



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Access to Utilization Management Staff	
Last Updated: 10/15/2026	Owner: Managed Care Operations	Pages: 3

I. PURPOSE

To provide procedural and operational guidance on how MCCMH provides persons served and practitioners access to Utilization Management (UM) staff who can answer questions regarding UM processes and issues.

II. DEFINITIONS

A. Medical Necessity:

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

B. Service Authorization Review:

Processing of evaluating a request for services to determine if they meet established criteria for coverage, medical necessity, and benefit eligibility before approving, partially denying, or denying.

C. Utilization Management:

The process by which MCCMH reviews the use of medical services and resources to ensure they are medically necessary, are performed in the most appropriate care setting, and are at or above quality standards.

III. PROCEDURE

- A. MCCMH staff are available at least eight (8) hours each business day during normal business hours from persons served and practitioners about Utilization Management (UM) processes and issues.
 - 1. MCCMH Customer Service staff are available to receive inbound collect or toll-free calls at 855-99-MCCMH (855-996-2264).
 - 2. MCCMH provides accessible communication options, including TDD/TTY and language assistance, to persons served.
- B. If the caller is seeking information on UM processes or issues, the Customer Service staff will route them to the appropriate Managed Care Operations (MCO) UM staff person in which the question is within the scope of their role. The inquiry and handoff are documented by the Customer Service staff in the FOCUS Electronic Medical Record (EMR).
- C. MCO staff document the nature of the inquiry, response, and resolution in the FOCUS EMR.
- D. If an inquiry requires UM follow-up, the staff who initiate or return a call identify themselves by name, title, and indicate that they represent MCCMH.
- E. After normal business hours, callers may use MCCMH's after-hours recording and decision tree options or leave a voicemail message. MCCMH staff return voicemail messages on the next business day.
- F. MCCMH offers the requesting provider the opportunity to discuss medical necessity authorization denials with a UM physician reviewer. The requesting provider initiates this discussion by sending an email to UMInformation@mccmh.net.
- G. MCCMH communicates the contact methods and business hours in person served and practitioner facing materials.

IV. REFERENCES

None.

IV. RELATED POLICIES

- A. MCCMH MCO Policy 12-002, "Utilization Management"
- B. MCCMH MCO Policy 12-004, "Service Authorizations"

V. EXHIBITS

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	10/15/2026	Implementation of Procedure	MCCMH MCO Division