

Introduction to Optum – Onboarding Alaska Medicaid Behavioral Health Providers



Agenda

- Introduction to Optum, Welcome Mental Health Physician Clinics, and the Role of the ASO
- Provider Portal: First Time Registration for One Healthcare ID
- Provider Express
- Electronic Payment and Statements with Optum Pay
- Claims Submission and Claims Problem Resolution
- Provider Training and Service Authorization Support
- Provider Relations Staff and Pathways for Support
- Q & A

Welcome Mental Health Physician Clinics

Welcome to Optum Alaska!

Optum, a Division of UnitedHealth Group®, is pleased to inform you we have been awarded the State of Alaska's Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH) behavioral health administrative services organization (ASO) contract.

We welcome the opportunity to collaborate with you in service delivery.

What You Need to Know

We know that new systems of doing business can be confusing. As the ASO, Optum will eventually assume many of the responsibilities that you currently conduct with Conduent. We, along with DBH, will provide you with all the necessary information as you transition to our services. We have developed a dedicated Optum Alaska webpage <https://alaska.optum.com> to assist you and your participants.

We Are Here to Help

We look forward to building our relationship. If you have questions about how Optum will serve you as a provider, please email Optum Provider Relations at akmedicaid@optum.com

We believe a strong provider system is the key to providing the highest quality of care to our customers and their members.

Administrative Services Organization (ASO)

Specific goals for the ASO include:

Increase access to appropriate behavioral health services.

Improve health outcomes for Medicaid and non-Medicaid.

Manage costs of behavioral health service delivery in Alaska.

All activities of the ASO will be performed under the oversight and authority of the state.



We are a health services
and innovation company

OUR MISSION

Helping people live healthier lives
and helping make the health system
work better for everyone

As an Administrative Services
Organization, we are your *partners*
under the guidance and direction of
the Division of Behavioral Health

