


HEALTH SERVICES	 ASPIREHEALTHPLAN		<u>Effective Date</u>	
	SEPARATION OF MEDICAL AND FISCAL DECISIONS		January 1, 2014	
			<u>Policy #</u>	<u>CMS Element(s)</u>
	SEPARATION OF MEDICAL AND FISCAL DECISIONS		AHP-HS026	N/A
<u>Review Date</u>			<u>Applicable to:</u>	
01/25/2024		Medicare, Commercial		
<u>Approver's Name & Title</u>		Kellie Verdugo – Utilization Management Director		

1.0 PURPOSE

- 1.1 The purpose of this policy is to describe the procedures for Aspire Health Plan (AHP) and first tier, downstream and related entities ("delegates") to meet State requirements regarding separation of medical services from fiscal and administrative management.

2.0 POLICY

- 2.1 Through its organizational structure and business processes, AHP maintains a separation between its medical decisions and its administrative and fiscal decisions to ensure quality health care to all members without considering the financial impact of services.
- 2.2 AHP shall provide the capability to furnish in a reasonable and efficient manner the health care services for which subscribers and enrollees have contracted. Such organization shall include separation of medical services from fiscal and administrative management sufficient to assure the Director that medical decisions will not be unduly influenced by fiscal and administrative management.
- 2.3 AHP prohibits rewarding those conducting utilization review for issuing denials of coverage or service; financial incentives do not encourage decisions that results in under-utilization.
- 2.4 AHP monitors utilization review denials to ensure that appropriate care is provided within professionally recognized standards of practice.
- 2.5 Utilization Management (UM) decision-making is based only on appropriateness of care and service. Aspire Health Plan (AHP) does not compensate practitioners or other individuals conducting Utilization Review for denials of coverage or service. Financial incentives for UM decision-making do not encourage denials of coverage or service. Appropriate care is provided within professionally recognized standards of practice that is not withheld or delayed for any reason including a financial gain and/or incentive to the providers and/or others. AHP recognizes that there is a need for special concern about under-utilization.

3.0 APPLICABILITY

- 3.1 This policy and procedure applies to all Medicare and Commercial lines of business.

4.0 DEFINITIONS

- 4.1 "Medical Information" is defined as any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care service plan regarding a patient's medical history, mental or physical condition, or treatment.

- 4.2 "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

5.0 PROCEDURE

- 5.1 In order to ensure quality care, AHP maintains separation of its medical decision makers from administrative and fiscal decision makers, as follows:
- 5.1.1 The Aspire Medical Director reports directly to the Aspire CEO.
- 5.1.2 The Aspire Director of Health Services reports administratively to the CMO
- 5.2 Monitoring to detect inappropriate denials includes:
- 5.2.1 Ensuring an appropriate infrastructure and reward mechanisms in delegates performing utilization review functions;
- 5.2.2 Reviewing decisions overturned upon appeal; and
- 5.2.3 Utilizing inter-rater reliability testing requirements.
- 5.3 AHP shall ensure that all UM decisions are made according to policy.

6.0 TRAINING

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

7.0 REPORTING

- 7.1 N/A

Related Documentation

- California Admin Code title 28, section 1300.67.3