blue california
Promise Health Plan

Policy Title: Providers and Members Communication Services		POLICY #: 10.2.46 Line of business: Medi-Cal	
Department Name: Utilization Management	**Original Date** 4/08	**Effective Date** 5/19	**Revision Date** 12/18, 3/22, 9/22
Department Head: Sr. Director, UM		**Date: 10/22**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 10/22**	

PURPOSE

To establish a process for Blue Shield of California Promise Health Plan (Blue Shield Promise) in providing access to members and practitioners seeking information about the UM process and requests for authorization of care.

POLICY

Blue Shield Promise Health Plan has a process of providing access to members and providers to discuss UM issues through telephone, electronic, or fax communication. Staff members are available to answer concerns or respond to inquiries for inbound and outbound communications. Access is also made available to members with speech or hearing difficulties. Language Interpretation Services assist the members who have limited English.

PROCEDURE

- Blue Shield Promise Health Plan's normal business days are Monday through Friday excluding holidays and weekends. Normal business hours are from 8:00am to 5:00pm
- UM staff can receive incoming communication regarding UM issues after normal business hours. Blue Shield Promise Health Plan has an after-hours answering service. The answering service will contact on-call nurses/medical director so that the provider can discuss the case.
- Blue Shield Promise Health Plan staff members identify themselves by name, title and name of the organization when initiating or returning calls to providers or members.
- Blue Shield Promise Health Plan has a toll-free number 1 (800) 469-9935 to accept collect calls from providers and members regarding UM issues.
- Blue Shield Promise offers TDD/TTY services for the deaf, hard of hearing or speech-impaired members.
- Language assistance is available for members to discuss UM issues.
- Blue Shield Promise Health Plan provides access to physician reviewer for practitioners who want to discuss adverse UM decisions.
- Blue Shield Promise's telephone message system, Provider Manual, Member Handbook, newsletters or member's ID cards provide information regarding business hours during which the staff is available, instructions obtaining specific information about a request, instructions for faxing or leaving a voicemail message outside of business hours that prompt members and practitioners to provide contact information for responses by the

staff on the next business day, and information on how out-of-area callers can obtain information.

Disclosure regarding access to UM Decision and Criteria
Blue Shield Promise provides the requesting practitioners the opportunity to discuss the UM determination made by the physician reviewer. Determination letters will include a clear and concise written explanation of the reasons for denying, deferring, or modifying a service; a description of the criteria or guidelines used; and the clinical reasons for the decision based on Medical Necessity. Any written communication to a Physician or other health care provider of a denial, delay, or modification of a request must include the name and telephone number of Contractor's health care professional responsible for the denial, delay, or modification. UM notification to practitioners includes a fax cover sheet that states:

> "If the treating physician would like to discuss this case with the physician or health care professional reviewer or to obtain a copy of the criteria used to make this decision, please call the physician reviewer at (800) 468-9935".

When disclosure of the processes/criteria is requested by a provider, member, or the public, the disclosure shall be accompanied by the notice:

> "The material provided to you are guidelines used by Blue Shield Promise Health Plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under contract."

Tracking Requests for Criteria:
A log is generated on a monthly basis to track provider and member's requests for UM criteria or guidelines.

REFERENCES
CA Health & Safety Code 1367.01 (h)(4)
NCQA 2013 UM Standards, UM 3, Communication Services