

REFERRAL, AUTHORIZATION, AND UTILIZATION MANAGEMENT PROCESS

CenCal Health maintains a Utilization Management Program to evaluate medical necessity according to established criteria and information sources. Qualified clinical professionals who perform their function according to the procedures outlined below staff the utilization management program. The following procedures are in accordance with California law and NCQA standards for the accreditation of managed care organizations.

REFERRALS

The PCP may issue a referral for a member to obtain services from CenCal Health's contracted network providers. PCPs may issue a Referral Authorization Form for the referral of members to appropriately qualified providers not contracted with CenCal Health when services are not available within CenCal Health's contracted network.

Examples of referrals that PCPs may issue for members include, but are not limited to, the following:

- Specialty Consultation
- Second Medical Opinion
- Standing Referral for Extended Care

To obtain assistance with referrals, members may contact CenCal Health's Member Services Department. Additionally, members' treating physicians may contact CenCal Health's Provider Services Departments for assistance with referrals. Referrals are not required for emergency/urgent services.

PRIOR AUTHORIZATION

If a procedure, device, or service is listed in the CenCal Health procedure set as requiring an authorization, (generally based on Medi-Cal requirements) the provider of service must submit an authorization request to CenCal Health's Utilization Management Unit. Providers will be notified if CenCal Health waives any particular requirement for prior authorization.

Information must be submitted by the physician within appropriate timeframes based on the patient's medical condition.

UTILIZATION MANAGEMENT

Timeframes & Notifications

CenCal Health conducts utilization management in a timely manner, appropriate for the nature of the member's condition, to assure timely coverage of services. Reasons for decisions are clearly documented and such documentation is retained in electronic files. CenCal Health bases decision and notification timelines on Department of Health Care Services, Department of Managed Health Care and National Committee on Quality Assurance guidelines.

Notification of Approvals

Written or electronic notifications specify the services approved. The requesting provider is responsible for communication of CenCal Health's decision to the member and for making arrangements for the provision of the service to the member.

Notification of Deferrals / Delays

Notifications are given to all providers in writing or electronically. Providers are instructed that medically necessary services should not be delayed pending a utilization management decision.

Notification of Denials/Modifications

- Denial notifications include:
- A clear, concise and specific explanation of the reasons for the plan's decision.
- A reference to the criteria or guidelines used as a basis for the plan's decision, and notice that upon request the member can obtain a copy of the actual benefit provision, guideline, protocol or other similar criteria upon which the denial decision was based.
- Other clinical reasons used as a basis for a decision regarding medical necessity.
- The name and direct telephone number and extension of the physician responsible for the decision (for written or electronic communications to providers only).
- Information on the appeal process.
- For members (when applicable): Information on the fair-hearing process.

Communication Services

Staff members identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues, and are available for inbound and outbound calls 8 hours/day during normal business days. After normal business hours, messages may be left for any individual UM Coordinator via a toll-free phone call. UM Coordinators are available to callers to answer questions about the UM process.

Clinical Decision-Making Criteria

CenCal Health uses written objective criteria based on sound clinical evidence in making coverage decisions based on medical necessity. CenCal Health's policy on the adoption and development of clinical utilization management criteria defines sources of criteria, and the process for development, adoption and review of clinical criteria.

In addition to application of UM criteria in decision making, the UM Coordinators assess the unique needs of individual patients in regard to local medical resources. The UM Coordinators gather relevant clinical information and facts from appropriate practitioners involved in a member's care. This may be accomplished through review of medical record documentation and/or conversations with appropriate physicians. Also, the following factors that relate to the local delivery system must each be

considered when applying clinical UM criteria:

- Benefit coverage
- Availability of required medical resources
- Access to required medical resources

In urgent circumstances problem cases must be reviewed with the Medical Director, Associate Medical Director, and/or Director of Health Services. CenCal Health monitors the consistency with which approved criteria are applied to make UM determinations.

Qualified Medical Professionals

Qualified physicians or other appropriate healthcare professionals review all prior authorization denials. All CenCal Health physicians that perform denials meet requirements that include education, training or professional experience in medical or clinical practice prior to employment by CenCal Health. When one of CenCal Health's physicians does not have applicable expertise to review a denial and assess medical necessity, the Medical Director requests review by an appropriately licensed professional. The Medical Director consults board-certified physicians to assist in making UM determinations that require specialized clinical judgment.

CenCal Health's UM Coordinators are responsible for evaluating the medical appropriateness of services within the scope of benefits of CenCal Health's programs. UM Coordinators may approve requests for all types and levels of service; a DME Utilization Specialist routinely reviews requests for durable medical equipment. For cases that approved UM criteria do not address, UM Coordinators conduct appropriate research and present a proposed determination to the UM Committee.

DISCLOSURE OF THE PROCESS TO MEMBERS AND PROVIDERS

Members are provided information about CenCal Health's utilization management process in their Evidence of Coverage booklet, and other written notices by request. Providers are given a copy of CenCal Health's utilization management process in Provider Manuals and other written notices upon request. Upon request, CenCal Health supplies UM criteria, guidelines, and processes for rendering determinations to providers, members and the public.

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