FirstCare™
HEALTH PLANS

Utilization Management Decisions

Affirmative Statement about Incentives

FirstCare Health Plans bases utilization management (UM) decisions on reasonable medical evidence and consensus of relevant health care professionals. Clinical decisions about each request for service are based on the clinical features of the individual case and the medical necessity criteria.

FirstCare uses medical necessity criteria to help determine the appropriateness of the care or service. **FirstCare approved criteria include, but are not limited to:**

- MCG Ambulatory Care, Inpatient Surgical Care, General Recovery Care, and Behavioral Health Care.
- Texas Department of Insurance coverage guidelines
- Texas Medicaid Provider Procedures Manual
- Medicare National and Local Coverage Determination Guidelines
- Hayes Medical Technology Directory, News Service and Core Clinical Research Support
- Hayes Medical Technology Brief Service
- Hayes Genetic Test Evaluation Service
- Medical Technology Advisory Committee (MTAC) Clinical Guidelines
- FirstCare health plan benefits and coverage guidelines
- Pharmacy and Therapeutics Committee coverage criteria
- Peer Literature Review

FirstCare is sensitive to the risks of underutilization of care and service which include inappropriate or delayed treatment, preventable contraction of disease, extended duration and/or exacerbation of symptoms, undetected progression of disease, misdiagnosis, impaired quality of life, permanent loss of function and preventable death. For this reason, FirstCare distributes an affirmative statement to all of its practitioners, providers, members, and utilization management employees regarding its incentives for the purpose of encouraging appropriate utilization and discouraging underutilization.

FirstCare does not reward physicians/practitioners or other individuals conducting utilization review for issuing denials of coverage. UM decision-making is based only on the existence of coverage and appropriateness of care and service. Financial incentives for UM decision makers do not encourage decisions that result in underutilization – e.g. FirstCare does not use incentives to encourage barriers to care and service. FirstCare does not make decisions regarding hiring, promoting or terminating its practitioners or other individuals conducting utilization review based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

Several factors can delay or even prevent the authorization of care of services. These include late referrals, missing referrals, referrals to out-of-network practitioners/providers and incomplete clinical data. Your efforts to work with your providers to avoid these pitfalls will allow the processing of their care authorizations to progress smoothly.

FirstCare maintains an online request portal and an incoming fax line available 24 hours a day, 365 days a year dedicated to receiving incoming authorization requests. FirstCare also maintains a voice mailbox to receive requests for authorizations outside of regular business hours.

Authorization Resources

Members may obtain a copy of the benefit provision or the medical necessity criteria used in making a determination by calling the Customer Service phone number or TDD line listed on their member identification cards and requesting the information.

For general utilization management questions or to reach utilization management staff, members may call FirstCare Customer Service at the number listed on their FirstCare member ID card. Utilization Management staff are available to answer questions Monday through Friday, 6 a.m. to 6 p.m. CT.