

Auto No-fault REVIEWING PROVIDER RECRUITMENT

Our unique approach to auto claim management goes beyond simple transactional savings and looks at the injured person's appropriate treatment.

This helps Optum ensure the level and timing of care are appropriate, effective and drive to the best outcome at the lowest possible cost. We call this Total Care Management...it is the Optum way and is achieved by partnering experienced reviewing providers to perform the following services.

Services

- Independent Medical Examination (IME) – An Independent Medical examination (IME) is necessary when a provider, who has not previously been involved in a patient's care, examines the patient. An IME can address questions relating to a claim such as causality, extent and medical necessity of treatment for an injury or injuries and address whether maximum benefit has been reached.

Paper Reviews including:

- Medical Director Reviews (MDR) – A MDR is necessary when services being reviewed for medical necessity do not meet the initial review criteria, at the Telephonic Case Manager (TCM) level. The TCM will refer the request to a Medical Director Reviewer. The Medical Director Reviewer will hold a non-restricted license to practice medicine in the state of New Jersey.
- Pre-Service and Post Service Appeals – If a provider is not in agreement with a medical determination or a bill determination the disputing provider may request an internal appeal.
- Retrospective Peer Reviews – A Peer Review is a review of treatment, diagnostic tests, and other medical services by a provider for assessment and recommendation/determination of medical necessity and reasonableness. Optum will coordinate a Peer Review when a treating provider has performed services that were not submitted for medical review.

HOW TO JOIN OUR NETWORK

To join our network you will go through our credentialing process. **You can start this process by contacting our contracting team at 1-800-275-9485 #5.** The process is done in 3 steps:

1. Fill out the application we provide and review the contract
2. Send back the completed application, supporting documentation and signed contract
3. We review all of the supplied information and once approved we execute the agreement to have you added to the network

WHY OPTUM?

- Proprietary Portal
- Secure electronic communication capabilities
- Preferred Provider Status
- As part of UnitedHealthGroup – we are an organization dedicated to healthier lives and a better health system
- We are a diversified health and well-being company who has offered managed care services for more than 20 years
- We have more than 23 clients across the nation and process 10,000 reviews annually

Contracted Reviewing Provider

- Flexible Arrangements – Providers can choose volume
- Wide range of services – Providers can choose which types of reviews (paper and/ or IME)

Optum Duties/ Responsibilities

- Deliver accurate, competitive and timely reimbursement
- Provide exceptional customer service