I. INTRODUCTION:

A. The Florida Department of Corrections' health care delivery system consists of several components that serve to identify and meet the health care needs of the incarcerated population. One of these components is a comprehensive Utilization Management Program.

B. In accordance with Florida Statutes 945.6034(1), the Utilization Management (UM) program was implemented as a component in the Quality Management system. (See Health Services Bulletin 15.09.01, "Quality Management Program.") The purpose of this bulletin is to describe the UM program.

C. The Chief of Medical Services provides day-to-day clinical and operational oversight of the Utilization Management Program.

D. The Chief Clinical Advisor is the final clinical authority for all matters pertaining to the delivery of comprehensive health care services.

E. ***These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.*** CHCC's must implement electronic Utilization Management (UM) programs, which include nationally accepted criteria to manage healthcare.

II. PURPOSE:

A. The Department of Corrections' UM program is designed to:

1. Maintain quality health care services while identifying and addressing excessive or unnecessary use of resources as well as unnecessary or invalid restrictions in the use of resources.
2. Maintain a management information system which provides a valid basis for administrative decision-making.
3. Optimize the utilization of both department and contract health care services.
4. Manage the volume of services utilized by each institution or region.

III. DEFINITIONS:

The following terms are used in this document within the context of the stated

definitions:

A. Case Management: As used herein, the regulation of services provided to an individual based on medical need which is determined through the use of established guidelines and/or levels of evaluation by medical professionals.

B. Case Manager: As used herein, the Registered Nurse assigned to the UM Program and may also be referred to as the UM Nurse.

C. Consult Coordinator: The institutional staff designated to perform the duties of coordinating and scheduling requests for specialty medical services.

D. Continued Stay Management: Process focused on insuring that the levels of care and intensity of services are compatible with the patient's needs during the provision of health care services.

E. Comprehensive Health Care Contractor (CHCC); has been designated by the Department to provide medical, dental and mental health services at designated institutions within a particular region. Contractors will be responsible for providing timely and complete Utilization Management services to their respective institutions.

F. Office Health Service s (Central Office) UM Program Coordinator/Manager – the position assigned to Central Office that is responsible for the planning and implementation of the Utilization Management Program. In addition, the UM Program Coordinator/Manager is responsible for coordinating medical transfers from Private Prison Facilities to Department Institutions.

G. Emergency: Those conditions which are life- or function- threatening and/or which may cause the person or fetus to deteriorate rapidly. These conditions require immediate attention and must be treated as soon as the means of treatment can be provided.

H. Routine: The conditions which will tolerate a delay of not more than forty-five days without deteriorating into either an urgent or emergent condition.

I. SYSM: Department's electronic mainframe message system.

J. UM Physician Advisor: A designated physician who will provide clinical opinions as to medical necessity and appropriateness.

K. Quality of Care: Care provided that is reasonable and appropriate for the condition being treated.

L. Urgent: Those conditions which must be treated within 14 business days or less or the condition could deteriorate and possibly become an emergency condition. Each urgent case shall be evaluated individually as conditions can vary with each offender.

M. Utilization Management (UM): Ongoing operational activities which are performed in managing inmate clinical care for outside

medical services.

N. Business Day: Official working days of the week Monday to Friday, excluding weekends and official State of Florida holidays.

IV. GENERAL UTILIZATION MANAGEMENT POLICY:

A. UM programs shall facilitate the provision of necessary health care to inmates which meets quality standards and is delivered in a timely, cost-effective manner.

B. The evaluation of medical care incorporates a review of the current medical literature, consideration of medical community standards, and an awareness of the unique circumstances of the offender population.

C. UM staff shall determine whether medical requests meet UM guidelines. Accordingly, they will authorize, withhold or deny authorization for the requested medical service. UM staff shall obtain the necessary information before making a decision if information submitted is insufficient; UM staff will authorize all elective inpatient and outpatient hospital admissions, including designating the provider who will perform the procedure and the facility in which the procedure will be performed.

D. The UM Physician Advisor shall be consulted to render clinical opinions as to medical necessity or appropriateness when UM staff needs higher-level assistance in making a determination. The UM Physician Advisor will be consulted for cases where there are questions as to whether the case merits the treatment requested or where there are unusual circumstances (examples: bone marrow transplant, heart valve replacements, etc.). Such opinions will not be based on cost considerations. There will be no automatic referral of cases to the UM Physician Advisor for review.

E. UM staff will complete the review process of medical requests in the following identified time frames. The processing time is calculated by business days and based on the acuity level and the date the medical request is written.

The processing time is as follows:

- emergent request within 24 hours;
- urgent request within 3 days;
- routine request within 10 days.

Note: If there is insufficient information to make a UM decision it shall be returned to the sending institution with specific comments indicating what information is needed. Those referrals returned for insufficient

information shall remain in pending status until the information is received but **shall not be pending more than 10 business days**.

V. UM PROCESS:

Requests for medical services will be submitted to UM electronically and within specific time frames in accordance to HSB 15.09.04.01. UM need not be notified or approve emergency room visits in advance. However, they shall be notified afterwards. Requests for transfer to RMC-Hospital shall be coordinated through UM and the RMC Medical Executive Director. Refer to HSB 15.09.04.01 for additional information.

