




United Behavioral Health

Utilization Management/Resource Management			Policy Identifier/Number: CM-05
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director			Signature: 

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) is committed to delivering the right services in the right amount at the right time to individuals residing within the Optum Pierce BHO geographic region. The UM Plan is designed to support this mission, as well as comply with the contractual requirements outlined in the annual Agreement with the Washington State Department of Social and Health Services (DSHS).

- The overall goal of the Utilization Management/Resource Management Plan (UM Plan) at Optum Pierce Behavioral Health Organization (BHO) is to ensure that all individuals seeking behavioral health services receive timely and appropriate care. Services are provided through the use of a contracted network of Behavioral Health Agencies (BHAs) and other outpatient programs, as well as Washington State Hospitals, Washington State-funded long-term inpatient for children and youth, and Washington State-contracted community inpatient hospitals.
- The purpose of the UM Plan is to ensure that clinically appropriate services are provided in a cost efficient manner, based on the individual needs of the person. Services should be of the highest quality within available resources, sufficient but not excessive, and take into account the person’s age, culture, language, and strengths. Services are provided in a manner consistent with the Recovery Model.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

Policy Provisions

1. The scope of the UM Plan consists of a continuum of procedures associated with utilization management, resource management and coordination of care. These procedures include:
 - 1.1. Direction of individuals to appropriate available resources including Title XIX and Washington State funded non-Medicaid services;
 - 1.2. Triage and referral of requests for service;
 - 1.3. Urgent prior-authorization and concurrent review authorization determinations;
 - 1.4. Non-urgent prior-authorization and post-service review authorization determinations;
 - 1.5. Care Coordination for high-risk individuals, as well as individuals with multi-system involvement;
 - 1.6. Liaison and discharge assistance with community and Washington State inpatient facilities;
 - 1.7. Denial determinations;
 - 1.8. Appeal determinations;
 - 1.9. Independent and Washington State-mandated external reviews; and
 - 1.10. Monitoring of relevant UM metrics and data and coordination of opportunities for improvement with the Quality Assurance/Performance Improvement (QA/PI) program.
2. The Centers for Medicare & Medicaid Services (CMS), National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) standards, as well as Employee Retirement Income Security Act (ERISA) regulations, serve as guidelines for ensuring that determination timeline requirements are met, that appropriately qualified behavioral healthcare professionals are involved in making determinations, and that relevant clinical information is gathered in a consistent manner.
 - 2.1. These standards also serve as guidelines for ensuring that individuals are informed of the clinical rationale for actions and informed of their rights to appeal actions.
3. Washington State-specific UM regulations are followed when they are more restrictive than Optum Pierce BHO policies and procedures.

Related Policies, Procedures & Materials

- Pierce BHO policy: CR-01 - *Individual Rights and Responsibilities*
- Pierce BHO policy: CR-02D - *Grievance System – Individual Right to a Fair Hearing*
- Pierce BHO policy: CR-02A - *Grievance System - Grievance Process*
- Pierce BHO policy: CR-02B - *Grievance System - Medicaid Enrollee's Right to Appeal*
- Pierce BHO policy: CR-02C - *Grievance System – Notice of Action*
- Pierce BHO policy: CR-06 - *Ombuds Services*
- Pierce BHO policy: CR-07 - *Advance Directives*
- Pierce BHO policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Optum Pierce BHO Utilization Management/Resource Management Plan

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 09/27/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018