

SALISH BHO

UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Number: 7.02

Policy Name: PROVISION OF SERVICES –

INDEPENDENCE FROM FINANCIAL

INCENTIVES

Reference: 42 CFR 438.210; WAC182-538D-0375;

State Contract

Effective Date: 7/2005

Revision Date(s): 9/2005; 5/2016; 12/2018

Reviewed Date: 5/2016; 6/2017; 6/2018; 12/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

Policy: Corrective Action Plan

PURPOSE

The SBHO delegates and contracts with an experienced managed care entity, outside the provider network, to make independent authorization of care decisions related to mental health inpatient and substance use residential service requests from the provider network. The SBHO provides authorization for mental health residential requests from the provider network.

The SBHO network provider payment structure is separate from the authorization for service decisions and provides no financial incentives to the requesting network provider(s), the sub-delegated Administrative Service Organization (ASO), or the Salish Behavioral Health Organization.

PROCEDURE

- The SBHO contracts with an Administrative Service Organization (ASO), with URAC or NCQA accreditation, to provide authorization and utilization management services to the SBHO service delivery system.
 - The contractual fee is a fee negotiated prior to executing the contract and is not based on network provider financial incentives.

- 2. Network providers shall have effective policies and procedures that separate the staff responsible for requesting services from staff responsible for agency financial matters.
- 3. Network providers shall have established policies and procedures that ensure the staff responsible for requesting inpatient ITA authorization/certification are separate from staff responsible for agency financial matters.
- 4. SBHO and the sub-delegated ASO shall be responsible to make all final authorization determinations based on the formally adopted SBHO utilization policies, Utilization Management Plan, Levels of Care (which includes the Access to Care standards and ASAM criteria), and related guidelines when making authorization determinations.

MONITORING

This Policy is a mandate by contract and statute.

- 1. This Policy is monitored through use of:
 - Annual SBHO Provider and Subcontractor Administrative Reviews
 - SBHO Grievance Tracking Reports
 - Biennial Provider Quality Review Team on-site review
 - Semi-annual Provider Revenue and Expense Report
- 2. If a provider performs below expected standards during any of the reviews listed above, a Corrective Action Plan will be required for SBHO approval.