POLICY AND PROCEDURE	
Policy # and TITLE: UM05 Over/Under Utilization of Services Monitoring	
Primary Policy owner: Utilization Management	**POLICY #:** UM05
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☒Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☒ Care Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☐ Pharmacy (PH) 17) ☐ Provider Networks (PRO) 18) ☒ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☒ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** N/A

I. PURPOSE

To describe the overall process Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") uses to monitor under and over utilization, and implement interventions as needed.

II. POLICY

A. Health Plan monitors Member utilization patterns to identify over- and under-utilization of service patterns.
B. Health Plan analyzes identified patterns of potential over- and under-utilization for causative factors and to develop plans for remediation.
C. Health Plan measures the effectiveness of interventions to correct over- and under-utilization.
D. Annually, Health Plan reports over- and under-utilization patterns, remediation efforts and their effectiveness to the Clinical Operations Committe who reports up to the Quality Improvement Health Equity Committee (QIHEC).

III. PROCEDURE

A. A group of stakeholders throughout the organization are identified as being responsible for monitoring and reporting activities within their respective areas.
B. Monitoring for over- and under-utilization of services includes, but is not limited to the following data:
    1. Select HEDIS measures.
    2. Utilization and referral metrics,
    3. Primary Care & Specialty Care Provider practice patterns
    4. Member utilization patterns,
    5. Children's preventive services,
    6. Member complaints and grievances,
    7. Behavioral Health utilization,
    8. Pharmacy utilization, and
    9. Selected common procedures.
C. Patterns of over- and under-utilization are reported annually to theClinical Operations COmmittee who report up to the QIHEC, at minimum, for analysis, and recommendations.
    1. Interventions are evaluated and identified for implementation as needed.
    2. Progress is monitored as part of the quarterly UM dashboard.
D. If a Provider is identified as contributing to a pattern of over- or under-utilization, the provider will be notified.

1. Provider education or action plans may be necessary to ensure appropriate utilization of services.

IV. ATTACHMENT(S)

A. Glossary of Terms Link

V. REFERENCES

A. California Health & Safety Code Sections 1367.01(j)
B. DHCS Contract Exhibit A, Attachment III Section 2.2.6 QIHETP Policies and Procedures
C. Policy PH 21: Drug Utilization Review

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	3/05, 6/08, 10/08, 2/11, 9/14, 1/15, 6/16, 6/17, 11/19, 12/20, 11/21, 10/22, 1/23	N/A
001	Moved to new Template	6/13/2023
002	Annual update to ensure regulatory requirements are accurately reflected and internal processes related to monitoring, identifying, reporting, and curing over/under-utilization identified	4/17/2024
003		
Initial Effective Date: 2/1/1996		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	002	5/16/2024
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		

• Audits & Oversight Committee		
• Policy Review	002	5/15/2024
Quality Improvement Health Equity Committee (QIHEC)	001	1/18/2023
• Quality Of Care		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			
Department of Managed Care (DMHC)	DMHC Attorney	001	11/13/2023

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy