



## UTILIZATION MANAGEMENT DECISION MAKING

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**Utilization Management** by definition is the evaluation of the appropriateness, medical need and efficiency of health care services and procedures. It also describes proactive procedures, including discharge planning, concurrent planning, pre-certification and clinical case appeals.

Talbert Medical Group has developed a Utilization Management Program to ensure appropriate utilization for optimal patient care. Each patient's healthcare needs are evaluated on an ongoing basis as they pertain to evaluation and ongoing treatment. Utilization Management decisions are based solely on the medical necessity of care and service.

You may obtain a free of charge copy of the actual benefit provision, guideline, protocol or other similar criterion on which a denial decision was based upon by calling (800) 868-5141.

For more detailed information, please contact the Utilization Management Department by calling the toll-free number listed above.

### **Talbert Medical Group's Statement of Ethics**

Talbert Medical Group does **NOT**:

1. Reward staff for issuing denials.
2. Offer incentives to encourage underutilization.
3. Compensate nor give financial incentives to practitioners conducting Utilization Management reviews.

The above statements are signed by all staff responsible for Utilization Management decisions, and those who supervise them, and a copy placed in their personnel file. Please see the Manager of Utilization Management with any questions or comments regarding this policy.