VI. HEALTH CARE SERVICES PROVIDED BY RMC TO INMATES FROM PRIVATE FACILITIES:

When a medical or dental service request originates from a Private Facility for services to be rendered at RMC or RMC Hospital, the following procedure(s) will be followed:

For consults, surgery and diagnostic procedures: the Dentist, Medical Director, or her/his designee, of the institution will complete and sign the appropriate DC forms; DC4-702, *Consultation Request/Consultant's Report* and DC4-669, *Request for Pre-Approval of Health Care Services*.

The institution will fax or email a copy of the completed form along with documentation supporting the medical necessity to the OHS/CO UM office at (386)-496-6918 or (386)-496-6902, in accordance with HIPAA procedure 102.006.

The health information specialist or designee shall complete the DC4-797F, *Institutional Consult and Prior Approval Log.* The log should reflect the date the consultation/prior approval was requested and should continue to be carefully maintained to reflect the status of the approval process as well as the completion date of the visit, procedure and/or surgery.

The OHS/Central Office UM Coordinator or designee will enter the information into the HS UM database, obtain an appointment from RMC Dental or Medical Scheduling Office and advise the requesting Private Facility. The RMC Medical Scheduling Office or Dental Department will enter the appointment into OBIS and the UM Coordinator or designee will request a medical or dental transfer via SYSM.

For admissions to RMC Hospital, the requesting Private Facility will contact the OHS/CO UM office at (386) 496-7377 to request and coordinate inpatient services.

For RMC Hospital admissions, appropriate written documentation from medical staff of the sending hospital or institution will be sent with the inmate to ensure continuity of care with the receiving hospital personnel. This information will consist of

discharge, concurrent care instructions and DC records for the inmate being transferred. These instructions will be of sufficient content to allow for the receiving hospital personnel to continue the transferring inmate's current medical regime without being interrupted or delayed.

The Private Facility will provide an authorization number for services requested. RMC will be reimbursed for services provided in accordance to the RMC Hospital or Dental fee schedules. Authorization numbers will be referenced on invoices for the services provided by RMC. The OHS/Central Office UM Coordinator/Manager or designee will obtain authorization from the Private Facility for any additional medical or dental services required while the inmate is housed at RMC or RMC Hospital.

VII. MEDICAL TRANSFERS TO SPECIALTY DORMITORIES OR ALTERNATE INSTITUTIONS:

Regardless of fiscal responsibility, an inmate who is in need of a transfer to an alternate institutional care setting (i.e.: intense medical [Zephyrhills J-dorm, SFRC F-dorm], palliative care [CFRC-S Infirmary, Zephyrhills J-dorm, SFRC F-dorm], medically impaired housing [Zephyrhills A-dorm, Lowell Main I-dorm] or proximity to a medical service provider) will be handled on a case-by-case basis.

These transfers will be coordinated between OHS/CO UM Coordinator/Manager and the sending Institution's Medical Director or designee. The OHS/CO UM Coordinator will review the medical information presented by the sending Institution to determine if the inmate's condition supports a transfer to an alternative institution or care setting. If the OHS/CO UM Coordinator/Manager cannot justify the transfer based on the medical information provided the transfer will be referred to the Chief of Medical Services. The Chief of Medical Services will review the case and notify the OHS/CO UM Coordinator/Manager of the decision.

The OHS/CO UM Coordinator will determine an appropriate institution or care setting. Once a designated transfer date has been determined, the OHS UM Coordinator will initiate the transfer via SYSM or Medical Transfer email.

The arrangements for movement of the inmate to the designated institution will be coordinated between: sending institution, OHS UM, designated receiving institution and Bureau of Classification Management, Population Management Section.

The sending Institution's Medical Director will ensure an appropriate mode of transport is used during the transfer process.

The sending Institution's Medical Director will ensure the continuity of care during the transfer process and send all medical records, x-rays, recent medical reports and documentation of the current medical treatment at the time of transfer.

No authorization numbers are necessary with respect to medical transfers to special

dormitories or alternate institutions.

VIII. CASE MANAGEMENT PROCEDURES:

A. Case Management for inpatient, outpatient, and ambulatory physical health care is based on an evaluation of medical needs, patient acuity, surgical indicators, and levels of care (LOC). These attributes may individually or in combination be used to objectively make a health care determination.

