

Optum Complex Medical Conditions Operations Guide



Transplant Resource Services

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Operations Guide overview

Optum™ provides this guide to its partners to help them better understand our operational processes. We hope that you find it to be a valuable reference tool.

Health care provider onboarding process

As contracts are negotiated between your medical center and Optum, information is gathered that facilitates the onboarding process.

Onboarding activities include:

- The Clinical Sciences Institute (CSI) Centers of Excellence network qualification process.
- An initial overview session between your Optum Network Relations Representative and designated representatives from your medical center to learn about your processes and medical center structure.
- A request for information (RFI) to gather important contact and operational information about your programs.

Clinical Sciences Institute Centers of Excellence Network qualification process

The Optum Clinical Sciences Institute conducts an initial qualification process for all new transplant facilities and programs. This process determines if your medical center qualifies to be included in the Optum Transplant Centers of Excellence (COE) network.

Additionally, Optum requires all COE-participating programs complete a survey on an annual basis. This process helps ensure that our customers have access to only those programs that demonstrate continued clinical excellence in their field.

Critical health care provider information is captured from both the annual surveys and the RFI processes as a way to provide accurate and current information to our payer customers and patients about your programs. It is important that you complete all information requests in a timely manner to help ensure payers receive the most current information.

Network relations

The Network Relations Team is your main operational contact for all Optum Transplant Centers of Excellence and Transplant Access Program medical centers. Your medical center will be assigned a Network Relations Representative during the implementation process.

The responsibilities of the Network Relations Team include:

1. Health care provider training and onboarding
2. Contract interpretation
3. Operational issues
4. Escalated claims pricing and payment issues

Overview of health care provider implementation activities

Upon notification of a new health care provider agreement, a Network Relations Representative will be assigned to your medical center. This person will call your operations contact to begin the contract implementation process. This call will occur approximately 30–45 days prior to execution of the agreement.

In general, this call will consist of the following:

- An overview of the Optum Transplant Centers of Excellence network
- A collection of basic information about your medical center
- Scheduling of training sessions with your clinical and billing staff
- An outline of subsequent steps in the implementation process

The Optum health care provider RFI

The request for information (RFI) enables Optum to gather detailed, program-specific operational information. Your Network Relations Representative will forward an RFI to your medical center following the overview call.

Timely completion of the RFI is imperative to ensure that we can effectively enter your programs into the Optum systems and market your medical center to our payer customers and patients. If your RFI is late or we do not receive it, it may impact patient referral as well as claims processing and payment.

When your medical center experiences updates to pertinent information, including contacts, addresses, telephone numbers or websites, it is critical that you notify Optum so that information stays current on all Optum systems (websites, claims payment, marketing materials, etc.).

Contract implementation

Upon signature, Optum enters the terms and provisions of your contract into our systems. Typically, this process is completed without additional input from your medical center, based on timely submission of the RFI. If you have not sent us your RFI, the assigned Network Relations Representative will contact you to obtain the information needed to add your contract to the Optum systems.

Health care provider training

Concurrent with the execution of a new agreement, training is scheduled with clinical and billing staff at your medical center. All processes and tools provided by Optum and referenced in this guide are discussed during these training sessions.

Health care provider onboarding

Following the execution of a new agreement or amendment, the Network Relations Representative works with the main operations contact at your medical center to help ensure that all aspects of the relationship with Optum are functioning smoothly. The onboarding phase of the implementation process ends when operations are established to the mutual satisfaction of all parties (operational contact at your medical center, Optum Network Relations Representative and Network Relations Supervisor). Once the onboarding period has ended, service responsibilities between your medical center and Optum resides with the Customer Service and Network Relations Teams.

Customer Service contact guide

If your medical center has questions about working with Optum, please refer to the contact information in the table below.

877-801-3507

cmc.customer.service@optum.com

Your inquiry will be directed to the appropriate area for resolution.

Topic/Issue	Relevant resource	Contact information
Questions about information on a Notification Form (NF) or to obtain a copy of an NF	Network Relations	877-801-3507 cmc.customer.service@optum.com
We have not yet received an NF for a patient who is currently being seen at our medical center	Customer Service	877-801-3507 cmc.customer.service@optum.com
Clinical date management/entry	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Patients
What is the status of a claim submitted by my organization?	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Claims Review Claims Status Inquiry process online
Question about how a claim has been priced	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Claims Review Claims Status Inquiry process online
Payment status for UnitedHealthcare® patients	Provider website	www.unitedhealthcareonline.com
How was a transplant case reconciled?	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Claims
Questions concerning closed cases	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Patients or Manage Claims
Questions concerning cases accessing Phase 5	Provider website	www.myoptumhealthcomplexmedical.com/provider > Manage Patients
Questions about patient eligibility, inpatient preadmission or patient benefit information	Payer Case Manager	See case manager contact information on NF
Administrative issues on a transplant case requiring special coordination between the health care provider and Optum	Network Relations	877-801-3507 cmc.customer.service@optum.com
Contract interpretation	Network Relations	877-801-3507 cmc.customer.service@optum.com
Contract negotiation	Network Development	Ask for your designated OptumHealth Contracting Representative
Request for training	Network Relations	877-801-3507 cmc.customer.service@optum.com
Questions about EDI claims submission	EDI Manager	877-801-3507 cmc.customer.service@optum.com
Questions on the annual survey or the Clinical Sciences Institute qualifying process	Client Sciences Institute	877-801-3507 cmc.customer.service@optum.com

Payer client procedures

As described in your Optum Agreement, Optum payer clients may have procedures that providers must follow, such as prior authorization and eligibility verification. Please contact the member's primary payer to obtain such procedures, or you may refer to any existing procedure documentation that your organization has from the member's primary payer. For example, your organization may have the UnitedHealthcare Provider Administrative Guide that it follows for UnitedHealthcare membership.

UnitedHealthcare® Administrative Guide

An example of the UnitedHealthcare Administrative Guide is below. Please review this guide for specific procedures regarding Optum patients. Additional information about UnitedHealthcare is available online at: www.unitedhealthcareonline.com.



UnitedHealthcare Administrative Guide

Provider participation rules: Transplant Centers of Excellence network

Health care providers participating in the Optum Transplant Centers of Excellence (COE) network must abide by all provisions below. Failure to adhere to any provision will result in exclusion from the Transplant COE network.

Criteria

Optum, in conjunction with a multi-disciplinary panel of specialty physicians, develops its proprietary criteria upon which you are evaluated for inclusion in the Optum Transplant Centers of Excellence network. The evaluation criteria are reviewed and updated periodically in response to emerging clinical data, medical techniques and technologies. The Optum Clinical Sciences Institute (CSI) department performs the provider evaluations on an initial and annual basis. You will be evaluated against the following minimum benchmark criteria:

- Volume of procedures
- Outcomes – patient and graft survival rates
- Medicare certification
- Maintenance of minimum malpractice insurance
- Credentialing by United Health Networks
- The Joint Commission Accreditation (unless prohibited by state law)
- Minimum number of physicians, specialty physicians and beds
- Patient education and management
- Clinical research and publications

For additional information on the review process, please refer to the section titled “The Optum Annual Survey Process” on the following page.

Compliance with the Optum Operations Guide

You must comply with all provisions located in the Optum Operations Guide herein. These may include, but are not limited, to the following topics:

- Eligibility, Coverage, Prior Approval/Authorization Inquiries – Optum or Optum client’s directions should be followed for verifying a prospective patient’s eligibility and level of coverage. You may also be required to request prior approval/authorization on a prospective patient’s behalf for services.
- Standards of Practice Guidelines – Optum, along with a panel of multidisciplinary/ specialty physicians, may set standards of practice guidelines for transplants and transplant-related treatment of Optum members or Optum client’s members.
- Claims – The Optum Operations Guide herein contains information for proper claims submission. You need to fill out all applicable forms and fields before Optum will process the claims.
- Utilization Review – Optum guidelines should be followed when providing Optum with a utilization review and the appropriate information to allow Optum to perform its own utilization review of a member’s inpatient stay.

Consultation

Please consult the Optum CSI team at clinical.science@optum.com regarding the Optum Network Qualification process, including any survey and criteria questions you may have.

Mutually acceptable rates and terms

You and Optum must agree to mutually acceptable rates and terms in the Transplant Services Agreement for your inclusion in the Optum Transplant Centers of Excellence network. As detailed in the Transplant Services Agreement, you are reimbursed on a fee-for-service basis with no withholds or bonuses.

The Optum annual survey process

As a participating provider in the Optum Transplant Centers of Excellence network, CSI will send you a survey to complete annually. Health care providers are given a minimum of 30 days to complete and return the survey. Survey data will be evaluated and compared to proprietary criteria by CSI, medical professionals and other Optum staff. Programs that meet the Optum network criteria will be represented in the Optum Transplant Centers of Excellence network. Programs that do not meet Optum criteria are subject to a change in network status. After review of the survey data, Optum will notify your program regarding the following decisions:

- Continuation as a COE
- Increase in network status
- Decrease in network status
- Removal from the Optum Transplant COE network

Appeal process

Your program may appeal a decision by Optum to change your program's network status under certain circumstances. Optum will send you a letter notifying you of your program's removal from the Optum Transplant Centers of Excellence network. The letter will include the reason for the change in network status and will let you know the appeal rights that apply to the decision. Please note that not all adverse decisions are subject to appeal. It is important that you follow the process outlined in the letter.

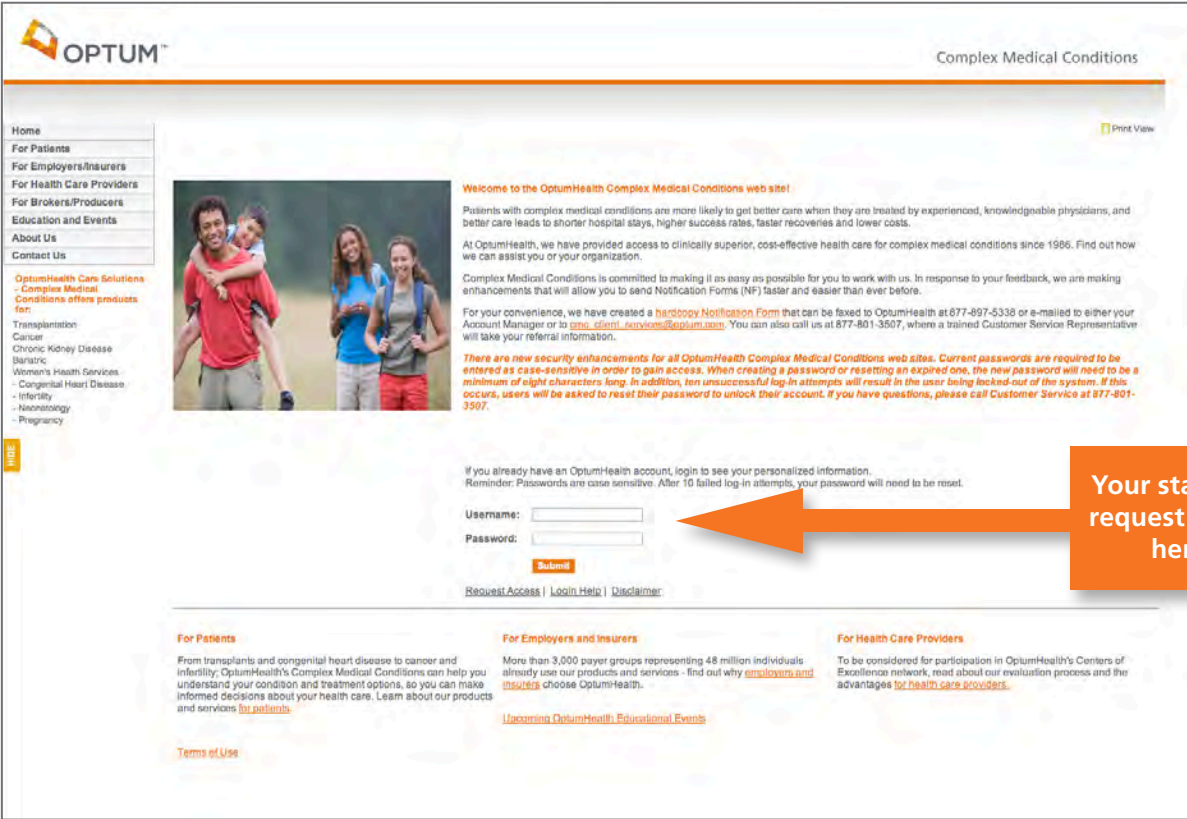


Provider website

Optum has developed a secure website to specifically address the needs of our contracted facilities. The website provides access to important information about your active and closed cases, clinical dates and claims information. The website address is: www.myoptumhealthcomplexmedical.com/provider.

