



**Gold Coast
Health Plan**SM
A Public Entity

POLICY AND PROCEDURE	
TITLE: Utilization Review Criteria	
DEPARTMENT: Health Services	POLICY #: HS-004
EFFECTIVE DATE: 01/27/2011	REVIEW/REVISION DATE: 09/22/2025
COMMITTEE APPROVAL DATE: Not Set	RETIRE DATE: Not Set
PRODUCT TYPE: Medi-Cal	REPLACES: v.3 Utilization Review Criteria

I. Purpose

- A. To describe the process for the development, adoption, implementation, review, revision, and distribution of clinical guidelines used to determine the medical necessity of requests for medical services and physician administered drugs (PADs).

II. Policy

- A. Gold Coast Health Plan ("GCHP") shall utilize written clinical criteria based on sound medical evidence to determine the appropriateness of requested medical services. The criteria utilized will be:
 - 1. Scientifically derived and evidence-based.
 - 2. Clinical Guidelines will be developed or adopted with input from the GCHP Medical Director(s) and the Credentialing/Peer Review Committee("CPRC").
 - 3. Developed in accordance with standards of licensing and regulatory agencies.
 - 4. Reviewed on an annual basis with input from the GCHP Medical Director(s) and CPRC members.
 - 5. Updated as new treatments, applications and technologies are adopted as generally accepted medical practice.
 - 6. Applied in a manner that considers the individual health care needs of the member and characteristics of the local delivery system which may include:
 - a. Availability of inpatient, outpatient, and transitional facilities
 - b. Availability of outpatient services in lieu of inpatient services, such as recuperative care and community supports
 - c. Availability of highly specialized services, such as transplant facilities, cancer centers, or transgender

- services
- d. Availability of skilled nursing facilities, subacute care facilities, congregate facilities, or home care in Ventura County to support Member after hospital discharge

III. Definitions

Criteria: Systematically developed, objective and quantifiable statements used to assess the appropriateness of specific health care decisions, services, settings, and outcomes.

Utilization Management (UM): The process of evaluating and determining the appropriateness of medical care services across the member health care continuum to ensure the appropriate use of resources.

IV. Procedure

A. Decision-making Resources

1. GCHP shall utilize written/electronic Utilization Management (“UM”) decision-making criteria that are objective and evidence-based.

Approved criteria include the following:

- a. DHCS Medi-Cal Provider Manual Criteria
- b. MCG Guidelines (“MCG®”) – Commercially developed clinical guidelines that employ a robust process for guideline development. The process includes researched resources, the use of a panel of expert physicians in clinical practices, and annual review and modification of guidelines as accepted practice changes are made. The MCG® criteria used by GCHP include:
 - i. Chronic Care Guidelines
 - ii. General Recovery Guidelines
 - iii. Inpatient and Surgical Care Guidelines
 - iv. Ambulatory Care Guidelines
 - v. Recovery Facility Guidelines
 - vi. Home Care Guidelines
- c. Other Nationally Recognized Criteria – From time to time, a service is requested for which a GCHP clinical guideline is not available. In these instances, the GCHP Medical Director(s) and Physician Reviewer(s) will review guidelines from other national professional organizations. Resources may include, but are not limited to:

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- i. UpToDate - An evidence-based, physician-authored clinical decision support resource. Available at <http://www.uptodate.com>.
- d. GCHP Guidelines
 - i. New GCHP Clinical Guidelines – Additional clinical guidelines are considered for development and adoption if no other reputable clinical guidelines can be found. GCHP's Medical Director(s) will create a guideline using professional, State, Federal, and other material available. The new guideline is presented to the GCHP's CPRC for review, comment, and possible modification. Current nationally accepted evidence-based criteria and/or guidelines of professional medical academies, colleges, societies, and professional medical associations may be selected for presentation to the CPRC for possible adoption.
 - ii. Modifications of Existing GCHP Clinical Guidelines – Suggested changes to GCHP clinical guidelines may be made based on local practice variations. The GCHP Medical Director(s), CPRC members, or GCHP practicing physicians may suggest that changes be made to the clinical guidelines when research or objective medical data has shown that a change is required. Presentation of the proposed and/or revised UM criteria is made to the CPRC for discussion. Upon approval, the policy will be adopted and distributed to staff via a training session.
 - iii. Review of GCHP Clinical Guidelines – GCHP Clinical Guidelines are reviewed annually by CPRC and are presented at the UM Committee for approval. GCHP Clinical Guidelines include:
 - a. Asthma Clinical Practice Guideline
 - b. Botox Supplemental Guideline
 - c. Chiropractic Service Guideline
 - d. Custodial Care Guideline
 - e. Decision Making Resources Guideline
 - f. Diabetes Practice Guideline
 - g. Genetic Testing Guideline
 - h. Home Enteral Nutrition Guideline
 - i. Immunization Guideline
 - j. Intravenous Sedation/General Anesthesia Guideline
 - k. Physical Occupational Speech

