



**UM Hierarchy clinical decision-making for IHPSW or IIC entities operating in the Exchanges of UT, TX, AZ, or NV, the Hierarchy Criteria Order of Use is as follows:**

1. Benefits and Eligibility as defined in the Evidence of Coverage (plan document)
2. Federal Mandates and any applicable State Requirements
3. Any CMS/HHS overriding document (e.g., HCFA Rulings, DAB Rulings)
4. MCG Health, latest edition
5. Any authoritative, peer-reviewed physician specialty society guidelines (e.g., NCCN) or federal government agency publications (e.g., NIH, AHRQ, FDA, CDC)

Providers can contact Imperial Health Plan at (626) 838-5100 to obtain criteria used to make a final determination.