





Section: <b>Utilization Management</b>	Policy Name: <b>Utilization Management</b>	Policy Number: <b>MHL 04.06</b>
Owner: <b>Manager of UM &amp; Call Center</b>	Reviewed By: <b>Elizabeth Guisinger, LPC, CAADC</b> <b>Bangalore Ramesh, MD</b>	Total Pages: <b>6</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input checked="" type="checkbox"/> <b>NCQA</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Final Approval By:  <small>Beth Guisinger (Dec 8, 2021 06:49 EST)</small>  <small>Bangalore K Ramesh (Dec 8, 2021 11:37 EST)</small>	Date Approved:  <b>Dec 8, 2021</b>
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input checked="" type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> _____ <input type="checkbox"/> <b>Healthy Michigan</b> <input type="checkbox"/> <b>SUD Block Grant</b> <input type="checkbox"/> <b>SUD Medicaid</b> <input checked="" type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>3/1/2015</b>

**Policy:** It shall be the policy of the Southwest Michigan Behavioral Health (SWMBH) to have comprehensive Utilization Management (UM) Program that meets the regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) Contract, and Centers for Medicare and Medicaid Services Code of Federal Regulations (CFR) and complies with National Council of Quality Assurance (NCQA) standards. The purpose of the UM Program is to provide a comprehensive integrated process that ensures persons served by the SWMBH and its provider network receive high quality timely, medically necessary and clinically appropriate integrated behavioral healthcare in the most cost-effective manner. It shall also be the SWMBH policy that SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services.

**Purpose:** To establish the standards and guidelines that detail how SWMBH and its provider network system comply with the federal laws and Integrated Care Organization (ICO) and MDHHS Contract requirements pertaining to the UM responsibilities of the SWMBH.

**Scope:** SWMBH Utilization Management and the MI Health Link (MHL) UM Committee, which consists of clinical and quality staff, as well as external practitioners as needed, will review and revise if necessary, guidelines to provide oversight to Access and Eligibility, Service Authorization and Reauthorization, Utilization Review, and Clinical Protocol.

**Responsibilities:** MI Health Link UM Committee members shall support and advise the UM department. They will evaluate trends and provide oversight regarding over/under utilization, review processes and assist in supporting clinical practice guidelines. SWMBH UM is responsible



for member and provider contact regarding access services, determining eligibility, authorizing benefits, providing ongoing utilization reviews, and following the clinical protocols established by the MI Health Link UM Committee.

**Definitions:** None

**Standards and Guidelines:**

**A. Program Oversight, Governance and Authority**

The SWMBH Utilization Management Program shall operate under the oversight of the SWMBH Medical Director and Manager of Utilization Management.

**B. MI Health Link Utilization Management Committee**

SWMBH shall create and implement a MI Health Link UM Committee (MHL UMC) consisting of both SWMBH clinical and quality staff and external practitioners as needed. The MHL UMC shall serve in a support and advisory capacity to the UM Program.

**C. Program Components**

The SWMBH's UM Program shall consist of the following four components:

1. Access and Eligibility
2. Service Authorization and Reauthorization
3. Utilization Review (UR)
4. Clinical Protocol

**D. Program Structure**

The written UM Program description shall describe the program structure, accountability lines, lead staff, involvement of practitioners in its development, implementation of behavioral healthcare practitioners in its implementation and that SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services.

**E. QAPIP Interface**

The UM Program shall operate as a sub-component of the SWMBH Quality Assessment and Performance Improvement Plan (QAPIP). As required by NCQA standards, the UM Program must have a written plan and address mechanisms to address over/under utilization and preservice, concurrent and post service urgent and routine review processes.

**F. Annual Program Evaluation**

SWMBH shall clearly demonstrate that it has annually evaluated the UM Program, addressed trends, made systemic changes as indicated and has updated the UM Plan to reflect current need, as necessary.

**G. Satisfaction with the UM Process**

SWMBH through various avenues including stakeholder satisfaction surveys and member services, shall have a mechanism for collecting and tracking feedback regarding satisfaction with the UM Process from members and providers.

**H. SWMBH Staff Roles**

The UM Program description shall clearly designate the SWMBH practitioners involved in the implementation, supervision, oversight and evaluation of the UM program.



### **I. Program Information Sources**

In implementing the annual UM Program Plan, the SWMBH UM care management reviewers will use the publicly available clinical practice guidelines in conducting their reviews of the various clinical components of the SWMBH plan. These include contractual identified practice guidelines, MDHHS public policy guidelines, technical advisories, nationally recognized medical necessity criteria, Clinical Practice Guidelines (CPGs) published by The National Institute of Health and Care Excellence (NICE) and the Michigan Quality Improvement Consortium (MQIC).

### **J. Care Management Review Mechanisms**

The SWMBH Annual UM Program Plan shall include care management review mechanisms that addresses all the regulatory compliant and policy driven functions. SWMBH will assure interrater reliability related to SWMBH policy and criteria annually as identified through the Consistency in Applying Criteria policy.

