IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

Provider Fax Blast – 2022 IHHMG UM Annual Notifications

September 2022

Imperial Health Holdings Medical Group (IHHMG) Utilization Management Department is committed to continuously meeting the needs of the members and practitioners. We have important information you should know about. You can also access on the website at: https://imperialhealthholdings.com.

Clinical Criteria for UM Decisions

The Hierarchy Criteria Order of Use is as follows: Medicare Advantage membership

- CMS National Coverage Determinations (NCD)
- Local Coverage Determinations (LCD)
- Local Coverage Articles (LCA) (Active/Retired)
- Medicare Claims Processing Manual
- Medicare Benefit Policy Manual
- Medicare Managed Care Manual
- Health Plan Criteria / Medical Policy
- MCG Health 26th Edition
- Specialty website (NCCN)
- Medicare Program Integrity Manual

The Hierarchy Criteria Order of Use is as follows: Medi-Cal membership

- MMCD California Policy Letters
- DHCS Coverage and Benefit guidelines
- Health Plan Criteria / Medical Policy
- MCG Health 26th Edition
- Specialty website (NCCN)
- IHHMG internally developed guidelines

The Hierarchy Criteria Order of Use Is as Follows: Commercial

- Health Plan Criteria or policy
- MCG Health 26th Edition
- Specialty website (NCCN)
- National Center of Complementary Integrated Health (NCCIH)
- UpToDate

Availability of Criteria

Specific criteria used for UM decision-making are available to practitioners, members, and the public upon request with the following disclosure: "The material provided to you are guidelines used by this plan to authorize, modify, or deny care for the person with similar illnesses or conditions. Care and treatment may vary depending on individual need and the benefits covered under your contract." If you would like to obtain a copy of a particular criteria, please contact the **UM Department at (626) 838-5100 option 1.**

Availability of Physician Reviewer

Only a licensed physician can make a denial decision. The physician reviewer is available to discuss denial decisions with the requesting practitioner and can be reached by calling (**626) 838-5100 Ext 8818.**

Appropriate Professionals

Licensed physicians oversee all UM decision making process. Appropriate licensed health professionals conduct the supervision of all review decisions and processes. All denied or modified requests are determined only by qualified physician(s). Non-licensed staff members may collect data for pre-authorization and concurrent review under the supervision of licensed personnel.

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Access to UM Department

Imperial's UM Department provides the following communication services for providers and members regarding UM requests or questions.

The UM Department's business hours are 8:00 AM – 5:00 PM Mondays to Fridays, excluding holidays. The Utilization Management Department can be reached at UM Department at **(626) 838-5100, option 1.**

- TDD/TTY services are available to members who have hearing or speech impairment at 1-800-838-8271 (TYY: 711) for members**.**
- Language assistance is available to members to discuss UM issues.

UM Timeliness Standards

Timeliness standards for decision-making and notification of decisions for all lines of business:

Medi-Cal	Medicare	Commercial
• Urgent (expedited) requests – decision within 72 hours: member and provider notification within 72 hours from initial receipt of the request, including weekends and holidays. • Pre-Service routine (non-urgent) requests – decision within 5 working days; initial notification to practitioner within 24 hours of the decision, written notification to member and practitioner within 2 business days of making the decision. Decision for deferred or delayed requests shall not exceed 14 calendar days. • Retrospective Review – within 30 days • Hospice inpatient care – 24-hour response • Expedited Review – within 72 hours	• Standard – decision within 14 calendar days; notification within 14 calendar days after receipt of request • Expedited – decision within 72 hours; notification within 72 hours after receipt of request • Extension (if justified) – additional 14 calendar days • Termination of Services – no later than 2 calendar days or 2 visits before the coverage ends • Part B drugs for urgent is 24 hours and standards is 72 hours	• Urgent – decision not to exceed 72 hours after receipt of request; notification within 72 hours of receipt of request. Effective July 1, 2011, decision and member/practitioner notification for urgent request shall be done within 24 hours of receipt of request. • Urgent Concurrent – decision within 24 hours of receipt of request; notification within 24 hours of receipt of request. • Non-urgent – decision within 5 business days; initial notification to practitioner within 24 hours of the decision, written notification to member and practitioner within 2 business days of making the decision • Standing – decision within 3 business days of receipt of request; notification timeframe depends on the service category • Pharmacy (J Codes) urgent 24 hours and standard 72 hours.

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Preventive Health Guidelines and Health Education

IHHMG provides you with materials that can help our members stay healthy and manage their conditions. Our goal is to ensure you have essential information and resources readily available.

Blue Shield:
For Blue Shield Promise members, you can access Health Education and Preventive Health Guidelines at:
https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/bsp/providers/programs/health-education-medi-cal

Anthem:
Health Education and Cultural Linguistics Resources
For Anthem California members, you can access resources for Health Education, Cultural and Linguistic and Preventive Health Guidelines at: https://mediproviders.anthem.com/ca/Pages/health-education-programs-old.aspx

California State Programs and resources are available below:
California Children's Services Program (CCS)
CCS is a state program for children with certain diseases or health problems applicable to children up to 21 years old who can access the health care and services they need. To learn more visit: https://www.dhcs.ca.gov/services/ccs

Comprehensive Perinatal Services Program (CPSP):
To learn more about CPSP Program simply visit DHCS site at:
https://www.cdph.ca.gov/programs/cfh/dmcah/cpsp/pages/default.aspx

California Health and Disability Prevention (CHDP)
To learn more about CHDP Program overview and requirements you can visit the website at:
https://www.dhcs.ca.gov/services/chdp
Early Start-Early Intervention
California's early intervention program, known as Early Start, is a program for infants and toddlers under three years of age with special developmental needs and their families. Learn more at:
https://www.dds.ca.gov/services/early-start/

Initial Health Assessment and Behavioral Assessment (IHEBA)
IHEBA/Stay Hearing Assessment is a required comprehensive assessment that is completed during a patient's initial encounter with his/her PCP. To learn more about IHEBA requirements visit: https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

Initial Health Assessment (IHA)

All regular health visits include, but are not limited to the following appointment types:

- Initial Health Assessment (IHAs)
- Pre-travel visits
- Well Patient Checkups

The UM Department is available to answer additional questions you might have on the topics mentioned above or Providers can request in-service at (626) 838-5100 option 2.

