

# Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	<b>Utilization Management Requirements</b>	Policy No. 6000.01
Category:	Clinical	Date Adopted: 07/09/2021 Date Revised: 05/13/2021 Date Reviewed: 06/29/2021
Reference:	WA State Health Care Authority (HCA) contracts with Great Rivers BH-ASO; NCQA	

## POLICY:

- 1.1 This policy provides an overview of the Utilization Management Requirements for Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO). Great Rivers BH-ASO has a utilization management (UM) program to ensure the application of resources in the most clinically appropriate and cost-effective manner.
- 1.2 UM activities will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible Individuals in the Great Rivers BH-ASO's Regional Service Area (RSA). Great Rivers BH-ASO ensures all UM activities are structured to not provide incentives for any person or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.
- 1.3 Great Rivers BH-ASO will consider the greater and specific needs of diverse populations, as reflected in health disparities. Additionally, risk factors such as Adverse Childhood Experiences (ACEs), historical trauma, and the need for culturally appropriate care will be taken into consideration.

## DEFINITIONS:

- 2.1. **Concurrent Utilization Review:** Review of an individual's care during an episode of care. Concurrent review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Concurrent review helps to determine whether delivery options for the most appropriate, medically necessary care are available, and whether individuals are improving because of the treatment being delivered.
- 2.2. **Expedited Authorization Decisions:** For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or Great Rivers BH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, Great Rivers BH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.
- 2.3. **Prospective (Pre-Service) Utilization Review:** Review which occurs before care is delivered. Prospective review focuses on eligibility and medical necessity screening prior to the provision of requested services. This type of review also allows for referral to possible alternative services as appropriate. Also referred to as prior authorization review.
- 2.4. **Retrospective Utilization Review:** Review which occurs after an episode of care has ended. Retrospective review focuses on the efficient allocation of appropriate, medically necessary resources during an episode of care. Retrospective review also evaluates appropriate discharge planning to include timely discharge from services.

- 2.5. **Utilization Management (UM):** (UM) is a Quality Management (QM) process that addresses appropriateness of services (i.e., is the individual receiving what they need, when they need it and not receiving what they do not need when they do not need it).
- 2.6. **Notification Only:** Emergent, unplanned admission to acute inpatient behavioral health facilities do not require prior authorization but do require notification of the admission within 24 hours or next business day.

## PROCEDURES

- 3.1. Great Rivers BH-ASO's Behavioral Health Medical Director will provide guidance, leadership, and oversight of the Utilization Management (UM) program for Contracted Services used by Individuals. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:
  - 3.1.1. Process for evaluation and referral to services.
  - 3.1.2. Review of consistent application of criteria for provision of services within available resources and related grievances.
  - 3.1.3. Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to, evidenced-based practice guidelines, culturally appropriate services, discharge planning guidelines and activities, such as, coordination of care among treating professionals.
  - 3.1.4. Monitor for over- and under-utilization of services, including Crisis Services.
  - 3.1.5. Ensure resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.
- 3.2. Great Rivers BH-ASO maintains and implements UM protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds. The UM protocols comply with the following provisions:
  - 3.2.1. Great Rivers BH-ASO has policies and procedures that establish a standardized methodology for determining when GFS and FBG resources are available for the provision of behavioral health services. The processes and methodology include the following components:
    - 3.2.1.1. An aggregate of spending across GFS and FBG fund sources under the Contract.
    - 3.2.1.2. For any case-specific review decisions, Great Rivers BH-ASO has Level of Care Guidelines (developed to meet regional and national standards of care) for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines will address GFS and Substance Abuse Block Grant (SABG) priority population requirements.
    - 3.2.1.3. Great Rivers BH-ASO will use the six dimensions of the American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all substance use disorder (SUD) services.
    - 3.2.1.4. A plan to address under- or over-utilization patterns with providers to avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
    - 3.2.1.5. Education and technical assistance to address issues related to quality of care, medical necessity, timely and accurate claims submission, or aligning service utilization with allocated

