

OptumHealth Managed Infertility Program

Provider 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 important information regarding operational processes for the OptumHealth Managed Infertility Program (MIP).

MIP Overview

OptumHealth Care Solutions-Complex Medical Conditions is a specialized care services division within UnitedHealth Group, one of the largest health insurers in the nation. Complex Medical Conditions (CMC) provides access to clinically superior, cost-effective health care for complex medical conditions. The CMC transplant network has been in existence since 1986, and has since added networks focused on complex cancer, congenital heart disease, infertility, kidney disease, neonatal intensive care and bariatric services.

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

The OptumHealth Managed Infertility Program (MIP) reduces infertility treatment costs and decreases Neonatal Intensive Care Unit (NICU) costs by utilizing contractual, medical and pharmaceutical savings.

MIP also provides member access to experienced infertility nurse case managers. The nurse guides the patient through the complex infertility journey. Once a patient works with one of the nurse case managers, they will be able to contact that nurse directly for the remainder of their treatment period.



Managed Infertility Program Implementation

Network Relations

Upon notification of a new health care provider agreement, a Network Relations Representative will be assigned to your infertility center. This person will call your operations contact to begin the contract implementation process. In general, this call will consist of the following:

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

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

The request for information (RFI) enables OptumHealth to gather detailed, program-specific operational information. The RFI will be forwarded to your infertility center for completion following the overview call from your Network Relations Representative. The Infertility Contract Manager will also engage in this activity to ensure both parties are working effectively to promote and drive members to the preferred network provider.

Timely completion of the RFI is imperative in order to effectively enter your programs into the MIP systems and market your medical center to our clients and members. If the RFI is not received, it may impact patient referral as well as claims processing and payment. When contact, address, telephone and/or Web site information changes at your infertility center, it is critical that you notify MIP so that updates can be made on all MIP systems (Web sites, claims payment, marketing, etc.).

Contract Implementation

Upon signature, MIP 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 MIP'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.

Contract Coverage

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

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



Member Transition

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

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

Notification Form

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

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

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

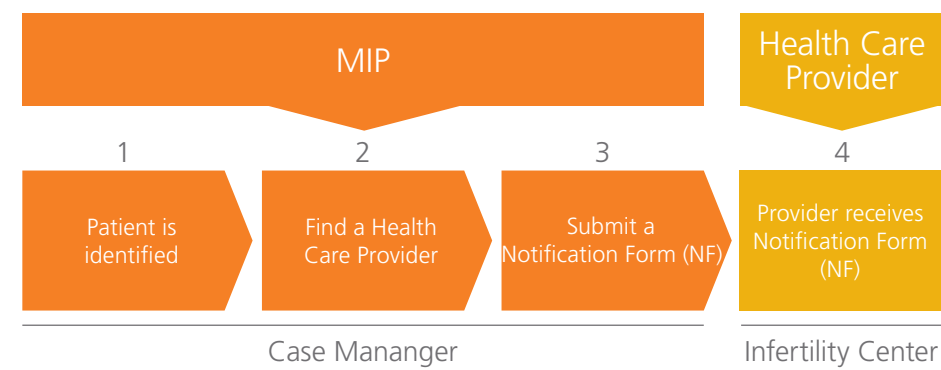
- Clinical staff should be given the contact name and phone number of the case manager. This information is used to obtain authorization for care and to provide updates on member status.
- Billing and administrative staff are notified by the NF that claims are to be sent directly to MIP.

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

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

NF Process

The NF is completed by MIP case manager. A member record is created within our systems based on the information provided on the NF. The NF is then forwarded to designated contacts at your infertility center.



Provider Website

MIP 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 for your center to monitor and view. Additional website screenshots can be found in appendix A.

Patient Treatment Plan

The Patient Treatment Plan enables the MIP team to understand the results of the evaluation and diagnostic phase and review requests for treatment of infertility conditions, including pre-certification of services.

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

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

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

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

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

The Patient Treatment Plan may be submitted as follows:

Fax: 855-536-0491

Ph: 877-512-9340

Email: MIP@optum.com

Claims Submission

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

Where to Submit Claims

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

Preferred method of claims submission:
Electronic Claims Payer ID #41194

Paper Claims Address:
OptumHealth
PO Box 30758
Salt Lake City, UT 84130

Emergency/Overnight Claims Submission
LASON – SCS RMO
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 (typically 90 days). Please consult your agreement for the timely filing deadline for your infertility center. MIP, at their discretion, may elect to not accept claims that are submitted after the timely filing deadline.

