OptumHealth Managed Infertility Program

Provider Operations Guide
OptumHealth’s mission is to address disparity in care and outcomes by providing member access to top quality providers. By contracting with network providers, OptumHealth is able to reduce costs through superior results for our members.

The OptumHealth Managed Infertility Program (MIP) reduces infertility treatment costs and decreases Neonatal Intensive Care Unit (NICU) costs by utilizing contractual, medical and pharmaceutical savings. MIP also provides member access to experienced infertility nurse case managers. The nurse guides the patient through the complex infertility journey. Once a patient works with one of the nurse case managers, they will be able to contact that nurse directly for the remainder of their treatment period.

The purpose of this guide is to provide you with an ongoing reference tool that includes important information regarding operational processes for the OptumHealth Managed Infertility Program (MIP).

**MIP Overview**
OptumHealth Care Solutions-Complex Medical Conditions is a specialized care services division within UnitedHealth Group, one of the largest health insurers in the nation. Complex Medical Conditions (CMC) provides access to clinically superior, cost-effective health care for complex medical conditions. The CMC transplant network has been in existence since 1986, and has since added networks focused on complex cancer, congenital heart disease, infertility, kidney disease, neonatal intensive care and bariatric services.
Network Relations
Upon notification of a new health care provider agreement, a Network Relations Representative will be assigned to your infertility center. This person will call your operations contact to begin the contract implementation process. In general, this call will consist of the following:

- Overview of MIP
- Collection of basic information about your infertility center
- Scheduling of training sessions with your clinical and billing staff
- Outline of subsequent steps in the implementation process

Questions your infertility center may have during the time period surrounding the implementation of a new or amended agreement should be directed to your designated Network Relations Representative.

The request for information (RFI) enables OptumHealth to gather detailed, program-specific operational information. The RFI will enable the center to communicate to members about the transition of the program. If requested, MIP can partner with your center to communicate to members about the new program.

Contract Implementation
Upon signature, MIP will enter the terms and provisions of your contract into its systems. Typically, this process is completed without additional input from your infertility center based on timely submission of the RFI. However, if the RFI has not been returned, the assigned Network Relations Representative will contact you to obtain the information needed to add your contract to MIP’s systems. Our goal is to create and implement a productive working relationship with our preferred providers. Having accurate, complete and timely information can assist in this process.

Contract Coverage
Your new contract with OptumHealth will cover all infertility-related services. A cycle is defined as ovarian stimulation through the first pregnancy test. All other non-fertility-related procedures such as pregnancy monitoring and endometriosis will be covered under your existing payer contract.

There will be no change to the current payer’s administrative policies and benefits available to the patient.

Member Transition
Patients that are cycling during the transition of the program will finish any cycle started with your current payer. The next cycle will be administered by OptumHealth. Any benefits used under your payer will be accumulated and applied to the lifetime maximum.

If requested, MIP can partner with your center to communicate to members about the new program.

MIP member referrals are communicated to our contracted infertility centers via the Notification Form (NF). The NF should be received prior to the member’s first visit to your infertility center and is used to provide your staff with key information about a member who has been referred for infertility treatments.

The MIP NF is our organization’s form of a member identification card. This informs the center that a member will be accessing the MIP contract with the effective date of the member’s case. This form has the claims mailing address and the Case Manager assigned to manage the case. Once your center receives an NF, you are able to begin the evaluation and diagnosis phase of treatment and submit the related claims to MIP for payment per your contract language.

Distribution of the information from the NF should occur as indicated below:

- Clinical staff should be given the contact name and phone number of the case manager. This information is used to obtain authorization for care and to provide updates on member status.
- Billing and administrative staff are notified by the NF that claims are to be sent directly to MIP.

Additionally, we recommend that you flag the patient in your administrative system so that they are identified as an MIP member. This will help ensure that infertility claims are submitted to MIP.

Reminder: It is your organization’s responsibility to verify member benefits with the infertility case manager at the beginning of the case.

**Notification Form**

The NF is completed by MIP case manager. A member record is created within our systems based on the information provided on the NF. The NF is then forwarded to your designated contacts at your infertility center.
The Patient Treatment Plan enables the MIP team to understand the results of the evaluation and diagnostic phase and review requests for treatment of infertility conditions, including pre-certification of services.

Pre-certification is required for reimbursement for most infertility services. Please refer to the CPT code list on the provider website.

Once the Patient Treatment Plan has been reviewed by the MIP team, an authorization is entered in the system.

The Patient Treatment Plan will be returned to your facility with an Auth/Ref # and an expiration date. This reference number is used by Optum to verify pre-certification of services and process submitted claims.

