation
- Attempts to contact the requesting provider to discuss the case (peer-to-peer), making at least two attempts
- Makes a determination based on medical necessity, applicable guidelines, and any information provided by the requesting provider

Determination Outcomes [11-5a,b] [WCUM 2]

Approval (Certification):

- The CPR communicates the approval to the UR nurse
- The UR nurse documents the determination and notifies all required parties within applicable timeframes
- All determinations regarding preauthorization must also be documented on Form 25PR.

Adverse Determination (Denial or Modification):

- The decision includes the clinical rationale and reason for the determination
- Written notification is sent to all required parties, including:
    - The requesting provider
    - The injured worker and/or their representative
    - The carrier, as applicable
- The notification includes:
    - Instructions for appealing the decision
    - A toll-free phone number for questions or to request review
    - All determinations regarding preauthorization must also be documented on Form 25PR.

Peer-to-Peer Follow-Up [UM 10-1a]

If an adverse determination is made and a peer-to-peer discussion did not occur beforehand:

- The requesting provider may contact StrataCare within two (2) business days to discuss the determination with the original reviewer
- If the original reviewer is unavailable, another qualified Clinical Peer Reviewer will be made available

All determinations are completed within North Carolina recommended timeframes, as provided in the "Timeframes for Decisions" section of this plan after all necessary information is received. for the applicable review type (prospective, concurrent, or retrospective).

Oral Peer-to-Peer Communications [NC 97-25.6(3)]

In accordance with client protocols, a Clinical Peer Reviewer (CPR) may initiate oral peer-to-peer communication with the requesting provider.

- The CPR will make at least two (2) attempts to directly contact the requesting physician
- All attempts and outcomes must be documented

Permissible Use of Oral Communication

Oral communication with the authorized treating provider may be used only to obtain **relevant medical information** that:

- Is not contained in existing medical records
- Cannot be obtained through written communication
- Is otherwise unavailable

Employee Notification and Participation

Prior to any oral communication:

- The client or StrataCare must provide the injured worker with advance notice of:
  - The purpose of the communication
- The injured worker must be given an opportunity to:
  - Participate in the discussion
  - Coordinate a mutually convenient time with all parties

Post-Communication Requirements

If the injured worker does not participate in the oral communication:

- A written summary of the discussion must be provided
- The summary must be issued within ten (10) business days

Appeals Process [UM 12-1a-c] [UM 13-1a iv] [UM 13-3a i] [UM 14-1a,b]

Injured workers, their representatives, and the provider of record have the right to appeal adverse determinations made during the utilization review process.

Any of the above parties may request an appeal within thirty (30) days of the adverse determination.

Appeals are conducted by a Clinical Peer Reviewer (CPR) who:

- Is in the same or similar specialty as the treating provider
- Was not involved in the original determination and is not subordinate to the initial reviewer
- Reviews the original decision, supporting documentation, and any new information
- Attempts to contact the treating provider, as appropriate
- Issues a final determination based on medical necessity and applicable guidelines

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

Standard Appeals

The appeal of an adverse determination must be completed within North Carolina recommended timeframe after the appeal is filed with StrataCare Utilization Review Department, or the adjuster, and all information necessary to complete the appeal is received.

Expedited Appeals

Expedited appeals are available when:

- The request involves ongoing treatment, or
- The treating provider indicates that a delay could seriously jeopardize the patient's health or recovery

For expedited appeals, StrataCare will:

- Accept additional information from the provider by phone, fax, or other available methods
- Provide timely access to a Clinical Peer Reviewer
- Issue a determination as quickly as the clinical situation requires and within applicable state or regulatory timeframes

Appeal Outcomes [UM 14-3a,b] [UM 14-2a iv]

Uphold (Adverse Determination Maintained):

- The CPR notifies the UR nurse of the decision
- The UR nurse communicates the determination to the requesting provider and issues required notifications
- All determinations regarding preauthorization must also be documented on Form 25PR.

Overturn (Approval Granted):

- The CPR provides the determination and rationale to the UR nurse
- If the provider has not already been notified, the UR nurse communicates the approval
- The UR nurse issues written notification to all required parties and proceeds with certification of the service
- All determinations regarding preauthorization must also be documented on Form 25PR.

Timeframes for Decisions

StrataCare follows North Carolina UR timeframes. If the state is silent, StrataCare will defer to URAC recommended timeframes.