How to request access

Staff members at your medical center can request access to the site by clicking on the link entitled "Request Access" on the home page www.myoptumhealthcomplexmedical.com/provider. Users are required to complete an online form requesting demographic and role-based information before access is granted to the site. Optum grants access to affiliated providers upon agreements from the medical center managed care contact approval. A detailed explanation of processes and procedures for each area of the site is provided in Appendix A of this document.



www.myoptumhealthcomplexmedical.com/provider – Login Page

Notification Form

Importance of the Notification Form

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

We suggest that distribution of this information occur as indicated below:

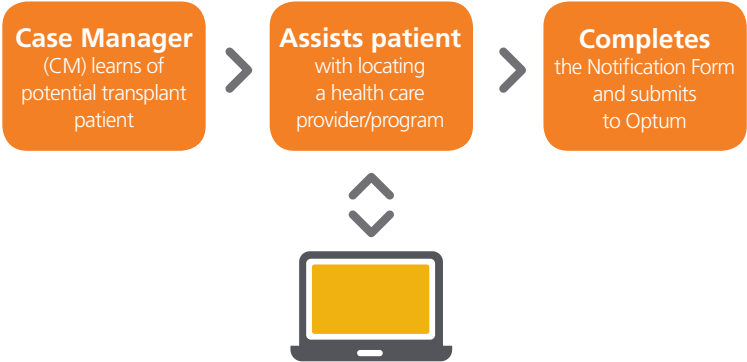
- Clinical staff should be given the contact name and telephone number of the payer case manager. This information is used to obtain authorization for care and to provide updates on member status.
- Billing and administrative staff are notified by the NF that claims are to be sent directly to Optum.
- Your facility is responsible for forwarding the NF sent to any affiliated entities or contacting your affiliates to provide the Optum case effective date and Optum billing address.

Additionally, we recommend that your administrative system be flagged so that the member is identified as an Optum member. This will help ensure that transplant-related claims are submitted to Optum.

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

NF process

The NF is completed by an Optum clinical manager, or by an Optum client, and sent to Optum. A member record is created within our systems based on the information provided on the NF. The NF is then forwarded to designated contacts at your medical center. (This contact information is collected within the health care provider RFI.)



<p>Process Flow for TRS Notification Form. In some cases, there may be a 24-hour delay between your receipt of the NF and the new case appearing on the provider website.</p>	<p>Uses Optum site www.myoptumhealthcomplexmedical.com to review Health Care Provider & Program options, including:</p> <ul style="list-style-type: none"> • Survival/volumes data • Benefit differentials for Optum COE
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TRS Notification Form



All hospital and physician billing should be forwarded to:
Optum
PO Box 30758
Salt Lake City, UT 84130
Or use Electronic Payer ID 41194

TRANSPLANT RESOURCE SERVICES NOTIFICATION FORM

Date:
Client Name: *Phase V:
Medical Center: COB:
Contracted Program
Type:
Case Manager:
Address:
Primary Fax: Primary Phone:

Case Effective Date: Please submit all claims to Optum as of this date

NOTE: If the Case Effective Date entered above indicates a date of 00/00/2000, all claims should be sent directly to the patient's insurance until the actual evaluation date is known. The Optum contracted medical center is responsible for submission of an actual case effective date using the Active Patient Report on the website.
* Phase V is subject to change prior to the end of the transplant period. If a change occurs the provider will be notified.

PATIENT INFORMATION

Name: Date of Birth:
Member #: Phone:
Medicare #: State Medicaid ID:
Address:

Patient Coverage Effective Date: Capitated Member:
Patient Eligibility/Benefits Phone: Primary Medical Group:

** The Primary Medical Group Indicated has the risk for non-transplant related services for this patient. Providers should obtain authorization and submit claims to this entity for these services

Please remember:
Upon receipt of the Notification Form, and before providing non-emergency health services to a member, Medical Center will contact Payer to verify Member's eligibility for health services under a benefit plan. Medical Center is responsible for verifying Member's continued eligibility for health services. Optum is not responsible for determining Member eligibility for health services, authorization for services, or interpretation of benefit contracts.
Medical Center is responsible for providing client, upon the Member's acceptance of listing with UNOS, with documentation that shows the Member meets the Medical Center's transplant selection criteria.
Client Case Manager is responsible for notifying Medical Center of their request that clinical correspondence be copied to the case manager, primary physician and/or referring physician. Client Case Manager is responsible for coordination of patient care.
The health services described on this Notification Form fall within the terms of the participation agreement between Optum and Medical Center as named above. Client, through its agreement with Optum has access to the rates described in that participation agreement.

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.

TRSTAPEC-012307

Locating the Payer Case Manager on the NF

Payer Case Manager contact information is provided on the Transplant Notification Form sent to the health care provider for each patient. This information is located in the upper-third of the form.

Communication with the Payer Case Manager

Payer Case Managers have a variety of critical responsibilities that vary from payer to payer. Normally, they are the contact point for information about benefit eligibility, eligible services, preauthorization of services and discharge planning. It is important to keep in mind that the Payer Case Manager is influential in referring patients to transplant centers. Their relationship with the clinical contacts within your transplant program, as well as the ease with which they can obtain the information they need, has an impact on referral decisions. Optum strongly encourages timely communication with Payer Case Managers to help facilitate administration of the transplant patient, including the timely payment of claims.

When to contact the Payer Case Manager

Noted below is a table that can be used as a reference guide for communication with Payer Case Managers.

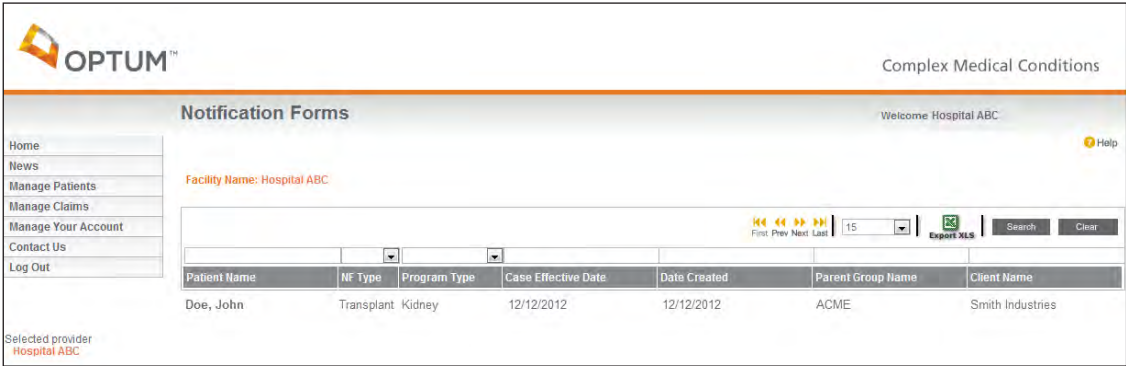
When?	Call whom?	About what?
Initial referral	Payer Case Manager	<ul style="list-style-type: none"> • Exchange contact information • Discuss pre-certification process • Identify follow-up plans • Scheduled date of surgery or other treatment
	Referring Physicians	<ul style="list-style-type: none"> • Scheduled date of surgery or other treatment
Completion of evaluation	Payer Case Manager and Referring Physician	Communicate evaluation outcome, including: <ul style="list-style-type: none"> • Date of acceptance into program • Date of nonacceptance into program and reason • Discussion of medical review process • Agree upon next follow-up date
	Payer Case Manager	<ul style="list-style-type: none"> • Send evaluation documentation to case manager
Pre-transplant period	Payer Case Manager	<ul style="list-style-type: none"> • Communicate any changes in patient's transplant or medical status that would make them ineligible for transplant • Communicate proposed care of pretransplant needs • Complete precertification requirements
Transplant admission	Payer Case Manager and Referring Physician	<ul style="list-style-type: none"> • Date of admission, precertification notification • Establish follow-up plan for routine inpatient updates • Discuss potential discharge plans/needs throughout hospitalization. Firm up plans at least two days prior to discharge: <ul style="list-style-type: none"> • Home care needs • DME needs • Medication needs through an agreed-upon pharmacy • Follow-up plans • Establish ongoing communication plan
Post-transplant period	Payer Case Manager and Referring Physician	<ul style="list-style-type: none"> • Discuss changes in patient status as needed (e.g., rejection, relapse, etc.).

Always contact the Payer Case Manager in the case of death or in the event a patient's clinical status causes a change in candidacy. It is also important to keep the referring physician informed throughout the transplant process. Regular communication is the key.

Locating the Notification Form

Notification Forms are found on www.myoptumhealthcomplexmedical.com/provider under the Manage Patient menu item. Clicking on a patient name will open the NF (Adobe Acrobat Reader required).

NAVIGATION: Manage Patients > Notification Form



www.myoptumhealthcomplexmedical.com/provider – Notification forms

Active Network Client List

A current copy of the Active Client List can be easily obtained on the site under the Manage Patient menu item. This list will enable you to identify Optum-contracted payers that can refer patients to your medical center.

NAVIGATION: Manage Patients > Client List

Complex Medical Conditions

Welcome Hospital ABC

Home | News | Manage Patients | Manage Claims | Manage Your Account | Contact Us | Log Out

Selected provider Hospital ABC

7,893 results found, displaying 1 to 15

Distributor	Client Name	City	State
ACS Benefit Services	Habersham Medical Center	Danvers	GA
ACS Benefit Services	Stephens County Hospital	Toccoa	GA
ACS Benefit Services	Ken Wilcox Ford	Canton	NC
ACS Benefit Services	Drake Enterprises	Franklin	NC
ACS Benefit Services	...	Winston-Salem	NC
ACS Benefit Services	...	Bristol	TN
ACS Benefit Services	...	Bassett	VA
ACS Benefit Services	...	Forest	VA
ACS Benefit Services	Community Memorial Health Center	South Hill	VA
ACS Benefit Services	International Vaseer	South Hill	VA
AJ Underwriters	Pepsi Cola Bottling Co Eugene	Eugene	OR
AJDERR	City of Elizabethtown		
AJDERR	Quinto Clinic		
AJDERR	Dover Resources Inc dba Home		
AJDERR	Hancock County Board of Supervisors		

Disclaimer: This Optum client listing is provided by Optum for informational purposes only. Optum will make every effort to ensure this listing is current. However, please note this listing is subject to change and should be verified. Please contact your Optum representatives to verify a client's status with Optum or to determine if a patient has access to Optum services.

