

Physicians Plus Utilization Management Procedures

Physicians Plus Utilization Management (UM) program ensures the appropriate allocation of health care resources. Medical care management procedures include prior authorization, concurrent review, retrospective review, and case management. All covered medical services are included in this program. The focus of utilization management activities include the following areas:

- To provide access to high quality, medically necessary health care services in the most appropriate and cost-effective setting.
- To ensure effective and efficient utilization of health care services and benefits by appropriate utilization of resources and services in the inpatient, outpatient and rehabilitative settings.
- To document and evaluate patterns of resource utilization, including under and over utilization of services. To assist in the promotion and maintenance of high quality care through analysis and review of clinical practice.
- To interpret data to identify areas for improvement, establish priorities, and create interventions for service and quality of care concerns.
- To ensure health care services are coordinated, timely, medically effective and efficient.
- To facilitate and coordinate health care services for members in need of acute and chronic health care services.
- To educate providers and members regarding plan goals, regulatory standards, criteria used for review, and processes for providing cost-effective and quality care.
- To meet all appropriate regulatory standards.
- To incorporate Physicians Plus providers' input into the ongoing development and implementation of medical management program components.