

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management		<b>SUBJECT (Document Title)</b> Under and Over Utilization of Services - Monitoring - CA	
<b>Effective Date</b> 01/13/1997	<b>Date of Last Review</b> 04/25/2024	<b>Date of Last Revision</b> 04/25/2024	<b>Dept. Approval Date</b> 04/25/2024
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

Anthem Blue Cross Medicaid annually analyzes the utilization trends of at least three elements by product. Anthem Medicaid maintains processes and mechanisms to monitor, detect, and correct over/under utilization of medically necessary services.

Anthem Medicaid utilizes National Committee for Quality Assurance (NCQA) Quality Compass percentiles as thresholds for over and under utilization. The thresholds are such that data falling outside of the thresholds would be considered as possibly adversely affecting members.

**DEFINITIONS:**

**Over-utilization:** The provision of services that are not medically necessary, or the provision of services that are medically necessary but in either excessive amounts or in a higher-level setting than are medically indicated.

**Provider Profile:** A periodic review of Primary Medical Provider (PMP) practice patterns with comparisons to peer groups.

**Under-utilization:** Failure to provide medically necessary services or provision of an inadequate quality or lower level of services than is medically indicated.

**PROCEDURE:**

- I. Utilization trend reports are analyzed for patterns of over and under-utilization against thresholds annually. This includes both pediatric and adult members. Areas considered for potential review could be, but would not be limited to, those listed below:
  - Emergency Room Utilization
  - Inpatient Utilization

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management	<b>SUBJECT (Document Title)</b> Under and Over Utilization of Services - Monitoring - CA
---	--

- Frequency of Selected Procedures, including Long Term Services and Supports (LTSS), ECM and Community Support services.

The following data sources may be used in over and under utilization monitoring:

- Claims and Encounter Data Reports
- Member Grievances and Appeals Analysis
- HEDIS findings
- Focus Studies that evaluate access to care, use of preventative care services and other services.

- II. The results are discussed in the Clinical Services Committee (CSC) meeting. When results fall outside of the thresholds, a qualitative analysis of causes is conducted. This process includes participation of practitioners and personnel who understand the utilization process and barriers to care that may be affecting performance. Interventions are designed and implemented to alleviate barriers. All recommendations are reported to the CSC and the Quality Management Committee (QMC).

Anthem Medicaid educates/ notifies providers regarding expectations and standards of care through:

- Provider Operations Manuals
- Provider Newsletters
- Provider Training.

- III. After a sufficient amount of time has passed, the effectiveness of the interventions is evaluated through re-measurement. All findings and re-measurements are reported to the CSC and QMC.

**REFERENCES:**

- DHCS Contract sections 2.2.6 (M) and 2.3.3LA Care Contract
- LA Care Regulatory Documents Medical Services/UM Policy & Procedure 5063 Over/Under Utilization Monitoring, Detection, and Correction

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Utilization Management (UM)

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management	<b>SUBJECT (Document Title)</b> Under and Over Utilization of Services - Monitoring - CA
---	--

**Secondary Department(s):**

Case Management (CM)

Special Programs - LTSS

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
04/25/24	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated Anthem reference under Policy section, per recent rebranding guidelines</li> </ul>
11/02/23	<ul style="list-style-type: none"> <li>• Off Cycle Review</li> <li>• Updated Procedure and References section</li> </ul>
07/26/23	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated References section</li> </ul>
12/19/22	<ul style="list-style-type: none"> <li>• Off-Cycle Review</li> <li>• Revised Primary Department name from “Medical Management Utilization Management (UM) &amp; Case Management (CM)” to “Utilization Management”</li> <li>• Added Secondary Department(s) section to match template; added “Case Management (CM)” and “Special Programs-LTSS” as secondary departments</li> </ul>
07/27/22	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Changed UMC to CSC</li> </ul>
07/30/21	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
07/29/20	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Added “encounter data”</li> <li>• Updated policy and procedure</li> </ul>
07/31/19	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Changed “member Complaints” to “Member Grievances”</li> </ul>
07/24/18	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
07/31/17	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Changed “four” elements to “three”</li> </ul>
07/29/16	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
09/21/15	<ul style="list-style-type: none"> <li>• Added LTSS to procedure</li> </ul>
03/02/15	<ul style="list-style-type: none"> <li>• Created document specific to California from business wide</li> </ul>

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management	<b>SUBJECT (Document Title)</b> Under and Over Utilization of Services - Monitoring - CA
---	--

Review Date	Changes
	document