

August 2012

To: Facilities

From: Optum Clinical and Network Services teams

Announcing increased standardization of our review process

Optum and OptumHealth Behavioral Solutions of California¹ are pleased to announce an exciting change with our clinical reviews! We are launching a new process in the fall that will result in a more standardized and efficient experience when you interact with our Care Advocates. We are introducing this initially in our Houston and New York Care Advocacy Centers this month.

Your experience when you contact us for reviews will be simplified in the following ways:

- Clinical reviews are now streamlined and standardized to capture the right amount of information
- Phone conversations with Care Advocates will be more efficient as we implement a more structured approach to capturing clinical information
- This streamlined approach applies to initial, concurrent and discharge planning reviews for all levels of care

While this new clinical review process is being introduced initially in two regions, all facilities will soon experience the standardization of reviews across all of our Care Advocacy Centers nationally.

The changes we are making are in response to your feedback that you would like quick and efficient clinical reviews and standardized interactions. We have heard you and we are enhancing our processes so that we are easier to work with clinically and administratively.

These enhancements will have no effect on your Agreement. Please review and share the enclosed summary with your staff. For questions and comments about this new process, please contact a Care Advocacy Center via the number on the back of the member's ID card. You may also contact your Network Manager.

Sincerely,

Deb Adler

Senior Vice President, Behavioral Network Services

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¹ United Behavioral Health operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California