

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Utilization Management Department Availability - CA	
Effective Date 04/04/2003	Date of Last Review 04/25/2024	Date of Last Revision 04/25/2024	Dept. Approval Date 04/25/2024
Department Approval/Signature:			

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

Products	<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	<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"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Blue Cross Medicaid provides access to staff for members and practitioners seeking information about the Utilization Management process and the authorization of care.

The Utilization Management (UM) Department ensures availability of staff for at least eight (8) hours a day during normal business hours to answer member and provider questions related to utilization management issues.

The UM Department staff are trained to identify themselves by name (first name and last initial), title, and the organization name when receiving inbound and making outbound calls.

DEFINITIONS:

None

PROCEDURE:

Utilization Management Department Availability

Anthem nurses and physicians are available to respond to questions or provide information about the UM process.

Anthem provides the following communication services for members and practitioners:

I. Inbound and Outbound Communication

- A. The UM Department staff including clinician and non-clinician associates are available Monday through Friday normal business hours; eight (8) hours per day, except on

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holidays, to answer member and provider calls related to utilization management issues.

- B. The member may call the toll-free Customer Care Center (CCC) telephone number as specified in the Member Handbook/Evidence of Coverage (EOC) or on their identification card when making inquiries related to UM. The Customer Care Representative will transfer the call to the UM Department, if needed, for UM staff to handle inquiries regarding specific UM cases and discussions about UM decisions.
- C. The provider may call or fax the toll-free number for UM Department inquiries as specified in the Provider Operations Manual (POM).
- D. When making or receiving calls, the UM Department staff will identify themselves by name (first name and last initial if requested), title, and the organization name.
- E. Anthem Blue cross offers text telephone (TTY) services for the deaf, hard of hearing, or speech-impaired members. The TTY number is available within the POM and EOC. Staff is available to send and receive TTY messages.
- F. Language assistance is available free of charge for members to discuss UM issues upon request. Interpreters are available to members by calling the CCC or TTY numbers located in the POM or EOC.

II. After Business Hours

- A. The member may call the toll-free Customer Care Center line provided in the Member Handbook/EOC and on every Member ID Card after hours and weekends for UM related inquiries and leave a message. Messages will be forwarded to the UM Department and calls will be returned the next business day.
- B. The provider may also contact the Customer Care Center's toll-free line or fax provided in the POM for non-urgent UM-related information and inquiries after normal business hours and leave a message. Calls are triaged to, and handled by UM staff with return calls the next business day.
- C. The provider may also fax UM related information and inquiries to the UM Department through the fax number provided in the Provider Operations Manual after normal business hours, including requests for urgent pre-service and urgent continued stay review. Eligibility verification, benefits, and network information may be available after normal business hours through their availability portal. For after-hours assistance not

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available on the website, the provider may call the Customer Care Center to be connected to an after-hours support staff.

- D. 24/7 NurseLine is available for members and providers as a 24-hour/7 days a week health information line. 24/7 NurseLine is staffed with nurses who provide educational support about illnesses and options for accessing care, including emergency services, if appropriate. If urgent, members or providers may call the 24/7 NurseLine after hours and weekends at the toll-free number listed in the Member Handbook/EOC or POM for support.

REFERENCES:

- Medi-Cal Member Services Guide/Evidence of Coverage, 2024
- National Committee for Quality Assurance (NCQA)
- Provider Operations Manual, 2024

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/25/24	<ul style="list-style-type: none"> • Annual Review • Updated Policy section to update Anthem reference, per recent rebranding guidelines • Updated References section to the EOC and Provider Operations Manual to the 2024 versions
07/26/23	<ul style="list-style-type: none"> • Annual Review • Updated References section • Updated primary department from “Medical Management: Case

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Review Date	Changes
	<p>Management (CM) and Utilization Management (UM)” to “Utilization Management (UM)”</p> <ul style="list-style-type: none"> • Added “Secondary Department(s)” sub-header under Responsible Departments section to match template
07/27/22	<ul style="list-style-type: none"> • Annual Review • Updated References
07/13/21	<ul style="list-style-type: none"> • Annual Review • Updated EOC Reference
06/26/20	<ul style="list-style-type: none"> • Annual Review • Updated References
06/28/19	<ul style="list-style-type: none"> • Annual Review • Updated References
06/30/18	<ul style="list-style-type: none"> • Updated References
06/30/17	<ul style="list-style-type: none"> • Added normal Business hours under availability • Updated references • Added availability as an option to check eligibility
06/30/16	<ul style="list-style-type: none"> • Annual review. Updated References.
07/31/15	<ul style="list-style-type: none"> • Updated References • Changed to identify self by first name and last initial
09/04/14	<ul style="list-style-type: none"> • Changed header to Government Business Division • Deleted Healthy Families
09/17/13	<ul style="list-style-type: none"> • No context changes • Minor grammar corrections • Updated References
09/20/12	<ul style="list-style-type: none"> • Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. • Updated formatting/grammar • Replaced MedCall Nurseline with 24/7 NurseLine • Changed reference from Care Management to Medical Management • Updated References • Added revision history to policy