



Program Description

OptumHealth Care Solutions, LLC (Optum) provides chiropractic, physical, occupational and speech therapy network access to UnitedHealthcare Life Insurance Company (UnitedHealthOne), Oxford Health Insurance, Inc. (UnitedHealthOne) and Golden Rule Insurance Company (Golden Rule) health plans.

Malpractice coverage of \$1,000,000 per incident and \$3,000,000 aggregate is required for participation.

Eligibility/Verification Options

Providers must verify member eligibility on the date services are provided. Eligibility can be verified by the following:

- ◆ www.myuhone.com/provider
- ◆ Provider Services: (800) 657-8205

Fee Schedule

Payment is subject to plan limitations and provider's scope of practice, up to the fee schedule maximum, per the Optum - UnitedHealthcare® Commercial and Medicare Fee Schedule.

Optum® Utilization Review/Clinical Submission

Compliance with the clinical submission process described in the Clinical Support Program section of the Provider Operations Manual (viewable at www.myoptumhealthphysicalhealth.com) is required*. Payment for services not covered by a valid clinical submission will be denied. A clinical submission consists of a completed Patient Summary Form (PSF). A new PSF will be required if treatment extends beyond an established clinical submission response.

1. *Clinical submission is only required for UnitedHealthcare Life Insurance Company (UnitedHealthOne) group #755870, Oxford Health Insurance, Inc. (UnitedHealthOne) #908410 and Golden Rule Insurance Company (Golden Rule) #902667.
2. Complete PSFs for:
 - ◆ New patients
 - ◆ Established patients that are new to Optum (PSF has not been previously sent).
 - ◆ Established patients suffering from a new injury or significant exacerbation.
 - ◆ Patients requiring care beyond the clinical submission response set for the patient.
3. Submit forms within 3 days but no later than 10 days.

Please direct questions about the clinical submission process to Optum at (888) 676-7768.

Claims Submission

Paper claims for this plan are submitted to:

PO Box 31374
Salt Lake City, UT 84131-0374
Fax (801) 478-7581

Submit electronic claims online at
Refer to back of members ID card.

Claims must be received within 1 year + 90 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

Claims Payment & Inquiry

For inquiries about the status of your claim contact Provider Services at: (800) 657-8205

Provider Status Changes

Submit demographic changes (including relocation and TIN changes) to one of the following:

Web

www.myoptumhealthphysicalhealth.com

Fax

(888) 626-1701

Mail

Optum Provider Data Mgmt.
PO Box 1459
MN103-0700
Minneapolis, MN 55440-1459



UnitedHealthcare Life Insurance Company (UnitedHealthOne®)
Golden Rule Insurance Company (Golden Rule®)
Program Effective Date: 07/01/2016
Oxford Health Insurance, Inc. (UnitedHealthOne)
Program Effective Date: 01/01/2017

Chiropractic/PT/OT Plan
Summary
Revised: 2016

Sample Member Identification Cards

UnitedHealthOne® Individual Health Plan
Health Plan (80840) 911-37602-08
Insured ID: 439005870 Group Number: 755870
Insured: PNBMS SCEYJ-GY
Payer ID: 37602
OPTUMRX®
Rx BIN: 610279
Rx PCN: 9999
Rx GRP: UGRI
PCP: FIBY ABD
PCP Phone: (864) 295-2308
Copay: Office: \$50
Specialist: \$150
Referrals Required
Effective Date: 01/01/2016
Underwritten by UnitedHealthcare Life Insurance Company

Issued: 10/27/2015
Referrals are required for certain services. Advanced Notification and Admission Notification requirements apply for UHC network providers.
For Insureds: www.MyUHOOne.com 800-657-8205
Notification: 800-999-3404
For Providers: www.MyUHOOne.com/provider 800-657-8205
CLAIMS: EDI #37602 UHCLIC PO Box 31374, Salt Lake City, UT 84131-0374
Referrals must be submitted electronically through the provider portal.
MultiPlan
W500
Pharmacy Help Desk: 855-816-6618
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903

UnitedHealthcare® Oxford Individual Health Plan
Health Plan (80840) 911-37602-08
Insured ID: 999999999 Group Number: 908410
Insured: PNBMS SCEYJ-GY
Payer ID: 37602
OPTUMRX®
Rx BIN: 610279
Rx PCN: 9999
Rx GRP: OXFRDHP
PCP: FIBY ABD
PCP Phone: (864) 295-2308
Ded: \$7150; Coins: 0%
Referrals Required
Effective Date: 01/01/2017
Underwritten by Oxford Health Insurance, Inc.

For emergencies, call 911 or your local rescue unit. Issued: 10/27/2015
Referrals are required for certain services. Advanced Notification and Admission Notification requirements apply for UHC network providers.
For Insureds: www.MyUHOOne.com 800-657-8205
Notification: 800-999-3404
For Providers: www.MyUHOOne.com/provider 800-657-8205
CLAIMS: EDI #37602 Oxford PO Box 31374, Salt Lake City, UT 84131-0374
Referrals must be submitted electronically through the provider portal.
MultiPlan
Pharmacy Help Desk: 855-816-6618
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903

Golden Rule® Individual Health Plan
A UnitedHealthcare Company
Health Plan (80840) 911-37602-08
Insured ID: 999999999 Group Number: 902667
Insured: John Doe
Dependents: Jenny Doe
Payer ID: 37602
OPTUMRX®
Rx BIN: 610279
Rx PCN: 9999
Rx GRP: UGRI
Deductibles Apply
Non-HMO
CO-DOI -3010
Effective Date: 01/01/2016
Underwritten by Golden Rule Insurance Company

Issued: 12/09/2015
Advanced Notification and Admission Notification requirements apply for UHC Network providers. Insureds must call for out-of-network services.
For Insureds: www.MyUHOOne.com 800-657-8205
Notification: 800-999-3404
For Providers: www.MyUHOOne.com/provider 800-657-8205
CLAIMS: EDI # 37602, GRI PO Box 31374, Salt Lake City, UT 84131-0374
MultiPlan
Pharmacy Help Desk: 855-816-6618
Pharmacy Claims: GRI PO Box 31374, Salt Lake City, UT 84131-0374