


**Thurston-Mason Behavioral Health Administrative Services Organization, LLC**  
**POLICY AND PROCEDURE MANUAL**

<b>TITLE:</b>	Utilization Management Requirements		
<b>SECTION:</b>	Utilization Management – Coverage and Authorization	<b>POLICY:</b>	1594
<b>EFFECTIVE:</b>	1.1.2020	<b>REVISIONS:</b>	1.1.2021
<b>APPROVED:</b>		<b>DATE:</b>	1.1.2021

**I. PURPOSE**

- A. To provide an overview of the Utilization Management requirements for Thurston-Mason Behavioral Health Administrative Services Organization (Thurston-Mason BH-ASO).

**II. POLICY**

- A. To define the process and requirements of Thurston-Mason-BH-ASO and its contractors.

**III. DEFINITIONS**

**Action** means the denial or limited authorization of a Contracted Service based on medical necessity.

**Adverse Authorization Determination** means the denial or limited authorization of a requested Contracted Service for reasons of medical necessity (Action) or any other reason such as lack of Available Resources.

**Utilization Management (UM)** is a Quality Management 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).

**IV. PROCEDURES**

- A. Thurston-Mason BH-ASO 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:
  1. Processes for evaluation and referral to services.
  2. Review of consistent application of criteria for provision of services within available resources and related grievances.
  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.
  4. Monitor for over- and under-utilization of services, including crisis services.
  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.
- B. Thurston-Mason BH-ASO will develop and implement 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 will comply with the following provisions:

1. Must have 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 will include the following components:
  - a) An aggregate of spending across GFS and FBG fund sources under the BH-ASO contract.
  - b) For any case-specific review decisions, will maintain 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 SABG priority population requirements. The contractor will use American Society of Addiction Medicine (ASAM) Criteria to make medical necessity placement decisions for all substance use disorder (SUD) services.
  - c) A plan to address under- or over-utilization patterns with network providers to avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
  - d) 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 funds to avoid disruption in service or unspent funds at the end of a contract year.
  - e) Corrective action with network providers, as necessary, to address issues regarding compliance with state and federal regulations or ongoing issues with patterns of service utilization.
  - f) A process to make payment denials and adjustments when patterns of utilization deviate from state, federal, or contract requirements (e.g., single source funding).
2. Will maintain information systems that collects, analyzes and integrates data that can be submitted for UM purposes.
3. Will monitor network provider discharge planning to ensure they meet requirements for discharge planning defined in the BH-ASO contract.
4. Will educate UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols shall take into account the greater and particular needs of diverse populations, as reflected in Health Disparities, risk factors (such as Adverse Childhood Experiences (ACEs) for individuals of any age), Historical Trauma, and the need for Culturally Appropriate Care.
5. Will ensure all UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing and the needs and clinical risk factors of diverse populations.
6. Authorization reviews will be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or settings under review:
  - a) 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).
7. Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
  - a) A physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;
  - b) A physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
  - c) A licensed, doctoral level clinical psychologist.

8. Thurston-Mason BH-ASO will ensure any behavioral health clinical peer reviewer who is subcontracted or works in a service center other than the contractor'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.
9. Thurston-Mason 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:
  - a) A physician board-certified or board-eligible in Psychiatry must determine all inpatient level of care Actions for psychiatric treatment.
  - b) A physician board-certified or board-eligible in Addiction Medicine or a subspecialty in Addiction Psychiatry, must determine all inpatient level of care Actions (denials) for SUD treatment.
10. Thurston-Mason BH-ASO will not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to an individual.
11. Thurston-Mason BH-ASO will maintain a system for keeping network providers informed for Utilization Management decision making.
12. Thurston-Mason BH-ASO shall maintain written job descriptions of all Contractor UM staff. Thurston-Mason BH-ASO staff that review denials of care based on medical necessity shall 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.
13. Thurston-Mason BH-ASO shall have a sufficient number of behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case review and other treatment needs.
14. Thurston-Mason BH-ASO shall 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 the Contractor's determination with respect to coverage or payment for health care services.

