

## CHAPTER 13 - UTILIZATION MANAGEMENT

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EFFECTIVE DATE: March 29, 2013

REFERENCES: ACOM 416; 42 CFR 438.240(b)(3)

The Division of Developmental Disabilities (Division) has mechanisms to detect both underutilization and overutilization of services; see 42 CFR 438.240(b)(3).

### **Physical and Behavioral Health Services**

The Division has developed and implemented processes to monitor and report the utilization for both the subcontracted health plans and the American Indian Health Program (AIHP). The Division's Medical Management committee monitors, on an ongoing basis, the physical health and behavioral health utilization data findings and makes or approves recommendations based on the variances noted.

#### A. Subcontracted Health Plans

The member's Primary Care Provider (PCP) is the gatekeeper for medical services, for both preventative and primary services. AHCCCS contracts with the Division for the provision for all Medicaid covered services to eligible members and the Division subcontracts out the medical services for eligible members to specific subcontracted health plans. The subcontracted health plans operate as Managed Care Organizations. Utilization management applies to each of the Division's subcontracted health plans who have a process to evaluate and approve or deny health care services, procedures or settings based on medical necessity, appropriateness, efficacy and efficiency. Utilization management includes a process for prior authorization (see Provider Policy Manual Chapter 17), concurrent review (see Provider Policy Manual Chapter 19), retrospective review, and case management.

#### B. American Indian Health Program (AIHP) Providers

All AIHP providers must be registered with AHCCCS, and comply with all federal, state, and local laws, rules and regulations. The providers must also meet AHCCCS requirements for professional licensure, certification or registration including current Medicare certification. For a small number of American Indians with a developmental disability, an acute Fee-For-Service (FFS) payment methodology is used by all AIHP providers.

For Division members enrolled with AIHP, prior authorization is required before rendering any service. The Division's Chief Medical Officer (CMO) or Medical Director will review any denials for the AIHP population for adherence with medical necessity including cost effectiveness and appropriateness. The Division will pay for health assessments, screening tests, immunizations, and health education under the scope of preventative care for AIHP members.

Division-eligible American Indian members receive behavioral health services through a Regional Behavioral Health Authority (RBHA), a Tribal RBHA (TRBHA), an Indian Health Services (IHS) facility, or a 638 Tribal facility. Behavioral health services include but are not limited to screening, treatment, and assistance in coordinating care among providers.

C. Behavioral Health Providers

AHCCCS-contracted RBHAs/TRBHAs provide services to Division members through an Interagency Service Agreement (ISA) between AHCCCS and the Division. Data is provided to identify behavioral health utilization for care coordination purposes.

**Long Term Services and Supports**

The Division monitors utilization to identify patterns of underutilization and over-utilization of Long Term Services and Supports (LTSS). This data is reviewed and analyzed for trends so that appropriate remediation can be identified, as necessary.