Services must be initiated before the Treatment Plan expiration date. This authorization is valid only until the cycle is completed. If a cycle is not started within 90 days of the authorization, the authorization becomes invalid and a new Patient Treatment Plan must be submitted for review and authorization.

If you are using a case rate, check the appropriate treatment type box on page 1, and then complete the diagnosis section on page 2. If performing services not included in a case rate, fill out the diagnosis and the procedure sections of the form on page 2.

The Patient Treatment Plan may be submitted as follows:
Fax: 855-536-0491
Ph: 877-512-9340
Email: MIP@optum.com

Please ensure that all pertinent clinical information is attached.
Claims Submission

Claims must be sent to the MIP claims team for payment. All claims submitted are priced based on the MIP agreements and member setup information from the Notification Form. Therefore, it is important that planned services be verified on the Notification Form for accuracy prior to claims submission.

Where to Submit Claims
All claims filed on both UB04 and CMS1500 claims must be forwarded to OptumHealth as indicated below:

- **Preferred method of claims submission:** Electronic Claims Payer ID #41194
- **Paper Claims Address:**
  - OptumHealth
  - PO Box 30758
  - Salt Lake City, UT 84130
- **Emergency/Overnight Claims Submission**
  - LASON – SCS RMO
  - Salt Lake City, UT 84130
  - PO Box 30758
  - OptumHealth

How and When to Submit Claims
Claims should be filed electronically or on paper in an 837 HIPAA compliant format on standard UB04 and HCFA1500 claims forms and completed using industry standard coding.

Timely Filing
Your infertility center agreement contains a claim filing deadline (typically 90 days). Please consult your agreement for the timely filing deadline for your infertility center. MIP, at their discretion, may elect to not accept claims that are submitted after the timely filing deadline.

Proof of timely filing will consist of the confirmation of the electronic claims from your claims processing vendor. Claims only need to be filed once if done electronically.

Claims Reprocessing
If the provider feels claims are mispriced or not paid correctly, they should contact the health center for resolution.

Claims that are closed or sent back to the Health Care Provider
Occasionally MIP will close claims submitted by health care providers and accepted into our system. Reasons for claims closure include:
- Duplicate claims
- Missing or invalid data
- Claim submission by an unaffiliated provider
- Claims dates of service that do not fall into the eligibility period for the member
- Claims dates of service that do not follow the submitted treatment plan
- Claims dates of service that do not conform to member benefits

Some claims are rejected before entry into our system because the member’s name, date of birth or the provider’s tax identification number does not match information set up for the member’s case or the infertility center.

Claims Pricing and Payment Process

**Process Overview and Guidelines**

- **MIP** pays claims received from your infertility center based on your specific OptumHealth agreement.
- **MIP** applies patient benefits to the priced claim amount and determines which services are eligible for reimbursement. Member responsibility amounts such as co-payments, coinsurance and deductibles are applied.
- Your infertility center may bill the member for any amounts that are the responsibility of the member. These amounts will be shown as member responsibility on the explanation of benefits/health care provider remittance advice.
- Denials and appeals will be handled by the current payer as they are today, but the recommendation for clinical denial will come from an OptumHealth Reproductive Endocrinologist Medical Director. There will be a peer-to-peer discussion before a clinical denial is recommended.

### Claims Submission

<table>
<thead>
<tr>
<th>What happens to claims upon submission to MIP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims submitted to MIP follow a defined process that allows for timely and accurate pricing and payment:</td>
</tr>
<tr>
<td><strong>Clai</strong>m <strong>I</strong>ntake and Pricing <strong>P</strong>rocess <strong>F</strong>low</td>
</tr>
<tr>
<td><strong>Health Care Provider</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
| Policy generated: 
  - CMS 1500
  - UB 04 |
| Pricing claims |
| Quality audits (High dollar unrelated/review) |
| Priced claims |
| Claims paid |
| Provider receives payment |
| **Health Care Provider** |

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**Claim status process**

Claims inquiries can be submitted to MIP if payment has not been received within 45 days of services rendered. Inquiries are tracked by the Network Relations team. Please status claims by emailing cmc.customer.service@optumhealth.com. An inquiry number will be sent to you within 24 hours.

Your Network Relations Representative will provide regular status updates on the resolution of your request. The frequency of these updates will vary depending on the number of cases, claims and payer(s) included in the request.

**Coordination of Benefits (COB)**

Coordination of benefits for members with multiple sources of coverage can be a challenge. The following chart provides guidelines at a high level. Detailed COB questions should be addressed to your customer service team.

