Utilization Management (UM) Program

Training Objectives:

1. Provide an in depth understanding of the purpose and function of utilization management and review
2. Define levels of utilization review
3. Understand UM appeals process

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Definition of UM

The process of evaluating and determining the coverage and the appropriateness of treatment and recovery support services across the patient health care continuum to ensure the proper use of resources. Appropriateness is based on patient's severity of illness, ASAM criteria, the intensity of service being provided and an individual's funding and/or insurance benefit

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Functions of UM

- Pre-review Screening
  - Initial BPA Screening Assessment
- Prospective Review (Pre-certification Review or Prior Authorization Review)
  - Initial Authorization
- Concurrent review
  - Continues Services Review (CSR)
- Retrospective Review
  - Quality Assurance
  - Audit Process

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UM Process Flow

Pre-review screening
- Initial BPA screening
- Assessment only

Prospective Review
- Initial authorization

Concurrent Review
- Continued Services Review (CSR)

Retrospective Review
- Audits (clinical chart/supervision, for-cause)
- Quality Assurance

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Levels of Utilization Review

Level I:
- ❑Client Services Coordinators (QP and QPT)
  - Initial Screening
  - Authorization
  - Transfer
  - Continued Services Review (CSR)

Level II:
- ❑Licensed Master's Level Clinicians
  - Appeals
  - Continued Services Review (CSR)
  - Peer-to-peer

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Levels of Utilization Review cont…

Level III:
- ❑Licensed Clinical Directors
  - Continued Services Review
  - Appeals
  - Peer-to-peer

Level IV:
- ❑Medical Director (Psychiatrist)
  - Denials
  - Appeals
  - Continued Services Review
  - Peer-to-peer

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Continued Services Review
(Concurrent Review)

An assessment that determines clinical necessity or appropriateness of services during a patient's residential stay or course of treatment, such as an assessment of the need for continued care at a given level. Concurrent reviews include continued-stay authorization and discharge review.

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Discharge Planning

❖Definition:

Discharge planning is an important function that facilitates the transition of the client into a less restrictive level of care.

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Discharge Planning cont..

❖Objectives:

- Utilize resources effectively
- Prevent unnecessary admissions to a level of care and avoid readmissions caused by incomplete course of treatment
- Avoid either underutilization or overutilization of health care services
- Provide patient with specific discharge plans and aftercare treatment, including detailed placement plans and professional follow-up

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Discharge Planning cont…

- Should Include:
  - Client
  - Spouse or significant others
  - Family members/support group
  - Outpatient counselor or provider
  - Physician (Psychiatrist)
  - Criminal Justice support:
    - Probation officer (JPO)
    - Drug Court Coordinator
    - Pre-sentence Investigator (PSI)

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CSR Preparation

The provider-designated clinician will prepare the CSR using information derived from the:

- Problem List
- Master Treatment Plan
- Progress documentation
- Any continued treatment planning in the client's chart that is clinically relevant at the time of review.

BPA has the option to request and review updated Master Problem Lists and Treatment Plans if this documentation is necessary to determine continuing care criteria and proper placement for the client.

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When Submitting a CSR

Information to include:

1. Show all 6 ASAM Dimensions for requested Level of Care
2. Show active and updated discharge planning
3. Are Mental Health issues addressed including referrals, medications and appointments?
   Include specific information when at all possible.
4. Is this the least restrictive level of care under ASAM?
   If not, what is keeping the client at this level of care and how are you addressing these issues
5. "Why can't the client discharge to a lower level of care today?"
   Tell us why, so we understand this client's unique needs.
6. Units Requested and Anticipated Discharge Date

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CSR Clinical Determinations

- Approval
- Approval w/Authorization Modification
- Pending Information Needed w/out Extended Units
  - In the instance clarification is required
- Denial

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CSR Approval/Partial Approval

Approved CSR:
If the CSR is found sufficient to meet ASAM guidelines for the recommended level of care and requested date span, a new authorization for the requested time will be generated and the voucher sent to the provider.

Modification:
If the information provided in the CSR is sufficient to justify continued care, but is not sufficient to justify the entire time span requested, BPA will authorize care for the time span deemed appropriate and will send the provider a notice of the modified authorization with an explanation.

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CSR Clarification Required

- If the information provided in the CSR is not sufficient to justify continued care, clarification will be required.
- Clarification letters will be sent to the provider.
  If necessary, the CSC will call the facility to obtain the clarification by telephone.
- If the clarification response from the provider is approved, the new authorization will be sent.

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Common Reasons for Clarification Requests

- Lack of client clinical specificity, i.e. quoting of ASAM rather than providing clinical evidence of client need
- Submitting the same exact justification as the prior CSR (cut/paste)
- Citing behaviors from the past without explaining the current relevancy
- Describing problems, but not explaining how they connect to or warrant additional treatment at the recommended level of care

(The preceding list is NOT all-inclusive.)

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CSR Denial

Denials are issued in cases where:

- The information provided in the CSR is unacceptable or;
- When a response to a clarification request is insufficient to justify the recommended level of care.

The provider may continue to submit collateral information.

Authorization start date will not commence until BPA receives sufficient clarification.

