



Memo

To: Aspirus Health Plan Network Providers

From: Aspirus Health Plan's Medical, Mental Health, and Substance Use Disorders Utilization Management Department

Date: 12/18/2023

Re: Utilization Management Criteria

Utilization Management Criteria

Aspirus Health Plan's Medical, Mental Health, and Substance Use Disorders Utilization Management Program is based on nationally recognized, evidence-based medical necessity guidelines developed by the national vendor, Change Healthcare. Aspirus uses the decision support tool, InterQual, which is provided electronically by Change Healthcare. InterQual is built on Medicare criteria and is reviewed annually by a panel of national experts, including physicians, surgeons, psychiatrists, physical therapists, and other health care professionals. Additionally, our vendor continuously monitors changes to NCDs, LCDs, and other national guidelines and requirements and provides quarterly releases of changes to the medical necessity criteria.

Aspirus staff are trained on an annual basis and as criteria change during the year. Aspirus's medical necessity criteria are applied based on member needs and a thorough assessment of specific medical services available within the local delivery system. Aspirus routinely evaluates the adequacy of our networks to ensure member access to all types of care, including primary care, specialists, hospitals, skilled & custodial nursing facilities, home care agencies, and other ancillary services. Aspirus works with members to arrange out-of-network care when needed care is unavailable within the local delivery system.

Aspirus applies a hierarchy of criteria when conducting medical necessity reviews. Aspirus makes available to physicians and all other health care professionals the medical necessity criteria used when making medical necessity determinations. Information regarding accessing these criteria is available on the Aspirus website, and requests are also taken via phone.

The utilization management criteria are presented annually to the Aspirus Utilization Management Policy Review Committee and the Aspirus Quality Improvement and Medical Management Committee for adoption and approval. The Utilization Management Program is based on the following guidelines and criteria are applied in the rank order below:

Aspirus Medicare Plans (Medicare Advantage)

1. Change Healthcare InterQual Medical Necessity Criteria.
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS) may be used for medical necessity decisions.
 - a) Local coverage determinations (LCDs)
 - b) National coverage determination (NCDs)
3. Medicare Benefit Policy Manual Chapter 8, Coverage of Extended Care (SNF) Services Under Hospital Insurance
4. Medical policy is applied when none of the above is appropriate to the coverage determination.