*PDF or Excel exports are limited to the first 500 Clients.

Active Patient List

www.myoptumhealthcomplexmedical.com/Provider

All active cases recorded in our system for your medical center are available to you on the site. This online tool enables your medical center to review and record patient information about active cases. You can access the Active Cases List from the Manage Patients menu item. Details on the Active Patient List are available in Appendix A.

NAVIGATION: Manage Patients > Active Cases

Complex Medical Conditions

Welcome Hospital ABC

Home | News | Manage Patients | Manage Claims | Manage Your Account | Contact Us | Log Out

Selected provider Hospital ABC

Facility Name: Hospital ABC

15 Rows Displayed

Last	First	New Referral	Case Effective Date	Program Type	Provider	Case Manager	Patient Name	Status	Change Status
Doe	John	Yes	12/12/2012	Kidney	Dr. Jane Smith	Nurse Bonnie	ACME	Active/ Listed	CHANGE

Clinical Date Management

The majority of Optum transplant contracts contain multiple pricing methodologies that change based on the patient's phase of care (usually pre-transplant, transplant and post-transplant). As a result of this contract structure, it is imperative that facilities actively manage patient clinical activity through www.myoptumhealthcomplexmedical.com/provider on a daily basis to help ensure timely and accurate pricing of health care provider and physician claims.

These clinical dates must be provided prior to the submission of claims. All submitted claims are priced according to the current clinical date information provided by your medical center. It is important that staff members at your medical center are identified as being responsible for clinical date entry in www.myoptumhealthcomplexmedical.com/provider. This information is requested as part of our onboarding process via the health care provider RFI.

Dates should be maintained on a daily basis and verified for accuracy prior to billing any claims. If Optum receives a claim prior to clinical dates being added on the provider website, we will return the claim requesting that it be resubmitted after applicable updates are completed. The following is an example of the Patient Detail page from the Patient List on www.myoptumhealthcomplexmedical.com/provider. Entry of date information occurs on Individuals Patient Detail pages. You can access the Patient Detail pages from the Manage Patients menu item (Manage Patients > Active Cases > select your patient). Details on the Patient Detail and Patient Note pages are available in Appendix A.

Donor information

Donor information can be provided on the www.myoptumhealthcomplexmedical.com/provider website on the Active Patient List. Please enter the name, gender and date of birth for any potential donors who are being tested for a case. This information needs to be submitted to Optum prior to billing the donor's claims. You can submit donor information for as many possible donors as needed via the website.

Phase 5 determination

The Phase 5 decision displays on the Active Patient Detail page in the "Patient information" section of the page. If the client indicated on the Notification Form whether or not the patient will access Phase 5, the field will display a "Yes" or "No". If no information was provided on the NF, this field will not display. This information will also appear on the NF that is available on the provider website.

Active Patient List – Patient Detail

Patient Detail Page

The screenshot shows the 'Patient Detail - Doe, John' page in the Optum system. The page is titled 'Complex Medical Conditions' and includes a navigation menu on the left with options like Home, News, Manage Patients, Manage Claims, Manage Your Account, Contact Us, and Log Out. The main content area is divided into sections: 'Patient Information' (with fields for Patient Name, Birth Date, Accessing Phase 5, Medical Record #, Medicare Number, State Medicaid ID, and Case Manager), 'Patient List' (with a sub-section for 'Client Information' containing Payer Name, Client Member #, Client Group #, Donor Name, Gender, and Date of Birth), and 'Clinical Information' (with a dropdown for Program Type, a note, Status, and several date fields: Case Effective Date, Accept/List Date, Transplant Admit Date, Transplant Date, and Transplant Discharge Date). A 'Selected provider: Hospital ABC' is noted on the left, and a 'Help | Print View' link is in the top right.

www.myoptumhealthcomplexmedical.com/provider – Patient Detail Page

Claims submission

Claims must be sent to the Optum claims team for pricing. Once priced according to the contract, claims will be forwarded to Optum payers for payment. All claims submitted are priced based on the clinical date information entered on www.myoptumhealthcomplexmedical.com/provider. Therefore, it is important that dates be verified on the Patient Detail page of www.myoptumhealthcomplexmedical.com/provider for accuracy prior to claims submission.

Where to submit claims

All claims filed electronically or in an 837 HIPAA Compliant format on both UB04 and CMS1500 claims must be forwarded to Optum as indicated below:

Electronic Claims Payer ID Information

Optum
Emdeon and ClaimLynx Payer ID #41194

Paper Claims Address Information

Optum
PO Box 30758
Salt Lake City, UT 84130

Emergency claims submissions

In cases of emergency, your medical center can submit claims to Optum using overnight delivery.

Please call our toll-free number (877-801-3507), Prompt 3 to provide us with notification of overnight claims delivery.

LASON – SCS RMO
Attention: Optum
4050 South 500 West, Suite 50
Salt Lake City, UT 84123

For Managed Transplant Program (MTP) cases, please refer to the address on the patient Notification Form.

How to submit claims

Claims should be filed electronically in an 837 HIPAA Compliant format on standard UB04 and CMS1500 claims forms and completed using industry standard coding.

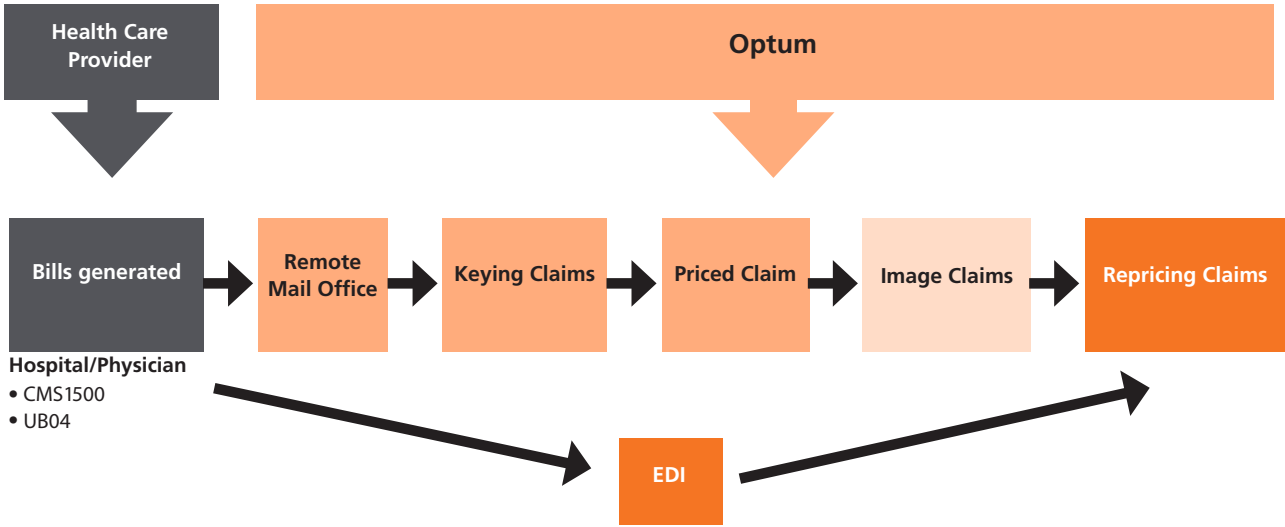
Timely filing

Your medical center agreement contains a claim filing deadline. Please consult your agreement for the timely filing deadline for your transplant center. Optum or its payers, at their discretion, may elect to not accept claims that are submitted after the timely filing deadline.

What happens to claims upon submission to Optum?

Claims submitted to Optum follow a defined process that allows for timely and accurate pricing prior to submission for payment by our payer customers. Health care provider staff can review the current pricing status of claims submitted on the www.myoptumhealthcomplexmedical.com/provider website.

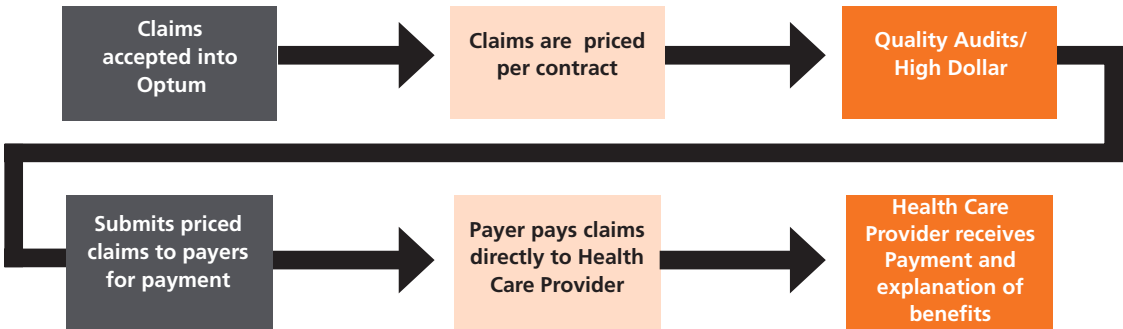
Claims intake and pricing process flow



A daily summary of claims submitted electronically to Optum can be viewed on www.myoptumhealthcomplexmedical.com/provider.

See Appendix A for details on the EDI Claims Inventory tool.

Priced claims payment process



After Optum re-prices the claims, they are sent to clients along with a report explaining the claims.

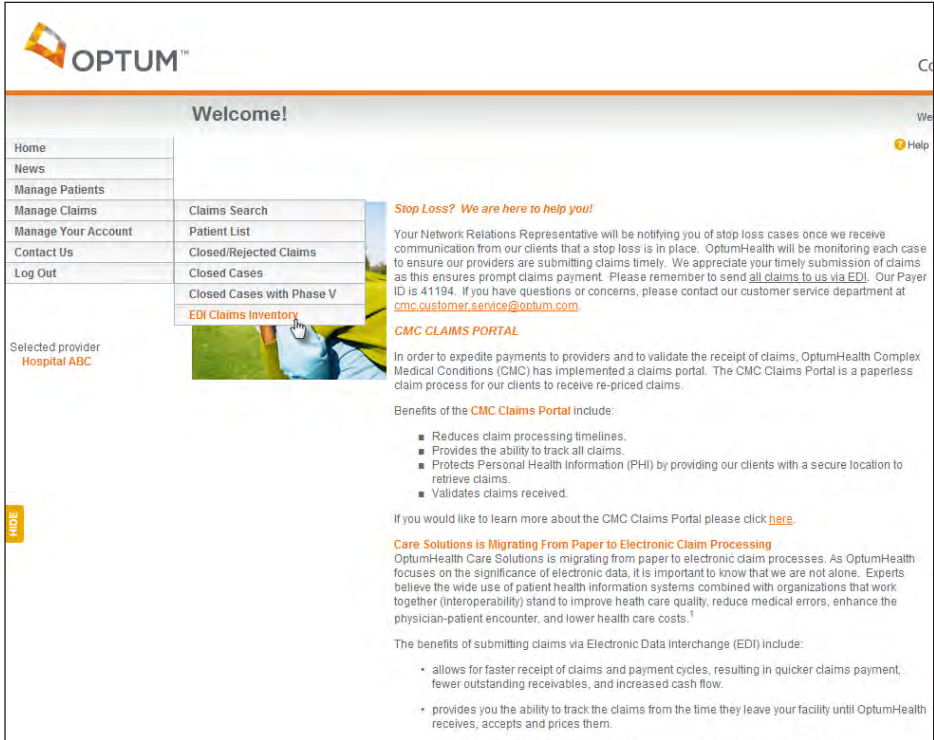
See Appendix A for an example of a Client Claims Report.