Bringing our values and commitment to you



Integrity

Honor commitments.
Never compromise
ethics

Compassion

Walk in the shoes of people
we serve and those with whom
we work

Relationships

Build trust through
collaboration

Innovation

Invent the future and learn
from the past

Performance

Demonstrate excellence in
everything we do

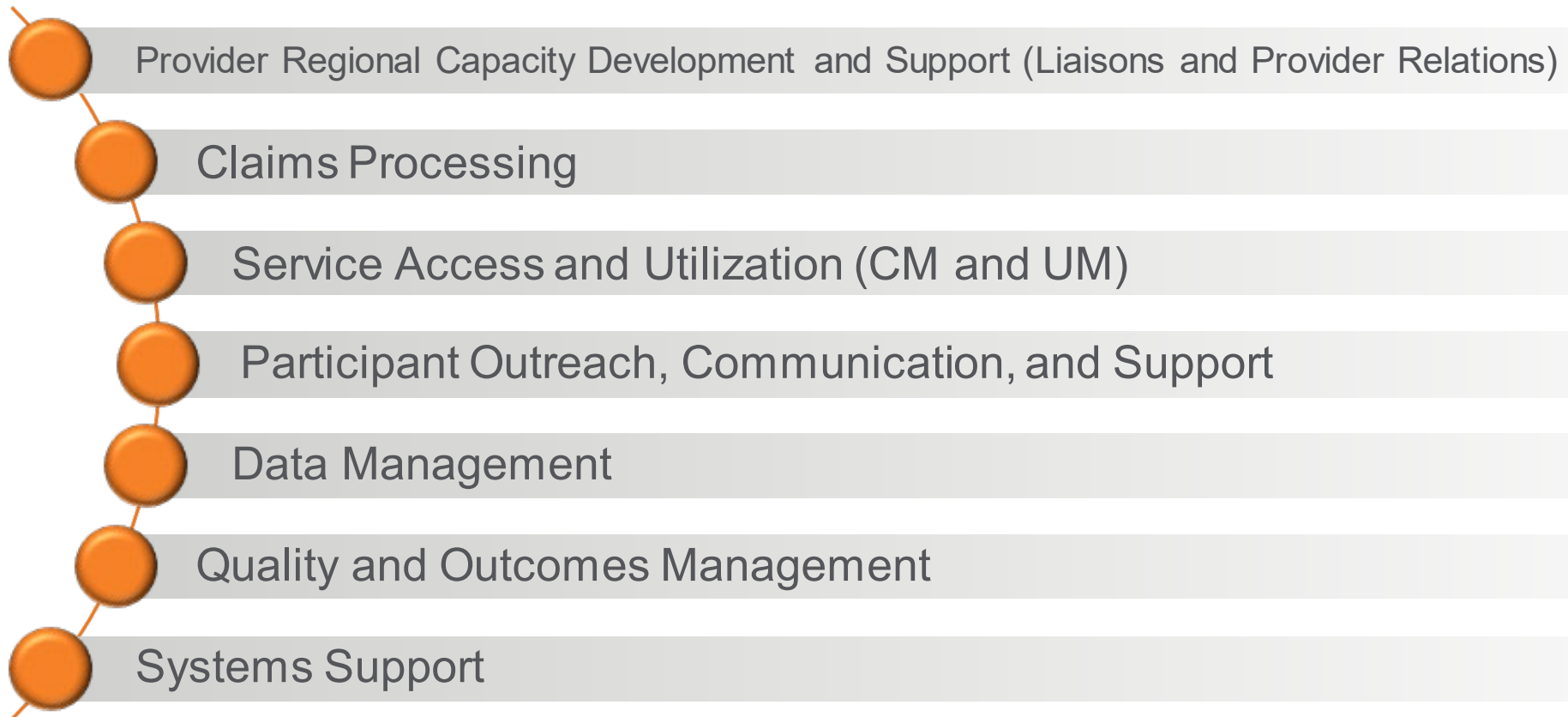
Optum and You

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. As we work together, you will find that we seek and pursue opportunities to collaborate with you to set the standard for industry innovation and performance.

Achieving our Mission:

- Starts with Providers
- Serves Participants
- Applies global solutions to support sustainable local health care needs

How will Optum Partner with the State to improve access, outcomes and efficiency





NAVIGATING
OPTUM[®]



The following onboarding process is for new providers who will bill Optum beginning in July 2021.

Provider Portal: First Time Registration for One Healthcare ID

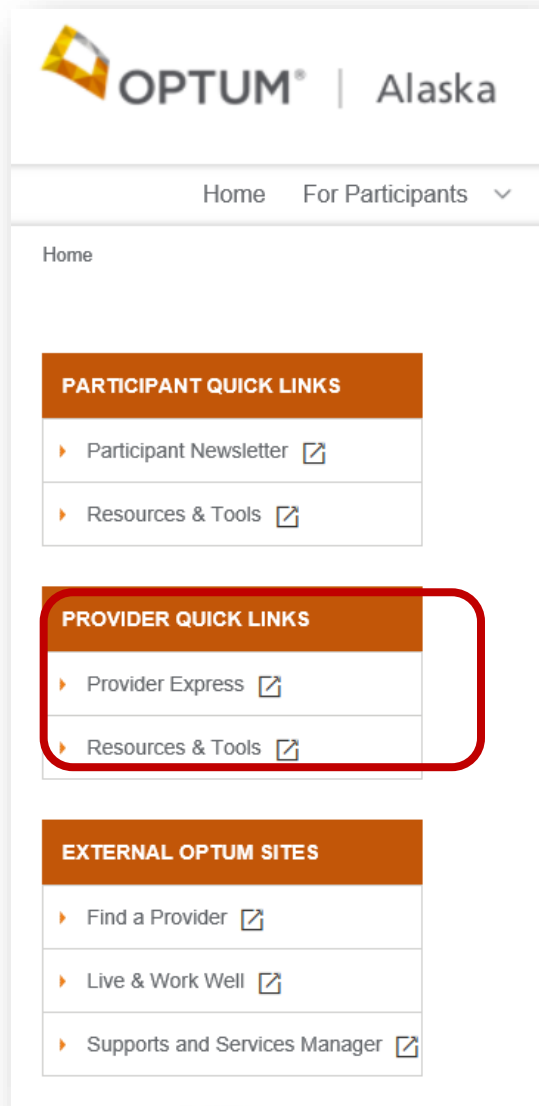
Check if your agency already bills UnitedHealthcare (UHC), **Payer ID 87726**, and receives Direct Deposits from Optum Pay.

