



UM WORK PLAN

Measurement Year 2022

Utilization Management (UM) Department

AmericasHealth Plan, Inc.

UM Committee Approval Date: **08-02-2022**

Board of Directors Approval Date: **XX-XX-XXXX**

Gold Coast Health Plan Approval Date: **XX-XX-XXXX**

TABLE OF CONTENTS

Objective #1: Improve Quality of Inpatient and Post-Discharge Care

—

Activity 1 – Follow-Up After ER Visits	<i>Page 1</i>
Activity 2 – Appropriateness of Inpatient Level of Care	<i>Page 2</i>
Activity 3 – Monitoring Inpatient Length of Stay	<i>Page 3</i>
Activity 4 – Reduce Inpatient Readmissions	<i>Page 4</i>
Activity 5 – Minimize Avoidable Facility Utilization	<i>Page 5</i>
Activity 6 – Coordinate with Contracted Inpatient Facilities	<i>Page 6</i>

Objective #2: Improve Preventive Care & Case Management Services

—

Activity 1 – Improve Rates of Advance Care Planning	<i>Page 7</i>
Activity 2 – Case Management: Advanced Congestive Heart Failure & Advanced Chronic Respiratory Failure	<i>Page 8</i>
Activity 3 – Case Management: Chronic Kidney Disease, End-Stage Renal Disease & Hemodialysis	<i>Page 9</i>
Activity 4 – Educate Contracted Providers About Utilization Management & Case Management Services	<i>Page 10</i>
Activity 5 – Case Management: Major Organ Transplant	<i>Page 11</i>
Activity 6 – Complex Case Management Program	<i>Page 12</i>

Objective #3: Meet Regulatory Requirements for UM Timeliness & Staff Competency

—

Activity 1 – Monitor UM Decision-Making Turnaround Times	<i>Page 13</i>
Activity 2 – Timeliness of Primary Care Physician (PCP) Referrals to Specialists	<i>Page 14</i>
Activity 3 – Competency of Utilization Management & Case Management Staff	<i>Page 15</i>

2022 UM Work Plan
Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (1): Follow-Up After ER Visits				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve health outcomes for AHP members by monitoring 'ER Visits Per 1,000,' outreaching members post-ER visit, and preventing repeated ER utilization in frequent flyers.	At least once per week, generate a list of members recently discharged from the ER (discharged within past 7 days).	MPMSO Dir. Medical Management (G.C.)	Meet or outperform UM Dashboard goals for ER visits.	07/01/2022 – 12/31/2022
	Provide ER discharge list to appropriate Case Manager(s).	MPMSO Dir. Medical Management (G.C.)		07/01/2022 – 12/31/2022
	Outreach member(s) for follow-up regarding ER visit(s). Follow-up shall include: 1. Ensuring that ER prescriptions are filled. 2. Arranging follow-up appointments with provider(s), when appropriate. 3. Inform member of Urgent Care options for select conditions (i.e. UTI, Bronchitis).	MPMSO Case Managers (Multiple)		07/01/2022 – 12/31/2022
	<u>For members discharged to home after hospital stay:</u> Coordinate DME, Home Health, Follow-up Appointments, and Transportation. <u>For members transitioned to SNF (or other facility):</u> Assist with coordination of care.	MPMSO Case Managers (Multiple)		07/01/2022 – 12/31/2022
	Track/trend 'ER Visits Per 1,000' rate on a monthly cadence.	Finance Department (V.W.)		01/01/2022 – 12/31/2022
	Report 'ER Visits Per 1,000' rate to UM Committee and provide quarterly progress update on Case Management activities related to ER utilization.	MPMSO Dir. Medical Management (G.C.) CMO (K.S.)		08/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (2): Appropriateness of Inpatient Level of Care				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve health outcomes for AHP members by leveraging Case Managers to conduct concurrent review on inpatient and Skilled Nursing Facility (SNF) patients and determine appropriate level of care.	Upon receipt of inbound communication from acute facility Intake Coordinator, document into secure web portal and develop a list of all AHP members admitted to inpatient facility or Skilled Nursing Facility (SNF).	MPMSO Dir. Medical Management (G.C.)	Meet or outperform UM Dashboard goals for inpatient/SNF.	01/01/2022 – 12/31/2022
	Distribute (via secure web portal) list of inpatient/SNF members to Case Managers on a daily basis.	MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Review medical records (within 1 business day of admission) to determine whether the setting/level of care is appropriate for the member(s).	MPMSO Case Managers (Multiple) CMO (K.S.)		01/01/2022 – 12/31/2022
	Work with acute facility or SNF to coordinate appropriate care for member(s), if applicable.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (3): Monitoring Inpatient Length of Stay				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve efficiency and delivery of care by reducing unnecessary bed days for in-network acute facilities.	Receive all inbound communications from Intake Coordinator (or equivalent) via phone, fax, or secure email regarding the admission of an AHP member to an acute inpatient facility.	MPMSO UM Coordinator (I.G.)	Meet or outperform UM Dashboard goals for ALOS and/or Bed Days.	01/01/2022 – 12/31/2022
	Enter admission data into secure web portal to aggregate relevant information.	MPMSO UM Coordinator (I.G.)		01/01/2022 – 12/31/2022
	Using secure web portal, identify members with a Length of Stay (LOS) greater than 5 days.	MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Conduct concurrent review to determine if ongoing acute care remains medically necessary.	MPMSO Case Managers (Multiple) CMO (K.S.)		01/01/2022 – 12/31/2022
	Coordinate with acute inpatient facility to transition member to appropriate level of care or begin discharge process, if applicable.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Approve specialty pre-service authorizations when requested by inpatient providers per UR guidelines and within contracted network.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Coordinate referral of member(s) to Advance Care Planning services, when appropriate.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (4): Reduce Inpatient Readmissions				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Reduce rates of readmission to inpatient facilities for AHP members.	Establish access to local hospital (CMH, VCMC) Electronic Health Records (EHR) system. Use EHR data to identify AHP members who were recently discharged (within the past week) from an inpatient facility.	MPMSO Dir. Medical Management (G.C.)	Meet or outperform UM Dashboard goals for Readmission Rate.	01/01/2022 – 12/31/2022
	Distribute discharge data (via secure portal, or other method) to Case Managers.	MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Conduct outreach to member(s) to support transition of care and post-discharge follow-up. Encourage post-discharge PCP visit and assist with coordination of care.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Provide education to the member regarding available urgent care locations, preventive health services, and other health education. Refer member to Health Educator, if appropriate.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Communicate relevant clinical information with member’s PCP, as needed.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (5): Minimize Avoidable Facility Utilization				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve AHP member experience and outcomes by minimizing avoidable facility utilizations.	Review inpatient roster/census for members with elevated risk for avoidable facility utilization.	MPMSO Dir. Medical Management (G.C.) MPMSO Case Managers (Multiple)	Outreach members identified with elevated risk for avoidable facility utilization.	01/01/2022 – 12/31/2022
	Coordinate services for those members identified as having an elevated risk for avoidable facility utilization.	MPMSO Dir. Medical Management (G.C.) MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Educate members and responsible parties about how to prevent avoidable facility utilization.	MPMSO Dir. Medical Management (G.C.) MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Communicate relevant clinical information with member’s PCP, as needed.	MPMSO Dir. Medical Management (G.C.) MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #1: Improve Quality of Inpatient and Post-Discharge Care

