


FILING NOTICE: Revisions to this policy require filing with the CA Department of Managed Healthcare. Notify the Compliance Department of any edits made to this policy.

UTILIZATION MANAGEMENT	 ASPIRE HEALTH PLAN	<u>Effective Date</u>	
		01/01/2021	
		<u>Policy #</u>	
		AHP ASO-HS069	
	COVERAGE DENIALS TO MEMBERS WITH TERMINAL ILLNESSES	<u>Review Date</u>	<u>Applicable to:</u>
		03/09/2022	Commercial HMO
	<u>Approver's Name & Title</u> Eva Balint, MD, Chief Medical Officer		

1.0 PURPOSE

1.1 To establish a process to comply with the requirements set forth in California Health and Safety Code § 1368.1.

2.0 POLICY

- 2.1 It is the policy of Aspire Health Plan (AHP) to provide clear, concise notification to a member with terminal illnesses in the event the Plan must deny coverage.
- 2.2 In the event terminal illness coverage determinations are not delegated to AHP, AHP will work with the delegating entity to coordinate review of coverage decisions for members with terminal illnesses.

3.0 DEFINITIONS

3.1 For the purposes of this policy, "Terminal Illness" means an incurable or irreversible condition that has a high probability of causing death within one year or less.

4.0 PROCEDURE

4.1 In the event that AHP is delegated to make coverage decisions for members with terminal illnesses, and the Plan must deny coverage to a member with a terminal illness, the Plan will provide to the member within five business days all of the following information:

4.1.1 A statement setting forth the specific medical and scientific reasons for denying coverage.

4.1.2 A description of alternative treatment, services, or supplies covered by the plan, if any.

Compliance with this subdivision by a plan will not be construed to mean that the plan is engaging in the unlawful practice of medicine.

4.1.3 Copies of the plan's grievance procedures or complaint form, or both. The complaint form will provide an opportunity for the enrollee to request a conference as part of the plan's grievance system

4.2 Upon receiving a complaint form requesting a conference, AHP will provide the member, within 30 calendar days, an opportunity to attend a conference, to review the information provided to the member conducted by a plan representative having authority to determine the disposition of the complaint.

4.3 The plan will allow attendance, in person, at the conference, by a member, a designee of the member, or both, or, if the member is a minor or incompetent, the parent, guardian, or conservator of the enrollee, as appropriate.

4.4 However, the conference required by this policy will be held within five business days if the treating participating physician determines, after consultation with the health plan medical director or his or her designee, based on standard medical practice, that the effectiveness of either the proposed treatment, services, or supplies or any alternative treatment, services, or supplies covered by the plan, would be materially reduced if not provided at the earliest possible date.

5.0 TRAINING

5.1 Training for all 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 Health & Safety Code Section 1368.1(a)(b)

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.