



# Utilization Management Policy

## Ensuring Appropriate Utilization

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Purpose.....	1		Current Approval Date:	4/23/20
Scope.....	1		Next Review:	4/2021
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### Policy Statement

- It is the policy of Optum\* by OptumHealth Care Solutions, LLC that utilization review decisions are based on appropriateness of care and existence of coverage.
- The staff members of Optum making these decisions are not rewarded for issuing adverse determinations.
- Optum does not offer incentives to physicians or other health care professionals to encourage inappropriate underutilization of care or services.
- Optum does not penalize or otherwise discourage providers from openly discussing treatment alternatives and medically appropriate care with patients.

### Purpose

To encourage appropriate utilization management decisions by supporting Optum's position that no financial incentives are provided in decision making.

### Scope

All in and out of network programs, involving all provider types, where utilization review determinations are required.

### References

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

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## Utilization Management Policy

### Policy History/Revision Information

Date	Action/Description
3/07/2001	Original effective date
9/20/2002	Annual review and approval completed
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/30/2010	Annual review and approval completed
9/30/2010	Policy statement revised to align with NCQA requirements
1/27/2011	Updated <i>Policy Statement</i> to be consistent with NCQA requirements
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 and approval completed
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review and approval completed; no significant changes made to the document
4/25/2019	Annual review and approval completed; no significant changes made 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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