



An Independent Licensee of the
Blue Cross and Blue Shield Association

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Financial Incentives Not a Factor in Coverage Decisions

Florida Blue has a financial incentives policy in place that is designed to assist practitioners, providers, employees and supervisors involved in (or who supervise those involved in) making coverage and benefit utilization management or utilization review (UM/UR) decisions, where relevant. The policy states:

- UM/UR decision-making is based only on the factors set forth in Florida Blue's definition of medical necessity (for coverage and payment purposes) in accordance with Florida Blue's medical policy guidelines, then in effect, and the existence of coverage and benefits under a particular contract/ policy/certificate of coverage. Florida Blue is solely responsible for determining whether expenses incurred, or to be incurred, or medical care are, or would be, covered or paid under a contract or policy. In fulfilling this responsibility, Florida Blue shall not be deemed to participate in or override the medical decisions of any Florida Blue member's practitioner or provider.
- Florida Blue payment policies are not designed to reward practitioners or other individuals conducting UM/UR for issuing denials of coverage or benefits.
- Financial incentives for UM/UR decision makers are not designed to encourage decisions that result in underutilization. Rather, the intent is to minimize coverage and payment for unnecessary or inappropriate health care services, reduce waste in the application of medical resources, and to minimize inefficiencies that may lead to the artificial inflation of health care costs.