Claims

The EDI Claims Inventory Summary tool on www.myoptumhealthcomplexmedical.com/provider shows all electronic claims received by Optum. This tool allows you to view the processing status for electronically submitted claims by date for each affiliated health care provider. The EDI Claims Inventory is located under the Manage Claims menu item.

Details on the Claims Inventory Summary pages are available in Appendix A.

NAVIGATION: Manage Claims > EDI Claims Inventory



Claims that are closed or sent back to the health care provider

Occasionally Optum will close claims submitted by health care providers. Reasons for claims closure include:

- Duplicate claims
- Missing or invalid data
- Claims dates of service that do not fall into the eligibility period for the patient

A list of closed or rejected claims is available on the site by clicking on the Manage Claims menu item.

Examples of the rejected claims listed, viewed by medical center or patient, are provided below. Details on the Rejected Claims Lists are available in Appendix A.

Please Note: Optum does not return duplicate claims to the health care provider.

NAVIGATION: Manage Claims > Closed/Rejected Claims

The screenshot shows the Optum web interface for 'Complex Medical Conditions'. The main heading is 'Closed/Rejected Claims' for 'Hospital ABC'. A navigation menu on the left includes Home, News, Manage Patients, Manage Claims, Manage Your Account, Contact Us, and Log Out. The main content area shows 'Facility Name: Hospital ABC' and 'Recent 365 days activity shown'. A table displays 5 results of duplicate claims. The table has columns: Patient Account Number, First Name, Last Name, Date of Service, Claim Type, Provider, Received Date, Claim Amount, Claim Format, Optum Claim ID, Close/Reject Date, and Description. Each row includes a 'Help Duplicate Claim' icon.

Patient Account Number	First Name	Last Name	Date of Service	Claim Type	Provider	Received Date	Claim Amount	Claim Format	Optum Claim ID	Close/Reject Date	Description
123456789	John	Doe	05/08/2012	Physician	Dr. Smith	11/16/2012	\$110.00	Paper	1234567890000	11/29/2012	Help Duplicate Claim
123456789	David	Davis	01/24/2012	Physician	Dr. Smith	11/29/2012	\$155.00	Paper	1234567890000	12/12/2012	Help Duplicate Claim
123456789	Levi	Lewis	05/08/2012	Physician	Dr. Smith	12/20/2012	\$350.00	Paper	1234567890000	12/31/2012	Help Duplicate Claim
123456789	Levi	Lewis	05/08/2012	Physician	Dr. Smith	12/28/2012	\$350.00	Paper	1234567890000	01/07/2013	Help Duplicate Claim
123456789	Wayne	Bruce	08/02/2012	Physician	Dr. Smith	12/28/2012	\$300.00	Paper	1234567890000	01/11/2013	Help Duplicate Claim

Patient rejected claims list

You can also view rejected claims by patient, by clicking on the View Rejected Claims for this Patient button located at the bottom of the Patient Claims List page. These lists are accessed through Manage Claims menu item (Manage Claims > Patient List > select your patient > View Rejected Claims for This Patient). NAVIGATION: Manage Claims > Closed/Rejected Claims

OptumHealth Provider - Patient Rejected Claims List

Welcome Hospital ABC

Help | Print View

Facility Name: Hospital ABC
 Patient Name: Doe, John
 Client: ACME Industries
 Member Id: 12345678
 Medicare Number:
 State Medicaid Id:
 Program Type: LUNG DOUBLE CADAVERIC
 Case Effective Date: 12/18/2006
 List/Accept Date: 11/24/2008
 Transplant Period Date: 03/14/2009
 Transplant Date: 03/14/2009
 Transplant Discharge Date: 04/06/2009
 Inactive Date: 07/05/2009
 Case Close Reason: Dead
 Accessing Phase 5: No
 Phase 5 Start:
 Phase 5 End:

21 results found, displaying 1 to 15

Optum Claim ID	Provider Name	Claim Type	Account Number	From DOS	Thru DOS	Received Date	Total Charge	Claim Format	Close/Reject Date	Description
123456789	Dr. Smith	Physician	123456789	03/14/2009	03/14/2009	06/04/2009	\$384.50	Electronic	06/15/2009	Help Duplicate Claim
123456789	Dr. Smith	Physician	123456789	03/16/2009	03/16/2009	06/04/2009	\$375.50	Electronic	06/15/2009	Help Duplicate Claim
123456789	Dr. Smith	Physician	123456789	10/16/2008	10/16/2008	12/01/2008	\$258.00	Paper	12/04/2008	Help Duplicate Claim

www.myoptumhealthcomplexmedical.com/provider – Patient Rejected Claims List

Missing claims

If your medical center has submitted a claim that does not display on the Patient Claims List or the Closed/Rejected List and you cannot locate the claim online within one week of an EDI submission or 15 days from a paper submission, please resubmit the claim to Optum.

Patient list and patient claims list

www.myoptumhealthcomplexmedical.com/Provider

The Patient List on www.myoptumhealthcomplexmedical.com/provider shows all claims received by Optum, by patient name. The Patient List is located under the Manage Claims menu item.

NAVIGATION: Manage Claims > Patient List

Complex Medical Conditions

Welcome Hospital ABC

Help | Print View

159 results found, displaying 1 to 15

Last Name	First Name	Program Type	Group	Transplant Status
Williams	Pedro	HEART	SMH Industries	Accepted/Not
McDonald	Ronald	LUNG SINGLE CADAVERIC	UnitedHealthcare	Evaluation
Sanders	Sheryl	LUNG SINGLE CADAVERIC	Provider Claims Corp	Evaluation
Elliot	Billy	LUNG SINGLE CADAVERIC	UnitedHealthcare	Evaluation
Romano	Raymond	HEART	ACHIE Inc	Extended Follow-up Case

www.myoptumhealthcomplexmedical.com/provider – Patient List

All claims for individual patients shown on the claims list can be viewed by simply clicking on the patient's name (the patient name is a hyperlink). You can also access the Patient Claims List from the Manage Claims menu item (Manage Claims > Patient List > select your patient). Summary case information (including clinical dates) is provided on this page, including:

- Program type
- Case effective date
- List/accept date
- Transplant date
- Inactive date
- Case close reason
- Phase 5 start and end dates

An additional search feature provides the ability to search for claims by date of service (DOS).

Details on the Patient Claims List are available in Appendix A.

Complex Medical Conditions

Patient Claims List Welcome Hospital ABC

Home | News | Manage Patients | Manage Claims | Manage Your Account | Contact Us | Log Out

Selected provider: Hospital ABC

Facility Name: Hospital ABC
 Patient Name: Doe, John
 Client:
 Member Id:
 Medicare Number:
 State Medicaid Id:
 Program Type: LUNG SINGLE CADAVERIC
 Case Effective Date: 03/01/2006
 List/Accept Date:
 Transplant Period Date:
 Transplant Date:
 Transplant Discharge Date:
 Inactive Date: 01/28/2007
 Case Close Reason: Not Accepted--Unsuited
 Phase 5 Start:
 Phase 5 End:

Display claims between the following dates of service (DOS)
 From DOS: *
 Thru DOS: *
 * = required field
 Search Reset

View Rejected Claims for this Patient | Return to Patient List | Details for All Claims

1 results found, displaying 1 to 1

Claim Id	Provider Name	Claim Type	Account Number	From DOS	Thru DOS	Received Date	Total Charge	Total Repriced/Paid Amount	Repriced/Paid Date	Check Number	Status	Claim Detail Report
[123456789000]	Dr. Smith	Physician	123456789	04/26/2006	04/26/2006	05/05/2006	\$1,350.00	\$742.50	05/09/2006		Help Processed	Claim Report

Return to Patient List | Details for All Claims

www.myoptumhealthcomplexmedical.com/provider – Patient Claims List

Checking priced claims

You can check the processing status of your claims directly on the www.myoptumhealthcomplexmedical.com/provider website. The Patient Claims List displays the claim ID number and status of each claim. Claims that have been priced will display a status of “processed”. These re-priced claim numbers always end in “00”. The processed status means that Optum has priced the claim based on the contractual agreement with your medical center. If the claim requires adjustment, it will be adjusted accordingly. For example, if the case reaches the outlier amount, the claim will be repriced and adjusted. A second line of information will display reflecting this status. The status on the original claim line item will change to “adjusted”. The second line will display a status of “processed”. The last two digits of the claim ID will also change to “01”. This also indicates that an adjustment to the original claim has been made. The original claim will also remain available for viewing with the original claim number.

Claim Id	Provider Name	Claim Type	Account Number	From DOS	Thru DOS	Received Date	Total Charge	Total Repriced/Paid Amount	Repriced/Paid Date	Check Number	Status	Claim Detail Report
[12345678900]	Dr. Smith	Physician	123456789	10/17/2005	10/17/2005	11/05/2005	\$300.00	\$275.00	11/08/2005		Help Adjusted	N/A
[12345678901]	Dr. Smith	Physician	123456789	10/17/2005	10/17/2005	11/05/2005	\$300.00	\$165.00	11/08/2005		Help Processed	N/A

Manage claims – patient claims detail

You can view details about each claim listed on the Patient Claims List by clicking on the claim number (a hyperlink appears directly under the claim number) or the View All Claim Detail button at the bottom of the page. You can access the Patient Claim Detail page from the Manage Claims menu item. Details on the Patient Claim Detail page are available in Appendix A.

