



OptumHealth Infertility Operations Guide

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Operations Guide Overview

The purpose of this guide is to provide you with an ongoing reference tool that includes critical information regarding operational processes at OptumHealth.

INFERTILITY PROGRAM OVERVIEW

OptumHealth Care Solutions-Complex Medical Conditions, is a specialized care services division within UnitedHealth Group. 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.

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 infertility program reduces infertility treatment costs and decreases neonatal intensive care costs by utilizing contractual, medical and pharmaceutical savings.

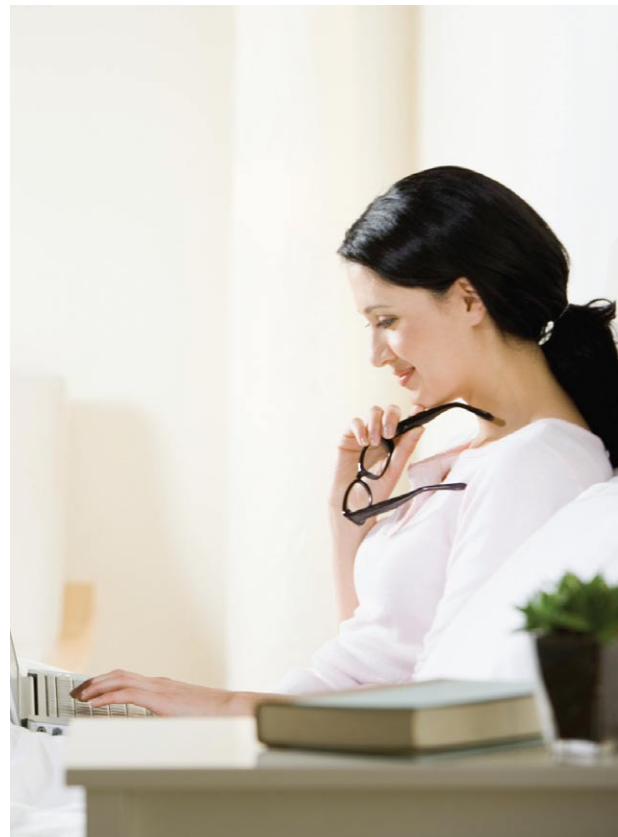
OptumHealth infertility programs also provide member access to experienced infertility nurse case managers:

- Credentials: An average of 20 years in the nursing field and 7+ years within the infertility arena.
- 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.

HEALTH CARE PROVIDER ON-BOARDING PROCESS

As contracts are negotiated between your infertility center and OptumHealth, information is gathered that will facilitate the on-boarding process. On boarding include:

- The Clinical Sciences Institute (CSI) Centers of Excellence network qualification process.
- An initial overview session between your OptumHealth Network Relations Representative and designated representatives from your infertility center to learn about your processes and infertility center structure.



CLINICAL SCIENCES INSTITUTE CENTERS

Clinical Sciences Institute conducts a review of all facilities and programs. This process determines if your center qualifies to be included in the Infertility network on an annual basis. This process helps ensure that our clients have access to only those programs that demonstrate continued clinical excellence in their field.

Completing the Infertility Survey will provide timely clinical information, further communicating the value and performance of the Infertility center to all Infertility clients.

Critical health care provider information is captured in order to provide accurate information to our clients and members regarding your programs.



NETWORK RELATIONS

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 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 the OptumHealth Infertility Program
- 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.

When contact, address, telephone and/or Web site information changes at your infertility center, it is critical that you notify OptumHealth so that updates can be made on all OptumHealth systems (Web sites, claims payment, marketing, etc.).

Contract Implementation

Upon signature, OptumHealth will enter the terms and provisions of your contract in our 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 OptumHealth's systems. Our goal is to create and implement a productive working partnership with our preferred providers. Having accurate, complete and timely information can assist in this process.

Health Care Provider On-boarding for New Contracted Providers

Following the execution of a new agreement or amendment, the Network Relations Representative will work with the main operations contact at your infertility center to help ensure that all aspects of the relationship with OptumHealth are functioning smoothly.