Specialty Mental Health

For Blue Shield: Providers can access Specialty Mental Health Services for Los Angeles and San Diego Counties below:

For Referrals in Los Angeles County	
Department of Mental Health	Beacon Health Options as liaison: (855) 765-9701 ACCESS hotline: (800) 854-7771
Substance Abuse/ Misuse	Department of Health Care Services (DHCS) Substance Use Resource Center: (800) 879-2772
Behavioral Health Services	Beacon Health Options: (855) 765-9701
Autism Spectrum Disorder	Blue Shield of California Promise Health Plan Member Services: (888) 297-1325

For Referrals in San Diego County	
Department of Mental Health	ACCESS hotline: (888) 724-7240
Substance Abuse/ Misuse	Department of Health Care Services (DHCS) Substance Use Resource Center: (800) 879-2772
Behavioral Health Services	Beacon Health Options: (855) 321-2211
Autism Spectrum Disorder	Blue Shield of California Promise Health Plan Member Services: (888) 297-1325

Blood Lead Screening (BLS) of Young Children.
When an eligible member between the ages of 6 months and 6 years old has a Blood Lead Screening, IHHMG Providers should complete a periodic health assessment.
BLS requirements require:

- Periodic Health Assessments (PHA)
- Oral and written anticipatory guidance to parents regarding BLS exposure
- BLS Screening Testing and applicable age requirements
- BLS required medical record documentation and/or signed parental voluntary refusal

See link below:

REQUIRED	NOT REQUIRED
1. Perform periodic health assessments (PHAs) on child members between the ages of 6 month to 6 years (i.e., 72 months) comply with current federal and state laws and industry guidelines for health care providers issued by The California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB), including any future updates or amendments to these laws and guidelines. 2. Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age. 3. Order or perform blood lead screening tests on all child members in accordance with the following: a) At 12 months and at 24 months of age. b) When performing a PHA becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter. c) At any time, a change in circumstances has, in the professional judgement of the network provider, put the child member at risk. d) If requested by the parent or guardian. 4. Providers must document the reason(s) for not performing the blood lead screening test in the child member's medical record.10 *11* In cases where consent has been withheld, the MCP must ensure that the network provider documents this in the child member's medical record by obtaining a signed statement of voluntary refusal. If the network provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent: *1) refuses or declines* to sign *it*, *or 2)* is unable to sign *it* (e.g., when services are provided via telehealth modality), the network provider must document the reason for not obtaining a signed statement of *voluntary refusal* in the child's medical record. DCHS will consider the *above-mentioned* documented efforts that are noted in the child's medical record as evidence of MCP compliance with blood lead screening test requirements	1. Providers are **not required** to perform a blood lead screening test if either of the following applies: a) In the professional judgement of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning. b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

Learn more at: DHCS BLS of Young Children Medi-Cal Requirements (APL 20-016) at:

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf

The Utilization Management is an available resource to Providers and office staff to partner and provide clarification on the following DHCS requirements for eligible Medi-Cal members.

Providers can learn more about the State programs and requirements at ***resource links below***.

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Health Homes Programs

Health Homes Programs include these six core services for eligible Medi-Cal members:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive transitional care
5. Individual and family support
6. Referral to community and social support services.

Visit link DHCS APL 18- 012:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-012.pdf

Health Home Program Guide available at:

https://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx

For Anthem Medi-Cal Members:
https://mss.anthem.com/california-medicaid/benefits/medi-cal-plan-benefits/care-management.html#:~:text=Anthem%E2%80%99s%20Health%20Homes%20program%20offers%20services%20for%20members,get%20to%20know%20you%20and%20your%20unique%20needs.

Palliative Care
IHHMG provides palliative care to our Medi-Cal members by partnering with Providers, Practitioners to ensure they understand the eligibility criteria and program requirements.
Hospice Care is a Medi-Cal benefits that serves terminally ill members. It consists of interventions that focus on primarily on pain symptom management rather than a cure or the prolongation of life.

Unlike hospice, palliative care does not require the member to have a life expectancy of six months or less, and palliative care may be provided concurrently with curative care. A member with a serious illness who is receiving palliative care may choose to transition to hospice care if the member meets the hospice eligibility criteria. A member 21 years of age or older may not be concurrently enrolled in hospice care and palliative care.

Visit link DHCS APL 18-020:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-020.pdf

END OF LIFE OPTION SERVICES

The End-of-Life Acts established a benefit to permit terminally il beneficiaries, age 18 or older with the capacity to make medical decision, to be prescribed aid-in-dying medications if certain conditions are met. Provision services by health care providers is voluntary and refusal to provide these services will not place any physician at risk for civil, criminal, or professional penalties.

Visit Link (DHCS APL 16-006):
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-006.pdf

The UM Department is available to answer any additional questions you might have on the topics mentioned above at **(626) 838-5100 option 1.**

A special thanks to all that you do for our members during these unprecedented times. Be well and stay safe!