



SANTÉ COMMUNITY  
PHYSICIANS

## Utilization Management Program

Santé Community Physician's 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 Community Physician uses InterQual and Milliman guidelines and health plans medical policies for all of our decision making. These guidelines are 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 helps 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 individual's plan. The criteria is available on request for a specific treatment.
- ◆ Santé Community Physician ensures that decisions are made only on appropriateness of care, service and existence of coverage. Santé managed care staff or providers do not receive any compensation, direct or indirect or financial incentives based on review decisions.
- ◆ Santé Community Physician encourages strict confidentiality and appropriate utilization by providers and staff.

## Managed Care Plans

*Aetna*

*Blue Cross*

*Blue Shield*

*Cigna*

*Health Net*

*Pacifi Care*