## **V. MEDICAL NECESSITY DETERMINATION**

- A. The network providers will collect all information necessary to make medical necessity determinations.
- B. The network providers will determine which contracted services are medically necessary according to the definition of medically necessary services in the ASO Contract.
- C. Thurston-Mason BH-ASO's determination of medical necessity shall be final, except as specifically provided, in Thurston-Mason BH-ASO Policy 1001 Grievance and Appeal System, as it relates to the Grievance Section of the HCA Contract.
  - 1) Medical necessity means a requested service which is reasonably calculated to prevent, diagnose, 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 observation or, where appropriate no treatment at all.
    - a) Network provider shall collect all necessary information and make the

determination of medical necessity.

- b) Medical Necessity for mental health services is based on the presence of a covered DSM 5 mental health diagnosis following the initiation of the intake evaluation.
- c) 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.

D. While medical necessity determination is performed by the network providers, Thurston-Mason BH-ASO determines validity of medical necessity through authorization decisions.

## **VI. AUTHORIZATION OF SERVICES**

- A. Thurston-Mason BH-ASO will provide education and ongoing guidance and training to individuals and network providers about its UM protocols in the Thurston-Mason BH-ASO Policy 1006 Level of Care Guidelines, including ASAM Criteria for SUD services for admission, continued stay, and discharge criteria.
- B. Thurston-Mason BH-ASO will have in effect mechanisms to ensure consistent application of UM protocol review criteria for authorization decisions.
  - 1. Thurston-Mason BH-ASO shall have mechanisms for at least annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.
- C. Thurston-Mason BH-ASO will consult with the requesting network provider when appropriate, prior to issuing an authorization determination.

## **VII. UTILIZATION MANAGEMENT MONITORING**

- A. Thurston-Mason BH-ASO will ensure that all notifications for authorization decisions adhere to timeframes outlined in Thurston-Mason BH-ASO Policy 1005 Notice Requirements. Thurston-Mason BH-ASO will require monthly monitoring of all contracted network providers through a process that includes but is not limited to:
  - 1. Monthly Monitoring Reports for each network provider that includes:
    - a) Authorization and denial data;
    - b) Request for service;
    - c) Over- and under-utilization of services;
    - d) Timelines for services provided under contract;
    - e) Appropriateness of services;
    - f) Discharges;
    - g) Other data as identified;
    - h) Volume of RFS;
    - i) Referral source;
    - j) Call disposition if no assessment is offered;
    - k) Timeliness of assessment appointments including:
      - l) First offered assessment appointment including reasons why an appointment was not offered within required timelines, if applicable:
        - 1) First accepted assessment appointment;
        - 2) First offered/referral transaction;

3) Assessment appointment information.

B. Review of Reports by Quality Manager

1. Prior to the Internal Quality Management Committee (IQMC) the reports will be reviewed by QM staff;
2. Recommendation will be provided regarding those not meeting established benchmark;
3. This report will be provided to Medical Director prior to IQMC meeting for review and comments.

C. Review of data at Internal Quality Management Committee:

1. Data will be reviewed by the committee to determine:
  - a) Adherence to authorization and notification timelines;
  - b) Adherence to the benchmarks provided in UM review area listed above.
2. IQMC will review the reports to determine the necessary action to take when:
  - a) Thurston-Mason BH-ASO or its Subcontractors do not meet the benchmarks established in the reports
  - b) Thurston-Mason BH-ASO does not meet the timelines for authorizations and notifications

**VIII. SANCTIONS**

- A. As appropriate, IQMC recommendations concerning subcontractor performance will be forwarded to the Thurston-Mason BH-ASO Executive Leadership Team for review and decision making as per Thurston-Mason BH-ASO Policy 203 Remedial Action.
- B. Any identified issues regarding Thurston-Mason BH-ASO not meeting the necessary benchmarks or timelines will be remediated by the IQMC in accordance with the Thurston-Mason BH-ASO Quality Management Plan. All remediation processes and outcomes are reported to the Thurston-Mason BH-ASO Executive Leadership Team by the IQMC Chair.