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Authorization Spans

- Authorization vouchers resulting from an CSR are based on clinical need and will no longer have a "minimum" limit.
- The time frame for authorizations for Continued Services is based on:
  - a) Clinical justification according to ASAM Continued Care criteria;
  - b) Appropriateness of treatment objectives;
  - c) Consideration of evidence-based treatment methods and;
  - d) Proposed discharge planning

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CSR Submission

Submit the CSR form to:
Email address: outpatientcsr@bpahealth.com or;
Fax to: 208-947-4392

- Outpatient CSR forms will be accepted no earlier than 14 days prior to the current treatment authorization expiration
- Authorization effective date will not precede the receipt date
- CSR forms will be processed within 2 business days of receipt

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Appeals Process

- No longer expedited due to the 4 levels of review prior to formal appeal.
- Mailed or faxed within 180 days within notice of adverse benefit determination (denial)
  - Contains reasons BPA determination was incorrect
  - Must submit any written comments/documents including medical records relevant to the case and appeal
  - Appeals will be processed within 30 calendar days of receipt of all documentation and request for appeal.

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Appeals Cont.

- If 1st level appeal results in denial provider may send additional or 2nd level written appeal.
  - This MUST include reasons for requesting additional consideration
  - Send within 60 days of Level 1 appeal determination
  - Final decision made within 30 days of receipt of all information
- If BOTH level 1 and 2 determinations have been upheld then provider may seek level 3 review by Idaho Department of Health and Welfare

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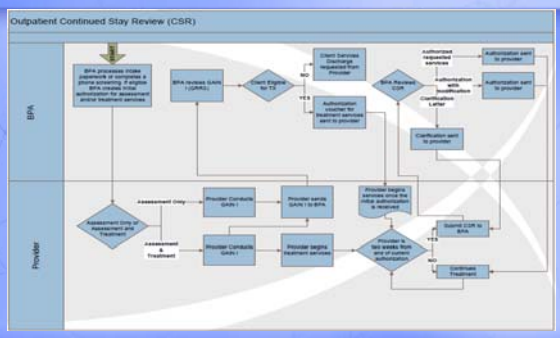
Authorization Work Flow



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Review of CSR Form Electronic
(Written also available)

Client ID#:

Substance Use Disorder Continued Services Review (CSR) Form

Instructions: All sections below must be completed in order to process this form.

Response to Missing Information Request? ☐ **Yes** ☐ **No**

Part I: Demographic Information

Today's Date: M/d/yyyy

Agency Name: Agency Site:

Client's Full Legal Name (Last, First, MI, Suffix):

Client ID#:

Date of Birth: M/d/yyyy

Part II: Current Authorization Information and Additional Services Requested

Date of Admission: M/d/yyyy

Current Level of Care: Number of Days Requested:

Initial Request for Clinical Case Management Units: ☐ **Yes** ☐ **No**

Request for **Additional** Clinical Case Management Units: ☐ **Yes** ☐ **No**

(If Clinical Case Manager is different than provider listed above indicate here)

Agency Name: Agency Site:

Has the Client's DSM-IV Diagnosis Code Changed? ☐ **Yes** ☐ **No**

If **Yes**, Primary Diagnosis: Secondary:

Target Discharge Date for Current Level of Care:

Part III: Clinical Documentation and Justification of Services:

Please ensure that the clinical documentation in the dimensions below is congruent with ASAM-PPC 2R standards and reflects the **client's current** clinical status.

Dimension 1: Signs and symptoms indicate the continued presence of the intoxication or withdrawal problem that required admission to the present level of care. The problem requires monitoring or detoxification services that can be provided effectively only at the present level of care as evidenced by:

Dimension 2: The physical health problems that required admission to the present level of care, or a new problem, requires biomedical services that can be provided effectively only at the present level of care as evidenced by:

Dimension 3: The emotional, behavioral and/or cognitive problem that required admission to the present level of care continues, or a new problem has appeared. This problem requires interventions that can be

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Review of CSR Form Electronic
(Written also available)

Error! Use the Home tab to apply ClientID to the text that you want to appear here.

Substance Use Disorder Continued Services Review (CSR) Form

Dimension 3: The emotional, behavioral and/or cognitive problem that required admission to the present level of care continues, or a new problem has appeared. This problem requires interventions that can be provided effectively only at the present level of care as evidenced by:

Dimension 4: The patient continues to demonstrate a need for engagement and motivational enhancement that can be provided effectively only at the present level of care as evidenced by:

Dimension 5: The patient continues to demonstrate a problem, or has developed a new problem, that requires coping skills and strategies to prevent relapse, continued use or continued problems. These strategies can be provided effectively only at the present level of care as evidenced by:

Dimension 6: The patient continues to demonstrate a problem in his or her recovery environment, or has a new problem, that requires coping skills and support system interventions. These interventions can be provided effectively only at the present level of care as evidenced by (please include specific interventions and discharge plans pertaining to this dimension):

Part IV: Provider Information/Signature:

Primary Counselor Name (Print): Credentials:

Signature: Date: M/d/yyyy

Phone: ( ) - Ext.

Part V: Recovery Support Services Voucher Request

RSS approval is subject to current SUD funding guidelines. Justifications for Recovery Support Services need to be included in the appropriate ASAM dimensions above.

☑	Service Requested	Provider and Site Location	Units Requested	Initial Voucher	Additional Units
☐	Case Management			☐	☐
☐	Child Care			☐	☐
☐	Drug Testing			☐	☐
☐	Family / Marriage Education Life Skills			☐	☐
☐	Medical Needs Benefit			☐	☐
☐	Transportation			☐	☐
☐	Safe and Sober Housing			☐	☐

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Regional Coordinators

Your Regional Field staff is available to answer questions and provide additional assistance:

- Nancy Irvin 208-964-4868
  - nancyi@bpahealth.com
- Dean Allen 208-305-4439
  - Dean.allen@bpahealth.com
- Jaime Goffin 208-921-2342
  - Jaime.goffin@bpahealth.com
- Matt Christensen 208-921-8923
  - Matt.christensen@bpahealth.com

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