

CHAPTER 13 UTILIZATION MANAGEMENT

REVISION DATE: 5/1/2024, 10/1/2021, 5/26/2016, 4/16/2014

REVIEW DATE: 10/18/2023

EFFECTIVE DATE: March 29, 2013

REFERENCES: 42 CFR 438.240(b)(3), ACOM 416; 42 CFR 438.240(b)(3),
AMPM 1020, Division Medical Policy 1020

POLICY

The Division of Developmental Disabilities (Division) has mechanisms to detect both underutilization and overutilization of services; see 42 CFR 438.240(b)(3) and Division Medical Policy 1020.

A. SUBCONTRACTED HEALTH PLANS

1. The Member's Primary Care Provider (PCP) is the gatekeeper for medical services, for both preventative and primary services.
2. 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.

B. DDD TRIBAL HEALTH PROGRAM PROVIDERS

1. All THP providers must be registered with AHCCCS, and comply with all Federal, State, and local laws, rules and regulations.
2. The providers must also meet AHCCCS requirements for professional licensure, certification or registration including current Medicare certification.

C. 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.

D. SUPPLEMENTAL INFORMATION

1. The Division is responsible for the oversight of AdSS' administration of utilization management activities for all services provided to Members of the Division.

2. AHCCCS DFMS is responsible for the administration of utilization management functions for acute physical and behavioral health services for Division Members enrolled in the Tribal Health Program.
3. The intent of the discharge planning process is to improve the management of inpatient admissions and the coordination of post discharge services, reduce unnecessary hospital and institutional stays, ensure discharge needs are met, and decrease readmissions.