


<b>UTILIZATION MANAGEMENT</b>	 <b>ASPIRE HEALTH PLAN</b>		<u><b>Effective Date</b></u> 01/01/2021	
	<b>CANCELLATION/ WITHDRAWAL OF PRIOR AUTHORIZATION REQUESTS</b>		<u><b>Policy #</b></u> AHP ASO-HS066	
			<u><b>Review Date</b></u> 6/16/2022	<u><b>Applicable to:</b></u> <input checked="" type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u><b>Approver's Name &amp; Title</b></u>		Eva Balint, MD – Chief Medical Officer	

**1.0 PURPOSE**

1.1 This policy and procedure addresses the cancellation or withdrawal of prior authorization requests.

**2.0 POLICY**

2.1 Aspire Health Plan (AHP) maintains the policy that the cancellation or withdrawal of prior authorization requests may occur for one of, or a combination of, the following reasons:

- 2.1.1 At the request of the Member or their authorized representative;
- 2.1.2 At the request of the ordering provider;
- 2.1.3 At the request of the delivering provider, when the delivering provider is unable to otherwise provide the requested service.

2.2 No cancellation or withdrawal request shall interrupt, withhold or delay patient care or result in underutilization.

**3.0 DEFINITIONS**

3.1 Refer to AHP Definitions Manual.

**4.0 PROCEDURE**

4.1 The Member, their authorized representative, or their provider may contact AHP by telephone call, facsimile or mail to request cancellation or withdrawal of prior authorization requests.

- 4.1.1 Telephone requests are recorded in the member record.
- 4.1.2 Facsimile requests are attached to the member record for the specific authorization.

- 4.1.3 Mailed requests are scanned and attached to the member record for the specific authorization.
- 4.2 Alternately, providers who have registered and have current access to the provider portal may submit an electronic request to cancel via the provider portal.
- 4.3 All requests for cancellation or withdrawal shall be documented in the system of record and identify the reason(s) for cancellation, as well as the name and contact information for the individual making the cancellation request.
- 4.4 All requests for cancellation or withdrawal shall be reviewed to ensure compliance with this policy.

## **5.0 TRAINING**

- 5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

## **6.0 REVIEW PERIOD**

- 6.1 Annually

## **7.0 REGULATORY REQUIREMENTS AND REFERENCES**

- 7.1 N/A

## **8.0 POLICY VIOLATION**

- 8.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.