NAVIGATION: Manage Claims > Patient List > select your patient > select the claim number

OPTUM™ Complex Medical Conditions

Welcome Hospital ABC

Patient Claim Details

Home | News | Manage Patients | Manage Claims | Manage Your Account | Contact Us | Log Out

Selected provider: Hospital ABC

Facility Name: Hospital ABC
 Patient Name: Doe, John
 Client: Smith Industries

Member Id:
 Medicare Number:
 State Medicaid Id:
 Program Type: HEART/LUNG
 Case Effective Date: 01/12/2006
 List/Accept Date:
 Transplant Period Date:
 Transplant Date:
 Transplant Discharge Date:
 Inactive Date: 05/13/2008
 Case Close Reason: Other
 Phase 5 Start:
 Phase 5 End:
 Account Number: ABCD12345
 Claim Id: 1234567890
 Claim Type: Physician

15 Rows Displayed | Export XLS

1 results found, displaying 1 to 1

From DOS	Thru DOS	Total Charge	Charges Repriced	Pricing Methodology	Pricing Explanation
02/28/2006	02/28/2006	\$300.00	\$165.00	Percentage of billed charges	OptumHealth Contract Percentage
Total		\$300.00	\$165.00		

Return to Patient Claims List

www.myoptumhealthcomplexmedical.com/provider – Patient Claim Details

Claims pricing and payment process

Process overview and guidelines

- Optum prices claims received from your medical center based on your specific Optum agreement and current phase of care.
- Optum sends priced claims to payers for processing.
- Optum payers apply patient-specific benefit language to the priced claim amount and determine which services are eligible for reimbursement. Member-responsibility amounts such as copayments, coinsurance and deductibles are applied.
- Your medical center may bill the patient for any amounts that are the responsibility of the patient. These amounts will be shown as patient responsibility on the explanation of benefits/health care provider remittance advice.
- When a transplant case has been closed, whether due to premature termination of the case (e.g., patient too sick/too well, member's benefits have terminated or the patient is deceased) or upon the completion of the transplant procedure and confirmation of all claims on file by the health care provider, a final reconciliation of the amount due on the case is performed. See the "Case Closure and Reconciliation" section for more details.
- If there is an overpayment discovered during reconciliation, Optum will notify your medical center of the overpayment via a Refund Notice. We will also notify the payer on the final invoice.

Claims for other medical services

Your medical center agreement with Optum may contain a provision to bill charges for other medical services (services not related to the transplant procedure). If so, these claims are required to be submitted to Optum for pricing.

Optum requires review of other medical services. This process is described as follows:


- Optum clinical staff will review the claim to verify if services are related or not related to the transplant. As part of this review, Optum clinical staff may contact the health care provider to gather additional clinical information in order to complete the review.
- When the review is complete, the claim will be priced according to your contractual agreement.
- When a health care provider does not agree with the medical review decision, an appeal can be submitted to Optum which must include additional medical documentation. The results of the review will be communicated to the designated health care provider billing office contact. Please contact Optum Customer Service to begin the appeal process.

Case closure and reconciliation

When a transplant case has been closed, whether due to premature termination or completion of the transplant procedure, a final reconciliation of the amount due on the case is performed by Optum. Before a case is reconciled, your medical center is required to review and confirm that all claims for the case are on file at Optum.

Closed Case Report

The Closed Case Report is the document that informs your transplant billing office of cases pending closure and requests that any outstanding claims for the case be submitted as soon as possible and confirmed received by Optum. This report also indicates if Optum payers have elected to access the post-transplant care (also referred to as “Phase 5”) for cases detailed on the report. Your medical center billing office can then update its records to send all claims to Optum during the post-transplant time period. An example of the Closed Case Report is shown below.



CONFIDENTIAL
Network Facility Closed Case Report
Printed: 12/15/2013 8:36 AM

Hospital ABC
 REPORT PRINTED FOR CASES WITH AN INACTIVE DATE BETWEEN 12/9/2013 AND 12/15/2013

Please mark the appropriate Charge Status box and fax to OptumHealth at (888) 905-9492

Patient Name/ Program Type	Client/ Client Member #	DOB/ URN ID	Phase I Begin Dt/ Inactive Dt	Inactive Reason	Hosp Billed	MD Billed	Total Billed	Hosp Paid	MD Paid	Total Paid
Ted Mosby BMT AUTO OP	Goliath National Bank 123456789	Jun 13 1959 123456789	7/1/2013 12/12/2013	Mature	\$510,487.28	\$21,916.00	\$332,403.28	\$14,662.22	\$8,791.70	\$23,453.92

Phase V Indicator Phase V Begin Dt

Charge Status: No charges incurred All charges in Additional charges to be forthcoming In/Ext:

Optum will fax the Closed Case Report to your designated transplant billing contact. Upon receipt of the report, the billing office will need to review the report, verify claims using the claims status tool on www.myoptumhealthcomplexmedical.com/provider and check the appropriate box on the report to indicate one of the following:

- There were no charges incurred
- Additional charges are forthcoming
- All charges have been submitted

The completed report must be faxed to Optum at 888-905-9492 within five (5) business days of receipt.

If you find that claims you submitted are not listed on www.myoptumhealthcomplexmedical.com/provider, please verify whether the claim has been closed or rejected. This can be done via review of the Rejected Claims List on the site. If the claim is not on the Closed/Rejected Claims List, please resubmit to us. The Closed Case Reports on www.myoptumhealthcomplexmedical.com/provider are also accessible under the Manage Claims menu item.

Closed Case List

www.myoptumhealthcomplexmedical.com/Provider

We provide two separate closed case lists on the www.myoptumhealthcomplexmedical.com/provider website:

- A Closed Case List that shows cases that have reached the case mature date accompanied by key clinical dates.
- A Closed Case List that shows only closed cases for which the Optum contracted payer has elected to access the Phase 5 (post-transplant period) of the agreement.

Both lists can be accessed on the site from the Manage Claims menu item. Details on the Closed Case List are available in Appendix A.

NAVIGATION: Manage Claims > Closed Cases or Manage Claims > Closed Cases with Phase 5

Patient Name	Program Description	Closed (past 30 days)	Claims Reconciled	Case Manager	Case Effective Date	List Accept Date	Transplant Period Date	Transplant Date	Inactive Date	Case Close Reason	Accessing Phase 5	Phase 5 Start	Phase 5 End
Doe, John	HEART	N	Y	Amy Smith	09/21/2012	11/26/2012	12/15/2012	12/16/2012	03/24/2013	Mature	Yes	03/25/2013	12/16/2013
Ford, Harold	HEART	Y	N	Paula Davids	08/02/2012	08/02/2012	07/27/2013	07/28/2013	11/11/2013	Mature	Yes	11/12/2013	07/28/2014
Brown, Ann	EMT AUTO IP	N	N	Gertie Jones	02/26/2013	02/26/2013	04/13/2013	05/03/2013	09/18/2013	Mature	Yes	09/19/2013	05/03/2014

www.myoptumhealthcomplexmedical.com/provider – Closed Cases with Phase 5

The Closed Case Reports on www.myoptumhealthcomplexmedical.com/provider are also accessible under the Manage Patients and Manage Claims menu items.

Reconciliation

Once your medical center has confirmed that all charges for a closed case have been submitted, the reconciliation process begins. The process is detailed as follows:

- Total charges for the transplant period are compared against the case rate specified in the contract to determine what the health care provider is owed.
- Any payments already made to your medical center are subtracted from the total amount owed.
- If the result of the reconciliation shows an under-payment by the payer, Optum will prepare a final invoice detailing the final payment to be made.
- If the payer has overpaid your medical center, a refund notice will be sent to the health care provider billing contact.

Claims status process

Claims inquiries can be submitted to Optum if payment has not been received within 45 days of services rendered. Inquiries are tracked by the Network Relations Team. Assigned team members will contact payers, as needed, to verify payment status.

Methods for submitting inquiries are illustrated in the table below:

Internal (UHC) or External Payer	Volume	Submission Method	How to submit	Procedure
Internal	1–10 claims	Telephone/Email	877-801-3507 cmc.customer.service@optum.com	Use: myoptumhealthcompletemedical.com/provider to verify pricing and www.unitedhealthcareonline.com to verify payment.
	Over 10 claims	Email	cmc.customer.service@optum.com	Contact Optum customer service with issues.
External	Any volume	Telephone	Contact payer directly either by telephone or payer website	Verify pricing and obtain payer information at www.myoptumhealthcompletemedical.com/provider.
		Email	cmc.customer.service@optum.com	Verify pricing and obtain payer information at www.myoptumhealthcompletemedical.com/provider.

Optum Claims Status Submissions

Additionally, you can use the Patient Claims List on www.myoptumhealthcomplexmedical.com/providerexportalistofclaimsinMicrosoftExcel. By doing so, you can customize the information submitted for status and send to Optum via secure email.

Be sure to review the claims status guidelines that are posted on www.myoptumhealthcomplexmedical.com/provider (News Section) for additional details.

The following is a summary of the Network Services Policy covering handling of Customer Service Inquiries: Following submission of an inquiry, you will be issued an inquiry ID number to track the progress of your status request through to resolution. If you submit your request by telephone, the inquiry ID number will be provided by the end of the call. If you submit your request via fax or email, the inquiry ID number will be returned within 24 hours to the contact provided in the request. 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.

Appendix A: Page Examples and Field Descriptions

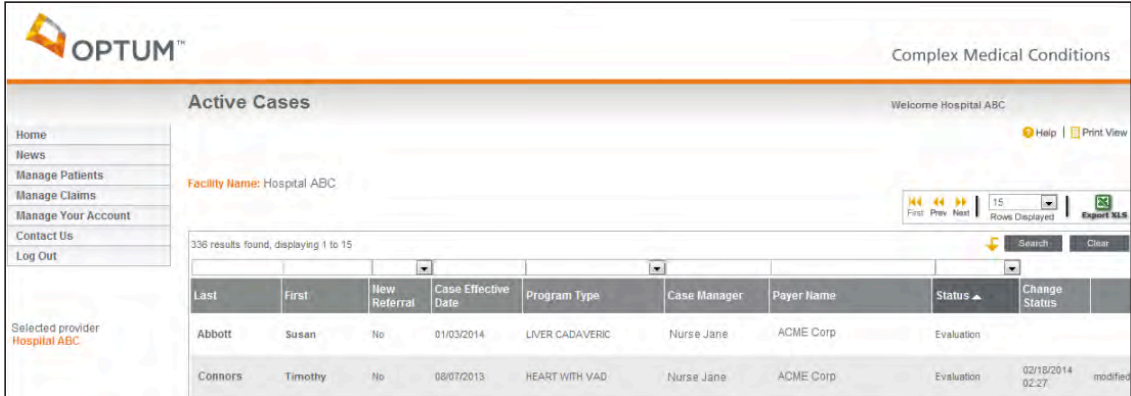
www.myoptumhealthcomplexmedical.com/provider page examples and filled descriptions

This appendix provides details of the pages available within the www.myoptumhealthcomplexmedical.com/provider website. A graphic of each page is provided accompanied by descriptions of each field. Navigation to the page is also indicated. For additional information or training on the site, please contact your Network Relations Representative.

Active Case List

This read-only page provides a list of all active cases at your medical center. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access Patient Detail or notes, simply click on the patient name hyperlink. This information can also be exported into either Excel or PDF formats.

NAVIGATION: Manage Patients > Active Cases



ACTIVE CASE LIST	
Field Name	Field Description
Last	Displays the patient’s last name
First	Displays the patient’s first name
New Referral	Yes/No field that indicates whether the case is a new referral within the last 30 days
CED	Displays the case effective date (CED) for the case
Program Type	Displays the transplant program accessed by the patient
Case Manager	Displays the payer case manager’s name and telephone number
Payer Name	Displays the payer for the patient
Status	Displays the current case status for the patient
Change Status	Displays the last date status was changed on the patient record

Patient Detail

This page displays details of the patient’s case. Users with access can enter clinical dates and donor information on the case. The patient notes link accesses the Patient Notes page allowing case note entry. The note section is not used by Optum to determine appropriate case dates and it does not eliminate the need for regular communication with the patient’s assigned Case Manager.

Optum has enhanced this page to allow you to submit multiple donors. This will help in the processing of donor claims.