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

Claims Reprocessing

If the provider feels claims are mispriced or not paid correctly, they should contact customer service for resolution.

Claims that are closed or sent back to the Health Care Provider

Occasionally MIP will close claims submitted by health care providers and accepted into our system. Reasons for claims closure include:

- Duplicate claims
- Missing or invalid data
- Claim submission by an unaffiliated provider
- Claims dates of service that do not

fall into the eligibility period for the member

- Claims dates of service that do not follow the submitted treatment plan
- Claims dates of service that do not conform to member benefits

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

Claims pricing and payment process

Process Overview and Guidelines

- MIP pays claims received from your infertility center based on your specific OptumHealth agreement.
- MIP applies patient benefits to the priced claim amount and determines which services are eligible for reimbursement. Member responsibility amounts such as co-payments, coinsurance and deductibles are applied.
- Your infertility center may bill the member for any amounts that are the responsibility of the member. These amounts will be shown as member responsibility on the explanation of benefits/health care provider remittance advice.
- If there is an overpayment, MIP 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 MIP if payment has not been received within 45 days of services rendered. Inquiries are tracked by the Network Relations team. Please status claims by emailing cmc.customer.service@optumhealth.com. An inquiry number will be sent to you within 24 hours.

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

Coordination of Benefits(COB)

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

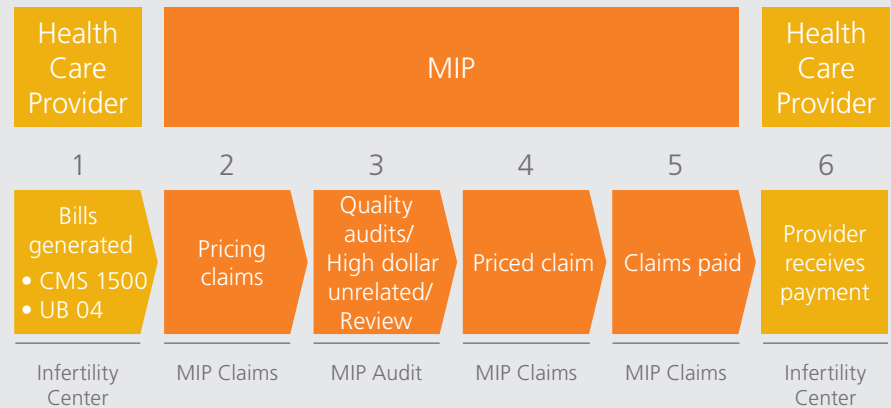
Denials and Appeals

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

What happens to claims upon submission to MIP?

Claims submitted to MIP follow a defined process that allows for timely and accurate pricing and payment.

Claims Intake and Pricing Process Flow



What is Order of Benefits Determination (OBD)?
Order of Benefits Determination is a sequence of regulations developed by the National Association of Insurance Commissioners (NAIC). The COB model determines which group plan pays benefits first.

For the Plan that Covers:	The Primary Plan Is:	NAIC COB Model
Subscriber and Spouse	The plan that covers the person as an employee or subscriber	Dependent/Nondependent Rule
Dependent Children	The plan of the parent whose birthday falls earlier in the calendar year. The actual year is ignored.	Birthday Rule, if the parents: • are married • are not separated • have a court decree awarding joint custody without assigned health care coverage responsibility
Dependent Children • of divorced or separated parents	The plan of the parent that the court deems is responsible for the child's health care coverage.	Divorce Decree
Dependent Children • of divorced or separated parents without a divorce decree	In this order, the plan of the: • parent with custody • spouse of custodial parent • non-custodial parent • spouse of non-custodial parent	Custody Rule
Subscriber of two plans • active and non-active	The plan that is active	Active/Inactive
Subscriber of two plans • active and Cobra or State Continuation	The plan that is active	Subscriber Rule
Subscriber and a Spouse • active and Cobra or State Continuation	The subscriber's plan	Subscriber Rule
Subscriber • two active plans	The plan that has been in effect the longest period of time	Longer/Shorter Length of Coverage

