

UTILIZATION MANAGEMENT

Freedom Health implements, maintains, and monitors a Utilization Management Program. The role of the Utilization Management Program is to enable consistent delivery of appropriate and quality health care services to our members. UM functions include pre-certification, concurrent reviews, discharge planning, case management (including complex cases) and disease management.

UM Decisions

The UM Department uses clinically sound, nationally developed and accepted criteria for making medical necessity decisions. The criteria include,

- InterQual Criteria, Hayes Medical Technology
- Medicare Coverage, State and Federal Statutes

UM decisions are based only on appropriateness of care and service, including existence of coverage. Freedom Health does not reward practitioners for issuing denials of coverage or care, and does not establish financial incentives for denial, limitation, or discontinuation of authorized services. For a copy of the UM Review Criteria, please contact the UM department, Monday through Friday 8 a.m. to 5 p.m, at 813-506-6000

Contacting the UM Department

The UM department's business hours are Monday through Friday 8 a.m. to 5 p.m. 813-506-6000 for both inbound and outbound calls; related to UM issues. Staff will identify themselves by name, title and organization when making or returning calls regarding UM issues. Freedom Health's Medical Director, is available during business hours to discuss a UM decision; with a treating practitioner, related to a denial or specific case, and can be reached at 813-506-6000.

Disease Management

The Disease Management Program consists of an integrated system of measurements and interventions that seek to identify, assess and address issues that compromise the efficient and effective delivery of healthcare services. The Program involves active participation from the member, the member's family and health care providers. A primary objective of the program is to empower individual members with chronic conditions to control of their condition and exhibit compliance with recommended treatment regimens.

Case Management

The purpose of Case Management is to achieve and maintain member wellness through a program of advocacy, communication, education and identification and facilitation of services. Case Management occurs across a continuum of care, addressing ongoing individual needs rather than being restricted to a single practice setting.

Complex Case Management

The program aims to increase member self-reliance in managing their health care, and increase adherence to member care plans. The goal of Freedom Health complex case management is to assist members in attaining a favorable outcome and/or improved functional capability, and improve member quality of life. The complex case management program involves an assessment of the member's condition; determination of required resources, review of available benefits and development of a case management plan.

New Technology

Freedom Health is always looking for ways to take better care of our Members. Freedom Health has a process in place that evaluates new technology for medical procedures, drugs and/or devices. Clinical staff assess new medical procedures, treatment, drugs and devices periodically. These new technologies are presented to the Utilization Management (UM) Committee, or the Pharmacy & Therapeutic (P&T) Committee. Doctors review the technology, and advise Freedom Health whether the new technology could be added as a new benefit. If approved by the Committee, the new technology is added as a covered service. To be considered for coverage, the new technology must meet strict criteria. For more information on evaluation of new technology, please contact the Utilization Management department