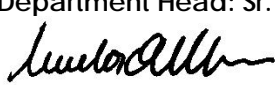
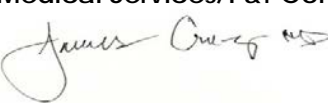


Policy Title: Utilization Management Work Plan		POLICY #: 70.2.26	
		Line of business: ALL	
Department Name: Utilization Management	Original Date 4/98	Effective Date 5/19	Revision Date 12/18, 3/22
Department Head: Sr. Director, UM 			Date: 4/25/22
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 4/25/22

PURPOSE

To establish a standardized process and format for documenting the completion and effectiveness of Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management activities for the prior year and to provide structure for measuring progress toward achieving outlined goals. This is referred to as the Utilization Management Work Plan.

POLICY

The Utilization Management Work Plan is a required responsibility to complete and submit to necessary regulatory agencies. The UM Work Plan is a written document of all planned UM activities for the year. The UM Work Plan is not a static document and may be updated frequently to reflect progress or modifications on UM activities throughout the year. The completed UM Work Plan is reviewed by the Medical director and presented to the Medical Services Committee for approval. Once approved, the UM Work Plan is annually submitted to the Board of Directors for review and final approval. The UM Work Plan is then forwarded to necessary regulatory agencies.

Components of the UM Work Plan will demonstrate the following:

- Objectives for the year
- Activities planned for that year
- Time frame within each activity will be achieved
- The person responsible for each activity
- Planned monitoring of previously identified issues
- Planned evaluation of the UM Program

PROCEDURE

1. At the completion of a calendar year, all indicated utilization management activity data will be accessed for inclusion in the UM Work Plan, which includes but is not limited to:
 - a. Inpatient and Outpatient Review Activities
 - b. Case Management Activities
 - c. Emergency Services to Review
 - d. Inpatient and Prior Authorization Review Inter-rater Reliability Audits
 - e. Collection and Analysis of Outpatient and Inpatient Data for Tracking, Trending, and Education

- f. UM Referral indicator to Quality Management
 - g. Policies and Procedures
 - h. UM Committee Meetings
 - i. UM Referral Indicator/Sentinel Event Review
2. Specific information on the above activities will include but are not limited to the following:
 - a. Bed Days/1000
 - b. Referral Patterns aggregate information, trends, over-utilization, under-utilization
 - c. Corrective actions, follow-up
 - d. Data collection results
 - e. ER Utilization
 - f. Medical Services Committee Meetings frequency, reports submitted for review, determinations and approvals.
 - g. UM Referral Indicator Reviews, number reviewed, determinations, corrective actions, follow-up
3. The goal for submittal to LA Care Health Plan is by January 31
4. The completion of the UM Work Plan is the responsibility of the UM Director
5. The completed UM Work Plan is reviewed by the Medical Director
6. The UM Work Plan is submitted and presented to the Medical Services Committee for review and approval.
7. The approved UM Work Plan is submitted to the Board of Directors for review and final approval prior to distribution to necessary regulatory agencies
8. This policy and procedure will be reviewed and revised as necessary, on an annual basis and approved by the Policy and Procedure Subcommittee, Medical Services Committee and Board of Directors.

REFERENCES

DHCS Technical Assistance Guide UM Program Section 4