



Utilization Management Program

Santé Physicians utilization management program is designed to ensure that our members receive timely, medically necessary, and cost-effective health care services. Services that we provide to our patients include:

- ◆ Prior authorizations
- ◆ Concurrent Reviews
- ◆ Case Management
- ◆ Discharge Planning

Our UM staff consists of RN's and highly trained coordinators. Our team works closely together to ensure that we provide the best coordination of care for our members. Our goal is to not meet, but to exceed our member expectations.

Utilization Management Policies and Procedures

- ◆ Santé Physicians uses CMS and InterQual guidelines and health plans medical policies for all of our decision making. These guidelines have been approved by all the health plans we administer. The guidelines are reviewed and updated by these organizations periodically to remain current with new treatment and trends. The criteria help provide a guideline only to approve, modify or deny care for persons with similar conditions. The specific care and treatment may vary depending on individual need and benefits covered under the individual's plan. The criteria is available on our website or can be requested.
- ◆ Santé Physicians ensures that UM decision making is based on appropriateness of care and service and existence of coverage. Santé does not compensate practitioners or individuals for denials, does not offer incentives to encourage denials, and does not encourage decisions that result in underutilization.

The IPA/PMG ensures independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, promotion, and any other similar matters.

- ◆ Santé Physicians encourages strict confidentiality and appropriate utilization by providers and staff.

Managed Care Plans

Aetna
Blue Shield
Cigna

Alignment
Brand New Day
Health Net

Anthem Blue Cross
Central Valley Health Plan/Humana
United Healthcare