

Incentives for Utilization Decisions Desk Procedure

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) does not reward, in any way, practitioners or other individuals conducting utilization review for denying coverage for care or service. In addition, practitioners, Utilization Management staff and the supervisors of this staff receive no financial incentive to encourage decisions that result in under-utilization.

Procedure Detail:

- I. All NHP/NHIC/NHAS practitioners and Utilization Management staff involved in utilization decisions, including supervisors and managers of utilization management staff, the Chief Medical Officer, Medical Director or Medical Director of Behavioral Health, make utilization decisions based solely on appropriateness of care and service, and existence of benefit coverage. The determination of appropriateness of care is based on written criteria founded on sound clinical evidence in conjunction with medical judgement and expertise. Benefit coverage is based on the existence of coverage as outlined in the appropriate Coverage Booklet (Certificate of Coverage, Evidence of Coverage, Individual and Family Policy, Summary Plan Description or It's Your Choice booklet.) The written criteria are reviewed and approved annually by actively participating practitioners. NHP/NHIC/NHAS provides members/participants or practitioners copies of specific criteria upon request at no cost to them.
- II. NHP/NHIC/NHAS does not reward in any way practitioners, or other individuals conducting utilization review, for denying coverage for care or service. In addition, practitioners, Utilization Management staff and the managers of this staff receive no financial incentive to encourage decisions that result in under-utilization. NHP/NHIC/NHAS monitors utilization per desk procedure- Monitoring for Appropriate Utilization.
- III. NHP/NHIC/NHAS does not use incentives to encourage barriers to care and service and it does not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood, or on the perceived likelihood, that the practitioner or staff member supports, or tends to support, denial of benefits.
- IV. NHP/NHIC/NHAS does not prohibit providers from advocating on behalf of members/participants within the utilization management process,
- V. All practitioners and Utilization Management staff, including management staff, the Chief Medical Officer, Medical Director or Medical Director of Behavioral Health, involved in utilization authorization and policy decisions are informed of this procedure.

- VI. NHP/NHIC/NHAS distributes a statement describing this procedure to:
- A. Providers/Practitioners via newsletter, internet, and/or email notice annually and practitioner orientation.
 - B. Commercial members/participants annually via newsletter. Medicare members annually via newsletter.
 - C. Employees via newsletter and/or email notice annually and new employee orientation.

Regulatory Body:

NCQA

CMS

Regulatory Reason:

- UM 4, Element G
- Code of Federal Regulations 42 CFR 422.206(a)

Department: Utilization Management	Origination Date: 07/26/2001	Next Review Date: 05/01/2019
Revision Number: 2		
Revision Reason: 05/01/2017: Annual review, procedure placed on new template, 4/3/18 annual review.		