

Utilization Management

Family Practice Medical Group of San Bernardino, Inc.'s UM Department is composed of utilization management staff under the direction of the executive medical director.

The utilization management staff routinely performs:

- precertification review of hospital admissions
- concurrent review of inpatient medical and behavioral health admissions
- prior authorization for hospital services, home health care, and skilled nursing facility (SNF).

- Attestation of non-compensation:
 - Family Practice Medical Group of San Bernardino, Inc. utilization management (UM) decisions are based on the use of nationally recognized and accepted clinical criteria and internal policy for determining appropriateness of care and availability of coverage.
 - Family Practice Medical Group of San Bernardino, Inc. does not specifically reward providers or other individuals for issuing denials of coverage, nor does Family Practice Medical Group of San Bernardino, Inc. make decisions regarding hiring, promoting or terminating individuals in UM decision-making based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.
 - Family Practice Medical Group of San Bernardino, Inc. does not have financial incentives in place for UM decision makers; therefore, UM decision makers are not encouraged to make decisions that result in underutilization.

- How to access the medical director:
 - Affiliated providers may discuss a utilization management decision with the Family Practice Medical Group of San Bernardino, Inc. behavioral health medical director by calling 909-883-8966 (the operator may accept collect calls).

- How to access utilization management criteria:
 - Physicians at Family Practice Medical Group of San Bernardino, Inc. use clinical criteria to make coverage decisions based on medical necessity. Nationally recognized guidelines that are modified with identification of those services available within the Family Practice Medical Group of San Bernardino, Inc. network are used to make consistent decisions. Some examples of these guidelines are Apollo and Health Plan specific guidelines. InterQual Level of Care Criteria are used to evaluate admission into inpatient and transitional services as well as for concurrent review. Services identified as services that are considered to be experimental or investigational are referred to the health plan.
 - If there are questions regarding the criteria used to make a determination of coverage, call Family Practice Medical Group of San Bernardino, Inc. and receive a copy of the criteria at 909-883-8966.

Family Practice Medical Group of San Bernardino, Inc. will make a final claim decision after we review the claim, verify eligibility, and determine if the service performed is a covered benefit under the policy.