



Important Information for Members

Utilization Management

Utilization management is the process that makes sure you're getting the right health care when you need it. The utilization management decision making at BMC HealthNet Plan follows certain guidelines to encourage the right use of services to help ensure positive outcomes for our members. For example, the Plan bases all utilization management decisions only on the appropriateness of care and services, as well as on the existence of coverage.

Prospective utilization review: Used to evaluate a proposed inpatient admission or course of treatment before the admission or treatment begins. Examples are pre-certification of elective inpatient admissions; preauthorization of certain outpatient treatments and day surgery.

Concurrent utilization review: Used to monitor a course of treatment as it is occurring and to determine when treatment may no longer be medically necessary. Examples include ongoing review of an inpatient admission during your inpatient stay. Part of concurrent review involves active case management and discharge planning:

- The Plan may provide some members who have serious, complicated or protracted health conditions (for example, high-risk pregnancies, cancer, or AIDS) with case management services. These are a coordinated set of activities conducted to help monitor the member's treatment progress and facilitate the use of clinically appropriate and cost-effective care. Plan professionals may be in touch with you and your provider to discuss treatment plans, establish goals, facilitate appropriate use of resources, and when appropriate, suggest alternative treatments and settings.
- Discharge planning is the process for planning, prior to discharge from a facility, the coordination and management of the care that a member receives following discharge from the facility.

Retrospective utilization review: used to evaluate treatment after it has been provided.

The plan's utilization management program is structured to encourage appropriate care. Neither practitioners nor other individuals are rewarded for issuing denials of coverage or care, nor are financial incentives used to encourage UM decision makers to effect results that favor under-utilization.

BMC HealthNet Plan members can call 1-888-566-0010 (MassHealth members), 1-877-957-5300 (Commonwealth Care members), or 1-877-492-6967 (Commercial members) to find out the status or outcome of utilization review decisions involving their care.

History:

Initial version: October 2008

Reviewed: October 2011 – added commercial member number