PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPUP3006 (previously UP100306)</td><td colspan="3">Lead Department: Health Services</td></tr>
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<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/14/2024</td></tr>
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I. RELATED POLICIES:

A. MPQP1002 – Quality/ Utilization Advisory Committee
B. CMP36 – Delegation Oversight and Monitoring

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The purpose of this policy is to define the method by which Partnership Health Plan of California (Partnership) facilitates the delivery of appropriate care, and to identify mechanisms to detect and correct potential under and over-utilization of services.

VI. POLICY / PROCEDURE:

A. Over/Under Utilization Workgroup Composition & Function
    1. The Over/Under Utilization Workgroup (O/U UW) meets on a regular basis and at least three (3) times per year. The Workgroup is composed of, but not limited to, the Chief Medical Officer, the Director of Quality and Performance Improvement, the Chief Health Services Officer, the Utilization Management Director and Associate Director(s), the Manager of Health Analytics, representatives from the Behavioral Health team, , the Quality Improvement team, the Provider Relations Department, and the Claims Department. The purpose of the O/U UW is to monitor utilization data for the organization as a whole to detect potential under and over-utilization. The committee monitors data across practices and provider sites for primary care providers (PCPs), substance use treatment providers, and high-volume specialists. The O/U UW analyzes the data collected and recommends appropriate interventions whenever it identifies under or over-utilization. The O/U UW reports all analysis to the Internal Quality Improvement Committee (IQI) and then to the Quality/ Utilization Advisory Committee (Q/UAC).

B. Quality/Utilization Advisory Committee Role
   1. The Q/UAC reviews the analysis and recommendations from the O/U UW and implements appropriate interventions whenever it identifies possible under or over-utilization. The Q/UAC directs the O/U UW to measure whether the interventions have been effective at an appropriate interval and then implement strategies to achieve appropriate utilization.

C. Monitoring
   1. Partnership routinely monitors, tracks and analyzes both non-behavioral and behavioral health services as well as substance use treatment services.
   2. The O/U UW may monitor several additional types of data when looking for potential under- or over-utilization problems. It may monitor the following:
      a. HEDIS® measures
      b. Physician practice profiles from Utilization Management (UM) data
      c. Data from Member complaints and PCP change requests
      d. Information on referrals to specialists
      e. Data on inpatient days and discharges
      f. Pharmacy utilization
      g. Data on outpatient visits
      h. Emergency Room visits
      i. Admission and length of stay in acute rehabilitation units
      j. Compliance with Preventive Care Guidelines are routinely assessed by practice site to detect over and under-utilization
      k. Top 10 diagnoses for inpatient, outpatient and the Emergency Department settings
      l. Top 25 Members based on utilization and/or cost
      m. Selected procedures performed by high volume specialists are monitored and compared to other organization's rates or national data to detect under or over-utilization.
      n. Services performed by substance use treatment providers are monitored to detect over-use, under-use, and misuse of services.
      o. The workgroup monitors the accuracy, timeliness, and completeness of data submitted by providers to Partnership.

D. Access to All Covered Services
   1. Unless prohibited by law, Partnership or its subcontractor will arrange for the timely referral and coordination of any Covered Services to which Partnership or its subcontractor has religious or ethical objections to perform or otherwise support and will arrange, coordinate and ensure provision of services.
   2. Providers who are unwilling to perform, provide or otherwise support a covered service are obligated to notify Partnership's Care Coordination Department. Once notified, a Partnership Case Manager will assist the Member in obtaining timely access to the covered service.

E. Triage and Referral for Behavioral Health and Substance Use Disorder Services
   1. Partnership monitors the triage and referral protocols for its delegated behavioral health care provider to assure that they are appropriately implemented, monitored and professionally managed. Protocols utilized by delegates must be based on sound clinical evidence and be accepted industry practice. They must define the level of urgency and appropriateness of the care setting.
   2. Triage and referral decisions not requiring clinical judgment are made by staff with relevant knowledge, skills and professional experience.
   3. Triage and referral decisions requiring clinical judgment are made by a licensed behavioral health care practitioner with appropriate qualified experience.
   4. Supervision of triage and referral staff is by a licensed behavioral health care practitioner with a minimum of a master's degree and five years of post-master's clinical experience.
   5. Oversight of triage and referral decisions is by a licensed psychiatrist or an appropriately licensed doctoral level psychologist experienced in clinical risk management.

F. Decisions Made on Medical Appropriateness
   1. On an annual basis, Partnership distributes a statement to all its practitioners, providers, members and employees alerting them to the need for special concern about the risks of under-utilization. It requires employees who make utilization-related decisions and those who supervise them to sign a statement which affirms that UM decision making is based only on appropriateness of care and service. Furthermore, Partnership does not reward practitioners, or other individuals conducting utilization reviews, for issuing denials of coverage. There are no financial incentives for UM decision makers to deny care; and Partnership does not encourage decisions which would result in under-utilization, but rather, bases decisions solely on the appropriateness of care or service and the existence of coverage.

G. Delegation Oversight and Monitoring
   1. Partnership delegates the administration of certain mental health services to a managed behavioral health organization..
   2. A formal agreement is maintained and inclusive of all delegated functions.
   3. Oversight/Regular monitoring activities include, but are not limited to, an audit conducted no less than annually.
   4. Results from the annual delegation oversight audit shall be presented to Partnership's Delegation Oversight Review Sub-Committee (DORS) for review and approval and reviewed by the Chief Medical Officer (CMO) or physician designee.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) contract, Exhibit A, Attachment III, 2.3.3
B. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2024)
   UM 1 Program Structure Element A Written Program Description Factors 3 and 4 Involvement of a Designated Senior Level Physician and a Designated Behavioral Healthcare Practitioner;
   Front Matter: Policies and Procedures –Section 2
C. DHCS Intergovernmental Agreement for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Q/UAC members
C. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal

05/16/01; 05/15/02; 10/16/02; 10/20/04; 10/19/05; 10/18/06; 08/20/08; 06/17/09; 07/21/10; 10/01/10; 05/16/12; 08/20/14; 06/17/15; 04/20/16; 04/19/17; *06/13/18; 04/10/19; 11/13/19; 09/09/20; 08/11/21; 08/10/22; 08/09/23; 08/14/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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PREVIOUSLY APPLIED TO:
Healthy Kids - MPUP3006 (Healthy Kids program ended 12/01/2016)
10/18/06; 08/20/08; 06/17/09; 07/21/10; 10/01/10; 05/16/12; 08/20/14; 06/17/15; 04/20/16 to 12/01/2016

PartnershipAdvantage:
PA UM302 - 06/21/2006 to 08/20/2014
MPUP3006 – 08/20/2014 to 01/01/2015

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.