Trillium Health Resources Annual Appraisal of the Utilization Management and Review Plan Desktop Protocol

Transforming Lives. Building Community Well-Being.

BACKGROUND:

The Utilization Management and Review Plan (UM Plan) defines the purpose, outlines the structure, scope, and activities/processes of the behavioral health Utilization Management (UM) and Review Plan. The Chief Medical Officer has direct oversight for the development of the Utilization Management and Review Plan.

Annually, the UM Plan structure, scope, processes, and information sources as outlined in the UM Plan are formally evaluated for effectiveness, appropriateness, efficiency, and safety of the medically necessary services ordered and provided to members. This annual review is documented in a report titled, Trillium UM Annual Appraisal. This review process takes place in July of each fiscal year.

The Head of UM (or their designee) will undertake a review of UM related activities and procedures as the method to begin the UM Annual Appraisal process. When issues or concerns are not found to be problematic or in need of intervention, they may or may not be indicated or included in the final report. Sources of information for the analysis will vary and will be dependent upon availability of the information at the time of the UM Annual Appraisal. Information that may be reviewed as a part of the UM Annual Appraisal:

- UM Plan Structure, including Policies & Procedures
- Appraisal and Analysis of Progress towards established UM Program Goals and Objectives
  - Inter-rater Reliability
  - Education of UM staff
  - Implementation of standardized clinical decision support tools
  - Over and Underutilization of Services (OUS)
  - Integration and Collaboration with other Trillium Health Resources
  - Timely determinations
  - Timeliness of Notification / Denial and Appeal Notification
  - Out of Network Service Reviews
  - Behavioral Healthcare Practitioner/Peer Clinical Review Process
- Communication Services

- Adequacy of UM Resources
- Practitioner/ Provider Participation and Leadership involvement in the UM Program
- Complaint/ Grievances Annual Data Review
- Member Survey Results
- Clinical Criteria Review and use of Clinical Decisions Support Tools
- Eligibility and Benefit Plan Review
- Triage and Referral
- Emergency Service Requests
- Highlights of Key Initiatives and Accomplishments

Any UM Plan Structural changes, including procedure revisions that occurred during the previous year are summarized in the Annual Appraisal.

Appraisal and Analysis of Progress towards established UM Program Goals and Objectives is completed based on the strategies contained in the previous year's UM Plan.

Trillium Health Resources assesses the consistency of the application of the Utilization Management (UM) medical necessity criteria by measuring inter-rater reliability (IRR) amongst its clinical staff. IRR is conducted on clinical decisions made by UM review staff involving review and comparison of the consistency with which licensed clinicians/ behavioral healthcare professionals involved in UM apply criteria in decision making. The Chief Medical Officer is the designated clinical expert and is responsible for oversight of the IRR program. An annual summary of IRR activity informs the annual review process.

Education of UM Department staff is evaluated and summarized. Topics such as current accreditation standards, internal processes, clinical decision support tools, and new or revised procedures. IRR results are also used as a training tool for clinical staff across the organization. Information is maintained within the department and Human Resources on training and education as well as with each individual staff person based on licensure requirements.

Use of Clinical Decision Support Tools and changes to the clinical criteria and the eligibility and benefit plan are summarized. Changes through-out the year are tracked and maintained in a spreadsheet.

Over and Underutilization of Services (OUS) process and outcomes of evaluation are summarized. A log of reviews is maintained including outcomes and recommendations.

Activities undertaken in an effort to assure integration and collaboration with other Trillium departments are explained and any changes made are noted.

Timely determinations, Timeliness of Notification / Denial and Appeal Notification data are reviewed as required for reporting and evaluating adherence to metrics. Reports are completed from the software system TBS.

Out of Network Service Reviews are evaluated and summarized to determine if changes to the benefit plan or to the network are required. A smart sheet is used to track out of network requests.

The Behavioral Healthcare Practitioner/Peer Clinical Review Process is assessed for compliance to standards and assurance that reviews are within guidelines required to meet contract and accreditation standards. An annual delegation review is completed and shared with UM. As well as the delegated vendor submits monthly reports of activities to the UM managers.

The adequacy of UM resources is analyzed and summarized in preparation for any contractual or procedural changes.

All Practitioner/ Provider participation and involvement in the UM Program evaluation and design are documented in the annual appraisal.

Annual complaint/ grievances data and Member Experience Survey results are reviewed to determine if any there were any issues were received from members and the network as a mechanism to determine if changes are required in the UM Plan. Review of the Trillium Annual Complaints/ Grievances Report, ECHO Survey, Perception of Care Survey, Provider Satisfaction Survey, and the Network Adequacy and Accessibility Surveys are all sources of information for this subject area.

Upon completion, the UM Annual Appraisal summarizing accomplishments, barriers, and interventions is presented to Quality Improvement Committee, the Clinical Advisory Committee, and the Governing Board for review, input and approval. Practitioners/Providers and Members/ Family Members are committee participants and therefore, play an active role as a reviewer of the UM Plan and Annual Appraisal.