Customer Service Contact Guide

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

(877) 801-3507 — Prompt 3: Health Care Professional

cmc.customer.service@optumhealth.com

Topic/Question	Contact Who?	How?
Questions about information on a NF or how to obtain an NF	Infertility Case Manager	MIP Phone: 877-512-9340 MIP Fax: 855-536-0491
We have not yet received NF for a patient currently at our center	Infertility Case Manager	MIP Phone: 877-512-9340 MIP Fax: 855-536-0491
Questions about patient eligibility or benefit information	Infertility Case Manager	MIP Phone: 877-512-9340 MIP Fax: 855-536-0491
Questions about patient treatment plan and authorization	Infertility Case Manager	MIP Phone: 877-512-9340 MIP Fax: 855-536-0491
Questions about EDI claims submission	Network Relations	(877) 801-3507 Prompt 3 – Health Care Professional Oxford Customer Service cmc.customer.service@optumhealth.com
Payment status for claims Network Relations	Network Relations	(877) 801-3507 Prompt 3 – Health Care Professional Oxford Customer Service cmc.customer.service@optumhealth.com
Request for training Network Relations	Network Relations	(877) 801-3507 Prompt 3 – Health Care Professional Oxford Customer Service cmc.customer.service@optumhealth.com



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

MANAGED INFERTILITY PROGRAM NOTIFICATION FORM

Date:

Client Name: Oracle Corporation

Clinic Name: Fertility Center

COB:

Contracted Program Type: Managed Infertility Program

Case Manager: listed, none

Address:

Primary Fax:

Primary Phone: 999-999-9999

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

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

PATIENT INFORMATION

Name: Test Last, Test First

Date of Birth: 09/25/1955

Member #: 999999999

Phone:

Address: 1235 my road
my town, IL 60517

Patient Coverage Effective Date: 01/01/2010

Patient Eligibility/Benefits Phone: 999/999-9999

Upon receipt of the Notification Form, and before providing non-emergency health services to a member, facility/requesting Provider will verify Member's eligibility for health services under a benefit plan.
Facility/requesting Provider are responsible for verifying Members' continued eligibility for health services. OptumHealth Managed Infertility Program is responsible for determining Member eligibility for health services, authorization for services or interpretation of benefit contracts.
This Notification Form does not provide certification/authorization for services. Separate requests via phone and/or treatment plan are required for certification/authorization for services based on members benefit plan.

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

RRSMIP-083111

Date: 00/00/0000



**Managed Infertility Program
Patient Treatment Plan**

Metabolic Information

Last: _____ First: _____ MI: _____ DOB: ___/___/___

Member/ID Number: _____

Patient Information Status as above

Last Name: _____ First Name: _____

Patient/ID Number: _____ DOB: ___/___/___ Sex F M

Relationship to Patient Self Spouse Child

Secondary Insurance Yes No Name of Insurance: _____

Physician Information

Requesting MD Name: _____ Provider ID: _____ Center ID-TIN: _____

clinic Contact: _____ Phone: _____ Email: _____

Obtained Information

Duration of Infertility

6 months to 1 year 1 to 2 years Greater than 2 years

FSH Levels _____ Antral Follicle Counts _____ AMH Levels _____ BMI _____

Guidelines for AM Levels: Less than age 35 - Yearly, over age 35 - every 6 months

Semen Analysis Results Normal Abnormal

Previous Cycles

Fresh _____ Frozen _____ Donor _____ GIFT _____

Subsidiary Requests New Cycle New start date for previously approved cycle ___/___/___

<input type="checkbox"/> Fresh IVF cycle, case rate	54015
<input type="checkbox"/> Fresh IVF cycle - embryo transfer, case rate, donor egg	54023
<input type="checkbox"/> Frozen IVF cycle, case rate	54016
<input type="checkbox"/> IUI cycle Gonadotropins, case rate	54035-S1
<input type="checkbox"/> IUI cycle Clomiphene, case rate	54035

Daily dose for gonadotropins <225IU 226-300IU 301-450IU >450IU

PLEASE ENSURE THAT ALL PERTINENT CLINICAL INFORMATION IS ATTACHED.

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

Please note: All procedures and testing are subject to benefit review and coverage.

Fax: 855-536-0491 Phone: 877-512-9340 Email: MIP@optum.com

Use OptumHealth Use Only
Authentication System

Approved Yes No Authorization: _____ Expiration Date: ___/___/___ Date Authorization Complete: ___/___/___

Denied Yes No Reason: _____ By: _____

Complete the Diagnosis section for all cases and the Treatment Plan section only if not using a case rate.