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 thirty (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 [CPE 2-4a]

Written notification of each determination must include the following:

Claim and Request Information

- Claimant name

- Claimant Address
- Claimant claim number
- Date of injury
- Date the request was received
- Name of the requesting provider or facility
- Description of the requested treatment, service, or procedure
- The treatment identification number.
- Unique request identifier (RFA number)

Decision Details

- Date the determination was made
- Decision outcome (approval, modification, or denial)
- If approved, the number of authorized services and applicable start and end dates

Clinical Information

- Guidelines or criteria used in making the determination
- Principle Reason and/or Clinical rationale for the decision

Reviewer Information

- Name, signature, medical specialty, and professional state license number of the clinical reviewer
- Medical specialty and state license number

Appeal Information

- Instructions for appealing the determination
- Applicable appeal timeframes
- Toll-free telephone number for questions or appeal assistance

Written communications are provided in clear, plain language to ensure they are understandable to all parties.

North Carolina utilizes the Standard Determination Letters

Personnel Qualifications and Type

National Medical Director

Dorian Kenleigh, MD, MPH, FACOEM, FIAIME is the National Medical Director, bringing expertise in occupational and environmental medicine, utilization management, and medical informatics. He holds degrees from the University of Pittsburgh, the University of Iowa (MD), and the University of Washington (MPH, fellowship-trained).

Dr. Kenleigh has led international health initiatives in Uganda, held leadership roles at Signify Health advancing in-home care models, and served as a hospitalist during the COVID-19 pandemic. He is the owner of Desert Occupational Medicine in Phoenix, specializing in occupational health, toxicology, independent medical examinations, and case review.

He serves on the board of WOEMA and in leadership roles with ACOEM, and acts as an expert for multiple Arizona regulatory bodies.

In this role, Dr. Kenleigh:

- Provides clinical oversight of the utilization review program

- Ensures compliance with URAC standards and applicable state regulations
- Oversees the application of clinical guidelines, including ODG and ACOEM
- Is responsible for all utilization review determinations
- Is available to clinical staff for consultation during normal business hours

402 S Kentucky Ave, #390 | Lakeland, FL 33801
P.O. Box 14245 | Lexington, KY 40512
(p) (888) 853-4735 | (f) (863) 668-9553
Email: dkenleigh@medrisknet.com

Licensure:

AZ	58925	EXP 05/02/2028
CA	C167244	EXP 12/31/2027
CT	83116	EXP 01/31/2027
IN	01076045A	EXP 10/31/2027
NJ	25IA13158600	EXP 06/30/2027
OK	46862	EXP 11/01/2026
UT	141307703-1205	EXP 01/31/2028

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.

Non-Clinical Administrative Staff [UM5-1] [UM 4-1]

The Non Clinical administrative staff performs administrative functions to ensure that UR requests are filed timely and accurately. This includes

- Reviewing RFAs for completeness of information
- Entering demographic information
- Confirming compensability upon receipt of an RFA
- Requesting any non-clinical data required
- The transfer of that data to a nurse for the next step in the review process
- Providing customer service support for the various stakeholders in the UR process.

Non-clinical staff:

- Do not interpret clinical information
- Do not make medical necessity determinations
- Do not issue certifications or non-certifications

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

The general qualifications and/or experience of the Non-Clinical Administrative Staff include administrative or customer service, or an equivalent combination of education and experience.

Nursing Staff [UM 5-3a] [OPIN 2-3bii]

StrataCare employs licensed nursing professionals (RN, LPN, or LVN) with current, unrestricted licenses and relevant clinical experience in utilization review.

Nursing staff:

- Conduct first-level clinical reviews
- Apply treatment guidelines to determine medical necessity
- Refer cases that do not meet guidelines to a Clinical Peer Reviewer

StrataCare:

- Verifies licensure, education, and certifications through primary source verification prior to hire, date of hire, prior to expiration, and on-going annual license verification.
- Maintains updated personnel records for all licenses and certifications
- Ensures nurses meet all job-specific requirements

Nursing staff receive:

- Role-specific orientation and training
- Ongoing education to maintain current clinical knowledge and regulatory compliance

Individuals without valid or verifiable licensure or credentials are not eligible for employment. [OPIN 2-1a,b]

Clinical Peer Review [UM 9-1a] [UM 9-2a] [UM 13-1a] [UM 13-2a] [OPIN 2-1a,b] [NCAC 23A.1001(d) [NCAC 23A.1001(i)]

Clinical Peer Reviews are conducted by contracted vendors accredited by URAC. All Clinical Peer Reviewers:

- Hold active, unrestricted professional licenses in North Carolina, South Carolina, Georgia, Virginia or Tennessee
- Are qualified in the same or similar specialty as the treating provider
- Have appropriate training, credentials, and clinical experience
- Meet or exceed the qualifications of the requesting provider for the service under review

StrataCare:

- Contracts only with URAC-accredited peer review organizations
- Delegates credentialing and licensure verification to these organizations
- Ensures compliance with all URAC and jurisdictional requirements through primary source verification processes

Access to Forms and Reviewer Information

- Industrial Commission Form 25PR and physician reviewer information are available at: https://stratacare.com/regulatory-resources/

