Like you, we are dedicated to improving the health of the people we serve. Our Utilization Management (UM) program helps us do this.

Clinical Coverage Guidelines

Anthem uses nationally recognized clinical guidelines, as well as internally developed guidelines, for medical appropriateness review. All criteria are reviewed annually. Actively participating physicians are involved in the development, adoption, and application of the criteria. Medical necessity decision-making includes assessing the individual member’s needs and the local delivery system’s characteristics. Clinical Coverage Guidelines, applicable to a particular case, are available free of charge to practitioners, providers, and members upon request by calling the appropriate UM department.

Anthem uses the following Utilization Management criteria:

- **Medical Policy** - Developed to assist in interpreting contract benefits, medical policy includes technology assessment and medical requirements for coverage of selected technologies and services. Anthem’s medical policies are available on anthem.com.

- **Milliman Care Guidelines** - (inpatient and surgical care, general recovery guidelines and chronic care): Milliman Care Guidelines are used to determine medical necessity and appropriateness of site review, assign initial length of stay for inpatient services, and review catastrophic admissions.

- **Anthem Clinical Guidelines** - Used in addition to the Milliman Guidelines, Anthem-developed guidelines cover topics not included in the Milliman Guidelines and modifications of the Milliman Guidelines.

- **Medicare Coverage Directives** - Medicare Advantage plans are required to provide their Medicare enrollees those services covered under Medicare and available to other fee-for-service Medicare beneficiaries residing in the geographical area covered by the plan. Coverage determinations for Medicare Advantage members must be in accordance with the Centers for Medicare and Medicaid Services (CMS) national coverage decisions. For Medicare Advantage members, Anthem must abide by specific written policies made by the Medicare carrier or intermediary with jurisdiction for claims in the geographical area the plan serves. (These policies are sometimes called “local medical review determinations.”)

- **American Imaging Management, Inc., Proprietary Diagnostic Imaging Utilization Management Guidelines** - Used to determine medical necessity and appropriateness of imaging services.

- **Anthem Prescription Prior Authorization Guidelines** - Anthem Prescription’s clinical team researches criteria for possible interventions and makes recommendations to the Pharmacy & Therapeutics Committee regarding the development of the Connection edits. The clinical team follows current, accepted guidelines, including treatment criteria from product package inserts, Physicians’ Desk Reference (PDR), United States Pharmacopeia Drug Information (USP-DI), and professional journals and medical specialists when making recommendations regarding Connection edits.

Reviews That Do Not Meet Guidelines

If, after review by a nurse, the requested service does not meet coverage guidelines, the case is referred to an Anthem medical director or a physician consultant for coverage determination. Coverage will be determined by review of the available medical information. A physician reviewer is available by telephone during normal business hours to discuss a case. The requesting physician requests a physician-to-physician review. Same or similar specialty review is also available.
Financial Incentive Policy

Recognizing the risks of underutilization, Anthem will not compensate, reward, or incent – financially or otherwise – its employees, consultants, or agents for inappropriate restrictions of care. Utilization review decisions are based on appropriateness of care and service, and the applicable terms of the benefit contract.

Anthem compensates its employees with annual salary plus incentive based on various factors. Anthem does not permit or provide compensation, financial incentives, or anything of value to employees, condition employment or employee evaluations, or set employee performance standards based on the volume of adverse determinations; reductions or limitations on lengths of stay; benefit services or charges; the number or frequency of telephone calls; or other contacts with health care providers or patients. Incentive pay is not designed to deny benefits for medically necessary care.

Anthem compensates its consultants and agents on a variety of bases, including monthly, hourly and per case. Consultants and agents are considered independent contractors. Anthem does not permit or provide compensation, financial incentives, or anything of value to consultants or agents based on the volume of adverse determinations, reductions, or limitations on lengths of stay, benefit services or charges, the number or frequency of telephone calls, or other contacts with health care providers or patients.