NAVIGATION: Manage Patients > Active Cases > select your patient

The screenshot shows the 'Patient Detail - Doe, John' page. On the left is a navigation menu with options: Home, News, Manage Patients, Manage Claims, Manage Your Account, Contact Us, and Log Out. Below the menu, it says 'Selected provider Hospital ABC'. The main content area has a header with the Optum logo and 'Complex Medical Conditions'. Below that, it says 'Patient Detail - Doe, John' and 'Welcome Hospital ABC'. There are links for 'Help' and 'Print View'. The 'Patient Information' section includes fields for Patient Name (Doe, John), Birth Date, Accessing Phase 5, Medical Record #, Medicare Number, State Medicaid ID, and Case Manager. Below this is a 'Patient List' section with a 'Client Information' sub-section containing fields for Payer Name, Client Member #, Client Group #, Donor Name, Gender, and Date of Birth. An 'Add Donor' button is located next to the Date of Birth field. The 'Clinical Information' section includes a 'Program Type' dropdown menu, a note about contacting Optum if a program is not available (1-877-801-3507), and several date fields: Status (Evaluation), Case Effective Date, Accept/List Date, Transplant Admit Date, Transplant Date, and Transplant Discharge Date. Two red arrows point to the 'Add Donor' button and the note about contacting Optum.

ACTIVE CASE – PATIENT DETAIL	
Field Name	Field Description
Patient Name	Displays the patient's last name
Birth Date	Displays the patient's first name
Accessing Phase 5	Displays whether or not the payer will be accessing Optum contracts for Phase 5 claims
Medical Record Number	Displays the medical record number for the patient
Medicare Number	Displays the patient's Medicare number (if applicable)
State Medicaid ID	Displays the patient's state Medicaid ID number (if applicable)
Case Manager	Displays the payer case manager's name
Payer Name	Displays the payer for the patient
Client Member Number	Displays the payer's (customer) member number
Client Group Number	Displays the payer's (customer) group number
Donor Name	Text box allowing you to enter the donor name; if you have multiple donors (up to five), you can also enter information for them in this field
Gender	Text box allowing you to enter the donor gender
Date of Birth	Text box allowing you to enter the donor date of birth
Program Type	Displays the transplant program accessed by the patient; if the program type changes during the course of treatment, a new program type can be selected
Status	Displays the current status for the patient
Case Effective Date (CED)	Displays the case effective date for the case
Outpatient Protocol (BMT Only)	Checkbox denoting if the patient is receiving outpatient treatment
Multiple Infusion (BMT Only)	Checkbox denoting if the patient is receiving multiple infusions
Accept/List Date	Allows for entry of the date the patient was listed with UNOS (Solid) or accepted (BMT) for transplant
Mobilization Date (BMT Only)	Allows entry of the mobilization date for the patient
Prep Therapy Date (BMT Only)	Allows entry of the preparative therapy date for the patient
Transplant Admit Date	Allows entry of the admission date for the patient
Initial Infusion Date (BMT Only)	Allows entry of the initial infusion date for the patient
Transplant Date	Allows entry of the transplant date for the patient
Transplant Discharge Date	Allows entry of the date the patient was discharged from the health care provider
Last Infusion Date (BMT Only)	Allows entry of the date the patient received their last infusion
Optum Case Inactive Date	Allows entry of an inactive date for the case (auto-populates for mature date based on contract)
Case Close Reason	Once an inactive date has been entered, a case close reason must be selected from the drop-down
Comments	A text field allowing a comment when the case has been closed for the reason indicated
Patient Notes Link	Clicking on this link opens the data entry form for patient notes
Date	Displays the date of existing patient notes
Entered by	Displays the name of the user entering the patient note
Notes	Displays the text of the note entered

Closed Case List

The Closed Case List shows all cases with a current status of closed. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access patient detail, simply click on the patient name.

This information can also be exported in either Excel or PDF formats.

NAVIGATION: Manage Patients > Closed Cases or Manage Claims > Closed Cases

Patient Last Name	Patient First Name	Program Description	Closed [last 30 days]	Claims Reconciled	Case Manager	Case Effective Date	List Accept Date	Transplant Period Date	Transplant Date	Inactive Date	Case Close Reason	Accessing Phase 5	Phase 5 Start	Phase 5 End
Brown	Jean	BMT AUTO IP	N	Y	Amy Smith	09/24/2010				06/09/2011	Not Accepted—Too Well			
Doe	John	LIVER CADAVERIC	N	Y	Amy Smith	02/22/2005				02/22/2005	Not Accepted—Too Well			
Abdul	Mohamed	LIVER CADAVERIC	N	Y	Amy Smith	08/31/2009				01/01/2010	Termination of Benefits			

CLOSED CASES

Field Name	Field Description
Patient Last Name	Displays the last name of the patient
Patient First Name	Displays the first name of the patient
Program Description	Displays the transplant program name
Closed [last 30 Days]	Yes/No flag that indicates whether the case has been closed within the last 30 days
Claims Reconciled	Yes/No flag that indicates if claims for the case have been reconciled
Case Manager	Displays the payer case manager's name
Case Effective Date	Displays the case effective date (CED) for the case
List Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Inactive Date	Displays the inactive date for the case
Case Close Reason	Displays the reason the case was closed
Accessing Phase 5	Displays whether or not the payer will be accessing Optum contracts for Phase 5 claims
Phase 5 Start	Displays the begin date for Phase 5 (Post-transplant period)
Phase 5 End	Displays the end date for Phase 5 (Post-transplant period)

Closed Cases with Phase 5

Closed Case with Phase 5 list shows all cases with a current status of closed that included Phase 5 charges. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access patient detail, simply click on the patient name.

This information can also be exported in either Excel or PDF formats.

NAVIGATION: Manage Patients > Closed Cases or Manage Claims > Closed Cases

Patient Name	Program Description	Closed (last 30 days)	Claims Reconciled	Case Manager	Case Effective Date	List/Accept Date	Transplant Period Date	Transplant Date	Inactive Date	Case Close Reason	Accessing Phase 5	Phase 5 Start	Phase 5 End
Doe, John	HEART	N	Y	Amy Smith	09/21/2012	11/28/2012	12/15/2012	12/16/2012	03/24/2013	Mature	Yes	03/25/2013	12/16/2013
Ford, Harold	HEART	Y	N	Paula Davids	06/02/2012	08/02/2012	07/27/2013	07/28/2013	11/11/2013	Mature	Yes	11/12/2013	07/28/2014
Brown, Ann	BMT AUTO JP	N	N	Gertie Jones	02/26/2013	02/26/2013	04/13/2013	05/03/2013	09/19/2013	Mature	Yes	09/19/2013	05/03/2014

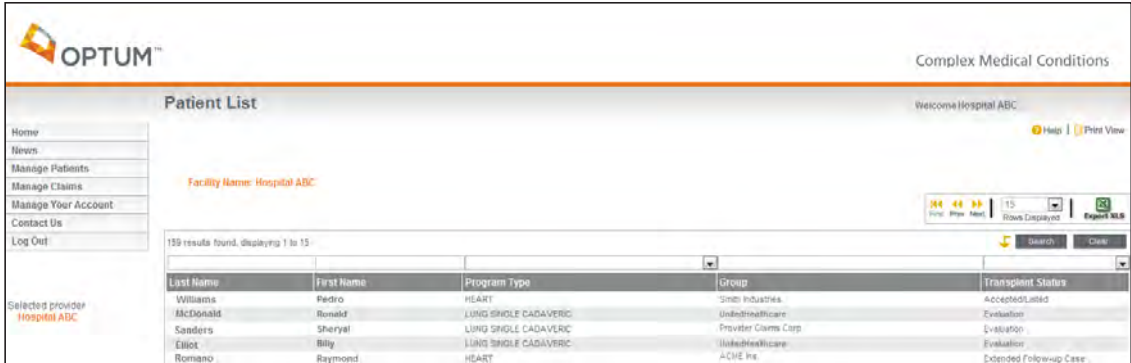
CLOSED CASES WITH PHASE 5	
Field Name	Field Description
Patient Name	Displays the first and last name of the patient
Program Description	Displays the transplant program name
Closed [last 30 Days]	Yes/No flag that indicates whether the case has been closed within the last 30 days
Claims Reconciled	Yes/No flag that indicates if claims for the case have been reconciled
Case Manager	Displays the payer case manager's name
Case Effective Date	Displays the case effective date (CED) for the case
List/Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Inactive Date	Displays the inactive date for the case
Case Close Reason	Displays the reason the case was closed
Phase 5 Start	Displays the begin date for Phase 5 (Post-transplant period)
Phase 5 End	Displays the end date for Phase 5 (Post-transplant period)

Patient List

The Patient List is a read-only search screen. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access the patient claim information, simply click on the patient name.

This information can also be exported in either Excel or PDF formats.

NAVIGATION: Manage Claims > Patient List



PATIENT LIST	
Field Name	Field Description
Facility Name	Displays the health care provider name
Last Name	Displays the last name of the patient
First Name	Displays the first name of the patient
Program Type	Displays the program type for the patient
Group Name	Displays the payer group name
Transplant Status	Displays the current transplant status

Patient Claims List

The Patient Claims List shows all claims processed by Optum for an individual patient. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access detail on an individual claim, simply click on the claim ID hyperlink.

This information can also be exported in Excel or PDF formats.

There is also a date of service (DOS) search feature that can be used to locate claims for the patient during a specified date range.

NAVIGATION: Manage Claims > Patient List > select your patient

Complex Medical Conditions

Patient Claims List | Welcome Hospital ABC

Home | News | Manage Patients | Manage Claims | Manage Your Account | Contact Us | Log Out

Selected provider: Hospital ABC

Facility Name: Hospital ABC
 Patient Name: Doe, John
 Client:
 Member Id:
 Medicare Number:
 State Medicaid Id:
 Program Type: LUNG SINGLE CADAVERIC
 Case Effective Date: 03/01/2006
 List/Accept Date:
 Transplant Period Date:
 Transplant Date:
 Transplant Discharge Date:
 Inactive Date: 01/26/2007
 Case Close Reason: Not Accepted-Unsuited
 Phase 5 Start:
 Phase 5 End:

Display claims between the following dates of service (DOS).
 From DOS: *
 Thru DOS: *
 * = required field
 Search Reset

View Rejected Claims for this Patient | Return to Patient List | Details for All Claims

15 Rows Displayed | Export XLS

1 results found, displaying 1 to 1

Claim Id	Provider Name	Claim Type	Account Number	From DOS	Thru DOS	Received Date	Total Charge	Total Repriced/Paid Amount	Repriced/Paid Date	Check Number	Status	Claim Detail Report
[1234567890000]	Dr. Smith	Physician	123456789	04/26/2006	04/26/2006	05/05/2006	\$1,350.00	\$742.50	05/08/2006		Processed	Claim Report

Return to Patient List | Details for All Claims

PATIENT CLAIMS LIST	
Field Name	Field Description
Facility Name	Displays the health care provider name.
Patient Name	Displays the patient's first and last name.
Client	Displays the payer's name.
Member ID	Displays the patient's member ID as entered on the Patient Detail page.
Medicare Number	Displays the patient's Medicare number (if applicable)
State Medicaid ID	Displays the patient's state Medicaid ID number (if applicable)
Program Type	Displays the transplant program type
Case Effective Date	Displays the case effective date (CED) for the case
List/Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Transplant Discharge Date	Displays the discharge date of the patient
Inactive Date	Displays the date the case was closed
Case Close Reason	Displays the reason the case was closed
Phase 5 Start	Displays the date Phase 5 began
Phase 5 End	Displays the date Phase 5 will end
Claim ID	Displays the claim ID number
Provider Name	Displays the name of the provider that submitted the claim
Claim Type	Displays the type of claim submitted (physician or hospital)
Account Number	Displays the account number provided on the claim
From DOS	Displays the start date of services on the claim
Thru DOS	Displays the end date of services on the claim
Claim Received Date	Displays the date the claim was received by Optum
Total Charge	Displays the total charge on the claim
Total Repriced/Paid Amount	Displays the repriced amount of the claim
Repriced/Paid Date	Displays the date the claim was repriced/paid by Optum
Check Number	Displays the number of the check used to pay the claim
Status	Displays the claim's current pricing status
Claim Detail Report	This button opens a page listing line item detail of all claims for the patient

Patient Claim Detail

The Patient Claim Detail page provides line item detailed information on an individual claim. Simply click on the Claim ID number to access line item details for that claim. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access detail on an individual claim, simply click on the claim ID hyperlink.