- 3.2.1.6. funds to avoid disruption in service or unspent funds at the end of a contract year.
- 3.2.1.6. Corrective action with providers, as necessary, to address issues regarding compliance with state and federal regulations or ongoing issues with patterns of service utilization.
- 3.2.1.7. A process to make payment denials and adjustments when patterns of utilization deviate from state, federal, or Contract requirements (e.g., single source funding).
- 3.2.1.8. Will maintain information systems that collect, analyze, and integrate data that can be submitted for utilization management purposes.
- 3.2.2. Great Rivers BH-ASO monitors provider discharge planning to ensure providers meet requirements for discharge planning by:
  - 3.2.2.1. Reviewing monthly Discharge Planner Reports from Evaluation and Treatment Centers located in Great Rivers BH-ASO's RSA.
  - 3.2.2.2. Having Great Rivers BH-ASO's Hospital Liaison begin coordinating discharge planning upon an individual's admission and by elevating barriers to discharge to the Great Rivers BH-ASO's Internal Clinical Review Committee.
- 3.2.3. Great Rivers BH-ASO provides ongoing education to its UM staff in application of UM protocols including the criteria used in making UM decisions. UM protocols take into account the greater and particular needs of diverse populations.
- 3.2.4. Great Rivers BH-ASO ensures all UM staff making service authorization decisions have been trained in working with the specific area of service that they are authorizing and managing and the needs and clinical risk factors of diverse populations.
- 3.2.5. Great Rivers BH-ASO's policies and procedures related to UM will comply with and require the compliance of subcontractors with delegated authority for UM requirements described in Great Rivers BH-ASO's contract with the Health Care Authority (HCA). Great Rivers BH-ASO's subcontractors must:
  - 3.2.5.1. Keep records necessary to adequately document services provided to all individual for all delegated activities including quality improvement, utilization management, and Individual Rights and Protections.
  - 3.2.5.2. Develop clear descriptions of any administrative functions delegated by Great Rivers BH-ASO in the subcontract. Administrative functions are any obligations, other than the direct provision of services to individuals, and include but are not limited to utilization/medical management.
- 3.2.6. Authorization reviews will be conducted by licensed Behavioral Health Professionals with experience working with the populations and/or settings under review.
- 3.2.7. Great Rivers BH-ASO will have UM staff with experience and expertise in working with individuals of all ages with SUD and who are receiving medication assisted treatment (MAT).
- 3.2.8. Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
  - 3.2.8.1. A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;

- 3.2.8.2. A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
- 3.2.8.3. A licensed, doctoral level clinical psychologist.
- 3.2.9. Great Rivers BH-ASO will ensure any behavioral health clinical peer reviewer who is subcontracted or works in a service center other than Great Rivers BH-ASO's Washington State service center will be subject to the same supervisory oversight and quality monitoring as staff located in the Washington State service center. This includes participation in initial orientation and at least annual training on Washington State specific benefits, protocols, and initiatives.
- 3.2.10. Great Rivers BH-ASO will ensure any behavioral health Actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. In addition:
  - 3.2.10.1. A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.
  - 3.2.10.2. A physician board-certified or board-eligible in addiction medicine or a subspecialty in addiction psychiatry, must review all inpatient level of care actions (denials) for SUD treatment.
- 3.2.11. Great Rivers BH-ASO will not structure compensation to individuals or entities that conduct UM activities to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to any Individual.
- 3.2.12. Great Rivers BH-ASO will maintain written job descriptions of all UM staff. Great Rivers BH-ASO staff that review denials of care based on medical necessity will have job descriptions that describe required education, training, or professional experience in medical or clinical practice and evidence of a current, non-restricted license, including HIPAA training compliance.
- 3.2.13. Great Rivers BH-ASO will have enough behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case review and other treatment needs.
- 3.2.14. Great Rivers BH-ASO will not penalize or threaten a Provider or Facility with a reduction in future payment or termination of participating provider or participating facility status because the provider or facility disputes Great Rivers BH-ASO determination with respect to coverage or payment for health care service.
- 3.2.15. Great Rivers BH-ASO will maintain a system for keeping Providers informed for Utilization Management decision making.
- 3.3. **MEDICAL NECESSITY DETERMINATIONS**
  - 3.3.1. Great Rivers BH-ASO's network providers will collect all information necessary to make medical necessity determinations.
  - 3.3.2. Great Rivers BH-ASO's network providers will determine which contracted services are medically necessary according to the definition of medically necessary services in the ASO Contract.
  - 3.3.3. Great Rivers BH-ASO's determination of medical necessity will be final, except as specifically provided in Great Rivers BH-ASO Grievance System Policy, as it relates to the Grievance Section of the HCA Contract.