If it does, then your agency is already set up to bill Optum for Alaska Medicaid claims with Date of Services on and after July 1, 2021.

Creating Your One Healthcare ID

Go to the Optum Alaska website at: alaska.optum.com.

Click on Provider Express under Provider Quick Links.



Creating Your One Healthcare ID (Continued)

The screenshot shows the Optum website home page. At the top left is the Optum logo. Below it are navigation links for 'Home' and 'Home'. A search bar is located in the top right, with a 'Search' button. To the right of the search bar are links for 'Log In | First-time User | Global | Site Map'. A red callout box with a red arrow points to the 'First-time User' link. The main content area features a large banner for 'New Clinical Criteria LOCUS/CASII/ECSII Rollout begins 12/14/19' with a 'More >>' button. Below the banner are three columns of news: 'Admin News', 'Product-Specific News', and 'Working Together'. On the right side, there is a 'Transactions' menu with items like 'Eligibility & Benefits', 'Claims', 'Authorization Inquiry', 'Appeals', 'My Practice Info', and 'and More....'. At the bottom right is a 'Quick Links' section with 'Navigating Optum' and 'ACE Clinicians'.

For users needing a User ID and Password, click the First-time user option from the home page

Log In | First-time User | Global | Site Map

Search: Search Search

Training Our Network Contact Us

Home

Home

New Clinical Criteria
LOCUS/CASII/ECSII
Rollout begins 12/14/19

More >>

Admin News

- Adoption of LOCUS/CASII/ECSII
- CPT Code Changes 2020 **NEW**
- CPT Code changes 2019
- Latest National Network Manual updates

Product-Specific News

- UnitedHealthcare Community Plan Appeals & Provider Disputes Contact Information
- 2019 Dual Special Needs Plan (DSNP)

Working Together

- New Areas of Expertise for Providers
- Network Notes newsletter - Fall 2019
- Foster Care Toolkit

Transactions

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....

Quick Links

- Navigating Optum
- ACE Clinicians

Creating Your One Healthcare ID (Continued)

Q) If I already have a One Healthcare ID, do I need a new one?

A) No, you can use the same ID for Optum Alaska Medicaid.

This includes if you:

1. Have a One Healthcare ID for billing United Health Care or Optum commercial insurance, or
2. Created a One Healthcare ID for other Medicaid services.

You do not need to request another One Healthcare ID.

Making sure you don't already have a One Healthcare ID

Before registering on Provider Express, you will need to create an One Healthcare ID. If you have not done so or are unsure, click “No” to begin.



The screenshot shows the Optum Provider Express login page. At the top left is the Optum logo and the text "OPTUM™ Provider Express". At the top right is a "Log Out" link. The main content area contains the question: "Do you have an Optum ID? If you are not sure, select 'No.'" followed by two radio button options: "Yes" and "No". The "No" option is selected. Below the options is a horizontal line and a "Submit" button.

Everyone Needs a One Healthcare ID!

- Users logging in for the first time are required to create a One Healthcare ID, creating a unique password for secure log in.
- One Healthcare ID features robust security protection while designed to be a single sign-on convenience.
- Fields marked with an asterisk “*” are required and must be completed.



Create an Optum ID

An Optum ID securely manages your account so that you can use one Optum ID and password to sign in to all integrated applications.

i Already have an Optum ID? [Sign in now](#)

Profile Information

First name

Last name

Year of birth *****

Sign In Information

Your email address

Create Optum ID *****

Your Optum ID must have:

- 6 to 20 characters
- At least one letter
- No spaces
- No special characters

Create password

Your password must have:

- 8 characters or more
- At least one uppercase letter
- At least one lowercase letter
- At least one number
- No spaces or an &

Type password again

Security Questions and Answers

Security question 1

--Select--

Security answer 1

Security question 2

--Select--

Security answer 2

Security question 3

--Select--

Security answer 3

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum ID service. If you do not agree, click Cancel and do not use any aspect of the Optum ID service.

