Utilization Management/Case Management/Disease Management Frequently Asked Questions

1. **How are Utilization Management (UM) decisions made?**
   CalOptima makes decisions to authorize, modify or deny health care services based upon medical necessity and Medi-Cal coverage. We do not reward our staff or providers if they do not approve services, and there are no financial incentives associated with the decisions we make. Decisions to deny or modify your request, based on medical necessity, can only be made by another physician or, in the case of a pharmacy request, by a licensed pharmacist.

2. **What criteria and/or guidelines are used to make UM decisions?**
   We use nationally recognized guidelines such as Milliman Care Guidelines, InterQual, the Medi-Cal Manual and various guidelines from recognized professional academies, including American Academy of Family Physicians and American Congress of Obstetricians and Gynecologists. Our guidelines and criteria sets are based on sound clinical principles and processes and are reviewed and updated as required on an annual basis. To ensure consistency with current standards of care and local practice, we involve actively participating practitioners in the development and approval of criteria.

3. **How can I obtain a copy of the criteria used in making a UM decision?**
   As a CalOptima provider, you have the right to ask about our UM decisions. Contact the medical director involved in the decision either in writing or via contact information included in the Notice of Action letter you received. Request a discussion with him/her or a copy of the criteria used.

4. **What if I have a general question about the UM process?**
   UM staff is available during CalOptima business hours from 8 a.m. to 5:30 p.m. for inbound calls regarding UM issues by calling Customer Service at 714-246-8686, or toll-free at 888-587-8088. After-hours contact with the UM staff is through the on-call service, which will notify staff to contact you.

5. **How do I refer members to Case Management?**
   - **CalOptima Direct Members**: You can make a direct referral by contacting CalOptima's Case Management department at 714-246-8686.

   - **Members Assigned to a CalOptima Health Network**: You can make a direct referral of a CalOptima Healthy Families Program or Medi-Cal member needing case management by contacting the member's assigned health network. For health network contact information, see Section B2: Health Network Contact Information/Healthy Families Program, of the CalOptima Healthy Families Provider Manual, or B2 of this manual. If you have questions about CalOptima's Case Management program, call the Case Management department at 714-246-8686.

6. **How can I access CalOptima Disease Management services for members?**

You can make a direct referral of a CalOptima Healthy Families Program or Medi-Cal member needing disease management by using the Disease Management Referral form located on www.caloptima.org or obtaining a copy of the form here: Disease Management Referral Form.

- Programs available for:
  - Adult Diabetes — 18 years and older
  - Childhood Asthma — 5–18 years old
- Complete the Disease Management Referral Form and fax to 714-571-2442, or email to DiseaseManagement@caloptima.org.
- For questions, call the Case Management department at 714-246-8686.