

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Prior Authorization Reduction Process - CA	
Effective Date 10/26/2006	Date of Last Review 04/08/2024	Date of Last Revision 03/30/2023	Dept. Approval Date 04/08/2024
Department Approval/Signature:			

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

<u>Products</u>	<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"/> 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 performs annual prior authorization reduction review to ensure only valued work is done. This is completed through a profiling and data analysis process.

DEFINITIONS:

None

PROCEDURE:

Below is a list of categories regularly reviewed, however other categories may be included as necessary.

Analysis:

- The top 100 procedures by volume and cost.
- The top 50 denied and modified procedures.
- All procedures that require prior authorization are reviewed for appropriateness.
- Procedures associated with specific medical policy or clinical guidelines that warrant medical review.
- Based on the annual review, recommendations are made to revise the authorization requirements.

Process for Implementing Changes to the Prior Authorization Lists:

- All recommended changes are submitted to the Medical Director and Senior Management for review.

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- Once approval from Medical Director and Senior Management are obtained, recommendations are submitted to the Precertification Committee for review.
- The Precertification Committee will vote and determine if any changes to the current prior authorization requirements are needed.
- Written notices of changes are sent out to Network practitioners and providers per state guidelines.

REFERENCES:

None

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization management

Secondary Department(s):

None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/08/24	<ul style="list-style-type: none"> • Annual Review, no changes
03/30/23	<ul style="list-style-type: none"> • Annual Review • Updated primary department from “Medical Management (Utilization & Case Management)” to “Utilization Management” • Added “Secondary Department(s)” sub-header under Responsible Departments section to match template
03/24/22	<ul style="list-style-type: none"> • Annual Review, no changes
03/10/21	<ul style="list-style-type: none"> • Annual Review, no changes
03/11/20	<ul style="list-style-type: none"> • Annual Review, no changes
03/06/19	<ul style="list-style-type: none"> • Annual Review, no changes
03/20/18	<ul style="list-style-type: none"> • Annual Review, no changes
03/31/17	<ul style="list-style-type: none"> • Added Precertification Committee involvement • Removed distribution of the lists portion

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Review Date	Changes
04/29/16	<ul style="list-style-type: none">• Annual Review, no changes
03/15/15	<ul style="list-style-type: none">• Created California specific document from business wide document