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**To:** All IPA Administrators and Medical Directors

**From:** IEHP – Provider Relations

**Date:** March 22, 2023

**Subject:** **REVISED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, effective 2/17/2023:

<b>Guideline #</b>	<b>Guideline Title</b>	<b>Degree of Change</b>	<b>Updates/Changes</b>
<b>UM_OTH 23</b>	Allocation of Limited Critical Care Resources During a Public Health Emergency	Minor Revisions	Highlights: <ul style="list-style-type: none"><li>• The COVID-19 pandemic changed how we look at our critical resources. We understand that IEHP and our partners have a finite amount of medical equipment, medication, and staff to treat our membership. Therefore, with information gathered from several sources, the IEHP UM Subcommittee created the above-mentioned guideline in 2020.</li><li>• Neither Medicare nor Medi-Cal have a policy regarding this topic</li><li>• Additionally, neither MCG nor Apollo offers guidance in this area</li><li>• Recommend continuing advising our “in-network” partners and Providers to utilize IEHP’s Utilization Management Subcommittee guideline as a framework for decision making regarding the allocation of our critical resources for Members with both the Medicare and Medi-Cal line of business.</li></ul>
<b>UM_OTH 05</b>	Tertiary Care Center Referral Requests	Minor revisions	Highlights: <ul style="list-style-type: none"><li>• A tertiary care center is defined as specialized consultative care provided by specialists working in a center that has personnel and facilities for special investigation and treatment of complicated medical conditions. IEHP considers the approval of referrals to such facilities appropriate in certain cases.</li><li>• Neither Medicare nor Medi-Cal has a policy regarding tertiary care center referral requests.</li><li>• MCG and Apollo are also silent on this topic.</li><li>• Recommend continuing using IEHP’s Utilization Management Subcommittee guideline to review requests for tertiary care centers for both the Medicare and Medi-Cal line of business.</li></ul>

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 09	My Path	Minor revisions	Highlights: <ul style="list-style-type: none"> <li>• <u>Addition</u> of Sickle Cell Disease population to the Disease Specific Criteria for Adult Members</li> <li>• Any one of the following:               <ul style="list-style-type: none"> <li>• High risk of using the hospital to manage their disease with documentation of reason for high-risk status OR</li> <li>• 3 or more admissions in 2 consecutive months in the last 6 months OR</li> <li>• 4 or more Emergency Department Visits in the past 60 days OR</li> </ul> </li> <li>• Documented irreversible end organ damage.</li> </ul>
UM_CSS 08	Medically Tailored Meals/Medically-Supportive Food	Minor revisions	Highlights: <ul style="list-style-type: none"> <li>• Expanded criteria:               <ul style="list-style-type: none"> <li>➢ For Members with chronic conditions <u>such as but not limited to</u> diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders</li> <li>➢ <u>Members with extensive care coordination needs</u></li> </ul> </li> <li>• Updated language and reference.</li> <li>• Guideline name updated from Medically Tailored Meals to Medically Tailored Meals/Medically-Supportive Food</li> </ul>

<p><b>UM_OTH 18</b></p>	<p>Enhanced Care Management</p>	<p>Minor revisions</p>	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Expanded criteria:                             <ul style="list-style-type: none"> <li>➤ For Members with chronic conditions <u>such as but not limited to</u> diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders</li> <li>➤ <u>Members with extensive care coordination needs</u></li> </ul> </li> <li>• Updated language and reference.</li> </ul> <p><i>ECM Notice of Action</i></p> <ul style="list-style-type: none"> <li>• IEHP will issue a Population of Focus eligibility denial if Member or Provider requests that Member participate in ECM but is not eligible.</li> <li>• IEHP will issue a disenrollment for discontinuing ECM:                             <ul style="list-style-type: none"> <li>➤ The Member has met all care plans;</li> <li>➤ The Member is ready to transition to a lower level of care;</li> <li>➤ The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage (this can include instances when a Member’s behavior or environment is unsafe for the ECM Provider); or</li> <li>➤ The ECM Provider has not been able to connect with the Member and/or parent, caregiver, guardian after multiple attempts.</li> </ul> </li> </ul>
<p><b>UM_OTH 16</b></p>	<p>Care Plan Option</p>	<p>Retired</p>	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Services that can be authorized to address non-medical items such as, Transportation, Meals, Respite Care in an attempt to reduce medical costs</li> <li>• CPO is not a benefit under the DSNP Plan</li> <li>• DSNP Members have the ability to be offered items under the Community Supports Benefit to assist with the items formally covered under CPO</li> </ul>
<p><b>UM_BH 07</b></p>	<p>Behavioral Health Home Based Services</p>	<p>Retired</p>	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Outlines the instances when a BH Professional will be authorized to treat a Member in the home</li> <li>• Members will continue to be able to receive BH services via Telehealth</li> </ul>

<b>UM_SUR 10</b>	Bronchial Thermoplasty	Retired	<b>Highlights:</b> <ul style="list-style-type: none"><li>• A treatment for Severe Persistent Asthma that involves the application of heat to the airways via a bronchoscope. The heat destroys the smooth muscle lining these areas, thus negating the ability of the airway to close off during an asthma attack.</li><li>• Medicare does not discuss this type of procedure, while Medi-Cal includes it in a TAR and Non-Benefit list w/o giving any guidance on how and when it should be used.</li><li>• MCG has a Bronchial Thermoplasty A-0634 guideline that states “based on a review of existing evidence, there are currently no clinical indications for this technology.”</li><li>• Apollo “considers bronchial thermoplasty experimental and investigational for the treatment of asthma and other indications (e.g., COPD) because its effectiveness has not been established.”</li><li>• Recommend retiring IEHP’s UM Subcommittee guideline in favor of utilizing Apollo’s PUL 110A Bronchial Thermoplasty guideline to review requests for this testing for both the Medicare and Medi-Cal lines of business</li></ul>
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You may access these and all other authorization guidelines through the Provider portal located at:  
[www.iehp.org](http://www.iehp.org) > For Providers > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal located at:  
[www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)