Verifying your unique email address

Each user will need to verify the email address on file and will receive an email to the account they registered. Once email has been verified by the user, an account Verified message confirmation screen will be visible to the user.

Next Step: Verify Your Email Address


1. **Check your email inbox** (con*****ez@optum.com) for a message from Optum ID (noreply_healthid@optum.com).
2. **Click on the activation link** in the email or [enter the 10-digit activation code](#).

Still waiting for your activation code? [Resend email](#) or [update email address](#)


If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your approved senders.

If you'd like assistance, contact support at 1-855-819-5909 or optumsupport@optum.com.

Your One Healthcare ID is almost complete!



Just one step left to do and your Optum ID will be ready to use. Click the button:

Activate my Optum ID 

If you prefer, copy this 10-digit code 2883928707 and paste it into the box for the activation code on the Activate Your Optum ID page.

If you did not request an activation link or code, or if you have questions about setting up an Optum ID, contact us at 1-855-819-5909 or optumsupport@optum.com.

Thank you,
Optum ID

Verification of email address

Email Address Verified



Your Optum ID is ready to use. Click on the Continue button below to finish.

Continue

If you'd like assistance, contact support at 1-855-819-5909 or optumsupport@optum.com.



[Chat with support](#) (available Monday 05:00am–Monday 09:00pm MST)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

One Healthcare ID and Provider Express are **separate**

Registering on Provider Express

Go to the Optum Alaska website at: alaska.optum.com.

Click on Live & Work Well (LAWW) to:

1. Search for your agency to see if it is uploaded to the Optum system, and
2. After your agency has been uploaded, find the NPI displayed on the screen under “Additional Information” to enter it into the Provider Express registration screen.

Optum has all agencies’ NPIs uploaded; the NPI displayed in LAWW is the **key** NPI that unlocks linking your One Healthcare ID to your agency in Provider Express.



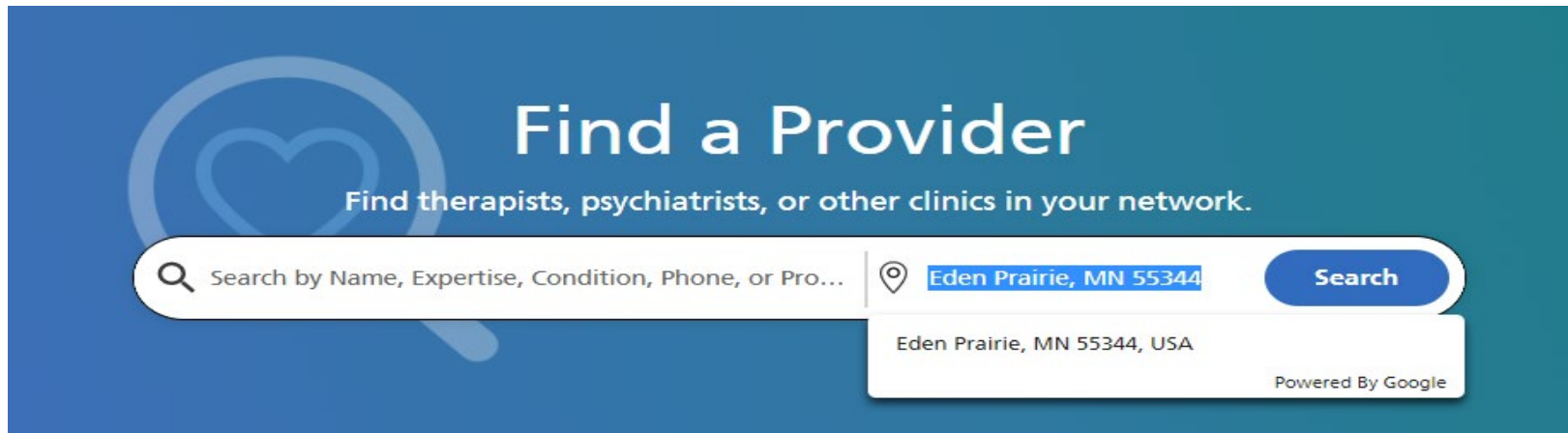
The screenshot shows the Optum Alaska website header with the logo and "Alaska" text. Below the header is a navigation bar with "Home" and "For Participants" (with a dropdown arrow). The main content area is titled "Home" and features three sections of quick links:

