

Subject: Clinical Criteria for UM Decisions Page 1 of 3

Objective:

- I. To ensure that when making utilization decisions, Tuality Health Alliance (THA) uses written criteria based on sound clinical evidence.
- II. To ensure consistent Utilization Management decision-making by utilizing objective and evidence-based criteria and THA's local delivery system.

Policy:

- I. Utilization Management (UM) criteria are not absolute but are designed to be used in conjunction with good clinical judgment and assessing the needs of the individual patient. Therefore, accurate and appropriate UM decisions require that relevant facts be gathered from appropriate providers in a member's care such as;
 - A. Age
 - B. Progress of treatment
 - C. Psychosocial factors
 - D. Home environment
 - E. Co morbidities
 - F. Complications
 - G. THA also considers characteristics of Tuality Health Care's local delivery system available for specific patients, such as:
 1. Availability of skilled nursing facilities, sub acute care facilities or home care in THA's service area to support the patient after hospital discharge
 2. Coverage of benefits for skilled nursing facilities, sub acute care facilities or home care where needed
 3. THA's ability to provide all recommended services within the estimated length of stay.
- II. THA utilizes McKesson InterQual criteria for making UM determinations. THA also utilizes health plan specific criteria when necessary such as:
 - A. Medicare Standards
 - B. Providence Policies and Guidelines
 - C. Oregon Health Plan Policies and Administrative Rules
- III. THA's Quality Management Committee (QMC) has a variety of physicians in varying specialty areas that review the criteria when a change in the criteria is

Subject: Clinical Criteria for UM Decisions Page 2 of 3

- requested. This allows the providers with professional knowledge or clinical expertise in the area being reviewed to have an opportunity to give advice or comment on the development or adoption of the criteria and on instructions for applying the criteria.
- IV. Providers may request verbally or in writing, a copy of the UM criteria used in making determinations to the THA Medical Services Manager or Medical Management staff. Acceptable mechanisms for making criteria available are:
- A. Copy to the practitioner is provided
 - B. Read the criteria over the phone
 - C. Criteria is available at THA for practitioner to review
 - D. Provide via internet or email
- V. Pertinent clinical documentation from the members' current medical record is utilized in making referral, pre-authorization and inpatient review determinations when necessary. This information is reviewed utilizing specific health plan criteria or national guidelines when indicated.
- VI. THA may obtain a second opinion when in the discretion of the THA Medical Director; a second professional opinion is needed to make an appropriate determination.
- VII. THA Case Managers assist with a member's transition to other care, if necessary, when benefits end by offering to educate the member about other alternatives for continuing care as appropriate and inform the member of ways to obtain that care.
- VIII. THA QMC annually evaluates the consistency with which Medical Management staff applies clinical criteria in decision-making and acts on opportunities for improvement, if applicable. Criteria are updated annually.
- A. All THA Case Managers and a THA Medical Director meet weekly to evaluate determinations and discuss problem cases.
 - B. Annual Inter-Rater Audit
 - 1. The QMC monitors review performance, develops action plans when indicated and assesses the results.
 - 2. The review is performed through a peer review process and may encompass pre-service, concurrent, and expedited review decisions, including denial decisions.
 - 3. Frequency of monitoring is completed annually. Performance standard is 90% compliance with performance measures.

Subject: Clinical Criteria for UM Decisions Page 3 of 3

4. Less than 90% compliance will result in an action plan being developed and quarterly monitoring until scores reach 90% or greater.

Reference: 2010 NCQA Standard UM 2 Clinical Criteria
THA Policy V-18 Second Opinion
2011 DMAP FCHP Contract Exhibit B Part 1 section 3.a
OAR 410-141-0420
42 CFR 438.210(d)

Formulated Date: February 4, 2002

Reviewed: May 2011

Revised: February 2003
April 2004
April 2005
May 2006
July 2007
July 2008
February 2010

THA Plan Director

THA Medical Director