blue california
Promise Health Plan

Policy Title: Under/Over-Utilization Reporting Mechanisms		POLICY #: 10.2.39 Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 1/02	Effective Date 11/22	Revision Date 12/18, 10/22
VP Approval:			Date of Approval: 2/15/2023
Medical Services/P&T Committee: (If Applicable): PHP CMO			Date of Committee Review: 2/9/2023

A. PURPOSE:

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan's (BSCPHP) Utilization Management (UM) Department will consistently report and identify over- and under-utilization of services, and to implement appropriate actions to improve the utilization performance.

B. DEFINITIONS:

N/A

C. POLICY:

I. Utilization data is monitored comprehensively across the network and by product lines to detect potential under and over utilization and reported to appropriate product line regulatory agencies/oversight upon request, i.e., LA Care, DHCS, etc.

II. Each measurement of utilization activity has established performance goals, and the measures used to assess performance are objective and quantifiable.

III. Each year, an annual evaluation is performed, and the members' utilization data are analyzed and compared with previous year's results to determine trends of over and underutilization of services. The UM Department will set threshold for at least one data type to determine underutilization and one data type to detect overutilization.

IV. BSCPHP will select at least one data type against established threshold to determine over and underutilization as it applies to Behavioral Health Services.

D. PROCEDURE

I. The UM staff accurately records the appropriate data information in Auth Accel system for producing various utilization activities reports, i.e.
   a. Inpatient Bed Day/Admit Report
   b. Inpatient Bed Day/Admit Report by PMGs/PCPs/IPAs

c. 13 - month Inpatient Utilization Trend Report
d. Outpatient Authorization Tracking Report
e. Outpatient authorization per 1000 by PCPs
f. Authorization by Specialty
g. ER Encounters per 1000 by PCP
h. Inpatient Stays by Top 20 Diagnosis
i. Specialist Care Patters of Practice
j. Referral Patterns

II. The System Data Analyst generates UM reports by collecting all the necessary data via Auth Accel, i.e.
a. Total #s of bed days
b. Total #s of CCS days
c. Current membership
d. Bed days/1000, Admits/1000
e. Average length of stay (ALOS), total #s of authorizations
f. Auths/1000
g. Total #s of approvals
h. Denials and modifications
i. ER visits/1000 by PCPs

III. Through interface with other departments, trends are also identified through appeals and grievances, and access constraints to non- contracted providers through assessment of letters of agreement (LOA) for specific specialists.

IV. Tracking and trending of utilization data are submitted by the UM Department to the Medical Services Committee (MSC) on a quarterly basis for review.

V. The tracking and trending reports are reviewed to determine outcomes related to under/over utilization of services.

VI. Through qualitative analysis, cause and effect of data that are not within the threshold will be determined. These opportunities for improvement are identified and MSC provides recommendations for necessary intervention

VII. After implementation of appropriate intervention, effectiveness of any corrective action is done and results presented at the MSC meetings for further recommendations to improve utilization issues.

VIII. Corrective actions are reflected in the following year's annual work plan

IX. Results of trends for preventive services disseminated to contracted providers through HEDIS reporting.

E. MONITORING:

I. BSCPHP will monitor and track non-specialty Non-Mental Health Service and Mental Health Service utilization data for both adult and pediatric members and submit to DHCS upon request

F. REPORTING

Over and Under Utilization will be used to identify potential members for Enhanced Care Management and Community Supports. Please see Social Services Policies 10.27.1.5 and 10.27.1.6.

G. REFERENCES & ATTACHMENTS:

1. DHCS 2024 Contract Section QIHETP Policies and Procedures Section 2.2.6 M Technical Assistance Guide (TAG),
2. P&P 10.27.1.5 Social Services ECM
3. P&P 10.27.1.6 Social Services Community Support
4. UM 2, 1115 Waiver Survey

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	