



VOLUME 4: MEDICAL SERVICES	Effective Date: 12/2003
CHAPTER 34	Revision Date: 05/2015
4.34.1 UTILIZATION MANAGEMENT PROGRAM POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. POLICY

To promote the best possible patient outcomes, eliminate unnecessary cost, and maintain consistency in the delivery of health care services, the California Correctional Health Care Services (CCHCS) Utilization Management (UM) program will ensure the appropriate use of limited health care resources, including medical procedures, consultations with specialists, diagnostic studies, inpatient beds, and outpatient beds allocated for health program use.

The UM program shall:

- Establish a standardized, auditable system for managing resource use.
- Implement evidence-based medical necessity criteria statewide to reduce unnecessary referrals and consultations.
- Develop or modify for issuance standardized UM policies, procedures, and processes for managing requests for medical services to reduce backlogs, wait times, custody and transport demands, and to improve access to care.
- Provide a centralized process for reviewing medical outcomes to identify cost-effective care and define best practices leading to a specific outcome.
- Ensure that specialty care referrals are executed consistently within acceptable timeframes.
- Implement a centralized system for tracking and analyzing key operating data related to health care costs and length of stay by institution and region.
- Provide prospective identification of high-risk patient populations that may be case managed to improve coordination of care and reduce future costs.
- Ensure oversight for local institution UM operations and supporting organizational goals for access to care, quality outcomes, an effective and accessible specialty network, prompt access to hospital and infirmary resources, and cost-effective, auditable outcomes.
- Establish a committee structure at headquarters and in the field to provide oversight and review of the UM program and ensure compliance with all UM policies and procedures.
- Ensure appropriate application of utilization criteria through inter-rater reliability testing.
- Develop a work plan with annual performance objectives and associated program strategies.

II. PURPOSE

To provide a mechanism for maintaining quality, timely, cost-effective health care delivery, which shall:

- Assist in the optimal allocation of limited resources within the CCHCS health care delivery system, eliminating under- and over-utilization.

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- Ensure that services are medically necessary and provided at the appropriate level/source of care.
- Support referral management, and provide prospective (pre-admission and outpatient authorization), concurrent (continued stay), and retrospective reviews.
- Provide ongoing monitoring of the quality of patient care, outcomes, and costs.

III. APPLICABILITY

CCHCS UM processes shall be applied to inpatient and specialty medical services provided to CCHCS patients, by both departmental employees and contracted health care providers. UM activities shall be performed at CCHCS health care facilities, contracted health care facilities, and selected mental health inpatient settings.

IV. RESPONSIBILITIES

- A. The Chief Executive Officer or designee of each institution is responsible for the implementation, monitoring, and evaluation of this policy at the local level.
- B. The Statewide Chief Medical Executive or designee is responsible for the implementation, monitoring, and evaluation of this policy at Headquarters.

V. REFERENCES

- California Code of Regulations, Title 15, Chapter 1, Subchapter 4, Article 8, Sections 3350, 3352, and 3352.1
- California Civil Code, Section 56 et seq.
- California Evidence Code, Section 1157
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 8, Outpatient Specialty Services