blue california
Promise Health Plan

Policy Title: UM to QM Referral Indicators		POLICY #: 10.2.50 Line of business: Medi-Cal	
Department Name: Utilization Management	**Original Date** 6/98	**Effective Date** 5/19	**Revision Date** 12/18, 8/22
Department Head: Sr. Director, UM		**Date: 10/22**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 10/22**	

PURPOSE

To identify variations in the quality of care provided on both an inpatient and outpatient settings.

To establish a mechanism for Blue Shield of California Promise Health Plan's (Blue Shield Promise) Utilization Management Department to capture specific pre-determined quality indicators and potential quality of care issues and to establish a formal referral process of the identified cases to Quality Management Department.

OVERVIEW:
Quality Indicators are used to evaluate the quality of clinical services and measuring performance is central to improving the quality of health care.

DEFINITION:
Quality in healthcare is defined as the degree to which services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

POLICY

The Utilization Management Department identifies cases that reflect quality indicators and/or potential quality of care issues by way of the UM review process. This process may be done prospectively, concurrently or retrospectively. All indicators/issues will be forwarded to the QM Department for investigation and final resolution.

The UM Department identifies variations in quality of care on an inpatient or outpatient setting and uses them as means of improving and promoting safe and healthy life, as well as developing better ways to deliver quality health care. Blue Shield Promise Integrates UM activities into the Quality Improvement System (QIS), including a process to integrate reports on the number and types of service requests, denials, deferrals, modifications, Appeals, and Grievances to the medical director or their designee.

PROCEDURE

The UM Case Managers review member medical/hospital records. When an adverse event is identified the following steps have been established:

An Access Data Base is shared between the UM and QM departments for referrals

1. The UM Quality Indicators Referral form is completed by the UM Clinician with the following information:
    a. Demographics including authorization number
    b. Indicator selected based on the identified issue
    c. Narrative statement, which include specific reason for QM Indicator/Issue
    d. A copy of any or all of the member medical records as well as any supporting documentation available
2. The information is then forwarded to QM Department
3. The QM Department will pursue the investigation and issue the final determination on the referral submitted

REFERENCES

Agency for Healthcare Research and Quality (AHRQ), Quality Indicators
DHCS Exhibit A, Attachment III, Section 2.2 (Quality Improvement and Health Equity Transformation Program),