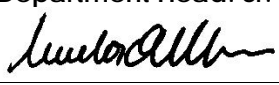
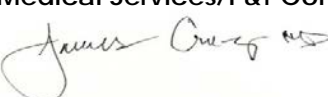


<b>Policy Title: Under/Over-Utilization Reporting Mechanisms</b>		<b>POLICY #: 70.2.64</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 1/02	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 3/21</b>

**PURPOSE**

To develop a consistent mechanism for Blue Shield of California Promise Health Plan’s (Blue Shield Promise) Utilization Management (UM) Department to identify over and underutilization of service and to implement appropriate actions to improve the utilization performance.

**POLICY**

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, DHS, CMS, etc.

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

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.

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

**PROCEDURE**

1. 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 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

2. 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. ALOS, total #s of authorizations
  - f. Auths/1000
  - g. Total #s of approvals
  - h. Denials and modifications
  - i. ER visits/1000 by PCPs
3. 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.
4. Tracking and trending of utilization data are submitted by the UM Department to the Medical Services Committee (MSC) on a quarterly basis for review.
5. The tracking and trending reports are reviewed to determine outcomes related to under/over utilization of services.
6. 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
7. After implementation of appropriate intervention, effectiveness of any corrective actions are done and results presented at the MSC meetings for further recommendations to improve utilization issues.
8. Corrective actions are reflected in the following year's annual work plan
9. Results of trends for preventive services disseminated to contracted providers through HEDIS reporting.

## **REFERENCES**

DHCS Two-Plan and GMC Contract  
Technical Assistance Guide (TAG), UM 2, 1115 Waiver Survey