Once the on-boarding period has ended, service responsibilities between your Infertility Center and OptumHealth will reside with the Customer Service and Network Relations Teams.

Additional training is always available upon request. Please contact your Contract Manager or Network Manager to set up additional training.



CUSTOMER SERVICE CONTACT GUIDE

If your infertility center has questions about working with OptumHealth, 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

cmc.customer.service@optumhealth.com

Topic / Question	Contact who?	How?
Questions about information on a Notification Form or to obtain a copy of an NF form.	OptumHealth Customer Service	cmc.customer.service@optumhealth.com or (877) 801-3507
We have not yet received an NF for a patient that is currently being seen at our medical center.	Case Manager	cmc.customer.service@optumhealth.com or (877) 801-3507
Questions about patient eligibility, inpatient preadmission, patient benefit information.	Case Manager	cmc.customer.service@optumhealth.com or (877) 801-3507
Contract interpretation	Network Relations	cmc.customer.service@optumhealth.com or (877) 801-3507
Request for training	Network Relations	cmc.customer.service@optumhealth.com or (877) 801-3507
Questions about EDI claims submission	Network Relations	cmc.customer.service@optumhealth.com or (877) 801-3507
Questions on the annual survey or the Clinical Sciences Institute qualifying process	Clinical Sciences Institute	cmc.customer.service@optumhealth.com or (877) 801-3507
Payment status for claims	Network Relations	cmc.customer.service@optumhealth.com or (877) 801-3507

Provider Website

OptumHealth Care Solutions 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 and the ability to view claims receipt and pricing details. The provider Website is www.myoptumhealthcomplexmedical.com and you can request access to all centers that you are required to monitor and view.

OptumHealthSM
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Complex Medical Conditions

Print View

Welcome to the new OptumHealth Complex Medical Conditions web site! While we have a new look, all of the functionality and content that you enjoyed before is still here for you. Please reset your links and favorites to the new url.

Patients with complex medical conditions are more likely to get better care when they are treated by experienced, knowledgeable physicians and, better care leads to shorter hospital stays, higher success rates, faster recoveries and lower costs.

At OptumHealth, we have provided access to clinically superior, cost-effective health care for complex medical conditions since 1986. Find out how we can assist you or your organization.

Complex Medical Conditions is committed to making it as easy as possible for you to work with us. In response to your feedback, we are making enhancements that will allow you to send Notification Forms (NF) faster and easier than ever before.

For your convenience, we have created a [hardcopy Notification Form](#) that can be faxed to OptumHealth at 888-905-9492 or e-mailed to either your Account Manager or to cmc.client.services@optumhealth.com. You can also call us at 800-847-2050, prompt 2, where a trained Customer Service Representative will take your referral information.

If you already have a Complex Medical Conditions account, login to see your personalized information:

Username:

Password:

[Request Access](#) | [Login Help](#) | [Disclaimer](#)

Our client Website, www.myoptumhealthcomplexmedical.com/client, is a resource for our employer, payer, and public sector clients. The site is designed for our clients and serves many purposes throughout the OptumHealth experience. One can see the provider networks available to their members, submit a notification or case referral and monitor open cases and claim information. The Find a Health Care Provider section is one of the areas most frequented by our clients. This functionality allows them to locate the most appropriate health care provider for their members based on user-selected criteria.

PAYER CLIENT PROCEDURES

As described in your OptumHealth agreement, OptumHealth 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.

PROVIDER PARTICIPATION RULES: INFERTILITY PROGRAM

Health care providers participating in the OptumHealth Infertility Program must abide with and by all provisions below. Failure to adhere to any provision will result in exclusion from the Infertility Program.

Criteria

OptumHealth, in conjunction with an expert panel of infertility specialists respected in their field, develop proprietary criteria upon which you are evaluated for inclusion in OptumHealth's Managed Infertility Program.