- 3.3.4. Medical Necessity means a requested service which is reasonably calculated to prevent, diagnosis, correct, cure, alleviate, or prevent the worsening of conditions in the recipient that endanger life, cause pain and suffering, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction and there is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the person requesting service. "Course of treatment" may include mere observations or, where appropriate no treatment at all.
- 3.3.4.1. Network providers will collect all necessary information and make the determination of medical necessity.
- 3.3.4.2. Medical Necessity for mental health treatment services is based on the presence of a covered DMS 5 mental health diagnosis following the initiation of the intake evaluation.
- 3.3.4.3. Medical Necessity for substance use disorder (SUD) treatment services is based on the presence of a DSM 5 substance related diagnosis and application of the ASAM criteria following an assessment.
- 3.3.5. While medical necessity determination is performed by the network providers, Great Rivers BH-ASO determines validity of medical necessity through authorization decisions.

#### 3.4. **AUTHORIZATION OF SERVICES**

- 3.4.1. Great Rivers BH-ASO will provide education and ongoing guidance and training to individuals and providers about its UM protocols and Level of Care (LOC) Guidelines, including ASAM Criteria for SUD services for admission, continued stay, and discharge criteria.
- 3.4.2. Great Rivers BH-ASO will have in effect mechanisms to ensure consistent application of UMP review criteria for authorization decisions.
- 3.4.2.1. Great Rivers BH-ASO will have mechanisms for at least annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.
- 3.4.3. Great Rivers BH-ASO will consult with the requesting provider when appropriate, prior to issuing an authorization determination.

#### 3.5. **TIMEFRAMES FOR AUTHORIZATION DECISIONS**

- 3.5.1. Great Rivers BH-ASO will acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.
- 3.5.2. Great Rivers BH-ASO allows the following timeframes for authorization decisions and notices:
- 3.5.2.1. For denial of payment that may result in payment liability for the individual, at the time of any Action or Adverse Authorization Determination affecting the claim.
- 3.5.2.2. For termination, suspension, or reduction of previously contracted services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 CFR § 431.213 and 431.214 are met.
- 3.5.2.3. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and notices are to be provided as expeditiously as the individual's condition requires. Great Rivers BH-ASO will decide

to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, Great Rivers BH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.

3.5.2.3.1. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:

3.5.2.3.1.1. The individual or the provider requests the extension; or

3.5.2.3.1.2. Great Rivers BH-ASO justifies and documents a need for additional information and how the extension is in the individual's interest.

3.5.2.3.2. If Great Rivers BH-ASO extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:

3.5.2.3.2.1. Great Rivers BH-ASO will provide the individual written notice within three (3) business days of the decision to extend the timeframe. The notice will include the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if he or she disagrees with that decision.

3.5.2.3.2.2. Great Rivers BH-ASO will issue and carry out its determination as expeditiously as the individual's condition requires, and no later than the date the extension expires.

3.5.2.4. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or Great Rivers BH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the individual's life or health, or ability to attain, maintain, or regain maximum function, Great Rivers BH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.

3.5.2.4.1. Great Rivers BH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day if the information

provided is not sufficient to approve or deny the request. Great Rivers BH-ASO must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.

3.5.2.4.2. Great Rivers BH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:

3.5.2.4.2.1. The individual requests the extension; or

3.5.2.4.2.2. Great Rivers BH-ASO justifies and documents a need for additional information and how the extension is in the individual's interest.

3.5.2.5. Concurrent Review Authorizations: Great Rivers BH-ASO must make its determination within one (1) business day of receipt of the request for authorization.