### **K. UM Decision-Making Criteria**

The SWMBH shall use nationally recognized medical necessity written criteria based upon sound clinical evidence and specific procedures for appropriately applying the criteria to make utilization decisions including application of CPGs published by NICE and the MQIC.

### **L. Service Authorizations**

The SWMBH shall have UM review criteria that reviews utilization management decisions being made across its network for consistency and alignment with its clinical practice guidelines. In this regard, the UM Care Management Review team shall ensure, through its sampling reviews of the UM program, that all regulatory, statutory and policy requirements are met. Service determinations resulting in denials are made by appropriately licensed and credentialed staff limited to the SWMBH Chief Medical Officer, contracted board-certified psychiatrists or the consulting psychologist as a fully licensed psychologist. SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services.

### **M. Level of care decisions**

Level-of-care UM decisions shall base on the SWMBH policy (developed from the MDHHS Specialty Services Contract, Michigan Mental Health Code, Medicaid Provider Manual, Medicare and NCQA regulations), nationally recognized Medical Necessity Criteria, ASAM Level of Care Criteria, Supports Intensity Scale (SIS), Level of Care Utilization System (LOCUS) and SWMBH, Clinical Practice Guidelines. Level of care decisions shall only be made by qualified staff with the expertise to make decisions and are reviewed, as appropriate, through supervisory, peer case and random SWMBH UM review mechanisms. Service determinations resulting in denials are made by appropriately licensed and credentialed staff limited to the SWMBH Chief Medical Officer, contracted board-certified psychiatrists or the fully licensed consulting psychologist. In instances of potential conflict of interest, SWMBH shall utilize board certified consultants to make medical necessity denial and appeal decisions. SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services.

### **N. Authorization and Denial review criteria/procedures**

The SWMBH UM Care Managers shall consistently apply medical necessity criteria, utilizing the policy driven criteria, reviewers will review service authorization decisions rendered by UM Care Managers and service denial decisions rendered by the SWMBH Medical Director, contracted board-certified psychiatrists or the fully licensed consulting psychologist. SWMBH does not provide



financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services. Reviewers do not have a reporting relationship to SWMBH staff making medical necessity or level of care determinations.

**O. Practitioner Access to UM Decision Criteria**

The SWMBH ensures its customers and practitioners have access to all the utilization decision criteria used by the network and have received information or training on the use of the criteria and how to access it, as requested. Mechanisms to access criteria are identified in provider and member handbooks.

**P. Access to UM Staff to Discuss UM Issues**

Organizational providers, practitioners and customers have access to staff to discuss UM criteria via the toll-free UM or Member Services and/or Michigan Relay 711 phone numbers. Information regarding how to access a UM reviewer is identified in provider and member handbooks. UM reviewers are available Mon-Fri 8AM to 8PM to discuss and process routine UM issues. UM reviewers are also available after hours, holidays and weekends to process pre-service or concurrent urgent requests. Providers and members have 24-hour availability to electronic submit requests and/or leave a voicemail. Additionally, interpreter services are made available to members at no cost and critical documents as identified per Balanced Budget Act (BBA)/Social Security safe harbor thresholds.

**Q. Appropriate UM Professionals**

As identified via ICO/MDHHS contracts and NCQA standards, SWMBH shall ensure that only qualified licensed professionals assess the clinical information used to support and oversee all UM decisions.

**R. SWMBH Review Case Selection**

Specific cases for UM Review are identified by the SWMBH in accordance with the annual guidelines set forth in the UM Plan. In this regard, the SWMBH may choose specific cases for review according to the UM Plan and may include random or targeted samples and cases of over and underutilization. To realize administrative efficiencies, the SWMBH will complete 100% of MI Health Link UM Reviews required by policy, contract and UM Plan.

**S. UM Program Monitoring Results and Reporting**

1. Results of UM Reviews will be aggregated in a common format and compared across the SWMBH region for improvement of service delivery and cost effectiveness and to address over and underutilization. Those will include recommended organizational level of care changes.
2. The MHL UMC will review all aggregated data on UM and service authorization trends on a regular basis. The efficacy of services, the quality of the services and supports as well as their cost-effectiveness will be assessed and decisions regarding improvements and needed changes in the system(s) will be discussed and reviewed.
3. UM reports shall be provided monthly to the ICO per contract specifications.

**T. Policies for Appeals**

SWMBH shall maintain policies for service recipient appeals of UM decisions. These policies shall be maintained in the SWMBH Provider Policy Manual and posted on the SWMBH web site. SWMBH shall ensure there is a full and fair process for resolving service member disputes and responding to the person's request to reconsider a decision they find unacceptable regarding their care and



services. The SWMBH appeal process shall address the regulatory and contractually mandated appeal and appeal related processes.

**U. Delegation**

SWMBH shall comply with delegation requirements set forth in the applicable ICO contract.

**References:**

- A. BBA Section: 2 CFR 438 Subparts B, C, D, F
- B. PIHP Contract Section: Attachment 6.7.1.1., Part II, 6.8
- C. 2021 NCQA MBHO Standards

**Attachments:** None











# MHL 04.06 Utilization Management

Final Audit Report

2021-12-08

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