

St. Clair County Community Mental Health

Utilization Management Affirmative Statement About Incentives

This form ensures that all SCCCMH physicians, practitioners, clinicians, and employees involved in Utilization Management (UM) understand our commitment to providing clinically appropriate, humane, and compassionate services at the same quality we would expect for our own loved ones.

By signing this statement, I acknowledge and affirm the following:

- 1. Utilization Management (UM) decisions are based solely on clinical appropriateness and covered benefits.**
Decisions are made based on professional judgement, established criteria, and existence of coverage.
- 2. SCCCMH does not reward or incentivize denials.**
No physicians, practitioners, clinicians, employees, or other individuals are rewarded for denying care or services.
- 3. No one receives financial incentives to limit necessary care.**
No one at SCCCMH is given financial or other incentives to deny, limit, or discontinue medically necessary services for any individual served.

Reporting Concerns

If I become aware of a known or suspected violation of this statement, I understand that I am required to report it to my supervisor or the Corporate Compliance Office.

SCCCMH Corporate Compliance Office

Phone: (810) 985-8900

Email: corporatecompliance@scccmh.org

I understand that:

- SCCCMH **will not** retaliate against me for making a good-faith report.
- I may make a report anonymously through **Report it®**.
- Reports will be handled confidentially, to the extent allowed by law.
- I may also report any concerns to the **MDHHS Office of Inspector General at 1-855-MI-FRAUD (643-7283)**.

If I have questions about this statement, I may contact my supervisor, or SCCCMH's Corporate Compliance Officer.

Acknowledgement

I affirm that:

- I have read and understand the Utilization Management (UM) Affirmative Statement About Incentives.
- I have had the opportunity to ask questions.
- I understand that I am expected to comply with requirements in this document.

Signature

Print Name

Date

Job Title