

Utilization Management

Utilization Management Overview

Duties of the department:

- Processing of Service Authorization Requests (SAR)
- Managing the Appeals process in accordance with Due Process regulation
- Providing technical assistance to providers to improve documentation practices
- Executing Care Management interventions to ensure effective and appropriate service provision
- Monitoring of over and under utilization of services

Frequently Asked Questions and Answers

Q: How long does Partners have to review a Service Authorization Request (SAR)?

A: For non-urgent requests, Partners is allowed 14 calendar days to process a SAR. For expedited requests, Partners is allowed three calendar days to process requests that meet expedited criteria.

Q: When it is appropriate to expedite a request?

A: When the consumer is currently posing an imminent health and safety risk to themselves or others.

Q: Does Partners allow the submission of retro-active requests?

A: Generally, Partners does not review retro-active requests. Partners will review retro-active SARs in the case of retro-Medicaid and retro-active contract issues.

Q: What is the difference between an Unable to Process decision, an Administrative Denial, and a Clinical Denial?

A: If a SAR is not valid, it is considered as Unable to Process. If a SAR is incomplete (missing required documentation) it is considered an Administrative Denial. If a SAR does not meet medical necessity criteria, it is considered a Clinical Denial.

Q: How do I file an appeal?

A: Appeal rights belong to the consumer/guardian. Instructions on filing an appeal are included in the Notice of Adverse Benefit Determination letter that is mailed to the consumer whenever a request is Administratively or Clinically Denied.

Q: Where do I find Care Management recommendations for my requests?

A: Treatment recommendations are entered into AlphaMCS. It is important that providers are accessing these comments with each request—these recommendations often include important instructions for the next request.

Important Links

- Partners Benefit Grids:
<https://providers.partnersbhm.org/benefit-grids/>
- Clinical Criteria Check Sheets:
<https://providers.partnersbhm.org/clinical-criteria-checksheets/>
- Service Definitions:
<https://providers.partnersbhm.org/service-definitions/>
- Appeals Brochure:
<https://www.partnersbhm.org/wp-content/uploads/2017/10/KnowYourRightsAppealsProcess10022017.pdf>
- EPSDT Information:
<https://providers.partnersbhm.org/epsdt/>
- Manual SAR, ASAM Profile:
<https://providers.partnersbhm.org/utilization-management/>

Who to Contact in Utilization Management

Appeals Workgroup: 704-884-2650

Innovations/IDD UM Workgroup: 704-884-2605

MH/SU UM Workgroup: -704-842-6436

Inpatient UM Workgroup: 704-842-6434