



ORGANIZATION POLICY AND PROCEDURE	
 	<b>Product Line:</b> <b>Medicare</b> <b>Medi-Cal</b> <b>Commercial</b> <b>OTHER</b>
<b>Subject: 08-01-16-51-00019A- Clinical Criteria for UM Decisions and Hierarchy of Criteria</b>	
<b>Division(s): Health Services</b>	
<b>Department(s): Utilization Management</b>	
<b>CMS</b>	Medicare Benefits Policy Manual, Chapter 15 ...
<b>DMHC</b>	
<b>NCQA-HP</b>	
<b>NCQA-WHP</b>	
<b>OTHER</b>	
<b>Approved by:</b> President/Chief Medical Officer/Medical Director	<b>Approval Date:</b> <b>08/1/2016</b> <b>08/11/2022</b> <b>Reviewed Date:</b> <b>01/15/2019,</b> <b>01/10/2022</b> <b>08/08/2022</b>

## SCOPE

The Elite Care Health Organization (ECHO) Staff, Contracted Providers and Practitioners shall follow the procedures set forth in this policy.

## PURPOSE

The purpose of this policy is to outline the process for providing specific utilization criteria to evaluate the necessity of medical, behavioral, and pharmaceutical services.

## POLICY

Evidence based; nationally accepted criteria are utilized when authorizing services. In addition, the member's needs: age, co-morbidity, complications, home environment,

treatment progress and psychosocial situation are also taken into consideration. Application of the criteria shall be based on the needs of individual patients and characteristics of the local delivery system. The criteria utilized is focused on both the inpatient and outpatient services requested.

## PROCEDURE

1. The senior Physician shall oversee the application of the criteria will depend upon the member's age, co-morbidities, and progress in treatment, psychosocial situation, home environment, network resources and support system. The decision-making for UM is based only on appropriateness of care and service and existence of coverage. UM decision-making criteria that are objective and based on current medical evidence. Applying criteria based on individual needs. Applying criteria based on an assessment of the local delivery system. Applying criteria based on availability of inpatient outpatient and transitional facilities. Applying criteria based on availability of outpatient services in lieu of inpatient services such as surgicenters vs. inpatient surgery. Applying criteria based on availability of highly specialized services, such as transplant facilities or cancer centers. Applying criteria based on Availability of skilled nursing facilities, subacute care facilities or home care in the organization's service area to support the patient after hospital discharge. Apply criteria based on Local hospitals' ability to provide all recommended services within the estimated length of stay. The criteria or guidelines must be consistent with sound clinical principals and processes and must be evaluated at least annually and updated as necessary. IPA may develop for use proprietary criterion; such criterion requires prior approval from Health Plans Medical Policy Committee prior to use for UM decision-making.
2. Appropriate licensed practitioners are involved in developing, adopting, and reviewing criteria. Reviewed on an annual basis or as needed.
3. The use and application of appropriate criteria and all criteria is documented in EZCAP for all UM decisions.
4. ECHO Criteria resources include, Medi-Cal Guidelines, Medicare Guidelines (CMS) NCD, LCD, Milliman Guidelines, Clinical Practice Guidelines and Health Plan guidelines.
5. Hierarchy of Criteria:
  - a. ECHO clinical staff shall apply criteria in the following hierarchy: (Medicare)
    - i. Medicare National Coverage Determination (NCD)
    - ii. Medicare Local Coverage Determination (LCD)
    - iii. Medicare Claims Processing Manual
    - iv. CMS Benefit Policy Manual/Medicare Managed Care Manual
    - v. Health Plan Guidelines or Evidence of Coverage
    - vi. Milliman Care Guidelines
    - vii. Medicare Program Integrity Manual
  - b. ECHO clinical staff shall apply criteria in the following hierarchy: (Commercial)
    - i. Health Plan Guidelines or evidence of coverage
    - ii. Milliman Guidelines
  - c. ECHO clinical staff shall apply criteria in the following hierarchy: (Medi-Cal))
    - i. Medi-Cal Guidelines
    - ii. Milliman Guidelines
    - iii. Evidence of Coverage (EOC) or Health Plan guidelines

- d. ECHO clinical staff shall apply criteria in the following hierarchy (Cal Medi-connect)
  - i. CMS National Coverage Determination (NCD)
  - ii. CMS Local Coverage Determination (LCD)
  - iii. Medicare Claims Processing Manual
  - iv. CMS Benefit Interpretation Manual
  - v. Milliman Guidelines
  - vi. Evidence of Coverage (EOC) or Health Plan guidelines
  - vii. Medicare Program Integrity Manual

**Reference(s)**

Medicare Benefits Policy Manual, Chapter 15 ...

**Attachment(s)**

None