Diagnosis

Infertility	Cervix	Miscellaneous	Other Situations
<input type="checkbox"/> Infertility, other 628.8	<input type="checkbox"/> Polyp Cervix 622.7	<input type="checkbox"/> Hirsutism 704.1	<input type="checkbox"/> Egg Donor V59.70-V59.74
<input type="checkbox"/> Infertility, unspecified 628.9	<input type="checkbox"/> Cervical Stenosis 622.4	<input type="checkbox"/> Pelvic Adhesions 614.6	<input type="checkbox"/> Gestational Carrier V26.89
<input type="checkbox"/> Infertility Testing V26.29, V26.21	Endometriosis	<input type="checkbox"/> Pelvic Mass 789.3	Diagnostic Procedures
<input type="checkbox"/> Infertility, Anovulation 628.0	<input type="checkbox"/> Endometriosis, peritoneal 617.3	<input type="checkbox"/> Ascites 789.5	<input type="checkbox"/> U/S transvag 76830
<input type="checkbox"/> Infertility, Cervical 628.4	<input type="checkbox"/> Endometriosis, ovary 617.1	Pain	<input type="checkbox"/> U/S follicle 76857
<input type="checkbox"/> Infertility, Tubal 628.2	Ovary/Ovulatory	<input type="checkbox"/> Dysmenorrhea 625.3	<input type="checkbox"/> U/S Pregnancy, limited 76815
<input type="checkbox"/> Infertility, Uterine 628.3	<input type="checkbox"/> PCO 256.4	<input type="checkbox"/> Pain, Pelvic 625.9	<input type="checkbox"/> HSG review 74740
<input type="checkbox"/> Infertility, LPD 628.1	<input type="checkbox"/> Diminished Ovarian Reserve	<input type="checkbox"/> Pain, Abdominal 789.0	<input type="checkbox"/> HSG injection 58340
<input type="checkbox"/> Infertility, male 606.9	<input type="checkbox"/> Ovarian Failure 256.3	Pituitary/Hypothalamus/Thyroid	<input type="checkbox"/> Sono-hysteroqram 76831
<input type="checkbox"/> Infertility, oligospermia 606.1	<input type="checkbox"/> Ovarian Dysfunction 256.8	<input type="checkbox"/> Hyperprolactinemia 253.1	<input type="checkbox"/> Office Hysteroscopy 58555
<input type="checkbox"/> Infertility, azospermia 606	<input type="checkbox"/> Ovarian Cyst 620.2	<input type="checkbox"/> Hypogonadism 253.4	<input type="checkbox"/> Semen Analysis 89322
Uterus	<input type="checkbox"/> Hyperstimulation 256.1	<input type="checkbox"/> Hypothyroidism 244.9	<input type="checkbox"/> Post Coital Test 89300
<input type="checkbox"/> Fibroids 218.9	<input type="checkbox"/> Ovarian Neoplasm 239.5	<input type="checkbox"/> Endometriosis, peritoneal 617.3	<input type="checkbox"/> Endometrial Biopsy Test 58100
<input type="checkbox"/> Uterine Septum 752.2	<input type="checkbox"/> Irregular Cycle 626.4	<input type="checkbox"/> Hyperthyroidism 242.9	Other
<input type="checkbox"/> Fibroid submucosa 218.0	<input type="checkbox"/> Amenorrhea 626.0	<input type="checkbox"/> Endometriosis, ovary 617.1	
<input type="checkbox"/> Uterine Synechiae 621.5	Other: _____	Other: _____	
<input type="checkbox"/> Endometrial Polyp 621.0			

Treatment Plan

Artificial Insemination	Male Procedures	Surgery	Surgery (continued)
<input type="checkbox"/> Intrauterine 58322	<input type="checkbox"/> Testicular Biopsy 54500, 54505	<input type="checkbox"/> Fulguration/excision of Endometriosis 58662	<input type="checkbox"/> Hysteroscopic Metroplasty 58540
<input type="checkbox"/> Cervical 58321	<input type="checkbox"/> MESA 54028	<input type="checkbox"/> Myomectomy 58543, 58545, 58546	<input type="checkbox"/> D & C 58120
<input type="checkbox"/> Spouse	<input type="checkbox"/> TESA 54028	<input type="checkbox"/> Tubal Ligation/occlusion (hydrosalpinx) 58670	<input type="checkbox"/> Lysis of Adhesions 58660, 58740
<input type="checkbox"/> Partner	<input type="checkbox"/> Micro-TESE 54028	<input type="checkbox"/> Fimbrioplasty 58672, 58760	<input type="checkbox"/> Ovarian Cystectomy 58925
Ovulation Induction/Stimulation	<input type="checkbox"/> PESA 55899	<input type="checkbox"/> Salpingostomy/Neosalpingostomy 58673	<input type="checkbox"/> Oophorectomy 58661
<input type="checkbox"/> Clomiphene	<input type="checkbox"/> Electro-ejaculation 55870	<input type="checkbox"/> Diagnostic Hysteroscopy 58555	<input type="checkbox"/> Salpingectomy 58661, 58700
<input type="checkbox"/> Letrozole	<input type="checkbox"/> Retrograde ejaculate recovery 89331	<input type="checkbox"/> Hysteroscopic Myomectomy 58545, 58546	Other
<input type="checkbox"/> Gonadotropin	Other: _____	<input type="checkbox"/> Hysteroscopic lysis of adhesions 58559	
<input type="checkbox"/> Gonal-f is the preferred FSH	Other: _____	<input type="checkbox"/> Hysteroscopic Polypectomy 58558	