Objective #1 – Improve Quality of Inpatient and Post-Discharge Care				
Activity (6): Coordinate with Contracted Inpatient Facilities				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Strengthen relationship between AHP and contracted inpatient facilities.	Identify at least (2) facilities responsible for delivering care to a high volume of AHP members.	CMO (K.S.) Dir. Health Services (C.S.)	At least (1) meeting scheduled annually.	01/01/2022 – 12/31/2022
	Outreach facility leadership, including Director/Manager of Case Management, to schedule at least one touch-base meeting annually.	Dir. Health Services (C.S.) Administration (E.W./V.S./Y.O.)		01/01/2022 – 12/31/2022
	Discuss areas of opportunity and care coordination with facility leadership.	CMO (K.S.) Dir. Health Services (C.S.) MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (1): Improve Rates of Advance Care Planning				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve AHP member outcomes by ensuring that members receive Advance Care Planning when appropriate.	Initiate and complete contracting process with local provider group <i>VenturaCare Partners</i> or another provider group with similar services.	MPMSO Manager of Contracts & Network Development (J.S.)	Increase volume of referrals to <i>VenturaCare Partners</i> (or equivalent contracted provider) by 5% or greater YOY.	05/01/2022 – 12/31/2022
	Identify cases in which Advance Care Planning is appropriate by: <ol style="list-style-type: none"> 1. Using age-stratified and/or disease-specific reporting. 2. Analyzing on a case-by-case basis; exercise clinical judgement (functional status assessment results, or similar screening tools). 3. Using reporting from health plan partners. 4. Processing inbound referrals from PCPs or Specialists. 	AHP CMO (K.S.)		08/01/2022 – 12/31/2022
	Distribute cases or reports that identify members needing Advance Care Planning.	MPMSO Dir. Medical Management (G.C.)		08/01/2022 – 12/31/2022
	For those members identified as needing Advance Care Planning, coordinate a referral to contracted provider group <i>VenturaCare Partners</i> or equivalent.	MPMSO Case Managers (Multiple)		08/15/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (2): Case Management: Advanced Congestive Heart Failure & Advanced Chronic Respiratory Failure				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve health outcomes for AHP members with advanced Congestive Heart Failure (CHF) and/or advanced Chronic Respiratory Failure through population health applications and UM Committee involvement.	Develop web-based, electronic roster and applications to aggregate members with a diagnosis of advanced CHF or Chronic Hypoxic, Hypercapnic, or mixed Respiratory Failure which may include advanced COPD, advanced Obstructive Sleep Apnea, or other conditions identified via ICD-10 codes billed on claims.	CDCR IT (T.B./E.B.)	UM Committee minutes to reflect discussion.	08/01/2022 – 09/30/2022
	Train key Case Management staff, at least twice per year, on the care and treatment of these conditions.	CMO (K.S.)		08/01/2022 – 10/15/2022
	Train key Case Management staff to use newly developed CHF/Chronic Respiratory Failure roster.	CDCR IT (T.B./E.B.) MPMSO Case Managers (Multiple) MPMSO Dir. Medical Management (G.C.)		08/01/2022 – 10/15/2022
	Develop interventions/education for Case Management’s use in support of identified members. Interventions/education may include: Daily weight check for advanced CHF, diet, tobacco cessation, weight loss education, lifestyle modification, or others.	CMO (K.S.) Dir. Health Services (C.S.)		08/01/2022 – 10/15/2022
	Provide Case Management services and interventions for members with diagnosis of advanced CHF or advanced Chronic Respiratory Failure.	MPMSO Case Managers (Multiple)		10/15/2022 – 12/31/2022
	MPMSO Director of Medical Management to bring CHF/Chronic Respiratory Failure roster to Q4 2022 UM Committee for discussion, proposed interventions, and ongoing monitoring.	MPMSO Dir. Medical Management (G.C.)		10/15/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (3): Case Management: Chronic Kidney Disease, End-Stage Renal Disease & Hemodialysis				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve health outcomes for AHP members with Chronic Kidney Disease (CKD), End-Stage Renal Disease (ESRD) or those receiving Hemodialysis (HD) services.	Develop web-based, electronic roster and applications to aggregate members with a diagnosis of CKD Stage 4 or 5 (identified via ICD-10 codes billed on claims), ESRD (identified via ICD-10 codes billed on claims), or members receiving Hemodialysis (identified via CPT codes billed on claims).	CDCR IT (T.B./E.B.)	Increase volume of CKD/ESRD/HD members enrolled in Complex Case Management Program relative to MY2021 metrics.	08/01/2022 – 09/30/2022
	Train key Case Management staff to use newly developed CKD/ESRD/HD roster.	CDCR IT (T.B./E.B.) MPMSO Case Managers (Multiple) MPMSO Dir. Medical Management (G.C.)		08/01/2022 – 10/15/2022
	Members identified by the CKD/ESRD/HD roster will be included in the Complex Case Management Program.	MPMSO Case Managers (Multiple)		10/15/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (4): Educate Contracted Providers About Utilization Management & Case Management Services				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Encourage enhanced coordination of care for AHP members by educating providers and inspiring confidence in Utilization Management (UM) and Case Management (CM) processes and services.	Develop educational materials for UM and CM processes and services. Coordinate with CDCR Health Education Department to ensure educational material is appropriate.	Dir. Health Services (C.S.) CMO (K.S.) MPMSO Dir. Medical Management (G.C.) CDCR Health Educator (A.C.)	Confirmed distribution of educational materials.	01/01/2022 – 12/31/2022
	Distribute educational materials via blast communication (fax, email, mailers, etc.) to all contracted Primary Care Physicians (PCP) and Specialists.	Administration (E.W./V.S./Y.O.)		09/01/2022 – 12/31/2022
	Follow-up with contracted providers to review educational materials and answer any questions.	Provider Relations (A.R.)		10/15/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (5): Case Management: Major Organ Transplant				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve health outcomes for AHP members post-Major Organ Transplant procedure.	Develop web-based, electronic rosters and applications to aggregate members that are prescribed specific anti-rejection medications for transplants.	CDCR IT (T.B./E.B.)	UM Committee minutes to reflect discussion.	08/01/2022 – 09/30/2022
	Train key Case Management staff to use newly developed transplant population health roster/application.	CDCR IT (T.B./E.B.) MPMSO Case Managers (Multiple) MPMSO Dir. Medical Management (G.C.)		08/01/2022 – 10/15/2022
	Provide Case Management services and interventions for members identified as taking anti-rejection medications for transplants.	MPMSO Case Managers (Multiple)		10/15/2022 – 12/31/2022
	MPMSO Director of Medical Management to bring transplant population health roster/application to Q4 2022 UM Committee for discussion, proposed interventions, and ongoing monitoring.	MPMSO Dir. Medical Management (G.C.)		10/15/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan
Objective #2: Improve Preventive Care & Case Management Services

