

Consistency in Inpatient and Outpatient Utilization Review and Authorization Practices Policy

- **Policy** It is the policy of the Department of Behavioral Health (DBH) the units within Quality Management (QM) which conduct utilization and authorization reviews demonstrate consistency amongst its reviewers when conducting reviews of its rendering providers to ensure compliance with current Department of Health Care Services (DHCS) practices and regulations. The applicable QM units conduct reviews to ensure the quality of care provided to the clients and to meet contractual obligations with DHCS.
- **Purpose** To establish an annual assessment of inter-rater reliability to ensure the decision making of the reviewers within applicable QM units demonstrate consistency as well as adherence with authorization criteria written in DBH procedures and required by DHCS.
- **Definitions Authorization Review:** A review and authorization performed by the QM Authorization unit for specific outpatient services needing prior authorization as well as specific residential treatment services needing concurrent review/authorization.

Inter-Rater Reliability/Inter-Rate Agreement: The degree of agreement amongst two or more raters in reviewing the same authorization documentation.

Inpatient Utilization Review: A review and authorization performed by the QM Inpatient unit for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services.

Outpatient Utilization Review: A review performed by the QM Outpatient Review team for outpatient providers, county and contracted.

Related Policy or Procedure	 DBH Standard Practice Manual: Consistency in Inpatient Utilization Review and Authorization Practices Procedure (QM6038-1) Consistency in Outpatient Utilization Review and Authorization Practices Procedure (QM6038-2)
Reference(s)	 California Code of Regulations, Title 9, Section 1810.440(b)(1)(2)(3)