



FOR IMMEDIATE RELEASE
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Care to Care Receives URAC Health Utilization Management Re-Accreditation

NEW YORK, NY – Care to Care LLC, a leading provider of multi-specialty benefits management services, announced today that it has been awarded Health Utilization Management re-accreditation from URAC, a Washington, DC-based health care accrediting organization that establishes quality standards for the health care industry. Care to Care has been granted FULL accreditation in Health Utilization Management, Version 7.0.

“Receiving URAC accreditation once again is truly an honor, and being fully compliant with the standards is testament to our continued commitment to meet national standards for utilization review organizations,” said Michael Komarow, MD, JD, Chief Medical Officer of Care to Care. “This important achievement rewards our ongoing dedication to our clients, and their practitioners, as they work to improve the quality of imaging services for the health plan members they serve.”

Care to Care is a multi-specialty benefits management company providing next-generation benefit management solutions to managed care organizations and other healthcare payers. The company’s evidence-based, physician-friendly radiology and cardiac imaging utilization management solutions help ensure patients receive safer, more cost-effective care by reducing redundant and unnecessary imaging procedures. Care to Care’s clients have access to a wide variety of industry thought leaders and practitioners. The company’s clinical team includes recognized, board-certified radiologists and cardiologists; and its operational staff is comprised of professionals with longstanding healthcare expertise and experience in fields as varied as imaging technology, population health management, and decision-support system development.

“Care to Care should be commended for meeting strict quality standards,” said Alan P. Spielman, URAC president and CEO. “It is critically important for health care organizations to make a commitment to quality and accountability. URAC accreditation is a demonstration of that commitment.”

URAC's Health Utilization Management Accreditation (HUM) Standards ensure that organizations conducting utilization review follow a process that is clinically sound and respects patients' and providers' rights while giving payers reasonable guidelines to follow. Standards address the use of evidence-based guidelines, incorporation of adherence guidelines, and evaluation of utilization rates to meet the demands of a changing health care system. Cost effective care with optimal outcomes reinforces the value and importance of health utilization management across the health care continuum including health plans, hospitals, specialty care for mental health, and long term care.

Societal, economic, and regulatory factors are driving employers, purchasers, and managed care organizations to increase access, improve outcomes, and manage costs. Utilization Management, as well as Case Management and Disease Management, will play a critical role in the evaluation and review of appropriate patient care and utilization. URAC's accreditation assures the adequacy and quality of health utilization management programs through evaluation against broadly recognized standards and measures.

URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs. URAC's standards keep pace with the rapid changes in the health care system, and provide a mark of distinction for health care organizations to demonstrate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in setting meaningful standards for the health care industry. For more information, visit www.urac.org.

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