- PARTICIPANT QUICK LINKS**
 - Participant Newsletter
 - Resources & Tools
- PROVIDER QUICK LINKS**
 - Provider Express
 - Resources & Tools
- EXTERNAL OPTUM SITES**
 - Find a Provider
 - Live & Work Well
 - Supports and Services Manager

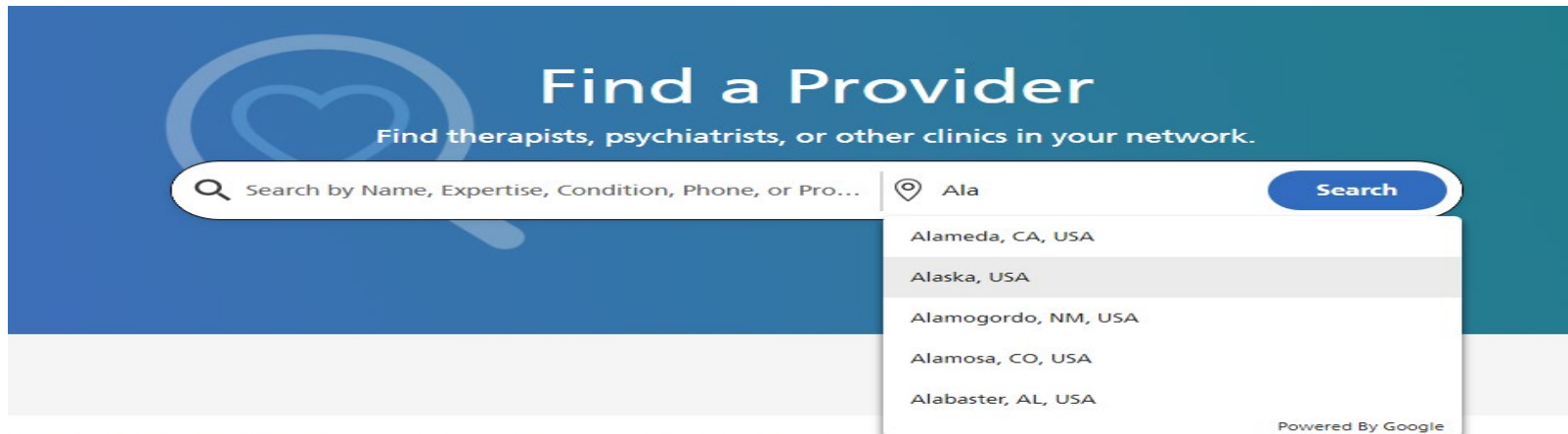
A red rounded rectangle highlights the "EXTERNAL OPTUM SITES" section, and a red arrow points from the text on the left towards this section.

Searching for Your Agency in Live & Work Well and Finding the Agency NPI that Will Match You to Your Agency

1. Go to the white area in search



2. Click into the white area and type **Ala**



[800-225-8764](tel:800-225-8764) anytime for confidential help

Sharing your One Healthcare ID with Provider Express

Since One Healthcare ID and Provider Express are actually separate, you will need to agree to share your One Healthcare ID with Provider Express.

Share My Optum ID

Using your Optum ID to sign in to The Optum portal means that The Optum portal uses your Optum ID account information to verify your access. We share this information with The Optum portal :