In Vitro Fertilization

Ovarian Stimulation	Embryology	Embryology (continued)	Embryo Transfer
<input type="checkbox"/> Antagonist Protocol	<input type="checkbox"/> Oocyte Identification 89254	<input type="checkbox"/> Evaluation of Embryos for Transfer 89255	<input type="checkbox"/> Embryo Thaw 89352
<input type="checkbox"/> Agonist Protocol	<input type="checkbox"/> Fertilization 89280, 89281	<input type="checkbox"/> ICSI 89280, 89281	<input type="checkbox"/> Embryo Transfer 58974
<input type="checkbox"/> Oocyte Retrieval/U/S/guidance of follicular aspiration 76948	<input type="checkbox"/> Culture to cleavage stage 89250	<input type="checkbox"/> Assisted Hatching 89253	
	<input type="checkbox"/> Culture to blastocyst stage 89272		

Cryopreservation	Treatment/Testing Other	Other
<input type="checkbox"/> Long Term >3 months 89258-A, 89259-A	<input type="checkbox"/> Embryo Biopsy 89290	
<input type="checkbox"/> Short Term <3 months 89258-B, 89259-B	<input type="checkbox"/> PGD <input type="checkbox"/> PGS 89291	
Monitoring	<input type="checkbox"/> PCR 83890 - 83912	
<input type="checkbox"/> U/S Monitoring of Follicle 76830	<input type="checkbox"/> FISH 88271, 88275, 88291	
<input type="checkbox"/> Lab Monitoring	<input type="checkbox"/> SNP 83891	
	<input type="checkbox"/> aCGH	

Logging into myoptumhealthcomplexmedical.com

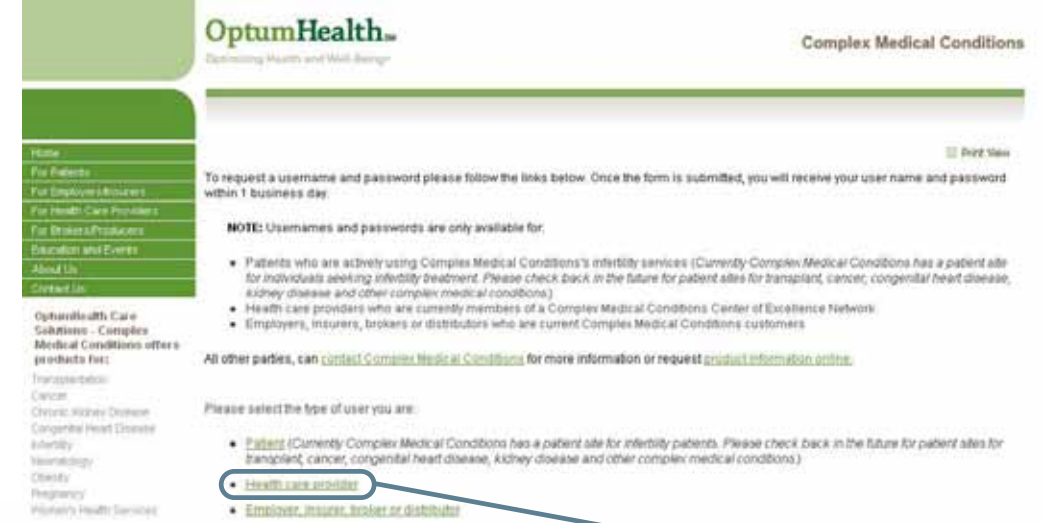
Logging into the OptumHealth site is easy!
Simply enter your username and password in the fields provided



www.myoptumhealthcomplexmedical.com

Requesting Access to myoptumhealthcomplexmedical.com

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



Type of User Link

Requesting Access to myoptumhealthcomplexmedical.com

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



Request Access Link

Requesting Access to myoptumhealthcomplexmedical.com

- Complete the Access Request form – Access information is e-mailed in 24-48 hours

Patient Search

- Search for active patients by patient name or case effective dates

Search Patient Records
Use the tool below to search and locate your active patients. To view all your active patients, simply click the **Search Patients** button.