This information can also be exported in Excel or PDF formats.

NAVIGATION: Manage Claims > Patient List > select your patient > select the claim ID number

OPTUM™ Complex Medical Conditions

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Patient Claim Details

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Selected provider
Hospital ABC

Facility Name: Hospital ABC
Patient Name: Doe, John
Client: Smith Industries

Member Id:
Medicare Number:
State Medicaid Id:
Program Type: HEART/LUNG
Case Effective Date: 01/12/2006
List/Accept Date:
Transplant Period Date:
Transplant Date:
Transplant Discharge Date:
Inactive Date: 05/13/2008
Case Close Reason: Other
Phase 5 Start:
Phase 5 End:
Account Number: ABCD12345
Claim Id: 1234567890
Claim Type: Physician

15 Rows Displayed [Export XLS](#)

1 results found, displaying 1 to 1

From DOS	Thru DOS	Total Charge	Charges Repriced	Pricing Methodology	Pricing Explanation
02/28/2006	02/28/2006	\$300.00	\$165.00	Percentage of billed charges	OptumHealth Contract Percentage
Total		\$300.00	\$165.00		

[Return to Patient Claims List](#)

PATIENT CLAIM DETAIL	
Field Name	Field Description
Facility Name	Displays the health care provider name
Patient Name	Displays the patient's first and last name
Client	Displays the payer's name
Member ID	Displays the patient's member ID as entered on the Patient Detail page
Medicare Number	Displays the patient's Medicare number (if applicable)
State Medicaid ID	Displays the patient's state Medicaid ID number (if applicable)
Program Type	Displays the transplant program type
Case Effective Date	Displays the case effective date (CED) for the case
List/Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Transplant Discharge Date	Displays the discharge date of the patient
Inactive Date	Displays the date the case was closed
Case Close Reason	Displays the reason the case was closed
Phase 5 Start	Displays the date Phase 5 began
Phase 5 End	Displays the date Phase 5 ended/will end
Account Number	Displays the account number provided on the claim
Claim ID	Displays the claim ID number
Claim Type	Displays the type of claim submitted (physician or hospital)
From DOS	Displays the start date of services on the claim
Thru DOS	Displays the end date of services on the claim
Total Charge	Displays the charges billed on the claim
Charges Repriced	Displays the repriced amount of the claim
Pricing Methodology	Displays the pricing methodology used to price the claim
Pricing Explanation	Displays an explanation of how the claim was repriced based on the health care provider agreement

All Claims Line Item Detail

The All Claims Detail page provides line item detailed information on every claim submitted. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. To access details on an individual claim, simply click on the claim ID hyperlink. The information displayed can also be exported in Excel or PDF formats.

NAVIGATION: Manage Claims > Patient List > select patient name > Details for All Claims (at bottom of the page)

OPTUM™ Complex Medical Conditions

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Patient All Claims Details

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Selected provider
Hospital ABC

Facility Name: Hospital ABC
Patient Name: Doe, John
Client: Smith Industries

Member ID:
Medicare Number:
State Medicaid Id:
Program Type: HEART/LUNG
Case Effective Date: 01/12/2006
List/Accept Date:
Transplant Period Date:
Transplant Date:
Transplant Discharge Date:
Inactive Date: 05/13/2008
Case Close Reason: Other
Phase 5 Start:
Phase 5 End:
Account Number: ABCD12345
Claim Id: 1234567890
Claim Type: Physician

15 Rows Displayed [Export XLS](#)

1 results found, displaying 1 to 1

From DOS	Thru DOS	Total Charge	Charges Repriced	Pricing Methodology	Pricing Explanation
02/28/2006	02/28/2006	\$300.00	\$165.00	Percentage of billed charges	OptumHealth Contract Percentage
Total		\$300.00	\$165.00		

[Return to Patient Claims List](#)

PATIENT CLAIM DETAIL	
Field Name	Field Description
Facility Name	Displays the health care provider name
Patient Name	Displays the patient's first and last name
Client	Displays the payer's name
Member ID	Displays the patient's member ID as entered on the Patient Detail page
Medicare Number	Displays the patient's Medicare number (if applicable)
State Medicaid ID	Displays the patient's state Medicaid ID number (if applicable)
Program Type	Displays the transplant program type
Case Effective Date	Displays the case effective date (CED) for the case
List/Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Transplant Discharge Date	Displays the discharge date of the patient
Inactive Date	Displays the date the case was closed
Case Close Reason	Displays the reason the case was closed
Phase 5 Start	Displays the date Phase 5 began
Phase 5 End	Displays the date Phase 5 will end
Account Number	Displays the account number provided on the claim
Claim ID	Displays the claim ID number
Claim Type	Displays the type of claim submitted (physician or hospital)
Thru DOS	Displays the end date of services on the claim
From DOS	Displays the start date of services on the claim
Total Charge	Displays charges billed on the claim
Charges Repriced	Displays repriced amount of the claim
Pricing Methodology	Displays the pricing methodology used to price the claim
Pricing Explanation	Displays an explanation of how the claim was repriced based on the health care provider agreement

Health Care Provider Closed/Rejected Claims

The Closed/Rejected Claims list enables you to see all claims that have been closed and/or rejected by Optum Complex Medical Conditions for your medical center for the last 60 days. You can also select the "Click to Show 365 Days" button to see an expanded list of closed claims. Data displayed on the form cannot be changed. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. The information displayed can also be exported in Excel.

Please Note: Optum does not return duplicate claims.

NAVIGATION: Manage Claims > Closed/Rejected Claims

OPTUM™ Complex Medical Conditions

Welcome Hospital ABC

Closed/Rejected Claims Help | Print View

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Facility Name: Hospital ABC
Recent 365 days activity shown.
[Click to Show Recent 60 Days](#)

Selected provider: Hospital ABC

5 results found, displaying 1 to 5

Patient Account Number	First Name	Last Name	Date of Service	Claim Type	Provider	Received Date	Claim Amount	Claim Format	Optum Claim ID	Close/Reject Date	Description
123456789	John	Doe	05/08/2012	Physician	Dr. Smith	11/16/2012	\$110.00	Paper	1234567890000	11/29/2012	Help Duplicate Claim
123456789	David	Davis	01/24/2012	Physician	Dr. Smith	11/29/2012	\$155.00	Paper	1234567890000	12/12/2012	Help Duplicate Claim
123456789	Levi	Lewis	05/08/2012	Physician	Dr. Smith	12/20/2012	\$350.00	Paper	1234567890000	12/31/2012	Help Duplicate Claim
123456789	Levi	Lewis	05/08/2012	Physician	Dr. Smith	12/28/2012	\$350.00	Paper	1234567890000	01/07/2013	Help Duplicate Claim
123456789	Wayne	Bruce	08/02/2012	Physician	Dr. Smith	12/28/2012	\$300.00	Paper	1234567890000	01/11/2013	Help Duplicate Claim

CLOSED/REJECTED CLAIMS (BY HEALTH CARE PROVIDER)	
Field Name	Field Description
Facility Name	Displays the health care provider name
Patient Account Number	Displays the patient account number indicated on the submitted claim
First Name	Displays the patient's first name
Last Name	Displays the patient's last name
Date of Service	Displays the begin date of services on a claim
Claim Type	Displays the type of claim submitted (hospital or physician)
Provider	Displays the name of the provider that submitted the claim
Received Date	Displays the date that Optum received the claim
Claim Amount	Displays the amount billed on the claim submitted by the provider
Claim Format	Displays the format in which the claim was submitted (paper or electronic)
Optum Claim ID	Displays the claim ID number
Close/Reject Date	Displays the date the claim was closed and/or rejected
Description	Displays a reason why the claim was closed and/or rejected

Patient Closed/Rejected Claims

The Patient Closed/Rejected Claims List enables you to see all claims that have been closed and/or rejected by Optum, by individual patient. The fields located above the column headings allow sorting and/or filtering on one or more fields of data. The information displayed can also be exported in Excel.

NAVIGATION: Manage Claims > Patient List > select your patient > View Rejected Claims for this Patient

Complex Medical Conditions

OptumHealth Provider - Patient Rejected Claims List | Welcome Hospital ABC

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Selected provider: Hospital ABC

Facility Name: Hospital ABC
 Patient Name: Doe, John
 Client: ACME Industries
 Member ID: 12345678
 Medicare Number:
 State Medicaid ID:
 Program Type: LUNG DOUBLE CADAVERIC
 Case Effective Date: 12/18/2006
 List/Accept Date: 11/24/2008
 Transplant Period Date: 03/14/2009
 Transplant Date: 03/14/2009
 Transplant Discharge Date: 04/06/2009
 Inactive Date: 07/05/2009
 Case Close Reason: Dead
 Accessing Phase 5: No
 Phase 5 Start:
 Phase 5 End:

15 Rows Displayed | Export XLS


21 results found, displaying 1 to 15

Optum Claim ID	Provider Name	Claim Type	Account Number	From DOS	Thru DOS	Received Date	Total Charge	Claim Format	Close/Reject Date	Description
123456789	Dr. Smith	Physician	123456789	03/14/2009	03/14/2009	06/04/2009	\$384.50	Electronic	06/15/2009	Help Duplicate Claim
123456789	Dr. Smith	Physician	123456789	03/16/2009	03/16/2009	06/04/2009	\$375.50	Electronic	06/15/2009	Help Duplicate Claim
123456789	Dr. Smith	Physician	123456789	10/16/2008	10/16/2008	12/01/2008	\$258.00	Paper	12/04/2008	Help Duplicate Claim

PATIENT REJECTED CLAIMS LIST	
Field Name	Field Description
Facility Name	Displays the health care provider name
Patient Name	Displays the patient's name
Client	Displays the payer's name
Member ID	Displays the patient's member ID as entered on the Patient Detail page
Medicare Number	Displays the patient's Medicare number (if applicable)
State Medicaid ID	Displays the patient's state Medicaid ID number (if applicable)
Program Type	Displays the transplant program type
Case Effective Date	Displays the case effective date (CED) for the case
List/Accept Date	Displays the date the case was listed/accepted
Transplant Period Date	Displays the transplant period date for the patient
Transplant Date	Displays the date of the patient's transplant
Transplant Discharge Date	Displays the discharge date of the patient
Inactive Date	Displays the date the case was closed
Case Close Reason	Displays the reason the case was closed
Accessing Phase 5	Displays whether or not the payer will be accessing the Optum contracts for Phase 5 claims
Phase 5 Start	Displays the date Phase 5 began
Phase 5 End	Displays the date Phase 5 will end
Optum Claim ID	Displays the claim ID number
Provider Name	Displays the name of the provider that submitted the claim
Claim Type	Displays the type of claim submitted (physician or hospital)
Account Number	Displays the patient account number indicated on the submitted claim
From DOS	Displays the start date of services on the claim
Thru DOS	Displays the end date of services on the claim
Received Date	Displays the date the claim was received by Optum
Total Charge	Displays the charges billed on the claim
Claim Format	Displays the format in which the claim was submitted (paper or electronic)
Close/Reject Date	Displays the date the claim was closed and/or rejected
Description	Displays a reason why the claim was closed and/or rejected

Appendix B: Client Claims Report

Claims submitted to Optum follow a defined process that allows for timely and accurate pricing prior to submission for payment by our payer customers. After Optum prices the claims, the claims are sent to clients along with a report explaining the claims. An example of the report is shown below.



