

Physical and Occupational Therapy Service Provider Changes

At UnitedHealthcare, we are proud to serve your clients' health care needs, and want to keep you informed of changes in our program. Currently, the physical and occupational therapy benefit is administered by OrthoNet. This notice is to inform you that, effective for services occurring on or after April 1, 2009, ACN Group, Inc. (OptumHealth) will begin administering the physical and occupational therapy benefit for UnitedHealthcare's Oxford plans.

OptumHealth is a leading physical medicine company that has significant experience in promoting best practices and evidence-based health care, while working with physical and occupational therapists as well as other providers of therapy services and their patients.

What does this mean for your clients and their employees?

As with the current arrangement, please be aware that providers will need to collect some basic information from employees regarding their current conditions, for submission to OptumHealth. Please advise your clients and their employees to be prepared to provide this information at their next visit. This information is helpful to both the provider and OptumHealth in understanding the current status of the member's condition and avoiding the incidence of denials and delays in the claims process. The change to OptumHealth has no impact on employees' current benefits and, therefore, they will not experience any changes in their physical therapy or occupational therapy services.

Note: If your group has a plan that requires referrals for access to physical and occupational therapy services, employees are still required to obtain a referral prior to accessing care.

We are notifying all affected employer groups and members. Please refer to the links below for sample communications.

Thank you for your attention to this change. If you have any questions please contact your sales representative.

[Sample Group Letter](#)

[Sample Letter for Members seeing Par Providers](#)

[Sample Letter for Members seeing Non-Par Providers](#)



<Date>

<<BA first name>> <<BA last name>>

<<Group Name>>

<<address 1>>

<<address 2>>

<<city>>, <<state>> <<zip>>

Dear <BA First Name> <BA Last Name>,

We are committed to communicating with you about changes in our program that may affect your employees. Currently, the physical and occupational therapy benefit for members enrolled in an Oxford plan is administered by OrthoNet. This letter is to inform you that, for services occurring on or after April 1, 2009, ACN Group, Inc. (OptumHealth) will begin administering the physical and occupational therapy benefit for UnitedHealthcare's Oxford plans.

OptumHealth is a leading physical medicine company that has significant experience in promoting best practices and evidence-based health care, while working with physical and occupational therapists as well as other providers of therapy services and their patients.

As with the current arrangement, please be aware that providers will need to collect some basic information from your employees regarding their current conditions, for submission to OptumHealth. Please advise your employees to be prepared to provide this information at their next visit. If this information is not requested, please have them remind the provider's office of the new physical and occupational therapy benefits administrator for UnitedHealthcare's Oxford plans. This information is helpful to both the provider and OptumHealth in understanding the current status of the employee's condition. Also, failure to provide this information to OptumHealth may result in a denial of services, and delay the claims process. The change to OptumHealth has no impact on your employees' current benefits and, therefore, they will not experience any changes in their physical therapy or occupational therapy services. Note: If your group has a plan that requires referrals for access to physical and occupational therapy services, employees are still required to obtain a referral prior to accessing care.

How are we communicating this change to members?

We are notifying all affected members. A sample of the letter to members is enclosed for your reference.

Thank you for your attention to this change. If you have any questions, please contact your Account Manager or call Customer Service at 1-800-444-6222.

Sincerely,

Sanford Cohen, MD
Chief Medical Officer of the Northeast Region

Enclosure



<Date>

<Member Name>

<Member Address 1>

<Member Address 2>

<City>, < State> < Zip>

Dear <Member Name>,

We are committed to communicating with you about changes in our program that may affect you. However, please note that the following changes outlined in this letter will not impact your current benefits and, therefore, you will not experience any changes in your physical therapy and occupation therapy services. According to our records, you are currently receiving, or may have received in the past six months, physical therapy or occupation therapy services from an Oxford participating physician or other health care professional. Currently, the physical and occupational therapy benefit for members enrolled in an Oxford plan is administered by OrthoNet.

This letter is to inform you that, for services occurring on or after April 1, 2009, ACN Group, Inc. (OptumHealth) will begin administering the physical and occupational therapy benefit for UnitedHealthcare Oxford plans. Note: If you have a plan that requires referrals for access to physical and occupational therapy services, you are still required to obtain a referral prior to accessing care.

OptumHealth is a leading physical medicine company that has significant experience in promoting best practices and evidence-based health care, while working with physical and occupational therapists as well as other providers of therapy services and their patients.

As part of this new arrangement, please be aware that your provider will need to collect some basic information from you regarding your current condition, for submission to OptumHealth. Please be prepared to provide this information at your next visit. If this information is not requested, remind the provider's office of the new physical and occupational therapy benefits administrator for UnitedHealthcare Oxford plans. This information is helpful to both your provider and OptumHealth in understanding the current status of your condition. Also, failure to provide this information to OptumHealth may result in a denial of services, and delay the claims process.

Thank you for your continued membership with us. If you have any questions or need assistance, please call Customer Service at the number on your member ID card or call 1-800-444-6222.

Sincerely,

Sanford Cohen, MD

Chief Medical Officer of the Northeast Region



<Date>

<Member First Name> <Member Last Name>

<Address 1>

<Address 2>

<City> <State>, <Zip>

Dear <Member First Name> <Member Last Name>,

We are committed to communicating with you about changes in our program that may affect you. According to our records, you are currently receiving, or may have received in the past six months, physical therapy or occupational therapy services from a non-participating physician or other health care professional. Currently, the physical and occupational therapy benefit for members enrolled in an Oxford plan is administered by OrthoNet. Effective for services occurring on or after April 1, 2009, ACN Group, Inc. (OptumHealth) will begin administering the physical and occupational therapy benefit.

