

CONTRA COSTA HEALTH PLAN

Utilization Management

Title: Coordinating Care with Specialized Programs**Policy #: UM15.038**

Origin Date: 11/20/03 Author: Florence Chan, RN, Director of Auth, Case Mgmt. & Utilization Mgmt
Revised: 4/13/04, 9/04 Author: Florence Chan, RN, Director of Auth, Case Mgmt. & Utilization Mgmt
Revised: 10/04 Author: Beverly B Jacobs, RN, FNP, Provider Liaison
Revised: 12/05, 01/06, 4/17/07, 3/17/08, 4/11/11 Author: Florence Chan, RN, Director of Auth, Case Mgmt. & UM
Reviewed: 5/2015, 3/2016, 04/2017, 01/2018, Reviewed: Lynn Soloway RN, Auth & UM Director
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6/28/2023 Reviewed: Irene Lo, MD, FACS, CMO

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Medi-Cal	Medicare	Commercial	All
BHC	State Sponsored	Healthy Families	

Regulatory/Accreditation:

DMHC	DHCS	NCQA	HCFA
Other Regulatory	N/A		

Units:

Administration	Advice Nurses	Business Services	All Staff
Case Management	Health Education	Marketing	Member Services
Planning	Surveys	Compliance/Fraud/Reg Affairs	Provider Affairs
Quality Improvement	Utilization Management	Credentialing	

OPS Council Approval Date & Sign Off

POLICY

Contra Costa Health Plan (CCHP) will identify, monitor and coordinate health care services available to eligible members under specialized funding programs. Primary Care Providers (PCP) are primarily responsible for identifying and referring their members to specialized programs. Please refer to PA9.816- Provider Training policy for detailed information. However, the Utilization Management and Case Management departments can also identify and refer members to these programs. Health care services will be coordinated and tracked for members eligible for programs such as:

- California Children’s Services (CCS) for catastrophic medical services.
- Targeted Case Management Services, which include Child Health Disability Prevention (CHDP) for health promotion and wellness services and Regional Center of the East Bay (RCEB) for developmental disability services.
- Special Education Local Planning Area (SELPA), which includes Early Start/Early Intervention Services under school districts within Contra Costa County (consist of three separate agencies within Contra Costa County, County Office of Education, Mt. Diablo Unified School District and West Contra Costa Unified School District).
- Local Health Department TB Control Officer for active TB and at risk of non-compliance

with TB drug therapy.

- Women, infant and children (WIC) for nutritional services.

Procedures for tracking and monitoring these programs are established under the existing Memorandum of Understanding (MOU) between the Health Plan and the designated entity. i.e. Contra Costa Public Health and CCS, by pending MOU, or by internal program design.

PURPOSE

To adhere to contractual agreements of CCHP with its governing agency and to create a method to oversee and report outcomes as appropriate.

PROCEDURE

CCS Program:

CCHP has a MOU with the Contra Costa County Public Health CCS Program

1. Authorization requests are received in the Authorization Unit electronically.
2. The designated Health Plan Authorization Representative (HPAR) will review the request and send it to the designated UM Nurse or designee.
3. If the requested service(s) appears to be related to a CCS condition, the UM Nurse will perform clinical review.
 - a. If the request is for a pediatric member and related to Major Organ Transplant (MOT), the UM Nurse or designee will both perform relevant clinical review and return it to the HPAR to submit to County CCS program for CCS-eligibility determination within 3 business days (72 hours) of receipt of the request.
 - b. If, after the UM nurse or designee review, the requested services appear to be related to a CCS condition, they will approve the referral pending CCS review as to not delay care (for outpatient, pre-service PA) or pend the referral pending CCS determination (for inpatient and retroactive outpatient) and the HPAR will:
 1. Enter demographic information into the CCHP CCS Referral database.
 2. Send the referring provider that this is a CCS covered condition and ask them to submit the information to the CCS Unit for eligibility determination.
 3. Upon receipt of a *Notice of Action (NOA)* from CCS, the HPAR will enter the determination in the CCHP CCS Referral database, make changes, as needed, in the computer system and follow up on the determination or as appropriate, forward the case to the UM nurse.

In order to facilitate coordination of care between the PCP and CCS specialty providers, the Utilization Management Unit or designee will inform contracted PCPs of CCHP members receiving care with a CCS specialty provider by one of two methods listed below:

- a. If member's assigned PCP is known or if the specialty service was requested by the PCP, CCS will directly forward a copy of their Notice of Action (approval, deferral, or denial letter) to the provider to allow the PCP the ability to coordinate necessary follow up care.

- b. If the assigned PCP is unknown to CCS at the time the authorization request was submitted, CCHP would forward a copy of the CCS's NOA to the PCP.

Complex cases are referred to Case Management for individualized care coordination services.

On no less than a semi-annual basis, statistical data is tracked and trended. Significant findings are reported to the Quality Council for further action. In addition, CCS is responsible to notifying individual PCPs, which of their assigned members receiving CCS services, the member's CCS eligible condition(s), service(s) approved, and name of the specialty provider. The local CCS program will have access to a PCP report, which list CCHP members and their assigned PCP.

Additionally, on an annual basis, CCHP members receiving CCS specialty care will be randomly audited through claims payment and CHDP records to assure that routine well child services and immunizations are maintained.

Coordination of Care with Regional Center

CCHP has a MOU with the Regional Center of the East Bay (RCEB)

CCHP will meet regularly with the Regional Center of the East Bay (RCEB) to discuss coordination of care and services.

Information requests from RCEB will be sent to the CCHP Behavioral Health Authorization Unit and requested information provided within 15 days, as per the MOU.

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