



The Utilization Management Department at Solis Health Plans is committed to ensuring that decisions regarding care for our members is based on appropriateness and does not use incentives to encourage barrier to care and service.

Affirmative Statement:

- Utilization Management decision making is based only on appropriateness of care and service and existence of coverage
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for Utilization Management decision makers do not encourage decisions that may result in underutilization
- Solis does not use incentives to encourage barriers to care and service
- Solis does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits

ATENCIÓN: Si usted habla español, están disponibles para usted, y sin cargo, servicios de asistencia lingüística. Llame al 1-844-447-6547, TTY 711, de 8 a.m. a 8 p.m., los siete días a la semana desde el 1 de octubre hasta el 31 de marzo y de 8 a.m. a 8 p.m., de lunes a viernes desde el 1 de abril hasta el 30 de septiembre.

SOLIS Health Plans, Inc. is an HMO plan with a Medicare contract. Enrollment in Solis depends on contract renewal.