The evaluation criteria are updated in response to emerging clinical data or medical techniques and technologies. OptumHealth's Clinical Sciences Institute department performs the provider evaluations on an initial and annual basis. You will be evaluated against the following benchmark criteria:

Compliance with OptumHealth's Operations Guide

Providers must must comply with all provisions located in the OptumHealth Operations Guide. This may include, but is not limited to, the following topics:

- Eligibility, coverage, prior approval/authorization Inquiries. Client's directions should be followed for verifying a prospective member's eligibility and level of coverage. You may also be required to request prior approval/authorization for services on the prospective member's behalf.

Consultation

Please consult the CSI team at clinical.science@optumhealth.com regarding OptumHealth's qualification review.



NOTIFICATION FORM

OptumHealth 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 medical center and is used to provide your staff with key information about a member who has been referred for infertility treatments.

The OptumHealth notification form is our organization’s form of a member ID card. This informs the center that a member will be accessing the OptumHealth 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 a notification is received, you are able to submit claims to OptumHealth for pricing per your contract language.

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

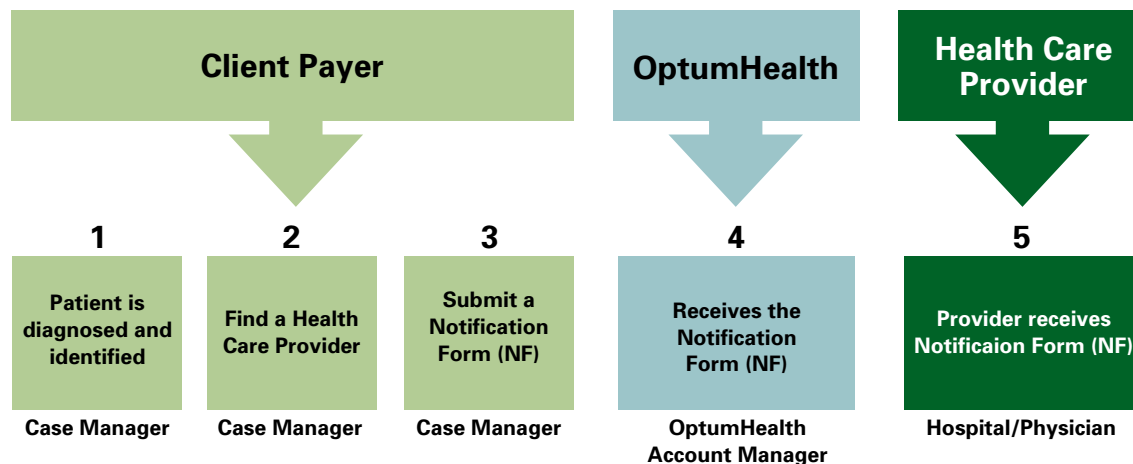
- Clinical staff should be given the contact name and phone number of the case manager. This information is used to obtain authorization for care and to provide updates on member status.
- Billing and administrative staff are notified by the NF that claims are to be sent directly to OptumHealth.
- Your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

Additionally, we recommend that your administrative system be flagged so that the member is identified as an OptumHealth Infertility member. This will help ensure that infertility claims are submitted to OptumHealth.

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 OptumHealth case manager/clinical consultant, or by an OptumHealth client and sent to OptumHealth. 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 infertility center. (This contact information is collected within the health care provider RFI.)



The Importance of the Notification Form

The OptumHealth Notification form is our organizations form of a member ID card. This informs the center that a member will be accessing the OptumHealth contract. This form has the claims mailing address and the Case Manager assigned to manage the case. Once a notification is received, you are able to submit claims to OptumHealth for pricing per your contract language.

Locating the Payer Case Manager on the NF

OptumHealth or Payer case manager contact information is provided on the Infertility Program notification form sent to the health care provider for each member. 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 OptumHealth or payer case manager is influential in referring patients to Infertility Programs. Their relationship with the clinical contacts within your Infertility program, as well as the ease with which they can obtain the information they need, has an impact on referral decisions. OptumHealth strongly encourages timely communication with payer case managers to help facilitate administration of patient care and timely payment of claims.