We want you to be aware that there may be a significant cost difference for you when you seek services from a non-participating physician, physical therapist or occupational therapist. You are financially responsible for out-of-network cost shares as outlined in your Certificate of Coverage, as well as for all services that are not determined to be medically necessary. While out-of-network services may be an option for you, we encourage you to choose an Oxford participating provider to help minimize your out-of-pocket costs. If you need assistance, we will be happy to work with you to select a new provider. Our goals are to minimize any disruption that you may experience and to help you receive the care that you need.

Using a Participating Physical or Occupational Therapist

We have a wide network of participating physical and occupational therapists from which to choose. To find a participating provider, please check our web site www.oxfordhealth.com and click on “Search for an Oxford Doctor.”

Using a Non-Participating Physical or Occupational Therapist

Option 1: Receiving Care without Voluntary Prior Approval: Retrospective Review

If you choose to receive services from a non-participating provider, OptumHealth typically reviews the associated claims on behalf of Oxford along with your provider’s documentation for medical necessity **after** the treatment is rendered. This is referred to as a retrospective review. If a service is deemed to be **not medically necessary you will be responsible for the costs in full.**

Retrospective Review Process

1. You or your provider submits claims to:
Oxford Claims Department
P.O. Box 7082
Bridgeport, CT 06601-7082
2. OptumHealth will review the claim along with your provider’s documentation for medical necessity after the services are rendered and documentation is provided.
3. If your provider’s documentation is not received, you will be responsible for the cost of the service.

4. If a service is deemed to be medically necessary and you have out-of-network benefits, the service will be reimbursed subject to applicable coinsurance and deductible amounts.
5. If a service is deemed to be not medically necessary, you will be responsible for the costs in full and have the right to appeal the denial.

Option 2: Finding Out What is Covered in Advance – Voluntary Prior Approval

To help you make informed decisions regarding your care, we offer an alternative to retrospective review. This option is called **Voluntary Prior Approval**. The Voluntary Prior Approval process enables you or your non-participating provider to request coverage for services **in advance** so you will know whether the proposed treatment will be covered. This will enable you to make informed decisions about receiving services before they are delivered so you will not be in a situation where you have to pay for a non-approved service in full. To take advantage of this process, follow the directions below.

Voluntary Prior Approval Process¹

1. You sign a Voluntary Prior Approval Agreement Form (attached or available at www.oxfordhealth.com) upon your initial request for Voluntary Prior Approval to indicate that you are opting to obtain prior approval for non-participating provider services before receiving them. *(If this form is not submitted the claims will be reviewed retrospectively as described above.)*
2. Give the signed Voluntary Prior Approval Form to your provider at the beginning of treatment and ask the provider to submit the form to OptumHealth. *(You do not need to sign a new form for each visit, as your election will exist for all treatment with the provider.)*
3. Your provider will submit the Voluntary Prior Approval Form along with the standard OptumHealth Clinical Submission Form. Your non-participating provider can obtain a copy of these forms by calling OptumHealth at 1-877-369-7564 or by visiting OptumHealth's web site at www.myoptumhealthphysicalhealth.com.
4. The provider should fax completed forms to OptumHealth at 1-866-695-6923.
5. OptumHealth will respond to both you and your provider, indicating the timeframe and services that have been approved, or if the services have not been approved. *(Coverage determinations will be limited to those services considered as part of the Clinical Submission Form.)*
 - a. If the services are approved, you are responsible only for out-of-network cost shares (i.e., deductible and coinsurance).
 - b. If the services are not approved and you chose to continue with treatment, you will be responsible for the cost in full. You may appeal that decision by following the procedures described in your Certificate of Coverage.
6. If you and your provider determine that you need care beyond the initial approved number of services and/or timeframe provided, your provider will need to submit a new set of updated standard OptumHealth clinical forms. This will update OptumHealth on your progress. *(If the new forms are not submitted, the claims will be reviewed retrospectively as described above.)*

¹The Voluntary Prior Approval process is subject to the terms, conditions and limitations outlined in your health plan coverage. You must be a covered member at the time services are rendered in order to be eligible for services through the Voluntary Prior Approval process.



7. If you change non-participating providers and wish to continue to use the Voluntary Prior Approval process, you must submit a new Voluntary Prior Approval Form to the new provider.

Once services are reviewed as part of the Voluntary Prior Approval process, they will not be reviewed again on a retrospective basis. For example, services provided that have already been considered through the notification process, within the time period defined on the Notification Forms, will not be retrospectively reviewed unless requested through the appeals process. Services provided that fall outside the time period defined on the Notification Form will be reviewed retrospectively as described above. If you and your non-participating provider decide not to take advantage of the Voluntary Prior Approval process, your claims should be sent as per the normal process directly to Oxford for retrospective review as described above.

We are committed to making this transition as easy as possible for you. If you have any questions, please call Customer Service at the phone number on your member ID card or call 1-800-444-6222. Thank you for your continued membership with us.

Sincerely,

A handwritten signature in cursive script that reads "Sanford B. Cohen, M.D.".

Sanford Cohen, MD
Chief Medical Officer of the Northeast Region