

Seaside Health Plan Policies and Procedures	Effective Date: Note: For origination date see History at the end of Policy
SUBJECT: TRACKING UTILIZATION MANAGEMENT REFERRALS	Approval Signature: Barry Smith, MD Chief Medical Officer
Manual: Utilization Management Policy/Procedure # UM-175 Section: Utilization Management	Sponsor Signature: Kimberly Ward, RN Director, Utilization Management
<input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> HEALTHY FAMILIES <input checked="" type="checkbox"/> MEDI-CAL <input checked="" type="checkbox"/> MEDICARE	

AUTHORITY

POLICY

Seaside Health Plan implements a tracking system for all UM Referrals for documentation/identification of request status.

Seaside Health Plan tracks referral services ensuring that necessary services were obtained, and follows up on the status of unused or expired referrals to ensure that the member’s ongoing need for care has been met.

PROCEDURE

- I. UM Referral requests, decisions, notifications and all pertinent related actions are documented in the applicable UM file.
- II. Denials and appeal outcomes are tracked and trended in order to identify potential issues with over or under- utilization patterns. The UM denial and appeal data is reviewed by the Plan UM Committee.
- III. For all telephonic notifications, practitioner/provider/member name, the time, date, and signature of the person who spoke with the practitioner/provider/member are documented.
- IV. UM referral activity is reported to the Primary Plan in the format requested by each Plan.
- V. The PCP office is responsible for tracking patient compliance for referred services.

- A. The PCP office:
 - 1. Maintains a log of all referrals.
 - 2. Enters on the log, whether or not the consult/ report has been received.
 - 3. Calls for the consult/ report when not received within 30 days of the appointment/service.
 - 4. Follows up with the patients who did not see the specialist to reschedule with the specialist.

- VI. Seaside Health Plan reviews the authorization report on a monthly basis, including expired authorizations which have no claim or encounter linked to them. PCP offices are alerted to follow-up with the patient to ensure that needed care was or will be obtained, and the following internal process occurs:
 - A. Clinic pulls the charts for consults not received
 - B. Provider reviews, the patient/specialist is contacted for appropriate follow-up.

History: New

Origination Date: