



Utilization Management Policy

Nonclinical Administrative Staff within the Utilization Review Process

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Policy Statement

Optum* by OptumHealth Care Solutions, LLC administrative non-clinical staff does not make clinical decisions in the Utilization Management (UM) process. Use of Optum’s administrative staff is limited to the data-transfer of information, both non-clinical and structured clinical data from the forms submitted by the treating provider. This information is transferred into Optum’s computer system and includes the data elements of patient name, address, date of birth, sex, SSN, Plan ID number, enrollee information, treating provider information, diagnosis, treatment information and clinical information. Non-clinical staff is responsible for the application of administrative guidelines (e.g., timely submission) and eligibility for plan benefits. Licensed healthcare professionals are available to non-clinical staff.

Purpose

The purpose of this policy is to define the use of non-clinical administrative staff within the utilization review process.

Scope

All in and out of network programs, involving all provider types, where the submission of clinical information is a requirement.

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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
1/28/1999	Original effective date
2/23/2000	Annual review and approval completed
3/07/2001	Annual review and approval completed
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
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review completed
7/15/2010	Policy statement updated to include availability of clinical reviewers to non-clinical staff
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review 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 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 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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