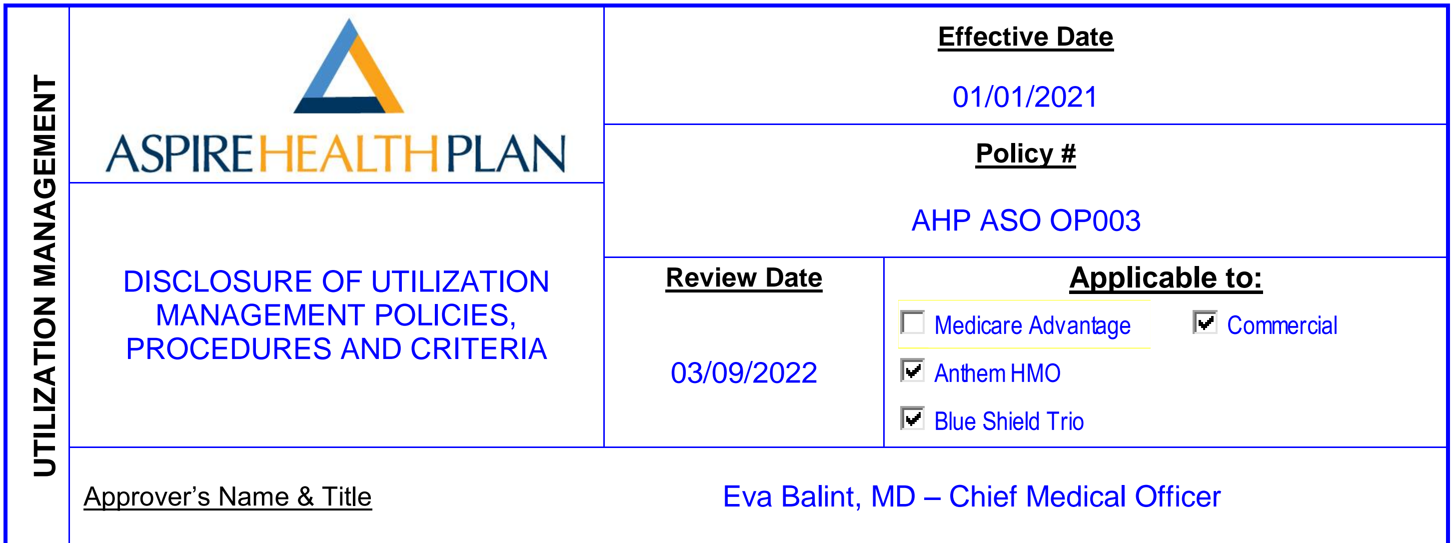
FILING NOTICE: Revisions to this policy require filing with the CA Department of Managed Healthcare. Notify the Compliance Department of any edits made to this policy.



UTILIZATION MANAGEMENT	ASPIRE HEALTH PLAN	**Effective Date** 01/01/2021	
		Policy # AHP ASO OP003	
	DISCLOSURE OF UTILIZATION MANAGEMENT POLICIES, PROCEDURES AND CRITERIA	**Review Date** 03/09/2022	**Applicable to:** ☐ Medicare Advantage ☑ Commercial ☑ Anthem HMO ☑ Blue Shield Trio
	Approver's Name & Title	Eva Balint, MD – Chief Medical Officer	

1.0 PURPOSE

1.1 The purpose of this policy is to allow access to benefit provisions, guidelines, protocols or other similar criterion used by Aspire Health Plan (AHP) Utilization Management (UM) department to members, providers and the public with which the plan contracts for services that include utilization review or utilization management functions to determine whether to approve, modify, or deny health care services under the benefits provided by the plan.

2.0 POLICY

2.1 AHP shall make benefit provisions, guidelines, protocols or other similar criterion available to members, providers and the public upon request.

3.0 DEFINITIONS

3.1 Refer to the AHP Definitions Manual

4.0 PROCEDURE

4.1 AHP will disclose benefit provisions, guidelines, protocols or other similar criterion to enrollees or persons designated by an enrollee, or to any other person or organization upon request.

4.2 Requests can be made in person, in written or fax form, or via telephone.

4.3 Upon request, specified criteria can be obtained in person (at the organization) by mail, fax or email.

4.4 Providers are informed of the availability of the actual benefit provision, guideline, protocol or other similar criterion on which the decision was based and the process of

obtaining a copy via the Approval, Modification or Denial Notice, which is faxed to the requesting provider when an authorization is approved, modified or denied.

4.5 Members are informed of the availability of the actual benefit provision, guideline, protocol or other similar criterion on which the decision was based and the process of obtaining a copy, via the Approval, Modification or Denial Notice, which is mailed to the member when an authorization is approved, modified or denied.

4.6 When a member receives a copy of the actual benefit provision, guideline, protocol or other similar criterion on which a decision was based, it is accompanied by the following notice: "The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract."

4.7 Providers and members may access UM criteria via the claims administration website link at: https://www.coastalmgmt.com/choose_a_Provider.cfm. This link directs members to the following health plan criteria:

4.7.1 Anthem UM

4.7.2 Blue Shield UM

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 Regulatory and compliance policies are reviewed by the Policy Owner annually at a minimum (more frequently if a change, regulatory or otherwise, that causes a change to the policy).

7.0 REGULATORY REQUIREMENTS AND REFERENCES

7.1 CA Health and Safety Code sections 1367.01(h)(3) and (4)

7.2 CA Health and Safety Code sections 1365(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.