CLAIMS SUBMISSION

Claims must be sent to the OptumHealth claims team for pricing. Once priced according to the contract, claims will be forwarded to OptumHealth payers for payment. All claims submitted are priced based on the OptumHealth 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

Attention: OptumHealth

4050 South 500 West, Suite 50

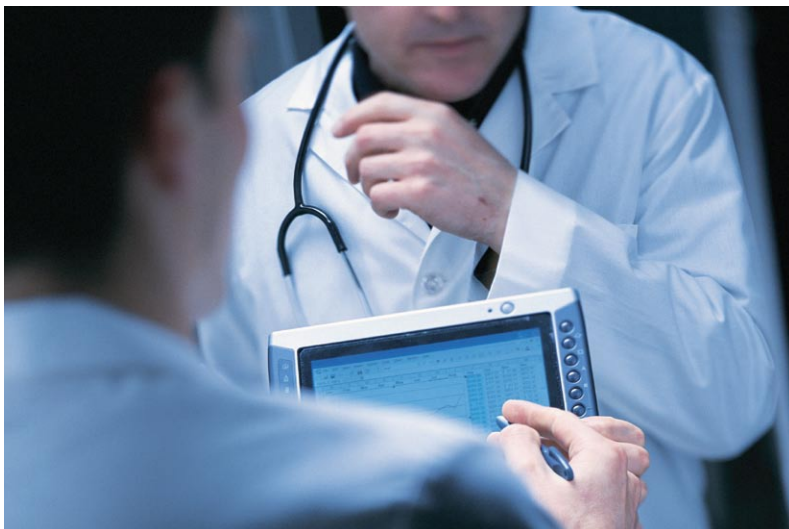
Salt Lake City, UT 84123

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

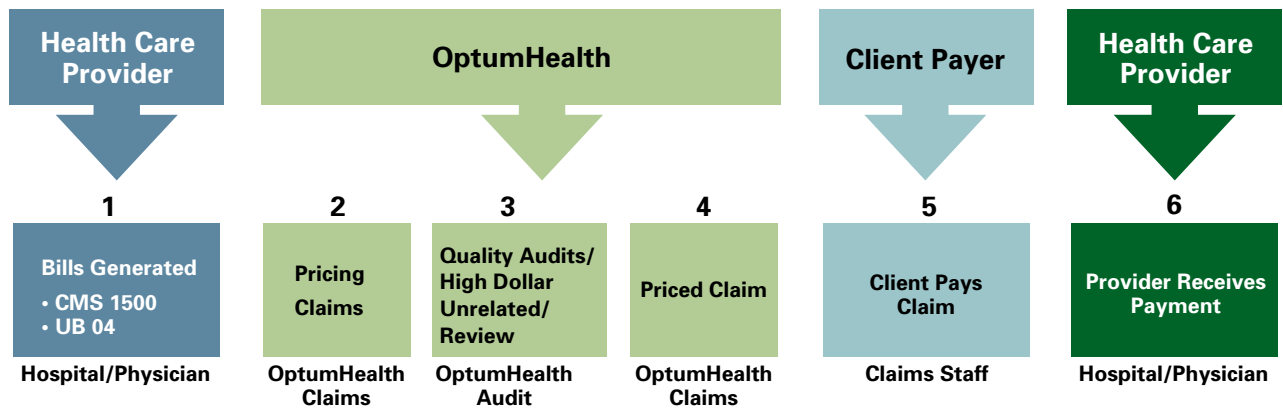
Your infertility center agreement contains a claim filing deadline. Please consult your agreement for the timely filing deadline for your infertility center. OptumHealth or its payers, at their discretion, may elect to not accept claims that are submitted after the timely filing deadline.