**Denials and appeals**

Denials and appeals will be handled by the current payer as they are today, but the recommendation for clinical denial will come from an OptumHealth Reproductive Endocrinologist Medical Director. There will be a peer-to-peer discussion before a clinical denial is recommended.
OptumHealth Managed Infertility Program

Customer Service Contact Guide

If your infertility center has questions about working with MIP, please refer to the table below for contact information. If you encounter an issue that is not listed below, please contact our customer service team at:

(877) 801-3507 — Prompt 3: Health Care Professional
cmc.customer.service@optumhealth.com

MANAGED INFERTILITY PROGRAM NOTIFICATION FORM

Date: 09/01/2011
Please submit all claims to OptumHealth as of this date

NOTE: If the Case Effective Date entered above indicates a date of 09/09/2099, all claims should be sent directly to the patient's insurance until the actual evaluation date is known. The OptumHealth contracted medical center is responsible for submission of an actual case effective date using the Active Patient Report on the website.

PATIENT INFORMATION

Name: Test Last, Test First
Date of Birth: 09/25/1955
Member #: 999999999
Phone: 999-999-9999
Address: 1235 my road, my town, IL 60517
Patient Coverage Effective Date: 01/01/2010
Patient Eligibility/Benefits Phone: 999-999-9999

Upon receipt of the Notification Form, and before providing non-emergency health services to a member, facility/requesting Provider will verify Member’s eligibility for health services under a benefit plan. Facility/requesting Provider are responsible for verifying Members’ continued eligibility for health services. OptumHealth Managed Infertility Program is responsible for determining Member eligibility for health services, authorization for services or interpretation of benefit contracts.

This Notification Form does not provide certification/authorization for services. Separate requests via phone and/or treatment plan are required for certification/authorization for services based on members benefit plan.

NOTICE OF CONFIDENTIALITY: This information is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use by persons or entities other than the intended party is prohibited.

OptumHealth

OPTUMHealth™
Electronic Payer ID 41194
Dr. Use: OptumHealth
PO Box 30758
Salt Lake City, UT 84130

MANAGED INFERTILITY PROGRAM NOTIFICATION FORM

Date:
Client Name: Oracle Corporation
Clinic Name: Fertility Center
Contracted Program Type: Managed Infertility Program
Case Manager: listed, none
Address: ,
Primary Fax: Primary Phone: 999-999-9999

Case Effective Date: 09/01/2011

NOTE: If the Case Effective Date entered above indicates a date of 09/09/2099, all claims should be sent directly to the patient's insurance until the actual evaluation date is known. The OptumHealth contracted medical center is responsible for submission of an actual case effective date using the Active Patient Report on the website.

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OPTUMHealth Managed Infertility Program

**Diagnosis**

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<tr>
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<th>Costs</th>
<th>Miscellaneous</th>
<th>Other Situations</th>
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**Treatment Plan**

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**In Vitro Fertilization**

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**PLEASE NOTE THAT ALL PRESCRIBED CLINICAL INFORMATION IS ATTACHED.**

Screening is indicated within 90 days of the authorization. The authorization is valid only for the cycle documented. If a cycle is not started within 90 days of the authorization, the authorization becomes invalid until a new Fertility Treatment Plan must be submitted for review and authorization. Please note all procedures and testing are subject to benefit review and coverage.

For more information, call 800-528-3691 or email MIP@optum.com.
Logging into myoptumhealthcomplexmedical.com

Logging into the OptumHealth site is easy!
Simply enter your username and password in the fields provided

www.myoptumhealthcomplexmedical.com

Requesting Access to myoptumhealthcomplexmedical.com

• Requesting access to the site is simple – click the link noted as “Request Access”

Requesting Access to myoptumhealthcomplexmedical.com

• On the Username and Password Request page, select the type of user (Health Care Provider) to access the appropriate web form

• Complete the Access Request form – Access information is e-mailed in 24-48 hours
Patient Search
- Search for active patients by patient name or case effective dates

Active Case List
- Displays all active patients
- Search options: by patient name, program type, group name, and/or status
- Option to export to Excel

Manage Claims – Patient List
- Located under Manage Claims Menu > Patient List
- Displays all patients with claims
- Select Patient Name link to access the Patient Claims List
- Option to search/filter by patient name and/or status
- Option to export to Excel and PDF files

Manage Claims – Patient Claims List
- Patient Claims List displays the list of claims for the patient
  - Displays the patient's case dates at the top of the page
  - View the claims OptumHealth has received from your organization and affiliated providers
  - View billed charges and repriced amounts
  - Search by dates of service
  - Link to claim line item details and rejected claims
  - Option to Export to Excel or PDF