

Affirmative Statement

Signature Page

Line of Business:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Children's Physicians Medical Group | <input checked="" type="checkbox"/> CHOC Health Alliance |
| <input checked="" type="checkbox"/> California Kids Care | <input checked="" type="checkbox"/> Rady Children's Health Network |
| <input checked="" type="checkbox"/> Community Health Group Medi-Cal | <input checked="" type="checkbox"/> Molina Medi-Cal |

This affirmative statement declares that the organization does not use incentives to encourage barriers to care and service.

I have reviewed and understand all of the following:

1. UM decision making is based only on appropriateness of care and service and existence of coverage.
2. The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
4. Medical decisions will not be unduly influenced by fiscal and administrative management.
5. UM activities shall not be structured to provide incentives to deny, limit, or discontinue medically necessary services. Practitioners are ensured independence and impartiality in making referral decisions that will not influence:
 - A. Hiring
 - B. Termination
 - C. Compensation
 - D. Promotion
 - E. Any other similar matters

Signature

Date

Printed Name

Job Title