

Important information about utilization management

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Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring; promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our provider website at

<https://www.anthem.com/ca/provider/policies>.

You can request a free copy of our UM criteria from our Medical Management department. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the numbers listed below. To access UM criteria online, go to

<https://www.anthem.com/ca/provider/policies>.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Calling **1-888-831-2246, options 3** (includes both inside and outside L.A. County).
- Faxing **1-800-754-4708** (includes both inside and outside L.A. County).

Have questions about utilization decisions or the UM process?

Call our clinical team at 1-800-407-4627 (outside L.A. County) or 1-888-285-7801 (inside L.A. County) Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

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