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- Guideline
- l. Preventive Services Guideline
- m. Transgender Services Guideline
- n. Utilization Management Guideline

B. Application of Decision-making Resources

1. Individual circumstances and needs are taken into account by GCHP in the application of clinical UM criteria. The following factors may be considered:
 - a. Age
 - b. Co-morbidities and complications
 - c. Progress of treatment
 - d. Treatment goals
 - e. Psychosocial situation
 - f. Home environment
2. When individual circumstances indicate that UM guidelines are not appropriate, UM staff will discuss cases with the GCHP Medical Director or their designee to make the medical determination.

C. Availability of Decision-making Resources

1. Upon request, members and providers are provided information regarding GCHP's UM process and any clinical criteria used in that process. Members can access information through contact with GCHP's Member Services Department.

V. Attachments

N/A

VI. References

- A. MCG® website available at <http://www.careguidelines.com/>
Accessed on October 20, 2020.
- B. UpToDate website available at <http://www.uptodate.com/home>
Accessed on October 20, 2020.
- C. Gold Coast Health Plan Guidelines available at
<https://www.goldcoasthealthplan.org/for-providers/provider-resources/#guidelines> Accessed on
October 20, 2020.

VII. Revision History

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STATUS	REVIEW DATE	DATE REVISED	REVISION AUTHOR/APPROVER	REVISION SUMMARY
Created		01/27/11	MD	
Approved	01/27/11		CEO	
Approved	07/21/15		Policy Review Committee	
Revised		06/30/17	Utilization Management Manager	
Approved	04/16/18		CEO	
Revised		03/11/19	Utilization Management Manager	
Approved	07/31/19		DHCS	
Approved	08/02/19		CEO	
Revised		12/06/19	Utilization Management Manager	
Approved	02/18/20		Compliance Director	
Approved	10/20/20		Utilization Management Manager	
Approved	10/29/20		Utilization Management Committee	
Reviewed	08/11/21		Utilization Management Manager	
Revised		09/14/21	DEI	Reviewed/revised for gender neutral pronouns
Approved	09/14/21		Policy Review Committee	
Approved	10/28/21		Utilization Management Committee	
Approved	12/01/21		CEO	
Reviewed	7/14/2022		Utilization Management Manager	
Approved	9/14/2022		Policy Review Committee	
Approved	10/27/2022		Utilization Management Committee	
Reviewed	12/15/2022		Care Management Director	Reviewed in accordance with Operational Readiness R.0131
Reviewed	12/16/2022		Utilization Management Director	Reviewed in accordance with Operational Readiness R.0049
Reviewed	01/06/2023		Utilization Management Director	Reviewed in accordance with Operational Readiness R.0065 & R.0066
Revised		11/14/2023	Utilization Management Manager	Modified the Purpose, no other changes

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STATUS	REVIEW DATE	DATE REVISED	REVISION AUTHOR/APPROVER	REVISION SUMMARY
Approved	01/23/2024		Policy Review Committee	
Approved	01/24/2024		Utilization Management Committee	
Approved	02/20/2024		CEO	
Revised		10/07/2024	Utilization Management Manager	Revised Policy and Procedure sections to align with NCQA
Reviewed	10/28/2024		Utilization Management Manager	
Revised		4/29/2025	Executive Director, Health Services	Revised policy purpose statement to include PADs

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