3.5.2.5.1. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization if Great Rivers BH-ASO has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.

3.5.2.5.2. Notification of the Concurrent Review determination will be made within one (1) business day of Great Rivers BH-ASO 's decision.

3.5.2.5.3. Expedited appeal timeframes apply to Concurrent Review requests.

3.5.2.6. For post-service authorizations, Great Rivers BH-ASO will make its determination within thirty (30) calendar days of receipt of the authorization request.

3.5.2.6.1. Great Rivers BH-ASO will notify the individual and the requesting provider within three (3) business days of Great Rivers BH-ASO's 's determination.

3.5.2.6.2. Standard Appeal timeframes apply to post-service denials.

3.5.2.6.3. When post-service authorizations are approved, they become effective the date the service was first administered.

### 3.6. **NOTIFICATION OF COVERAGE AND AUTHORIZATION DETERMINATIONS**

3.6.1. For all authorization determinations Great Rivers BH-ASO will notify the individual, the requesting facility, and ordering provider in writing. Great Rivers BH-ASO will notify all parties, other than the individual, in advance whether notification will be provided by mail, fax, or other means.

3.6.1.1. For an authorization determination involving an expedited authorization request, Great Rivers BH-ASO will notify the Individual in writing of the decision. The Contractor may initially provide notice orally to the Individual or the requesting

- provider. Great Rivers BH-ASO will send the written notice within one (1) Business Day of the decision.
- 3.6.1.2. For all authorization decisions, the notice will be mailed as expeditiously as the individual's health condition requires and within three (3) Business days of the decision.
  - 3.6.1.3. Provide notice at least ten (10) calendar days before the effective date of Action or Adverse Authorization Determination when the decision is a termination, suspension, or reduction of previously authorized services.
  - 3.6.1.4. Great Rivers BH-ASO will notify the Individual, the requesting provider if applicable, and ordering provider in writing of any decision to deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested. This includes Adverse Authorization Determinations that occur due to lack of Available Resources, Medicaid payer responsibility, and out of region service area (RSA) requests. The notice to the Individual and provider will explain the following:
    - 3.6.1.4.1. The action Great Rivers BH-ASO has taken or intends to take and effective date if applicable.
    - 3.6.1.4.2. The specific factual basis for the action, in easily understood language including citation to any Great Rivers BH-ASO guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.
    - 3.6.1.4.3. Sufficient detail to enable the individual to learn why Great Rivers BH-ASO's determination was made, be able to prepare an appropriate response, and, if issuing an Action, determine what additional or different information might be provided to appeal the determination.
    - 3.6.1.4.4. If applicable, the notice will include information about alternative covered services/treatment that may be a viable treatment option in lieu of denied services.
    - 3.6.1.4.5. The Individual's and provider's right to request and receive free of charge a copy of the rule, guideline, protocol, or other criterion that was the basis for the decision, as well as reasonable access to and copies of all documents, records, and other information relevant to the Adverse Authorization Determination.
    - 3.6.1.4.6. A statement of whether the individual has any liability for payment.
    - 3.6.1.4.7. A toll-free telephone number to call if the Individual is billed for services.
    - 3.6.1.4.8. Information regarding whether and how the individual may Appeal the decision, including any deadlines applicable to the process.