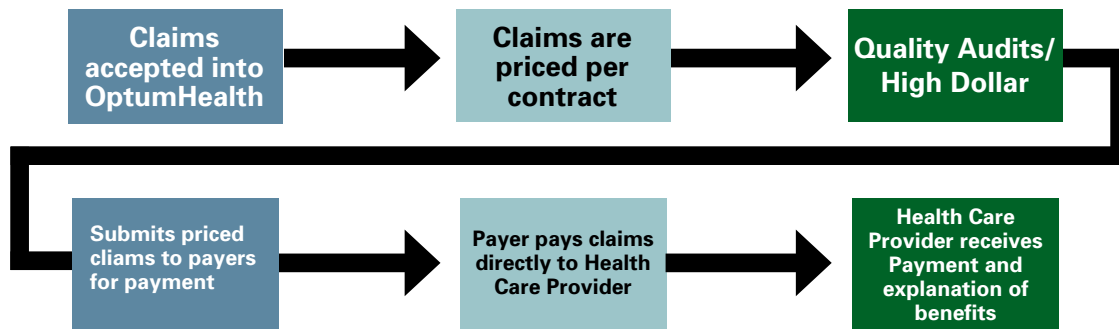
WHAT HAPPENS TO CLAIMS UPON SUBMISSION TO OPTUMHEALTH?

Claims submitted to OptumHealth follow a defined process that allows for timely and accurate pricing prior to submission for payment by our payer clients.

Claims Intake and Pricing Process Flow



Priced Claims Payment Process



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

CLAIMS THAT ARE CLOSED OR SENT BACK TO THE HEALTH CARE PROVIDER

Occasionally OptumHealth 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

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

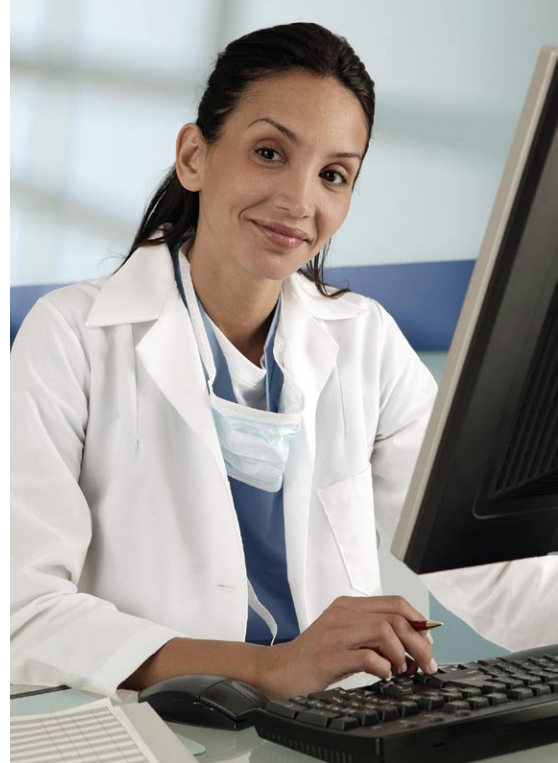
- OptumHealth prices claims received from your infertility center based on your specific OptumHealth agreement.
- OptumHealth sends priced claims to payers for processing.
- OptumHealth payers apply patient benefits to the priced claim amount and determine which services are eligible for reimbursement. 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.
- If there is an overpayment, OptumHealth will notify your infertility center of the overpayment via a refund notice. We will also notify the payer of an underpayment on the final invoice.



CLAIMS STATUS PROCESS

Claims inquiries can be submitted to OptumHealth if payment has not been received within 45 days of services rendered. Assigned team members will contact payers, as needed, to verify payment status. 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.



GLOSSARY OF ACRONYMS

Listed below are commonly used acronyms.

CED	Case Effective Date
CM	Case Manager
COB	Coordination of Benefits
COE	Centers of Excellence
CSI	Clinical Sciences Institute (OptumHealth)
DOS	Date of Service
DX	Diagnosis
EDI	Electronic Data Interchange
EOB	Explanation of Benefits

CMS 1500	Physician claim form
ID	Identification number- Associated with Claim ID or Member ID.
NF	Notification Form
PDF	Portable Document Format
PHI	Protected Health Information
RFI	Request for Information
RMO	Remote Mail Office
TAT	Turn Around Time



OptumHealthSM

Care Solutions

*OptumHealth Care Solutions- Physical Health includes ACN Group, Inc., ACN Group IPA of New York, Inc., Managed Physical Network, Inc., and ACN Group of California, Inc.

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