PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE

Policy/Procedure Number: MCUP3139			Lead Department: Health Services	
Policy/Procedure Title: Criteria and Guidelines for Utilization Management			☒External Policy ☐ Internal Policy	
Original Date: 08/12/2020		Next Review Date: 08/14/2025 Last Review Date: 08/14/2024		
Applies to:	☒ Medi-Cal		☐ Employees	
Reviewing Entities:	☒ IQI	☐ P & T	☒ QUAC	
	☐ OPERATIONS	☐ EXECUTIVE	☐ COMPLIANCE	☐ DEPARTMENT
Approving Entities:	☐ BOARD	☐ COMPLIANCE	☐ FINANCE	☒ PAC
	☐ CEO ☐ COO	☐ CREDENTIALING	☐ DEPT. DIRECTOR/OFFICER	
Approval Signature: *Robert Moore, MD, MPH, MBA*			Approval Date: 08/14/2024	

I.   RELATED POLICIES:
  A.   MPQP1002 – Quality/ Utilization Advisory Committee
  B.   MPRP4001 – Pharmacy & Therapeutics (P&T) Committee

II.   IMPACTED DEPTS:
  A.   Health Services
  B.   Compliance
  C.   Provider Relations

III.   DEFINITIONS:
  Standard of Care: The level and type of care that a reasonably competent and skilled health care professional, with a similar background and in the same medical community, would provide under the same circumstance.

IV.   ATTACHMENTS:
  A.   Table of Approved Criteria and Guidelines Referenced for Utilization Management

V.   PURPOSE:
  To establish an approved list of Utilization Management criteria and guidelines for reviewing Treatment Authorization Requests (TARs) and hospitalizations. (Note: The process for review and approval of criteria for pharmacy services can be found in policy MPRP4001 Pharmacy & Therapeutics [P&T] Committee.)

VI.   POLICY / PROCEDURE:
  A.   Partnership HealthPlan of California (Partnership) is responsible for reviewing requests for services submitted by network providers. A key element of these reviews is the use of criteria and guidelines to assist in making decisions to approve, modify or deny service authorization requests. It is important that the criteria and guidelines used in this process be known and accessible and reflective of well accepted standards of care. This policy will establish the process of Criteria and Guideline review and approval for use by the Partnership network of providers.
  B.   Process of Review and Approval:
    1.   On an annual basis, the Quality/ Utilization Advisory Committee (Q/UAC) will review a list of criteria and guidelines to be used by Partnership Utilization Management staff and Partnership medical directors in performing reviews of treatment authorization requests (TARs).
       a.   This list will be evaluated during the Chief Medical Officer (CMO)/Medical Director (MD) meeting the month prior to presentation to Q/UAC.

      b. To be included in this list, a criteria set or guideline must be developed by a nationally recognized entity or a Partnership policy that has been approved through the standard committee process.

      c. These guidelines and criteria sets should be utilized by managed care organizations throughout the country or region. (This would mean that the criteria and guidelines reflect the generally accepted standard of care.)

      d. Guidelines and criteria sets should be supported by clinical literature and peer review.

      e. A specific guideline or criteria can be submitted for potential inclusion in the approved list by any provider within the Partnership network or by Partnership staff.

        1) This recommendation will be submitted to the Office of the CMO.

        2) The CMO will assign the suggested criteria or guideline to a specific medical director for evaluation. This medical director will present the review at the next CMO/MD meeting.

        3) After the medical directors have completed their evaluation of the guideline or criteria set, they will decide to either forward the document to Q/UAC with a recommendation for approval, or decide that the guideline or criteria should not be used by Partnership for performing reviews.

  2. Hierarchy of Guidelines and Criteria Sets:

      a. The guidelines and criteria can be grouped into the following groups:

        1) Required standards as set forth by the State of California (Department of Health Care Services [DHCS] or other agencies) where Partnership is contractually and legally obligated to follow the guidelines.

        2) Industry accepted guidelines that are used by a variety of other managed care organizations (e.g. InterQual® and National Comprehensive Cancer Network [NCCN]).

        3) Guidelines developed through government agencies (e.g. Center for Disease Control [CDC] or Agency for Healthcare Research and Quality [AHRQ]).

        4) Policies developed by Partnership.

      b. There should be few circumstances where these groups of guidelines conflict. In situations where there is a conflict, the use of the guidelines should favor the patient first.

      c. The guidelines that are required by statute or contract should be followed at all times, as long as the patient's safety is not compromised.

      d. Partnership policies should be followed as long as there is no conflict with legally required or contractually required services.

C. See Attachment A for Table of Approved Criteria and Guidelines Referenced for Utilization Management.

VII.   REFERENCES:
National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2024) UM 2 Clinical Criteria for UM Decisions Elements A

VIII.   DISTRIBUTION:
    A. Partnership Department Directors
    B. Partnership Provider Manual

IX.   POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X.   REVISION DATES: 08/11/21; 08/10/22; 08/09/23; 08/14/24

PREVIOUSLY APPLIED TO: N/A