B. Services:

1. The UM process controls all services listed below which require Prior Approval or Preadmission Authorization for both routine and urgent cases.

    a. Hospitalizations (including Reception and Medical Center Hospital beds)
    b. Any service or combination of services over $500
    c. Any durable medical equipment requested by an outside provider regardless of cost
    d. Ambulatory services
    e. Specialty consults
    f. Emergency room referrals (will be retrospectively reviewed by UM)

2. Inpatient and outpatient requests must be submitted for prior authorization. Institutional staff shall complete DC4-669, Request for Pre-Approval of Health Care Services or DC4-702 Consultation Request. This form, along with supporting clinical documentation, shall be submitted to the UM program.
    a. After reviewing supporting documentation, the UM Case Manager will process the request. The request must contain the service to be provided as well as the reason or rationale for the request. Sufficient information is vital to making a UM decision.
    b. The institution shall be notified of approvals and the need for more information. The institution shall also be notified of non-approvals. A written notification including an alternative plan of care will be sent to the respective institution's Medical Director. The institution's Medical Director is responsible for documenting the non- approval and describing the alternative plan of care in the progress notes, DC4-701.

c. Upon confirmation of scheduled and emergent inpatient admissions, the UM nurse will establish contact with the local hospital. They shall determine appropriateness of admission, length of stay, need for continued stay management and proposed discharge planning.

IX. PHYSICIAN ADVISOR REVIEW:

When necessary, and when requested by UM, medical requests will be reviewed by the UM Physician Advisor or Designee. Requests for Dental Care must be reviewed and approved/denied by a Florida Licensed Dentist.

A. Procedure:

1. UM Physician Advisor decisions shall be compatible with community standards. The process is as follows:

   a. Cases are referred to the UM Physician Advisor by UM staff, who shall provide the basis for the referral.

   b. The UM Physician Advisor shall review the case and do one of the following:

      i. Make a determination based on the information provided.
      ii. Request additional information.

   c. In cases where a non-approval for a consult by the UM Physician Advisor might have systemic health consequences; the UM Physician Advisor will discuss alternative approaches to the problem with the referring physician/provider within twenty-four (24) hours.

   d. UM Physician Advisor actions shall be documented.

The Utilization Management Coordinator timely reviews alternative actions. Any resultant concerns shall be sent to the Chief of Medical Services for an additional review or discussion with the contractor's medical director. The Chief of Medical Services opinion shall prevail.

X. PARTIAL OR FULL CLAIMS DENIALS

A. Provider claim issues shall be in accordance with the UM process. Such issues may include length of stay, unauthorized services, unnecessary services, or questionable charges.

XI. UTILIZATION REPORTING REQUIREMENTS

A. **Monthly Reports:** A monthly report of the following information will be provided to the OHS Utilization Management Coordinator by the tenth (10th) business day each month for the preceding month:

1. Daily Inpatient Hospital Reporting by Diagnostic Related Groups (DRG)/Current Procedural
2. Terminology (CPT) Data Elements
3. Diagnostic Related Grouping Codes for Admission, On-going Length of Stay and Discharge
4. Inmate procedures report by DRG/CPT Coding, by Facility, by Provider
5. Inpatient Days per Month
6. Average Length of Stay
7. Routine/Urgent Consult Status Reporting to include:
   a. Number of days from "request for medical care" (consult) to "seen"
   b. Number of cancelled appointments by network provider
   c. Number of cancelled appointments by institutions due to security issues
8. Alternative actions by institution with full copies of all associated review materials. A written summary of information discussed in the phone conversation shall be included with the material describing the individual request.

B. **Quarterly Reports**: A quarterly report shall be submitted to the OHS Utilization Management Coordinator by the tenth (10th) business day of January, April, July and October reflecting the following cumulative information gathered over the previous calendar quarter or portion thereof:

1. Identification of Outliers, Variance/Variability based on DRG to Length of Stay
2. Identification of Patterns of Prescribing and Trends Analysis
3. Data Cost Analysis of services provided and comparative data for indicators measured with the goal of cost containment
4. Cost per Day – Inpatient Hospital, Inpatient at RMC, Infirmary Care
5. Cost per Surgical Case and/or Surgical Procedure
6. Cost by Diagnostic Codes, Provider, Facility, Region, and Inmate
7. Summary report of Unauthorized / Disapproved Claims with explanation

XII. REVELVANT DOCUMENTS:

A. Florida Statute 945.6034(1)
B. Florida Department of Corrections Policy 102.006
C. Health Service Bulletin 15.09.01, *Quality Management Program*
D. Health Service Bulletin 15.09.04.01, *Specialty Health Services and Reception Medical Center or Staging Facilities*
E. DC4-669, *Request for Pre-Approval of Health Care Services*
F. DC4-701, *Chronological Record of Health Care*
G. DC4-702, *Consultation Request – Consultant's Report*
H. DC4-797F, *Institutional Consult and Prior Approval Log*

XII. IMPLEMENTATION DATE:

Each institution will immediately implement this health services bulletin.

Health Services Director Date

This Health Services Bulletin Supersedes:
Utilization Management and Review Manual dated 12/93;
HCSs 25.03.09 and 25.06.07 dated 10/1/89;
HSB dated 7/18/00, 1/24/11, 03/28/13, 01/16/15, 03/17/15 , 01/24/2017, AND 07/31/2019

Supplement 1: UM Processes and Procedures (Rescinded 2011);
Supplement 2: Procedure for Cost Recovery of Unapproved Hospital Days (Rescinded 2011);
Supplement 3: Utilization Review Report (Monthly/Quarterly) (Rescinded 2011);
Supplement 4: Data Validation (Rescinded 2011); AND
Supplement 5: Program Monitoring Procedure (Rescinded 2011) .