POLICY AND PROCEDURE	
Policy # and TITLE: Communication to Members and Providers Regarding UM Issues	
Primary Policy owner: Utilization Management	**POLICY #:** UM66
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 (BH) 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)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** N/A

I. PURPOSE

To describe how Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") provides members and practitioners seeking information access to staff to discuss Utilization Management issues.

II. POLICY

A. Health Plan provides access to staff for members, practitioners, and providers seeking information about Utilization Management (UM) and authorizations for care.
B. Health Plan staff are available during normal business hours (Monday – Friday, 8:00 a.m. – 5:00 p.m.) for inbound collect or toll-free calls regarding UM issues.
C. Staff can receive inbound communication regarding UM issues after normal business hours.
D. Health Plan staff identify themself by name, title, and organization name when initiating or returning telephone calls to members regarding UM issues.
E. Telecommunication Device for the Deaf/Teletypewriter (TDD/TTY) services are available for members who need them.
F. Language assistance is available for members to discuss UM issues.

III. PROCEDURE

A. Customer Services Representatives are available to answer general inquiries about UM issues such as:
    1. Providing the status of an authorization in the Medical Management System including confirmation of receipt and the determination status.
    2. Inbound calls are triaged by Customer Service staff and those that require communication of detailed clinical information or discussion about specific UM issues are transferred to the Medical Management Department
B. Customer Service staff document inbound communications and respond using Health Plan's Call Tracking system.
C. Customer Service Representatives are available to answer general inquiries about UM issues such as:
    1. Communicating the status of an authorization in the Medical Management System including confirmation of receipt and the determination status.

2. If detailed clinical information or discussion about specific UM issues is needed, Customer Service Representatives work with the Medical Management staff to obtain the necessary information or facilitate the discussion.

D. UM staff are available at least eight (8) hours a day during normal business hours on normal business days (a workday, excluding weekends and holidays) to receive **inbound** communications regarding UM issues.
   1. UM staff respond to fax, electronic, telephone or voicemail inquiries no later than the next business day from the receipt of the inquiry.
   2. Health Plan provides UM department contact information (telephone number, fax number, provider portal and email address) to practitioners to facilitate inbound communication with UM staff.

E. UM Staff is available at least eight (8) hours a day during normal business hours on normal business days to perform **outbound** communication and to respond to inquiries about UM.
   1. Outbound communications include directly speaking with members by telephone, and with practitioners/providers by telephone, fax, or electronic communications, including e-mail and confidential voicemail.
   2. All Health Plan communications shall occur in accordance with Health Plan Policies HPA34 Use of Member Protected Health Information/Personally Identifiable Information and HPA42 Safeguarding Protected Health Information/Personally Identifiable Information.
   3. UM inquiries and responses are documented in the member's case file. All written communication (including e-mail or fax) is retained in the member case file.
   4. Staff identify themselves by name, title, and organization name when initiating or returning telephone calls to members regarding UM issues.

F. **Availability Outside of Normal Business Hours:**

1. Health Plan staff can receive inbound communication regarding UM issues after normal business hours from practitioners/providers.
    a. This includes 24 hours a day - 7 days per week availability of the Chief Medical Officer (CMO).
2. Callers who need assistance after normal business hours may leave a message via a secure Customer Services voicemail line.
    a. All voicemail messages are retrieved each workday at 8:00 am by a Customer Services Representative who responds to the call or routes the voicemail message to the appropriate Medical Management staff person.
    b. Responses to voicemail are returned no later than the next business day.
    c. Communications received after midnight on Monday–Friday are responded to on the same business day.
3. The phone number to reach Health Plan Medical Director during normal business hours is contained in correspondence from Medical Management to practitioners/providers, including the Provider Directory, and is available on Health Plan's Website.
    a. Voicemails left on the Medical Director Denial line are retrieved daily during working hours by Medical Management staff who respond to callers no later than the next business day from the date of receipt.
4. Health Plan provides a toll-free number for out-of-area callers during normal business hours and after hours to accept calls regarding UM issues.
    a. A toll-free number with options for English, Spanish and Chinese for members who speak these languages is available also during normal business hours and after hours to accept calls regarding UM issues.
        i. Language line is available for members who speak languages other than these.
    b. Health Plan offers a separate phone number for deaf, hard of hearing or speech impaired members via TDD/TTY services.

5. Practitioners/providers may leave a voicemail message or fax for communication of UM issues after hours.
    a. Communications received after midnight on Monday–Friday are responded to on the same business day.
    b. The capacity of the voicemail service and/or e-mailbox is adjusted as needed to accept the volume of incoming calls and e-mails.
6. The availability of Health Plan staff to answer utilization management questions is communicated to providers, practitioners, and members through various modes of communication such as, but not limited to:
    a. Health Plan Website
    b. Provider orientation
    c. Member letter communication

G. **Language Assistance for Members to Discuss UM Issues:**

1. Health Plan provides services in a member's requested language through bilingual staff or an interpreter for all members who request language services, to help members with UM issues. Language service assistance is provided to members free of charge.

IV. ATTACHMENT(S)

A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. Health Plan Policy HPA34 Use of Member Protected Health Information/Personally Identifiable Information
B. Health Plan Policy HPA42 Safeguarding Protected Health Information/Personally Identifiable Information.
C. Health Plan Policy QM45: Communication with Stakeholders

D. National Committee for Quality Assurance (NCQA) standard UM 3

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	Previous revision dates: 11/19, 08/20, 11/21	N/A
001	Update to new policy template; Review/align with NCQA UM 3	6/5/2023
002	Annual update, no substantive changes	10/16/24
Initial Effective Date: 03/01/2014		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	12/7/2023
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review	001	9/20/2023
Quality and Utilization Management		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date

Department of Healthcare services (DHCS)	DHCS Contract Manager File & Use	001	10/03/2023
Department of Managed Care (DMHC)			

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