- Optum ID
- Name
- Email address

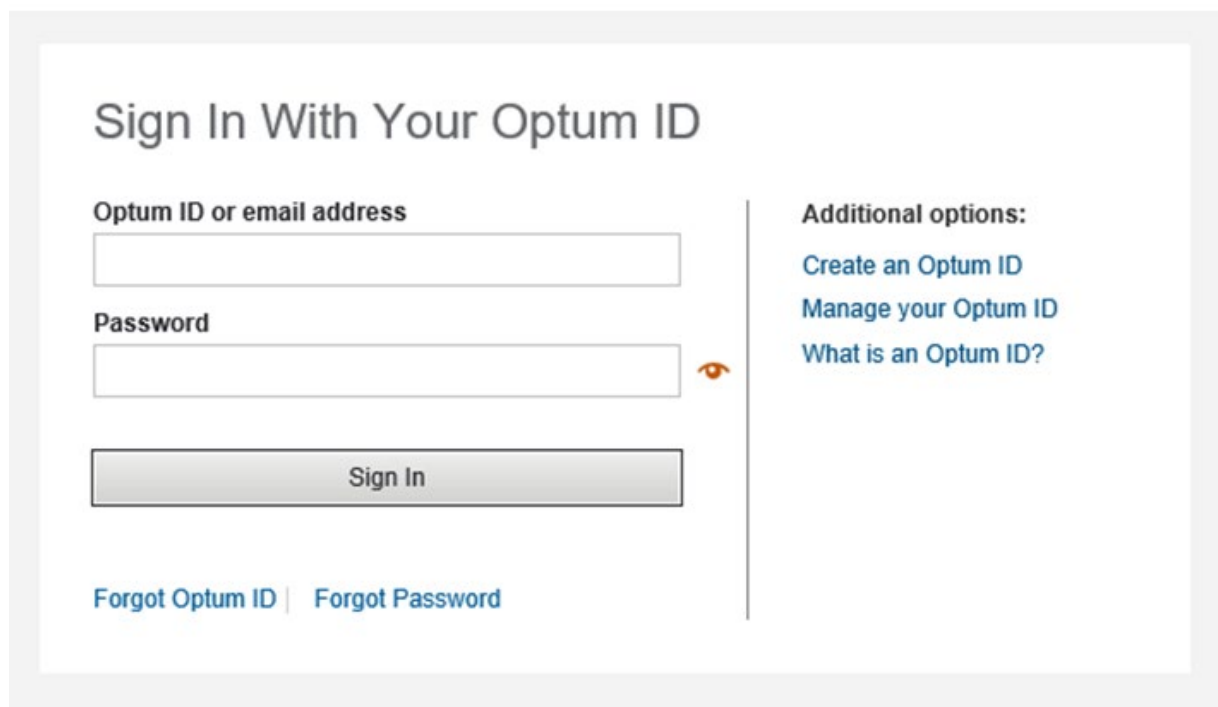
By clicking I Agree,

- You give Optum ID permission to share your account information with The Optum portal;
- You acknowledge that your account information is being provided to The Optum portal and it is subject to the The Optum portal privacy policy; and
- You acknowledge that the The Optum portal privacy policy may be different from the Optum ID privacy policy.

[Decline](#)

Single sign-on to access online applications

Once verified, this is the screen you will use to login into before accessing any of the Optum online resources.



The screenshot shows a sign-in interface with the following elements:

- Sign In With Your Optum ID** (Section Header)
- Optum ID or email address** (Label) with an input field.
- Password** (Label) with an input field and a visibility toggle icon (an eye).
- Sign In** (Button)
- Additional options:**
 - [Create an Optum ID](#)
 - [Manage your Optum ID](#)
 - [What is an Optum ID?](#)
- [Forgot Optum ID](#) | [Forgot Password](#) (Links at the bottom left)

Making sure you are you: Verifying yourself

You will be asked to verify yourself by answering one of the pre-selected security questions you answered when setting up your One Healthcare ID.

Online Security

For your online protection, you are required to answer the following questions to gain access to your account. This is required for us to ensure that we prevent your account against any fraudulent access.

Fields marked with * are required.

Question:
What was your first phone number? *

Answer: *

Answer is not case sensitive.