Objective #2 – Improve Preventive Care & Case Management Services				
Activity (6): Complex Case Management Program				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Improve member outcomes by establishing additional goals and processes for the Complex Case Management (CCM) Program.	Identify members for inclusion in the CCM Program. The eligible population for the CCM Program shall include, but not be limited to, members with a: <ul style="list-style-type: none"> • Claim/authorization in the top 3% of the “AHP Weekly Aging, High Cost Claims Report” • Diagnosis of Stage III or IV Cancer • Prescription for a Transplant Rejection Medication • Diagnosis of CKD Stage 4 or 5; ESRD; Hemodialysis • Diagnosis of Advanced Heart Failure • Hemoglobin A1c lab result > 12.0 	MPMSO Dir. Medical Management (G.C.)	UM Committee minutes to reflect discussion.	09/01/2022 – 12/31/2022
	Outreach members that are identified for inclusion in the CCM Program to complete an initial introduction and screening/evaluation.	MPMSO Case Managers (Multiple)		09/01/2022 – 12/31/2022
	Provide ongoing complex case management services to eligible members. Refer appropriate cases to Medical Social Worker (MSW), as needed.	MPMSO Case Managers (Multiple)		09/01/2022 – 12/31/2022
	Maintain roster of: <ol style="list-style-type: none"> 1. Members included in the CCM Program. 2. Cases referred to MSW. 	MPMSO Dir. Medical Management (G.C.) MPMSO Case Managers (Multiple)		09/01/2022 – 12/31/2022
	Present CCM Program volume and MSW referral volume to UM Committee at least once annually.	MPMSO Dir. Medical Management (G.C.)		09/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #3: Meet Regulatory Requirements for UM Timeliness & Staff Competency

