



### Incentive Policy

All Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) practitioners and Care Management staff involved in utilization decisions, including supervisors of care management staff and the Medical Director, make utilization decisions based solely on appropriateness of care and service, and on benefit coverage.

NHP/NHIC does not reward in any way practitioners, or other individuals conducting utilization review, for denying coverage for care or service. In addition, practitioners, Care Management staff and the supervisors of this staff receive no financial incentive to encourage decisions that result in under-utilization. NHP/NHIC monitors under-utilization as a quality improvement indicator and identifies potential barriers to member access to care and service.

NHP/NHIC does not prohibit providers from advocating on behalf of members within the utilization management process.

### Availability of Utilization Management Criteria

The determination of appropriateness of care is based on written criteria founded on sound clinical evidence. The written criteria are reviewed and approved annually by actively participating practitioners. NHP/NHIC provides members or practitioners copies of specific criteria upon request. A copy of specific utilization management criteria may be obtained by calling or faxing your request to the NHP/NHIC Care Management department at the numbers noted below. You may also request the criteria via the US mail.

### Access to NHP/NHIC Care Management Staff

If you have questions about the utilization management process you may speak to Care Management department staff during our business hours Monday through Friday between 8:00 AM and 5:00 PM at 920-720-1600 or 1-800-236-0208. For Behavioral Health inquires call 920-720-1340 or 1-800-555-3616. Callers have the option of leaving a message 24 hours/day, 7 days/week. Messages are retrieved at 8:00 AM Monday through Friday, as well as periodically during the business day. All calls are returned promptly. Members and providers may also send inquires to the Care Management department via fax, courier system and the US mail.