



Affirmation of Non-Incentive for Utilization Management Decision

Making Statement

2021

As an employee or workforce member affiliated to Heritage Provider Network, Inc. or its affiliated groups or organizations who is (or may be) involved in utilization management decisions making responsibilities, I affirm the following:

Utilization management decision making is based only upon appropriateness of care and service, subject to the applicable Evidence of Coverage and benefits contractually available to member; and

I attest that I am not rewarded for issuing denials of coverage or service. Specifically, I am ensured independence and impartiality in making referral or authorization decisions that will not be influenced with hiring, compensation, termination, promotion, or any other similar matters [29 CFR 2590.715-2719(b)(2)(ii)(D)]; and

I do not have any financial incentive (s) that would encourage me to make decisions that would result in underutilization of care, service, or available member benefits.

Signed/e-Signed: _____

Printed Name: _____

Date: _____