POLICY AND PROCEDURE	
Policy # and TITLE: Use of Board-Certified Physicians in Making Medically Necessary Determinations	
Primary Policy owner: Utilization Management	**POLICY #:** UM67
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 Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan")'s standard use of board-certified consultants to make medical necessity determinations when physician-level review is needed.

II. POLICY

A. Health Plan processes all requests for authorization of services in accordance with Health Plan's Policies UM01 Authorization and

Referral Review and UM02 Inpatient Admissions and Concurrent Review.

B. All physicians who make medical necessity determinations on behalf of Health Plan are required to maintain Board Certification in their chosen specialty.

C. The Chief Medical Officer (CMO) retains ultimate responsibility for the Health Plan's Medical Management Program, including the Utilization Management program.

III. PROCEDURE

A. Physicians that are employed by Health Plan have verification of their Board Certification performed as part of their initial employment verification, and every three (3) years thereafter.

B. Health Plan maintains a list of Board-certified Consultant Physician Peer Reviewers who are authorized to make medical necessity determinations upon request by the Health Plan. The list contains contact information and is made available to all staff who process authorization and appeal requests to reference when contacting these individuals.

C. Health Plan utilizes the services of board-certified specialists through recognized review organizations such as National Medical Reviews when the review requires specialists that are not on Health Plan's list.

   1. The Medical Management Staff coordinates the consultant reviews. Staff notifies and works with the consultant to review cases in a timely manner.
   2. The Medical Management Staff notifies the requesting provider of the decision and communicates the name of the physician who rendered the decision.

D. Ongoing monitoring includes:

   1. Monthly verification of the Office of Inspector General (OIG) exclusion list and California Medi-Cal State Suspended Ineligible Provider List (SIPL)
   2. Ensuring required compliance training is taken and completed annually.

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 CMP05 Fraud, Waste, and Abuse
B. Health Plan Policy UM01 Authorization and Referral Review
C. Health Plan Policy UM02 Inpatient Admissions and Concurrent Review
D. NCQA Standards and Elements UM 4F: Use of Board-Certified Consultants

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	02/17, 01/18, 07/20, 11/21, 04/23, 06/23	N/A
001	Moved UM67 to new template	10/13/2023
002	Annual Review no changes made	10/21/2024
003	Strengthened language related to contacting board certified consultants	03/05/2025
Initial Effective Date: 02/19/2015		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	002	02/20/2025
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		

• Audits & Oversight Committee		
• Policy Review	002	11/27/2024
Quality Improvement Health Equity Committee (QIHEC)		
• 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