

UM Communication Access, Peer Review and Affirmation Statement

The UM Program is designed to improve the quality and safety of clinical care and the quality of services provided to members. The goals of the program include, but are not limited to, maintaining a well functioning program, monitoring systems which impact the delivery of care, and evaluating systems that provide equitable access to care.

Utilization management decisions of care and services are based on medical necessity and medical appropriateness. Comprehensive plans for physicians who provide utilization management services do not contain incentives; direct or indirect, to make inappropriate review decisions. A statement of the same will be distributed to members, practitioners, providers, and employees upon request.

Peer Review for Denied UM Referrals

Providers are notified in writing by EPMG of any denied referral request. If you would like to discuss the case with the physician reviewer, you may contact the Medical Director at (760) 770-8678.

If you would like to discuss or obtain a copy of the criteria used to make UM decisions, please contact our UM Department at (760) 770-8678, ext. 6347. If pharmacy related, please contact the health plan pharmacist.

UM Communication Access

EPMG UM staff is available at least 8 hours per day during normal business hours to handle inbound calls regarding UM issues.

Nurse Case Managers are available after hours via pager or cell phone to address UM issues, case management and alternate level of care issues.

The UM department maintains a toll free number (1-800-414-5678). If a call is received on a non toll free incoming phone line, the UM staff is authorized to accept the call as a collect call.