

IMPORTANT NOTICE TO HMSO PROVIDERS

The National Committee for Quality Assurance (NCQA) requires the following to be communicated to providers on an annual basis.

- At HMSO, utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. We do not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- At HMSO, we base UM decisions on objective written criteria from national sources, including InterQual Criteria, Medicare, Medicaid, state and federal regulations, as appropriate, and HMSO policy and procedures. These UM criteria are available to providers, enrollees and the public upon request by calling 206-878-1985. In addition, our Medical Director is available to discuss decisions to deny or modify services and may be contacted at 206-878-1985.
- Staff are available during normal business hours, Monday through Friday, 8:00 am to 4:30 pm for inbound calls regarding UM issues and questions about the UM process by calling 206-878-1985.

Staff can send outbound communications regarding UM inquiries during normal business hours, unless otherwise agreed upon.

Collect calls can be accepted by staff who are available for UM issues.

Communication services are available for enrollees to discuss UM issues free of charge:

- Interpreter services are available upon request with the assistance of participating providers by contacting HMSO Medical Management.
- For enrollees that are hard of hearing or speech impaired TDD/TTY services will be coordinated through the delegating health plan. Instruct enrollees to contact their assigned health plans' TDD/TTY contact number and request a conference with HMSO Medical Management.