

<b>SECTION</b> Font 12 Times New Roman	<b>SSB</b> ____ Excluding CA ____	<b>Policy Number:</b> <b>QOC Approval Date:</b>
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<b>Effective Date</b> 08/20/2002	<b>Date of Last Review</b> 12/19/2022	<b>Date of Last Revision</b> 07/26/2023	<b>Dept. Approval Date</b> 07/26/2023
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

Anthem Medicaid ensures eligible members have access to appropriate care and services by monitoring and evaluating the care and services and applying criteria based on individual needs and assessment of the local delivery system.

**DEFINITIONS:**

None

**PROCEDURE:**

- I. Anthem Medicaid staff reviewers use the following criteria when making a medical necessity determination for all utilization management requests including prior authorization, retrospective and concurrent reviews for in and out of network requests:
  - Applicable State and Federal Guidelines
  - Member Benefits and Eligibility
  - Anthem Medical Policy and Clinical Guidelines
  - MCG™ Guidelines
  - Anthem Policies and Procedures
  - Carelon Behavioral Health Medical Necessity Criteria, as applicable
  - Carelon Medical Benefits Management Criteria

Medical Policy Technology Assessment Committee (MPTAC) updates on Medical Policies and Clinical Guidelines are communicated to Medical Management clinical associates and Peer Clinical Reviewers (PCRs) through staff meetings and written communication/materials.

- II. Nationally developed procedures for applying criteria, particularly those for lengths

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of hospital stay, often are designed to be appropriate for the uncomplicated patient and for a very complete delivery system. They may not be appropriate for the patient with complications or for a delivery system that does not include sufficient alternatives to inpatient care for the particular patient. Therefore, Anthem Medicaid considers at least the following factors when applying criteria to a given individual:

- Age
- Co-morbidities
- Complications
- Progress of treatment
- Psychosocial situation
- Home environment, when applicable
- Individual circumstances

Anthem Medicaid also considers characteristics of the local delivery system that are available for the particular patient, such as:

- Availability of skilled nursing facilities, sub-acute care facilities or home care available to support the patient after hospital discharge.
- Coverage of benefits for skilled nursing facilities, sub-acute care facilities or home care when needed.
- Ability of local hospitals to provide all recommended services within the estimated length of stay.

- III. When the requested care, service or equipment meets the approved criteria, the staff reviewer documents the approval determination as medically necessary and includes a reference to the screening criteria or Medical Policy.
- IV. When the above factors indicate the Utilization Management guidelines are not appropriate for an individual, UM decision makers route the case to a Peer Clinical Reviewer for further review and a final determination.

**REFERENCES:**

- Anthem Medical Policy ADMIN.00001 Medical Policy Formation
- Anthem Medical Policy ADMIN.00004 Medical Necessity Criteria
- Anthem Medical Policy ADMIN.00006 Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline
- CA\_UMXX\_010 Continued Stay Review/Care Coordination/Discharge Planning
- CA\_UMXX\_013 Non-Authorization of Medical Services
- CA\_UMXX\_041 Pre-Service Authorization of Services

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- DHCS Contract Exhibit A, Attachment III; 2.3
- NCQA UM Standards

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Utilization Management

**Secondary Department(s):**

Grievance & Appeals (G&A)

Special Programs – LTSS

**EXCEPTIONS:**

None