- 3.6.1.4.9. The circumstances under which expedited resolution is available and how to request it.
- 3.6.1.4.10. The individual's right to receive Great Rivers BH-ASO's or regional Ombuds' assistance in filing a Grievance or an Appeal and how to request it.
- 3.6.1.4.11. The Individual's right to equal access to services for Individuals with communication barriers and disabilities.
- 3.6.1.4.12. When the reason for the Adverse Authorization Determination is that the Individual has Medicaid coverage for the requested service, the notice must redirect to the appropriate payer.
- 3.6.1.5. Great Rivers BH-ASO will provide notification in accordance with the timeframes described in this section except in the following circumstances:
  - 3.6.1.5.1. The individual dies.
  - 3.6.1.5.2. Great Rivers BH-ASO has a signed statement from the individual requesting service termination or giving information that makes the individual ineligible and requiring termination or reduction of services (where the individual understands that termination, reduction, or suspension of services is the result of supplying this information).
  - 3.6.1.5.3. The individual is admitted to a facility where they are ineligible for services.
  - 3.6.1.5.4. The individual's address is unknown and there is no forwarding address.
  - 3.6.1.5.5. The individual requests a change in the level of care.
- 3.6.1.6. Untimely Service Authorization Decisions: When Great Rivers BH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.
- 3.7. **ALIEN EMERGENCY MEDICAL**
  - 3.7.1. Please reference Great Rivers BH-ASO's Alien Emergency Medical (AEM) Inpatient Psychiatric Admission policy (6027).
- 3.8. **UTILIZATION MANAGEMENT MONITORING**
  - 3.8.1. Great Rivers BH-ASO ensures that all notifications for authorization decisions adhere to the timeframes listed above. Great Rivers BH-ASO will monitor all contracted providers through a process that includes but is not limited to:
    - 3.8.1.1. Monthly Monitoring Reports for each contracted provider that includes:
      - 3.8.1.1.1. Authorizations and Actions
      - 3.8.1.1.2. Requests for services
      - 3.8.1.1.3. Over- and under-utilization of services
      - 3.8.1.1.4. Timeliness for services provided under contract
      - 3.8.1.1.5. Appropriateness of services
      - 3.8.1.1.6. Discharges

- 3.8.1.1.7. Referral source
- 3.8.1.1.8. Call disposition if no assessment is offered
- 3.8.1.1.9. Timeliness of assessment appointments
- 3.8.1.1.10. Other data as identified
- 3.8.1.2. Review of Monthly Monitoring Reports
  - 3.8.1.2.1. Prior to the weekly Internal Clinical meeting the reports will be reviewed by Great Rivers BH-ASO's Clinical Director, or designee.
  - 3.8.1.2.2. Recommendations will be provided regarding those not meeting established benchmarks.
  - 3.8.1.2.3. This report will be provided to the Medical Director for review and comments.
- 3.8.1.3. Monthly review of data at Internal Clinical/Quality Management Meeting
  - 3.8.1.3.1. Data will be reviewed by the committee to determine:
    - 3.8.1.3.1.1. Adherence to authorization and notification content and timelines
    - 3.8.1.3.1.2. Adherence to the benchmarks provided in UM review area listed above
  - 3.8.1.3.2. The committee will review the reports to determine the necessary action to take when:
    - 3.8.1.3.2.1. Great Rivers BH-ASO, its delegate, or its subcontractors do not meet the benchmarks established in the reports
    - 3.8.1.3.2.2. Great Rivers BH-ASO does not meet the content requirements and timelines for authorizations and notifications
- 3.8.1.4. For all Adverse Authorization Determinations, Great Rivers BH-ASO will record the date decisions are made, date of verbal notice if applicable, and date of letters are sent. This tracking and the letters will be monitored quarterly by Great Rivers BH-ASO's Clinical Team at the Internal Clinical/Quality Management Committee meeting at least quarterly to ensure compliance with required timeframes and required content elements.

### 3.9. **SANCTIONS**

- 3.9.1. As appropriate, Great Rivers BH-ASO's Internal Clinical/Quality Management Committee meeting will make recommendations concerning delegate and subcontractor performance. Recommendations will then be forwarded to the Great Rivers BH-ASO Leadership Team for review and decision making as per Great Rivers BH-ASO Policy (Remedial Action).
- 3.9.2. Any identified issues regarding Great Rivers BH-ASO not meeting the necessary benchmarks or timelines will be remediated by the Clinical Director, or designee, in accordance with the Great Rivers BH-ASO's policies and procedures and Quality Management Plan. All remediation processes

and outcomes are reported to the Great Rivers BH-ASO Leadership Team by the Clinical Director, or designee.

POLICY SIGNATURE

DocuSigned by:  
*Vickie L. Raines*  
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7/9/2021

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Vickie L. Raines, Chair  
Great Rivers BH-ASO Governing Board

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Date