


UTILIZATION MANAGEMENT	 ASPIRE HEALTH PLAN	<u>Effective Date</u> 10/01/2015	
	AVAILABILITY OF CRITERIA	<u>Policy #</u> AHP-HS018	
		<u>Review Date</u> 6/16/2022	<u>Applicable to:</u> <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
<u>Approver's Name & Title</u>		Eva Balint, MD – Chief Medical Officer	

1.0 PURPOSE

1.1 The purpose of this policy is to allow access to the policies, procedures and criteria 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 authorize, modify, or deny health care services under the benefits provided by the plan.

2.0 POLICY

2.1 AHP shall make utilization criteria and UM Policies and Procedures available to members, providers and the public upon request.

3.0 DEFINITIONS

3.1 Refer to AHP Definitions Manual

4.0 PROCEDURE

4.1 AHP will disclose specific utilization criteria 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. Upon request, a specified criteria can be sent via email.

4.3 Providers are informed of the availability of criteria and the process of obtaining a copy via the Integrated Denial Notice, which is faxed to the requesting provider when an authorization is modified or denied.

4.4 Members are informed of the availability of criteria and the process of obtaining a copy via the Integrated Denial Notice, which is mailed to the member when an authorization is modified or denied.

4.5 Disclosure of the criteria shall be accompanied by the following notice: “The materials provided to you are guidelines used by AHP 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.”

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 Technical Assistance Guide pg 17-20, UM pg. 243

7.2 CA Health and Safety Code 136.5, 1367.01

7.3 Sample Cover Letter to Accompany Request

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.

SAMPLE COVER LETTER TO ACCOMPANY REQUEST

Dear:

Per your request, please find enclosed_____.

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.

Should you have any further questions, please contact our office at 1-855-570-1600.

Sincerely,

Aspire Health Plan
Health Services Department