
Chapter: **UTILIZATION AND ACCESS MANAGEMENT**
Title: **UTILIZATION MANAGEMENT**

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Executive Director Date

I. Abstract

This policy establishes the standards of the Macomb County Community Mental Health Board (MCCMH) for the Utilization Management system for monitoring and evaluating the provision of medically necessary services for eligible consumers of the Board.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board:

- A. To incorporate the MCCMH Specialty Services and Substance Abuse Utilization Management Plans by reference into the MCCMH MCO Policy Manual,
- B. To assure that service eligibility and medical necessity determination decisions are conducted using defined criteria and standardized service selection guidelines, where available, and
- C. To institute utilization management of services as a formal process for ongoing monitoring of care determination decisions with mechanisms to correct for under and over utilization of services.

IV. Definitions

- A. Utilization Management (UM)

A process of integrating utilization review, risk management and quality assurance into

management in a cooperative effort with other parties, including consumers, providers and payers. Utilization management aims to ensure high-quality care and the judicious use of resources. The process includes evaluating and determining the appropriateness of the utilization of behavioral healthcare and substance abuse services, as well as providing any needed assistance to providers and consumers in cooperation with other parties, to ensure the appropriate use of resources. UM typically includes prior authorization, concurrent review, retrospective review, discharge planning and casemanagement.

V. Standards

- A. There shall be a Utilization Management Committee that assures the implementation of Utilization Management Policy and Plans. The MCCMH Utilization Management Committee shall ensure that formal and ongoing monitoring of service review and service utilization is properly executed and documented. The Utilization Management Committee shall:
1. Meet formally on a periodic basis to review eligibility and service authorization determination for consumers seeking services from MCCMH.
 2. Review access and care determination decisions, and assure these are supervised by qualified medical professionals. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to treat the conditions or diseases.
 3. Assure that efforts are made to obtain all necessary information, including pertinent clinical information and consultations with the treating physician, as appropriate.
 4. Ensure that reasons for service decisions are clearly documented and available to the consumer.
 5. Assure that there are well-publicized and readily available appeal mechanisms for both providers and consumers. Notification of a denial shall include a description of the procedures for filing an appeal. Notification of denial is sent to both the beneficiary and the provider.
 6. Ensure that decisions and appeals are made in a timely manner as required by policy and by the exigencies of the situation.
 7. Assure that there are mechanisms to evaluate the effectiveness of programs using data on consumer satisfaction, provider satisfaction, outcomes achievement and other appropriate measures.

VI. Procedures

- A. None.

VII. References / Legal Authority

- A. Balanced Budget Act of 1997 (BBA), P.L. 105-33)
- B. MDCH-MCCMH Contract Agreement
- C. Quality Improvement Standards for Managed Care (QISMC)
- D. MCCMH MCO Policy 8-001, Quality Improvement Program

VIII. Exhibits

- A. The current Speciality Services Utilization Management Plan shall be available in the MCCMH Network Development & Utilization Management Office.
- B. The current Substance Abuse Utilization Management Plan shall be available in the Macomb County Office of Substance Abuse Office.