

January 2011

Revised OptumHealth Physical Health Operations Manual for Participating Providers

OptumHealth Care Solutions, Inc. (OptumHealth) is pleased to announce that a more user-friendly operations manual is now available on the OptumHealth Provider Portal. The operations manual has been updated with tools, graphics and definitions that make it easier to navigate and find information. You can access and download a copy of the newly formatted operations manual by [clicking here](#) or by visiting www.myoptumhealthphysicalhealth.com and clicking on the "Operations Manual" link from the home page under Resource Library.



Re-Tiering Update

During the second quarter of 2011, your annual clinical performance (based on 2010 data) will be evaluated to determine your network tier assignment. During the second quarter of 2011, you will be notified if your tier status changes.

To view the tiering criteria, please visit www.myoptumhealthphysicalhealth.com. Once you have logged in, click on "Tier Status" at the top of the page, under your name. You may view your clinical performance, by health plan, by going to Clinical Resources > Your Profile.

Reimbursement Policy Dissemination

Reimbursement policies are published online and are available to health care providers, members, and the general public at www.myoptumhealthphysicalhealth.com under the link on the home page titled Review Reimbursement Policies. Significant policy changes are communicated through provider newsletters and professional advisory councils. The following new policy has been added:

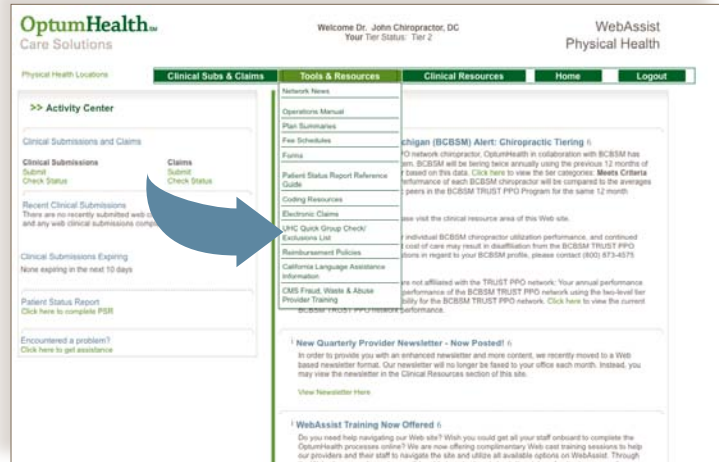
Policy 062 - Documentation Requirements for Outpatient Consultation Services Policy (CPT codes 99241-99245). This policy describes OptumHealth documentation requirements for reimbursement of the Outpatient Consultation CPT codes, 99241-99245.

Is Your Practice and Demographic Information Correct?

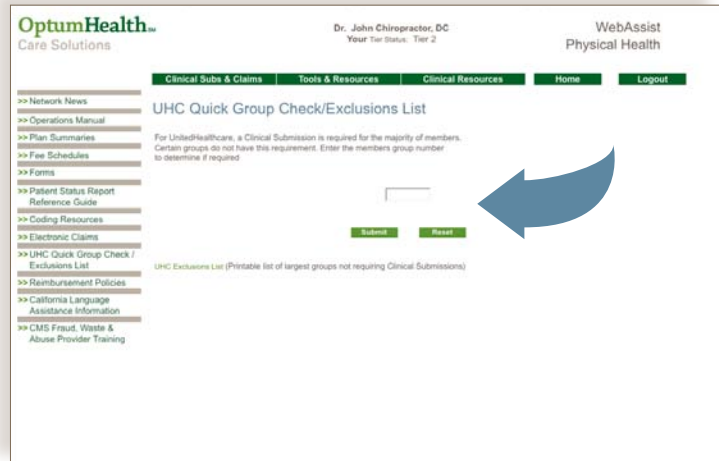
Incorrect practice information can result in reimbursement issues, contract termination, and failure to receive important notices from OptumHealth. Please remember to update OptumHealth with any demographic changes to your practice, including clinic name, mailing, and remittance address changes. Please submit changes using the [New/additional office location application form](#). You may also find the form by going to www.myoptumhealthphysicalhealth.com and clicking on Tools & Resources > Forms > New/additional office location application.

Tools for Determining Clinical Submission Requirements for UnitedHealthcare Patients

Are you looking for an easy way to find out if a Clinical Submission is required for your UnitedHealthcare® patients? Then visit www.myoptumhealthphysicalhealth.com! Once you have logged in, go to Tools & Resources > UHC Quick Group Check/Exclusions List.



On the next screen enter the group number and click "Submit" to get your answer immediately.



Another option to verify if a Clinical Submission is required for UnitedHealthcare patients is to call the Quick Group Check line at (888) 329-5182. After the recorded message, say the patient's group number to find out if Clinical Submission is required. This toll-free number is separate from our general customer service line and by using this option, you can avoid any hold times for a customer service representative.

Both of these options are available 24 hours a day, 7 days a week.

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