By Patient

First Name: Last Name:

By Case Effective Date

Begin: End:
mm/dd/yyyy mm/dd/yyyy

Search Patients

224 results found, displaying 1 to 100

Last	First	New Referral	Case Effective Date	Program Type	Case Manager	Payer Name	Status	Change Status
Patient	One	No	07/07/2008	BMT ALLO UNPEL	Case Manager	Client XYZ	Evaluation	
Patient	Two	No	04/03/2008	HENEY CADAVERIC	Case Manager	Client ABC	Accepted/Listed	04/04/2009 02:25 modified
Patient	Three	No	01/01/1753	BMT UNRECFIED	Case Manager	Client GHI	Referral	

Active Case List

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

Active Cases Welcome

Facility Name: Hospital ABC

224 results found, displaying 1 to 15

Last	First	New Referral	Case Effective Date	Program Type	Case Manager	Payer Name	Status	Change Status
Patient	One	No	07/07/2008	BMT ALLO UNPEL	Case Manager 9999999999	Client ABC	Evaluation	
Patient	Two	No	04/03/2008	HENEY CADAVERIC	Case Manager 9999999999	Client DEF	Accepted/Listed	04/04/2009 02:25 modified
Patient	Three	No	01/01/1753	BMT UNRECFIED	Case Manager 9999999999	Client GHI	Referral	
Patient	Four	No	08/1/2006	LIVER CADAVERIC	Case Manager 9999999999	Client JKL	Accepted/Listed	03/19/2008 12:44
Patient	Five	No	01/02/2007	OTHER OBTAINBINARY CANCER	Case Manager 9999999999	Client MNO	Evaluation	

Manage Claims – Patient List

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

Patient List

Facility Name: Hospital ABC

322 results found, displaying 1 to 15

Last Name	First Name	Program Type	Group	Transplant Status
Smith	John	OND AI CATEGORIES	Client ABC	Accepted/Listed
Doe	Jane	BMT AUTO P	Client DEF	Post Transplant
Olson	Jim	OND AI CATEGORIES	Client GHI	Evaluation

Manage Claims – Patient Claims List

- Patient Claims List displays the list of claims for the patient

Features:

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

Patient Claims List

Facility Name: Hospital ABC
Patient Name: Patient One
Client: XYZ
Medical ID: 99999999
State Medical ID: 999999999999

Program Type: BMT ALLO UNPEL
Case Effective Date: 04/03/2008
List Accept Date: 03/28/2008
Transplant Period Date: 12/31/2008
Transplant Date: 12/28/2008
Transplant Discharge Date: 01/16/2009
Reactive Date: 03/28/2009

Case Close Status: None
Phase 3 Start: 03/28/2009
Phase 4 End: 08/18/2009

Display Claims Between The Following Dates of Service (DOS):
From DOS:
To DOS:
In Selected Ref:

Display Claims: All Paid Denied Rejected Pending

327 results found, displaying 1 to 15

Claim ID	Provider Name	Claim Type	Account Number	From DOS	To DOS	Received Date	Total Charge	Total Repriced	Rejected Date	Status	Claim Detail
[LINK TO CLAIM]	Provider 1	Hospital	99999999	09/05/2008	12/04/2008	04/13/2009	\$104,752.34	\$113,002.20	04/13/2009	Hit Forward	View Report
[LINK TO CLAIM]	Provider 2	Physician	99999999	09/04/2008	09/28/2008	11/16/2008	\$26.32	\$148.88	04/13/2009	Hit Forward	View Report
[LINK TO CLAIM]	Provider 2	Physician	99999999	09/05/2008	10/06/2008	11/16/2008	\$1,301.49	\$903.08	04/13/2009	Hit Forward	View Report
[LINK TO CLAIM]	Provider 2	Physician	99999999	09/05/2008	09/26/2008	11/16/2008	\$79.30	\$437.48	04/13/2009	Hit Forward	View Report



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www.optum.com

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