Client Claim Detail Report
Printed: 2/14/2014 12:13 PM


Cpay ID ABCD12345
Group Id 1234567

Distributor Name ACME Industries
Client Name UnitedHealthcare Community Plan

Member/Case ID Allen, Lilly/123456789 **Evaluation Date** 12/12/2012
Facility Hospital ABC **Liv Date**
Program Type KIDNEY CADAVERIC **Admit/Transplant Period Begin Date**
Inactive Date 12/11/2013 **Transplant Date**
Inactive Reason Other **Discharge Date**

Case Summary	Physician Billed	Hospital Billed	Physician Repriced	Hospital Repriced
Phase I	\$14,705.00	\$36,778.32	\$8,823.00	\$22,066.99
Total:	\$14,705.00	\$36,778.32	\$8,823.00	\$22,066.99

Case Summary is intended as a reference and is subject to change with additional claim activity.



Client Claim Detail Report
Printed: 2/14/2014 12:13 PM

Cpay ID ABCD12345
Group Id 1234567890

Distributor Name ACME Industries
Client Name UnitedHealthcare Community Plan

Claim ID	Claim Line No.	From DOS	Thru DOS	Proc Code	Billed Amt	Repriced Amt	Method	Phase	Repricing Description
1234567890100	1	12/21/2012	12/21/2012	36415	\$46.00	\$27.60	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	2	12/21/2012	12/21/2012	87389	\$33.30	\$19.98	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	3	12/21/2012	12/21/2012	80053	\$168.00	\$100.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	4	12/21/2012	12/21/2012	80061	\$93.00	\$55.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	5	12/21/2012	12/21/2012	82248	\$68.00	\$40.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	6	12/21/2012	12/21/2012	86665	\$214.00	\$128.40	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	7	12/21/2012	12/21/2012	86645	\$118.00	\$70.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	8	12/21/2012	12/21/2012	86644	\$111.00	\$66.60	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	9	12/21/2012	12/21/2012	86803	\$107.00	\$64.20	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	10	12/21/2012	12/21/2012	86664	\$83.00	\$49.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	11	12/21/2012	12/21/2012	86704	\$73.00	\$43.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	12	12/21/2012	12/21/2012	86706	\$69.00	\$41.40	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	13	12/21/2012	12/21/2012	86592	\$45.00	\$27.00	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	14	12/21/2012	12/21/2012	85025	\$113.00	\$67.80	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	15	12/21/2012	12/21/2012	85730	\$74.00	\$44.40	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	16	12/21/2012	12/21/2012	85610	\$45.00	\$27.00	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	17	12/21/2012	12/21/2012	87340	\$56.00	\$33.60	% PerDiem	1	OptumHealth Contract Percentage
1234567890100	18	12/21/2012	12/21/2012	71020	\$286.00	\$171.60	% PerDiem	1	OptumHealth Contract Percentage
Totals:					\$1,802.30	\$1,081.38			
Claim ID: 1234567890100		Bill Type: UB92		claim repriced amount: \$1,081.38		OptumHealth Contract Percentage			
Total Claim Count: 1									

Appendix C: Glossary of Terms

GLOSSARY OF TERMS	
Affiliated Provider	A physician, health care provider or sub-contracted entity that is a party to the health care provider contract with Optum.
Allowable Costs	Charges for services rendered, by any health care provider, that qualify as covered expenses.
Allowable Days	The inpatient days associated with a case rate.
Base Payment Rate (BPR)	A payment made to a health care provider for a defined set of services during a specified period of time, as defined by the health care provider agreement. Also referred to as case rate or global rate.
Billed Claims	The fees for health care services provided to a covered person and submitted by a health care provider. Also referred to as billed charges.
Bundling (Bundle Billing)	Packaging together costs or services that might otherwise be billed separately.
Case Manager	A clinical professional (e.g., nurse, doctor or social worker) who works with patients, health care providers, physicians and insurers to determine and coordinate a plan of medically necessary and appropriate health care. Also referred to as care coordinator.
Case Rate Period	The specified period of time in a health care provider contract that is included as part of the base payment rate (case rate). Also referred to as the base payment rate period.
Centers of Excellence	A network of qualified health care facilities selected for specific services based on stringent criteria including outcomes and efficiency. For example, an organ transplant managed care program may require members to access transplant services through a Centers of Excellence network.
Claim	Information submitted by a health care provider or covered person that establishes the specific health services provided to a patient and requests reimbursement to the requestor.
Clinical Dates	The dates that signify a change in the patient's clinical status and potentially drive changes in claims pricing based on the health care provider agreement with Optum.
CMS 1500	A universal form, developed by the government, for providers of services to bill professional fees to health carriers.
Coinsurance	The portion of covered health care costs for which the covered person is financially responsible, usually according to a fixed percentage. Coinsurance often is applied, according to a fixed percentage, after a deductible requirement is met.

GLOSSARY OF TERMS

Coordination of Benefits (COB)	A provision in a contract that applies when a person is covered under more than one group medical program. It requires that payment of benefits be coordinated by all programs to eliminate overinsurance or duplication of benefits.
Copayment	A cost-sharing arrangement in which a covered person pays a specified charge for a specified service, such as \$10 for an office visit. The covered person usually is responsible for payment at the time the health care is rendered. Typical copayments are fixed or variable flat amounts for physician office visits, prescriptions or hospital services. Some companies use the term copayment to refer generically to both a flat dollar copayment and coinsurance.
Date of Service	The date health care services were provided to the covered person.
Effective Date	The date a contract becomes effective.
Electronic Data Interchange (EDI)	The computer-to-computer exchange of business or other information between two medical centers (trading partners). The data may be either in a standardized or proprietary format. Also known as electronic commerce.
Eligibility Dates	For purposes of your contract with Optum, this term does not refer to the patient's benefit eligibility. See clinical dates.
Exclusions	The products and services not covered in the case rate and/or the agreement.
Explanation of Benefits (EOB)	The coverage statement sent to covered persons listing services rendered, amount billed and the payment made.
Inclusions	The services and materials that are covered in the case rate.
Inlier	An operational term used to represent the stop loss language in some health care provider contracts indicating that the health care provider payment will never be greater than the contract-defined percentage.
Member	A person who has been enrolled in a health care delivery system during the reporting period. Members include all people directly enrolled (enrollees/subscribers) and their eligible dependents. Also known as covered person and plan participant.

GLOSSARY OF TERMS

Other Medical Services	Medical services that are not directly related to the transplant procedure.
Outcome Measures	Assessments to gauge the effect or results of treatment for a particular disease or condition. Outcome measures include the patient's perception of restoration of function, quality of life and functional status as well as the objective measures of mortality, morbidity and health status.
Outcomes	Results achieved through a given health care service, prescription drug use or medical procedure.
Outlier	An operational term used to represent the stop-loss language in some health care provider contracts indicating that the health care provider payment will never be lower than the contract-defined percentage.
Paid Claims	The amounts paid to satisfy the contractual liability of the carrier or plan sponsor. These amounts do not include any covered personal liability for ineligible charges or for deductibles or copayments. If the carrier has preferred payment contracts with providers (e.g., fee schedules or capitation arrangements), lower paid claims liability usually result.
Payer	Organization or entity responsible for payments of covered health care expenses.
Per Diem	An all-inclusive per-day rate for a specific service or bed type. Per diem rates are usually negotiated with hospitals for inpatient services or with ancillary providers for per-day services.
Percent of Charge	A reimbursement method that uses a percent discount for the provider's actual billed charge to calculate the amount to be paid to the health care provider. Also referred to as a Percent of Billed Charges.
Provider	A physician, hospital, group practice, nursing home, pharmacy or any individual or group of individuals that provides a health care service.
Qualification	The process of reviewing a provider applicant to participate in a health plan. Specific criteria and prerequisites are applied in determining initial and ongoing participation in the health plan.

GLOSSARY OF TERMS

Reconciliation	Process of comparing total charges for a period of care against the case rate specified in the health care provider agreement.
Repriced Claim	A claim that has the Optum negotiated rate applied based on the individual health care provider agreement.
RFI	Documents from Optum that collect critical health care provider operational and contact information.
TAP	The Transplant Access Program (TAP) provides discounted rates for transplant programs that do not meet rigorous COE criteria. The Transplant Access Program addresses the challenge our clients face when their insured opts to use a non-Network program by providing geographic access and economic relief through prearranged contracts for transplantation.
Unbundling	Separately packaging costs or services that might otherwise be billed together. For claims processing, this includes providers billing separately for health care services that should be combined according to industry standards or commonly accepted coding practices.
Uniform Billing Code of 2004 (UB-04)	A revised version of the UB-92, a federal directive requiring a hospital to follow specific billing procedures, itemizing all services included and billed on each invoice.

Appendix D: Glossary of Acronyms

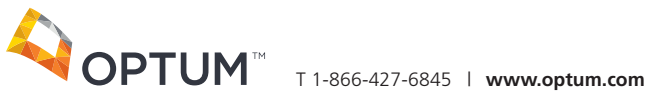
Listed below are commonly used acronyms.

BMT	Bone Marrow Transplant
BPR	Base Payment Rate
CAD	Cadaveric
CED	Case Effective Date
CM	Case Manager
CMS1500	Physician claim form
COB	Coordination of Benefits
COE	Center of Excellence network facility
CSI	Clinical Sciences Institute (Optum)
DOS	Date of Service
EDI	Electronic Data Interchange
ID	Identification Number
LD or LIV	Living Donor
LOS	Length of Stay
MPM	Minimum Payment Methodology
NF	Notification Form
PDF	Portable Document Form
RFI	Request for Information
RMO	Remote Mail Office
TRS	Transplant Resource Services
UB04	Uniform Billing Code of 2004; also known as the hospital claim form
www.myoptumhealthcomplexmedical.com/provider	Optum secured website for contracted facilities

Notes

Notes

Notes



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