



# Utilization Management Policy

## Approval of Utilization Data

|                          |   |   |                          |            |
|--------------------------|---|---|--------------------------|------------|
| <b>Table of Contents</b> |   | <b>Related Policies</b>                         | <b>Policy Number</b>     | <b>331</b> |
| Policy Statement.....    | 1 | <a href="#">Utilization Management Overview</a> | Original Effective Date: | 2/2000     |
| Purpose.....             | 2 |   | Current Approval Date:   | 4/27/2023  |
| Scope.....               | 2 |   | Next Review:             | 4/2024     |
| References.....          | 2 |   | Category:                | Compliance |
| History.....             | 3 |   |                          |            |

### Policy Statement

Optum\* by OptumHealth Care Solutions, LLC Utilization Management (UM) data includes, but is not limited to:

- Annual Executive Summary
- Annual Utilization Management Evaluation
- Annual Claims Summary and Turnaround Times
- Annual Authorization Summary and Turnaround Times
- Annual Incoming Call Summary
- Annual Inter-rater Reliability Data
- Annual Report - Patient's Chief Complaint and Selected Complaint Categories
- Annual Report- Breakdown of CPT Coding
- Annual Report - Number of Patients by Age
- Annual Patient Demographics Report
- Annual Network Provider Listing
- Annual Program Description for UM, Quality Improvement (QI) and Credentialing/Risk Management (CRM)
- Quality Improvement Committee Annual Evaluation
- Quarterly Authorization Summary and Turnaround Times
- Quarterly Claim Summary and Turnaround Times
- Quarterly Incoming Call Summary
- Quarterly Provider Network Activity Summary
- Quarterly Appeals Data
- Quarterly Complaints
- Quarterly Denial File Report
- Patient Satisfaction Survey Instrument and Results
- Provider Satisfaction Survey Instrument and Results
- Optum Clinical Studies
- Optum Newsletters
- Optum Provider Report Forms

\*Optum™ Physical Health (“Optum”) includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.



## Utilization Management Policy

Utilization Data is reviewed and approved at multiple levels within Optum:

- Operations - By Supervisors, Managers and the Director of Operations
- Directors - At Executive Committee Meetings
- Utilization Management Committee
- Quality Improvement Committee

### Purpose

The purpose of this policy is to ensure that utilization data is reviewed and approved on a regular basis.

### Scope

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

### References

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

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### Policy History/Revision Information

| Date       | Action/Description  |
|------------|---|
| 2/23/2000  | Original effective date   |
| 3/07/2001  | Annual review and approval completed  |
| 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  |
| 4/08/2010  | Annual review and approval completed  |
| 10/26/2010 | Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"  |
| 4/07/2011  | Annual review and approval completed  |
| 4/19/2012  | Annual review completed   |
| 4/18/2013  | Annual review completed   |
| 4/17/2014  | Annual review 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 made to the document  |
| 4/25/2019  | Annual review completed; no significant changes made to the document  |
| 4/23/2020  | Annual review completed; no significant changes made to the document  |
| 4/22/2021  | Annual review completed; Added "Annual Utilization Management Evaluation" to policy statement; Deleted URAC from reference list   |
| 5/03/2022  | Annual review completed; Deleted "Board of Directors" from the list of utilization data reviewers and approvers   |
| 6/29/2022  | Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc. |
| 4/27/23    | Annual review and approval completed; no significant changes made to the document. Updated contact email from <a href="mailto:policy.inquiry@optumhealth.com">policy.inquiry@optumhealth.com</a> to <a href="mailto:phpolicy_inquiry@optum.com">phpolicy_inquiry@optum.com</a> .  |

### Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [phpolicy\\_inquiry@optum.com](mailto:phpolicy_inquiry@optum.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

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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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