

# Utilization Management (UM)



UM helps maintain the quality and appropriateness of health care services provided to Humana – CareSource members. The medical management department performs all utilization management activities including prior authorization, concurrent review, discharge planning and other utilization activities. We monitor inpatient and outpatient admissions and procedures to ensure that appropriate medical care is rendered in the most appropriate setting, using the most appropriate resources. We also monitor the coordination of medical care to ensure its continuity. Referrals to the Humana – CareSource case management team are made, if needed.

Health partners can find or receive Humana – CareSource's UM criteria by submitting a request made via the following methods:

Fax: 1-888-246-7043  
Phone: 1-855-852-7005  
Email: [kymedicalmanagement@caresource.com](mailto:kymedicalmanagement@caresource.com)

On an annual basis, Humana – CareSource completes an assessment of satisfaction with the UM process and identifies areas for improvement opportunities.

**Criteria** — Humana – CareSource utilizes nationally recognized criteria to determine medical necessity and appropriateness of inpatient hospital, rehabilitation and skilled nursing facility admissions. This criteria is designed to assist health care partners in identifying the most efficient quality care practices in use today. It is not intended to serve as a set of rules or as a replacement for a physician's medical judgment about individual patients. Humana – CareSource defaults to all applicable state and

federal guidelines regarding criteria for authorization of covered services. Humana – CareSource also has medical policy statements developed to supplement nationally recognized criteria. If a patient's clinical information does not meet the criteria, the case is forwarded to a medical director for further review and determination.

### **Access to Staff**

Health partners may call our toll free number, **1-855-852-7005**, to contact medical management staff with any UM questions.

- Staff is available from 8 a.m. to 6 p.m. Eastern time, Monday through Friday, for inbound calls regarding utilization management (UM) issues.
- Staff can receive inbound communication regarding UM issues after normal business hours. Health partners may leave voice mail messages after business hours, 24 hours a day, seven days a week. A dedicated fax line, email and provider web portal can be utilized for medical necessity determination requests 24 hours a day, seven days a week.
- Staff send outbound communication regarding UM inquiries during normal business hours, unless otherwise agreed upon.
- Staff is identified by name, title and organization name when initiating or returning calls regarding UM issues.
- Staff is available to accept collect calls regarding UM issues.
- Staff is accessible to callers who have questions about the UM process.
- For the best interest of our members and to promote their positive health care outcomes, Humana – CareSource supports and encourages continuity of care and coordination of care between medical care providers as well as between behavioral health providers.

Physician reviewers from Humana – CareSource are available to discuss individual cases with attending physicians upon request. Criteria also are available upon request by contacting our medical management department at **1-855-852-7005**.

Utilization review determinations are based only on appropriateness of care and service and existence of coverage. Humana – CareSource does not reward health care partners or our own staff for denying coverage or services. There are no financial incentives for the staff of Humana – CareSource to encourage decisions that result in underutilization.

Our members' health is always our No. 1 priority. Upon request, Humana – CareSource will provide the clinical rationale or criteria used in making medical necessity determinations. You may request the information by calling or faxing the Humana – CareSource medical management department. If you would like to discuss an adverse decision with a Humana – CareSource physician reviewer, please call the medical management department at **1-855-852-7005, ext. 5143**, within five business days of the determination.

## Health Partner Appeals Procedure

If you are dissatisfied with a determination made by our medical management department regarding a member's health care service or benefits, you may appeal the decision. Please see the "Appeal Procedures" section in this manual for information on how to file a clinical appeal.

## Retrospective Review

A retrospective review is a request for a review for authorization of care, service or benefit for which an authorization is required but was not obtained prior to the delivery of the care, service or benefit. Prior authorization is required to ensure that services provided to our members are medically necessary and provided appropriately. In the event that you fail to obtain prior authorization, you have 180 days from the date of service, the inpatient discharge date or within 90 days from the primary insurance carrier's Explanation of Payment (EOP) to request a retrospective review for medical necessity.

Requests for retrospective review that exceed these time frames will be denied and are ineligible for appeal. If the request is received within these time frames and a medical necessity denial is issued, you may submit a request for an appeal within 180 days from the date of the service, 180 days from the inpatient discharge date or within 180 days of the date of the adverse decision letter. If you are appealing on the member's behalf with the member's written consent, you have up to 90 days from the date of service or the inpatient discharge date, or within 90 days of the date of the adverse decision letter. A request for retrospective review can be made by contacting the medical management department at **1-855-852-7005** and following the appropriate menu prompts, or by faxing the request to 1-888-527-0016. Clinical information supporting the service must accompany the request.