



# Utilization Management Policy

## Credentialing and Recredentialing of Optum Clinical Reviewers

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Scope.....	1		Next Review:	4/2021
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### Policy Statement

All Optum\* by OptumHealth Care Solutions, LLC clinical and credentialing reviews, including appeals, for Utilization Management and Credentialing Risk Management are conducted by currently unrestricted licensed peer reviewers who pass the Optum provider credentialing process and who possess additional qualifications as described within the clinical reviewer’s job description.

Optum credentialing criteria includes primary source verification for valid license and Board actions, primary source verification with malpractice carriers, primary source verification of Medicare/Medicaid sanctions, review of professional liability claims, review of education and training, review of work history. Inactive Providers will be recredentialled regarding licensure, malpractice coverage and activity and Board actions.

### Purpose

The purpose of this policy is to ensure that all Optum clinical reviewers for Utilization Management and Credentialing are credentialed and recredentialled in accordance with Optum’s CRM Program and with URAC, NCQA and/or other regulatory, state or federal agencies.

### Scope

All Optum clinical reviewers that participate in the utilization management program and credentialing processes.

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### References

1. URAC. <http://www.urac.org/>
2. National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>

### Policy History/Revision Information

Date	Action/Description
1/31/2003	Original effective date
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
12/04/2006	Update and approval
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
7/15/2010	Policy statement updated to indicate reviewers' licenses are "unrestricted"
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review completed; no significant changes to the document
4/25/2019	Annual review completed; no significant changes to the document
4/23/2020	Annual review and approval completed; no significant changes made to the document

### Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [policy.inquiry@optumhealth.com](mailto:policy.inquiry@optumhealth.com) with the word "Policy" in the subject line.

The services described in Optum\* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

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