

Central Valley Medical Group's Utilization Management Program

Central Valley Medical Group's (CVMG) Utilization Management (UM) Program is designed to ensure that managed care (HMO) members receive timely, medically necessary and cost-effective health care services. We provide the following services to our patients as part of this program:

- Prior authorization
- Concurrent review
- Retrospective review

Our UM staff- including RNs, LVNs, and trained representatives, work closely with our medical staff to help coordinate care by outside specialists. Our goal is to meet the needs of our patients and the program.

The managed care plans include: Anthem Medicare Advantage Plans, SCAN Medicare Advantage Plans and Golden State Medicare Plan.

Utilization Management Policies and Procedures

- Guidelines- Central Valley Medical Group uses approved guidelines from the health plans medical management policies and MCG Health, (formerly Milliman Care Guidelines) criteria (approved by the health plans) to review referral requests submitted by contracted providers and primary care physicians. These guidelines are reviewed and updated by the organizations periodically to remain current with new treatments and trends. The criteria provides a guideline only to approve, modify or deny care for persons with similar conditions. Specific care and treatment may vary depending on individual needs and benefits covered under the individual's plan. The criteria used are available upon request for a specific treatment.
- Decision Making: Central Valley Medical Group ensures that decisions are made only on appropriateness of care, service, existence of coverage, and medical necessity.

Specific questions regarding the utilization management process can be directed to 888-975-3246 ext. 105 or 117.

For hearing impaired members, please contact California Relay Services by calling 711, or call their toll free number at (800) 855-7100, or their Spanish speaking dedicated number (800) 855-7200.