

Information on utilization management

Affirmative statement regarding incentives

The OptumCare® core values of integrity and compassion dictate that we deliver the most effective care possible to every patient.

This principle should be the guiding force behind all the decisions we make when it comes to patient care, including those surrounding utilization management (UM).

Therefore, we are sharing this affirmative statement about incentives (specifically relating to UM).

We affirm:

- UM decisions are made using nationally recognized criteria. UM decision-making is based only on appropriateness of care and services, and the existence of coverage.
- OptumCare does not reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization. Nor are incentives used to encourage barriers to care and service.
- Hiring, promoting or terminating practitioners or other individuals is not based upon the likelihood or the perceived likelihood that the individual will support or tend to support the denial of benefits.

OptumCare contracted providers or employees are responsible for ensuring that any UM decisions they make adhere to the guidelines above.

On **optumcare.com** you can find additional information around utilization management, including our policy for making a medical director available to discuss prior authorization denials with your doctor.

If you have any questions, we are happy to assist. Please call our OptumCare service advocates at 1-800-573-2365 (TTY 711 for hearing impaired).