StrataCare Vendor Information

Ethos (Formerly Claims Eval, Inc.) 4980 Rocklin Road Rocklin, California 95677 Independent Review Organization: Comprehensive Review (Internal & External) 5.2 Workers' Compensation Utilization Management 8.1 Accreditation Status: Full Accreditation Accredited Since: 2008 Expiration Date: 10/01/2026 Expiration Date: 11/01/2027 (p) 916-797-9997 (f) 480-393-5620	**Physician Based Medical Management (PBMM)** 16255 Ventura BLVD., Suite 830 Encino, California 91436 Independent Review Organization 6.0: Internal Review Accreditation Status: Full Accreditation Accredited Since: 2012 Expiration Date: 11/01/2027 (p) 888-885-1131 (f) 800-986-0436
Network Medical Review Co. Ltd. 4960 E. State Street Rockford, Illinois 61108 Independent Review Organization 6.0: Comprehensive Review Accreditation Status: Full Accreditation Accredited Since: 2000 Expiration Date: 09/01/2028 (p) 815-964-6334 (f) 815-964-1162	

Quality Assurance

StrataCare Quality Assurance Policy

StrataCare maintains a comprehensive Quality Management Program (QMP) to ensure the quality and consistency of utilization review (UR) decisions and outcomes.

The QMP is administered by the Quality Assurance Manager under the oversight of the National Medical Director. It evaluates performance across the utilization management process through defined standards, routine audits, and ongoing quality improvement activities.

The complete Quality Management Program and related policies are available to regulatory agencies upon request.

Accessibility

StrataCare operates during normal business hours Monday through Friday, 8:00 a.m. to 5:30 p.m. across all time zones.

Toll-free phones, fax numbers and emails are available 24 hours/day, 7 days/week. Staff monitor messages during business hours and return calls within one (1) business day.

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.

StrataCare does not conduct on-site utilization reviews.

StrataCare Contact Information

Physical Address:	402 S Kentucky Ave, #390 | Lakeland, FL 33801
UR/TCM Mailing Address:	P.O. Box 14245 | Lexington, KY 40512
Billing Mailing Address:	P.O. Box 14807 | Lexington, KY 40512
Toll Free Phone Number:	888-853-4735
Fax Number:	863-668-9553
Email Address:	WCOMP-URREFERRAL@stratacare.com

Confidentiality [OPIN 2-3a] [CPE 1-2] [CPE 1-2]

StrataCare maintains the confidentiality of all information obtained during the utilization review (UR) process in accordance with applicable federal and state privacy laws.

Protected information includes medical records, case notes, utilization review documentation, and any other individually identifiable health information. This information is used only for:

- Utilization management activities
- Quality assurance and performance evaluation (including internal and external audits)
- Review of billing or claims issues
- Ongoing quality improvement

Information is:

- Accessed only by authorized personnel on a need-to-know basis
- Shared only with authorized parties directly involved in the claim
- Not disclosed without the injured worker's consent, unless required by law

Data Security and Safeguards

StrataCare uses administrative, physical, and technical safeguards to protect confidential information:

Electronic Records

- Medical records are maintained in secure electronic systems
- System access is limited to authorized UR personnel
- Emails containing protected health information are encrypted
- All email accounts are password protected and include confidentiality notices

Paper Records

- Hard-copy records are stored in secure, locked locations
- Access is restricted to authorized staff
- Records are securely destroyed after processing

Communication Systems

- Voicemail systems are password protected
- Fax transmissions include confidentiality cover sheets
- Mobile devices are used only for authorized, secure communications

Record Retention

Utilization review records are maintained for at least two (2) years for adverse determinations or cases that may be reopened, or longer if required by applicable law.

Staff Training

All staff receive initial and ongoing training on privacy, confidentiality, and information security requirements as part of their job responsibilities.

Complaints [CPE 2-3 a-b]

Any party may file a complaint by telephone, fax, email, or in writing.

All complaints are logged and assigned to an appropriate staff member for review and response. The assigned staff member is responsible for:

- Gathering and documenting all relevant information
- Maintaining complete records of the complaint, including attachments
- Managing the complaint through resolution
- Issuing required communications, including acknowledgment and resolution letters

StrataCare investigates all complaints and takes corrective action as needed. Complaints are resolved within thirty (30) business days of receipt or in accordance with applicable statutory requirements.

Material Modifications

StrataCare will notify the North Carolina Industrial Commission of any material modification that is required by regulation or rule within the timeframes set forth in the regulations.

