	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1115	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Terminal Illness	
<b>Original Date:</b> 09/13/2018	<b>Date Published:</b> 06/11/2024
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**

To define Central California Alliance for Health's (the Alliance's) policies and procedures for terminally ill patients for Utilization Management, Pharmacy, and Grievance and Appeals.

**Policy:**

The Alliance covers medically necessary services, including prescribed pain management medications, for terminally ill members.<sup>i</sup> Authorizations for members who are determined to be terminally ill will be approved or denied within standard Alliance authorization timeframes; denial notices will include an adequate description of the criteria used to deny services and alternate services available. Effective 01/01/2022, pharmacy services billed as pharmacy claims are carved out to fee-for-service under Medi-Cal Rx. Medi-Cal Rx is responsible for formulary management, prior authorization, and claims processing.

The Alliance offers completion of covered services to members with terminal illness.

Members with a terminal illness are able to avail themselves of the Plan's Grievance process and are provided the opportunity to request a conference to review any denials of service.

**Definitions:**

Terminal Illness: A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.<sup>ii</sup>


**Procedures:**

**Identification of Terminally Ill Members:**

Terminally ill members entitled to special handling are defined to have an incurable or irreversible condition that has a high probability of causing death within one year or less.

**I. Pharmacy Authorizations Process:**

- a. **Turnaround Time:** The Alliance turnaround time for all pharmacy authorizations, including authorizations requests for medication for terminally ill patients, is 24 hours from receipt of information needed to make the decision, consistent with Alliance Policy 403-1103 – Pharmacy Authorization Process.<sup>iii</sup>
- b. **Clinical Determinations:** Only a Physician or Pharmacist shall deny or modify medical request for terminally ill patients. The plan imposes no quantity limits or opioid ceilings

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for patients with terminal illness (See Alliance Policy 403-1139 – Opioid Utilization Review).

- c. **Notice of Action (NOAs):** NOAs for denied pharmaceutical treatment for members with terminal illness will include the medical/scientific reasons for denying coverage; description of alternative treatment/services/supplies covered; and a copy of the “NOA Your Rights” document, which informs members how to file a Grievance or Appeal, and a Grievance and Appeal form.<sup>iv</sup>

## **II. Utilization Management Authorizations Process:**


- a. **Turnaround Time:** Timeframes for processing medical authorizations for members with terminal illness are outlined in Alliance Policy 404-1201- Authorization Request Process.
- b. **Clinical Determinations:**
  - i. Only a Physician shall deny or modify medication request for terminally ill patients.
  - ii. The Alliance utilizes criteria based on sound clinical evidence (e.g. Medi-Cal Criteria, MCG criteria and internally developed Alliance guidelines approved by the Quality Improvement and Health Equity Committee (QIHEC) and/or evidenced based guidelines to determine the appropriateness of services for terminally ill patients entitled to special handling. Review of authorizations for investigational therapies is outlined in Alliance Policy 404-1714 – Technology Assessment.
- c. **NOAs:** NOAs for denied authorization requests for members with terminal illness will include the medical/scientific reasons for denying coverage; descriptions of alternative treatment services/supplies covered and/or deemed experimental (See Alliance Policy 404-1714 – Technology Assessment); and a copy of the “NOA Your Rights” document, which informs members how to file a Grievance or Appeal, and a Grievance and Appeal form.<sup>v</sup>

## **III. Completion of Covered Services**

- a. Terminal illness is a condition for which completion of covered services must be provided. The Alliance’s procedure for reviewing requests for completion of covered services is addressed in Alliance Policy 404-1114 – Continuity of Care.

## **IV. Appeals and Grievances**

- a. As outlined above, members are notified of their right to file a Grievance or Appeal through the NOA. That notification includes a Grievance and Appeal form that allows members the opportunity to request a conference to review the denial as part of the Alliance’s Grievance and Appeals system.

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- b. Upon receipt of a request for a conference, Grievance staff will coordinate the conference as follows.
  - i. The conference must be attended by an Alliance Medical Director.
  - ii. The conference will be scheduled within 30 calendar days of the receipt of the request. If the treating participating physician determines, after consultation with an Alliance physician, that effectiveness of the requested treatment would be materially reduced if not provided at the earliest possible date, the conference will be scheduled within 5 business days.
  - iii. The Alliance allows in-person attendance by the member, a member's designee, or, if the member is minor or incompetent, the parent, guardian, or conservator of the member.

#### **References:**

##### Alliance Policies:

- 403-1103 – Pharmacy Authorization Process
- 403-1139 – Opioid Utilization Review
- 404-1112 – Medical necessity – The Definition and Application of Medical Necessity Provision to

##### Authorization Requests

- 404-1114 – Continuity of Care
- 404-1201- Authorization Request Process
- 404-1714 – Technology Assessment

##### Impacted Departments:

- Care Management
- Member Services
- Pharmacy
- Provider Services

##### Regulatory:

- CA Health and Safety Code section 1367.215(a)
- CA Health and Safety Code section 1368.1
- CA Health and Safety Code section 1373.96.

##### Legislative:

##### Contractual (Previous Contract):

##### Contractual (2024 Contract):


##### DHCS All Plan Letter:

- APL 20-020 – Medi-Cal Pharmacy Benefit to Medi-Cal RX

##### NCQA:

##### Supersedes:

##### Other References: MCMC Reviewer Jignesh Patel, MD

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Attachments:

**Lines of Business This Policy Applies To**

- ☐ DSNP  
☒ Medi-Cal  
☐ Alliance Care IHSS

**LOB Effective Dates**

(01/01/2026 – present)  
(01/01/1996 – present)  
(07/01/2005 – present)

**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
11/19/2019	11/19/2019	Tammy Brass, RN UM Manager-Prior Auth	UMWG
12/22/2020	12/22/2020	Tammy Brass, RN UM/CCM Manager	UMWG
10/19/2021		Kat Reddell, Compliance Specialist II	<i>Medi-Cal Rx</i>
04/24/2023	6/1/2023	Carissa Grepo-Utilization Management Manage	UMWG
04/30/2024	04/30/2024	Lorna Metzger Prior Auth Supervisor	UMWG

<sup>i</sup> California Health & Safety Code 1367.215(a)

<sup>ii</sup> California Health & Safety Code 1373.96

<sup>iii</sup> DHCS Medi-Cal contract, Exhibit A, Attachment 5, Provision 3.F (draft Megareg amendment)

<sup>iv</sup> California Health & Safety Code 1368.1(a)

<sup>v</sup> California Health & Safety Code 1368.1(a)