



Utilization Management Policy

Confidential Information

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Policy Statement.....	None	Original Effective Date:	1/1997
Purpose.....		Current Approval Date:	4/27/2023
Scope.....		Next Review:	4/2024
Definitions.....		Category:	Compliance
Description.....			
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Policy Statement

All information exchanged in relation to Optum* by OptumHealth Care Solutions, LLC business must be on a “need-to-know” basis. Optum staff will be responsible and accountable for the information exchanged in order for them to complete their job responsibilities. Written confidential information will not be released without prior approval from the Chief Clinical Officer or President or Vice President.

All Optum staff must understand that they have an ethical and legal responsibility to maintain information regarding patients in strictest confidence. All patient information will be kept confidential in accordance with applicable federal and state laws.

Protected Health Information (PHI) is used solely for the purpose of Quality Improvement/Quality Management and Utilization Management and is shared only with those employees of Optum who need to use it in order to complete the processes of their specific job responsibilities (utilization management and review).

PHI shall be defined as information submitted by a covered person or an enrollee of a health plan, or by a representative of the covered person, or by the covered person’s treating doctor for whom benefits are being requested. PHI information includes patient name, address, date of birth, sex, Social Security Number (SSN), Plan ID number, enrollee information, treating provider information, diagnosis, treatment information, and clinical information.

Requests from individuals for PHI will be processed and provided in accordance with applicable state laws and Health Insurance Portability and Accountability Act (HIPAA) regulations. PHI will not be disclosed or published without the written consent of the individual or as otherwise required by law. Such reference must be dated and contain the signature of the individual who is the subject of the personal or confidential information requested and must have been obtained one year or less prior to the date of the disclosure.

Confidential information that is released upon approval must be marked “confidential”. Documentation of information released must be maintained and must include: the information that was provided, to whom, for what purpose and who approved the release. The material or release must be dated.

*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.



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Provider-specific information, that is information wherein a provider's name and professional status and title are stated, is not disclosed to the general public or to entities outside of Optum except as required to administer the Plan. Such disclosure requires prior written notice to the health care provider. Provider-specific information is treated as confidential information and shared within Optum on a need to know basis only within utilization management and quality management and credentialing. The release of any provider-specific data will be in compliance with applicable state and federal laws.

Any exceptions to this policy must be reviewed on a case-by-case basis with written approval from the Chief Clinical Officer, President or Vice President prior to execution of the request.

Purpose

The purpose of the confidentiality policy is to define for all departments, employees and committees of Optum those types of documents and information which shall be considered confidential. Information deemed confidential will not be shared or released by any Optum employee without the expressed written consent of the President, Vice President, Chief Clinical Officer, or Senior Director.

Scope

All Optum departments, employees, and committees, who may have access to confidential information during the course of meeting job requirements.

Definitions

Confidential information is defined as non-public, proprietary information and it falls into the following categories: business practices, financial information, network contracts and provider information, health plan information and member/patient information.

Protected Health Information (PHI) shall be defined as information submitted by a covered person or an enrollee of a health plan, or by a representative of the covered person, or by the covered person's treating doctor for whom benefits are being requested. PHI information includes patient name, address, date of birth, sex, SSN, Plan ID number, enrollee information, treating provider information, diagnosis, treatment information, and clinical information.

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Description

All documents and information listed below, for which Optum staff may have access, are considered confidential and may not be shared with anyone outside of Optum unless an authorization for release of information is obtained from the Chief Clinical Officer, President or Vice President.

Confidential Business Practices:

- Information relating to business practices, including pricing, development and marketing strategies.
- Proprietary information systems that include both developed and purchased software and/or data.
- Optum standards (credentialing and utilization management) and clinical protocols, except for network chiropractors in relation to their own patients; and/or for reviewing support clinicians, who provide UM services.
- Committee meeting minutes
- Clinical guidelines not publicly released
- Optum network outcomes and utilization information

Confidential Financial Information:

- Non-public information regarding the organization's financial position, financial forecasts and projections
- Information is considered public when it has been filed with state or federal regulators, or in Optum approved informational releases

Network Contract and Provider Information

- Network outcomes, network utilization and provider practice patterns
- Contractual relationships with providers
- Provider-specific negotiated rates and fee schedules
- Provider credentials and history
- Provider utilization date
- Provider alert information
- Provider reimbursement information
- Provider corrective action agreements

Health Plan information

- Relationships with customers and health plans
- Health plan information not publicly released, unless approved by the health plan
- Customer information not publicly released

Member/Patient Information (Protected Health Information – PHI)

- Patient clinical information of any nature
- Patient demographic information

Optum will adhere to UnitedHealth Group corporate policies and procedures for confidentiality, security and privacy.

References

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

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2. Health Information Privacy. *U.S. Department of Health & Human Services*. Accessed: February 2023
<http://www.hhs.gov/ocr/privacy/index.html>

Policy History/Revision Information

Date	Action/Description
1/12/1997	Original effective date
3/24/1998	Annual review and approval completed
1/28/1999	Annual review and approval completed
2/23/2000	Annual review and approval completed
3/07/2001	Annual review and approval completed
9/04/2001	Update and approval
9/20/2002	Annual review and approval completed
1/31/2003	Update and approval
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
1/20/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
7/15/2010	Policy <i>Description</i> updated to confirm adherence to related UHG corporate policies and procedures
10/26/2010	Policy rebranded to "Optum Care Solutions, Inc. (Optum)"
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
4/22/2021	Annual review and approval completed; Removed URAC from the reference list
5/03/2022	Annual review and approval completed; Added "Senior Director" to list in Purpose section
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 policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com .

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to:
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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