



Utilization Management Policy

Data Collection and Data Elements

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Policy Statement

Optum* by OptumHealth Care Solutions, LLC uses standard report forms specifically for submission of patient and clinical information by treating health care providers and members.

Optum collects only the information from health care providers and patients necessary for the review process.

Purpose

The purpose of this policy is to define the data elements Optum uses in conducting utilization management processes i.e., utilization review and/or notification programs.

Scope

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

Description

The standardized forms are identified as:

- Patient Summary Form
- Back Index
- Neck Index
- STarT Back Screening Tool (SBST)
- Disabilities of the Arm, Shoulder, and Hand (DASH)
- Lower Extremity Functional Scale (LEFS)
- Optum Fax Cover Sheet

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The data collected include the following elements:

1. Patient Information
 - Name
 - Address
 - Date of Birth
 - Sex
 - Social Security Number or Patient ID Number
 - Plan ID Number
 - Referral information if applicable

2. Enrollee Information
 - Name
 - Address
 - Social Security Number of Employee ID Number
 - Relationship to Patient
 - Employer
 - Health Benefit Plan/Group Number
 - Other Coverage Available (Workers' Compensation, Auto, CHAMPUS, Medicare, Other)

3. Attending Physician/Health Care Provider Information
 - Name
 - Address
 - Telephone/Facsimile Numbers
 - Degree
 - Specialty/Certification Status
 - Tax ID or other ID Number

4. Diagnosis/Treatment Information
 - Primary Diagnosis
 - Secondary Diagnosis
 - Tertiary Diagnosis
 - Multiaxial Diagnosis

5. Clinical Information
 - Sufficient for support of appropriateness and level of service proposed
 - Does not represent a duplication of previously submitted documentation
 - Contact person for detailed clinical information

6. Facility Information
 - Type (such as inpatient, outpatient, special unit, SNF, rehabilitation, office/clinic, home health agency)
 - Status (licensure/certification status and DRG exempt status, as needed)
 - Name
 - Address
 - Telephone/Facsimile Number
 - Tax ID Number or Other ID Number



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References

1. URAC. <http://www.urac.org/>
2. National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>
3. Optum website: <https://www.myoptumhealthphysicalhealth.com/>

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
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
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; Added the STarT Back Screening Tool to the Description section
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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