
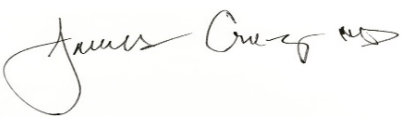


<b>Policy Title:</b> Affirmation Statement on Incentives		<b>POLICY #: 70.2.8</b>	
		<b>Line of business:</b> ALL	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 09/01/06	<b>Effective Date</b> 12/01/18	<b>Revision Date</b> 12/01/18, 1/01/20
<b>Department Head:</b> Mirela Albertsen, UM Senior Director 			<b>Date:</b> 03/21
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> PHP CMO, James Cruz, MD 			<b>Date:</b> 03/21

**PURPOSE**

To develop a consistent process for Blue Shield of California Promise Health Plan’s (Blue Shield Promise) Utilization Management Department to ensure practitioners, providers, including sub-delegated entities and rendering providers, and employees making UM decisions are not unduly influenced by fiscal and administrative management incentives from any source. Physicians and health professionals involved in UM decision making will be notified on an annual basis via email of Blue Shield Promises’ medical policy and other approved criteria that indicate no financial incentives to encourage medical decisions. All decisions to deny, delay, or modify health care services must identify the criteria or guidelines in the denial notification and explain why the service is denied in relation to these criteria.

**POLICY**

Blue Shield Promise Health Plan distributes an email to all its practitioners, providers, staff members, declaring that it does not use incentives to encourage barriers to care and service and that 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 practitioners or staff member supports, or trends to support denial of benefits.

Blue Shield Promise Health Plan UM Department will not make any UM decisions based on any desire for incentives, financial or otherwise. Measurement of UM actively has been established and is monitored in accordance with P&P 70.2.64 Over/Under Utilization.

**PROCEDURE**

1. UM referral decisions are based only on appropriateness of care and service, and existence of coverage.
2. Practitioners are not specifically rewarded for issuing denials of coverage or service care.
3. UM decision makers and Plan Partner’s do NOT receive financial incentives that result in underutilization and/or inappropriate utilization.
4. Affirmation Statements on Incentives will be sent annually to all UM staff.
5. All providers are notified at least annually via mailed Blue Shield Promise Health Plan Provider Newsletter.

**REFERENCES**

NCQA Standard, UM 4G