Objective #3 – Meet Regulatory Requirements for UM Timeliness & Staff Competency				
Activity (1): Monitor UM Decision-Making Turnaround Times				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Ensure all UM decisions are made within the required turnaround time to maintain regulatory compliance.	Develop new tools or enhance existing tools to compile, analyze, and assess UM decision-making timeliness/turnaround times.	MPMSO Dir. of Medical Management (G.C.)	UM Committee minutes to reflect discussion.	01/01/2022 – 12/31/2022
	Train key MPMSO staff to utilize available tools for compiling and analyzing data regarding UM turnaround times.	MPMSO Dir. of Medical Management (G.C.)		09/01/2022 – 12/31/2022
	Analyze available data and generate high-level reporting.	MPMSO Dir. of Medical Management (G.C.)		09/01/2022 – 12/31/2022
	Present UM timeliness reporting to the UM Committee and the 'Managed Care JOC' to occur at least quarterly.	MPMSO Dir. of Medical Management (G.C.)		09/01/2022 – 12/31/2022
	Identify opportunities for improvement and implement suggested interventions or strategies, if applicable.	MPMSO Dir. of Medical Management (G.C.)		09/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #3: Meet Regulatory Requirements for UM Timeliness & Staff Competency

Objective #3 – Meet Regulatory Requirements for UM Timeliness & Staff Competency				
Activity (2): Timeliness of Primary Care Physician (PCP) Referrals to Specialists				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Provide timely and medically necessary specialty care for AHP members by monitoring PCP referrals to specialists.	Randomly select (5) PCP's for inclusion in the <i>Referral Timeliness Audit</i> (to be completed at least annually).	MPMSO Dir. of Medical Management (G.C.)	UM Committee minutes to reflect discussion.	01/01/2022 – 09/01/2022
	For each of the (5) PCP's included in the audit, randomly/blindly select a minimum of (5) referral requests submitted for specialty services.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Review each of the (5) selected referral requests and identify: 1) Authorization Number, 2) Requesting Provider, 3) Requested Provider, 4) Requested Service, 5) Date of Visit with Requesting Provider, and 6) Date Request was Submitted.	MPMSO Case Managers (Multiple)		01/01/2022 – 12/31/2022
	Present <i>Referral Timeliness Audit</i> results to the UM Committee at least once per year.	MPMSO Dir. of Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Based on UM Committee feedback, implement interventions as needed.	MPMSO Dir. of Medical Management (G.C.)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				

2022 UM Work Plan

Objective #3: Meet Regulatory Requirements for UM Timeliness & Staff Competency

Objective #3 – Meet Regulatory Requirements for UM Timeliness & Staff Competency				
Activity (3): Competency of Utilization Management & Case Management Staff				
Goal(s)	Activity	Responsible Party	Metrics	Effective Date(s)
Maintain high competency standards for Utilization Management (UM) and Case Management (CM) staff.	For new hires: Conduct orientation, deliver training materials, and review policies and procedures upon hire.	MPMSO Dir. Medical Management (G.C.)	IRR audit scores of 90% or greater for all Staff/Reviewers involved in UM decision-making.	01/01/2022 – 12/31/2022
	For existing UM/CM staff: Complete annual review of training materials, policies and procedures, and performance review.			
	Develop or obtain (from an authoritative source) training materials related to Social Determinants of Health.	MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Train all UM/CM staff two (2) times per year on topics related to Social Determinants of Health.	MPMSO Dir. Medical Management (G.C.)		01/01/2022 – 12/31/2022
	Conduct Inter-Rater Reliability (IRR) audit(s) at least once per year. All Staff/Reviewers involved in UM decision-making must be audited.	MPMSO Dir. Medical Management (G.C.) Compliance (R.M./Y.C.)		01/01/2022 – 12/31/2022
	Provide additional training and address deficiencies for those UM/CM Staff or Physician Reviewers that fail to pass the IRR audit(s).	MPMSO Dir. Medical Management (G.C.) CMO (K.S.)		01/01/2022 – 12/31/2022
Evaluation/Outcome:				