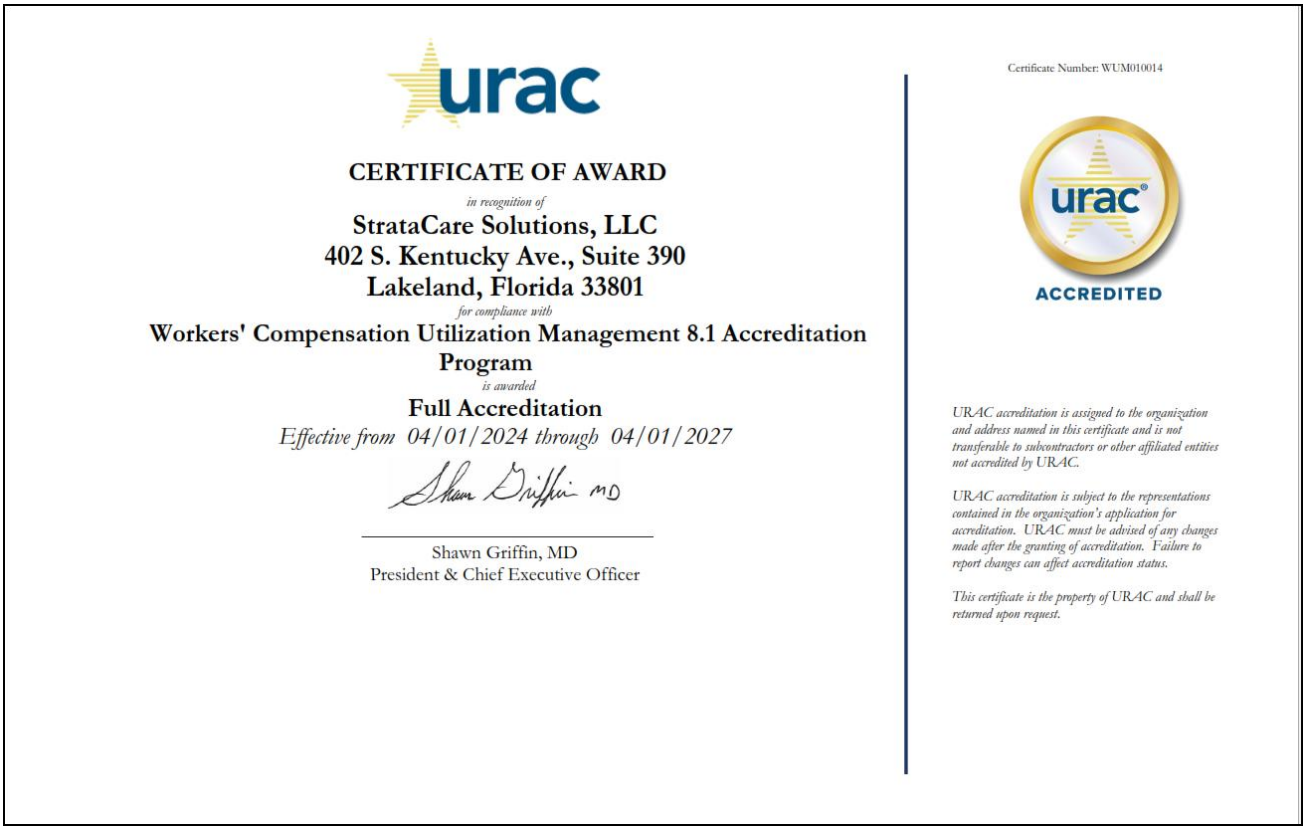
This Utilization Review Plan is available on StrataCare's website at and shall be made available for review and inspection by the NCIC at any time.

Financial Incentives [CPE -HP 3-1]

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 2 – URAC

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.

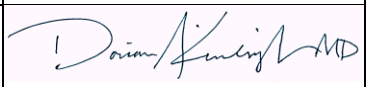
Utilization Review Plan Review and Approval Sign-Off Sheet

This sign-off sheet documents that the undersigned have reviewed and approved the Filing, Renewal or Material Modification, including any updates, changes, additions, or subtractions to this Plan, in accordance with all applicable federal and state regulatory requirements.

See the Revision History for a description of the changes made.

Reviewer Attestation

By signing below, each reviewer attests that they have read the Utilization Review Plan in its entirety, confirmed compliance with applicable clinical and regulatory standards, and approve implementation of the plan as documented.

Date	Printed Name	Title	Department	Signature
05/01/2026	*Malinda Wissen*	*Sr. Regulatory Compliance Analyst*	*Clinical Regulatory Compliance (CRC)*	*Malinda Wissen*
06/05/2026	*Dorian Kenleigh MD FACOEM*	*National Medical Director*	*Executive / Operations*	

Record Retention

This approval record shall be retained in accordance with the organization's document retention policy and made available for regulatory review or audit 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
03/27/2026	Updated plan for renewal	M. Wissen
06/01/2026	Updated Format of plan to align with StrataCare/Medata unification	M. Wissen

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