



		<b>POLICY AND PROCEDURE NO:</b> UM2017
		<b>DEPARTMENT:</b> UTILIZATION MANAGEMENT
		<b>TITLE:</b> Clinical Criteria for UM Decisions / Application of Evidence-Based Criteria
		<b>EFFECTIVE DATE:</b> June 2020
		<b>REVIEWED DATE:</b> July 2025
		<b>REVISED DATE:</b> NOVEMBER 2024
<b>REVIEWERS:</b> Melinda Gimenez, LVN		<b>SUPERSEDES AND REPLACES:</b> N/A
<b>APPROVED BY:</b> Gayaneh Kostikyan, CEO		<b>APPLIES TO:</b> <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicare/Medi-Cal (i.e. MMP, MMOP) <input type="checkbox"/> Exchange
<b>SIGNATURE:</b> <i>Gayaneh Kostikyan</i> <small>FE077F0864FFC9BE64E3DD8CE961FC92 contractworks</small>		<b>APPLIES TO:</b> <input type="checkbox"/> ALL STATES <input checked="" type="checkbox"/> SPECIFIC STATE(S) CA
<b>DATE:</b> 07/14/2025		

## SCOPE

Capital Health Partners and its affiliated entities, globally referred to as “Capital” shall follow the procedures set forth in this policy.

## PURPOSE

To provide a mechanism to ensure the appropriateness and effectiveness of the Utilization Management (UM) process. To establish and maintain a mechanism to ensure that Capital utilizes nationally recognized and accepted guidelines, criteria and/or standards to evaluate the necessity of medical and behavioral health services.

## POLICY

Capital shall measure the effectiveness of the UM Program to improve all UM process and resources to maintain compliance.

## DEFINITIONS

Medical Necessity, for the purpose of this policy is defined as the evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner, and consistent with national medical practice guidelines regarding type, frequency and duration of treatment. In addition, the following will be considered when making medical determinations: age of member, co-morbidities, and any/all complications, progress of current treatment, home/living environment and psych-social needs/issues.

## PROCEDURE

1. The UM Department incorporates the use of nationally recognized evidence-based criteria, approved by the Utilization Management Committee. This criterion will be used in the process for medical necessity reviews and references the guidelines and criteria when making determinations. No internal criteria may be used to make decision.
2. Capital accesses multiple recognized criteria/standards in the UM determination process. The use of multiple criteria allows for the use of alternative criteria when there is an indication that any one set of UM guidelines are not appropriate due to a co-morbidity, complication, progress or lack thereof.
3. Capital considers the following when applying criteria to an individual service request: -Age, co-morbidities, complications, progress of treatment, psychosocial situation, home environment (when applicable).
4. Capital considers characteristics of the local delivery system/provider accessibility for specific patients, such as the availability of skilled nursing facilities (SNFs), sub-acute facilities, home care service areas and the coverage of benefits for such local hospital's ability to provide all recommended services within estimated length of stay.
5. The substantiating clinical information used to make the medical necessity determination for services is documented in the members' electronic authorization record. The documentation is specific to the individual member's medical condition, clinical status, treatment history and includes, but is not limited to, diagnostic tests, labs, radiology, physical/occupational/speech therapies, surgeries, special treatment programs (e.g. pain management, rehabilitation, home health) consults, behavioral therapies.
6. The specific criteria/guidelines used, as well as, the specific reference, noted as diagnostic and service specific to the individual review, are documented in the member file with the determination and the reviewer's name/professional designation/title are recorded.
7. The approval determinations are documented and available to the providers in the members' record, as well as, faxed and /or phone in to the Primary Care Physician (PCP) and the requesting/requested provider if different.
8. Denial determinations are documented in the member's authorization records. The denial determination includes the guidelines/criteria used to make the determination and the clinical status specific to the individual member current condition/diagnosis. Capital sends a letter by mail to the member and copies the denial letter in the members' authorization records.
9. Capital makes the criteria/guidelines available to all providers, members/family, and public via phone, fax, and mail, onsite at Capital offices, in the Provider Manual and/or internet upon request and via the appeals process.

10. The UM Department uses scheduled and random supervisory reviews to monitor and evaluate the consistency with which health care professionals involved in the UM process apply criteria in making determinations; such reviews may include the following: referrals to Medical Director, file audits, Inter-Rater Reliability studies (IRR).
11. The UM Department utilizes biweekly UM Case Review Conferences to evaluate the consistent use of criteria, improve consistency, evaluate need for alternate criteria, review determinations and problem cases, training and education purposes.
12. Capital contracts with appropriate practitioners with professional knowledge and clinical expertise in the area being reviewed for development/adoption of criteria, review of criteria, application/utilization of criteria, and participation on the Utilization Management Committee (UMC). For example appropriate practitioners may include: Board certified specialists, pharmacists, psychiatrists, addiction-medicine specialists, psychologists, social workers, clinical nurse specialists.
13. Capital UMC reviews and approves all criteria, guidelines, standards used in the Medical Necessity Determination process.
14. Capital UMC will designate a group of practitioners to perform a review to determine if any further review (e.g. a formal literature review) is necessary where new scientific evidence is not available for stable processes and procedures using current criteria.
15. Capital UMC reviews/approves the evidence-based criteria and guidelines utilized annually and as needed.

## **FORMS - NA**

## **REFERENCE**

CMS <http://www.CMS.gov/pubforms/progman.htm>

Cal Health and Safety Code 1367.01

NCQA Standards and Guidelines (2008)

Medicare Coverage manual Updates from Medicare

**LIST MEDICAL CRITERIA CAPITAL PLANS TO USE**

## **ATTACHMENTS - NA**