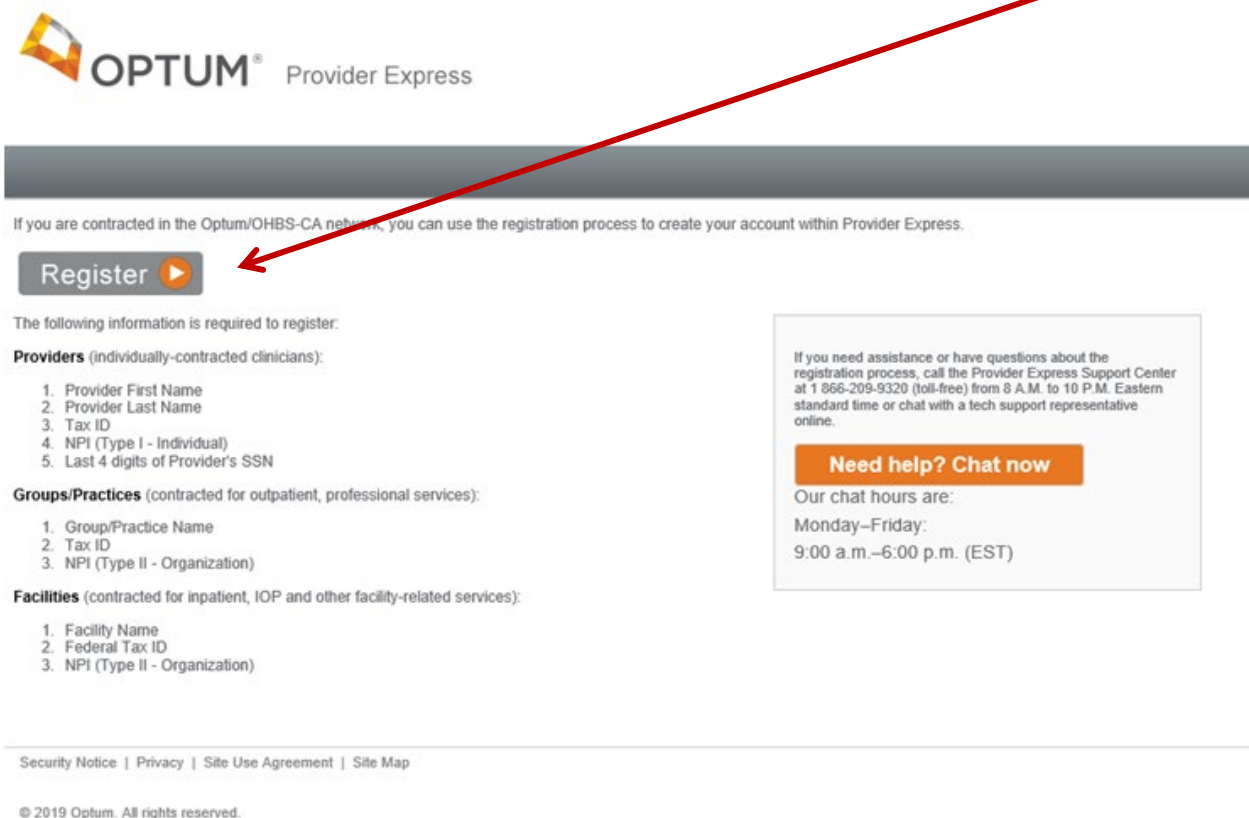
Recognize this Computer?
Would you like us to recognize this computer, device, or browser to authorize future logins? *


Yes, this computer or device is personal or private.

No, this is not my computer or device (public library, school).


Time to Register on Provider Express

With the appropriate information in hand, click on the large grey Register button.



 **OPTUM**[®] Provider Express

If you are contracted in the Optum/OHBS-CA network, you can use the registration process to create your account within Provider Express.

Register 

The following information is required to register:

Providers (individually-contracted clinicians):

1. Provider First Name
2. Provider Last Name
3. Tax ID
4. NPI (Type I - Individual)
5. Last 4 digits of Provider's SSN

Groups/Practices (contracted for outpatient, professional services):

1. Group/Practice Name
2. Tax ID
3. NPI (Type II - Organization)

Facilities (contracted for inpatient, IOP and other facility-related services):

1. Facility Name
2. Federal Tax ID
3. NPI (Type II - Organization)

If you need assistance or have questions about the registration process, call the Provider Express Support Center at 1 866-209-9320 (toll-free) from 8 A.M. to 10 P.M. Eastern standard time or chat with a tech support representative online.

Need help? Chat now

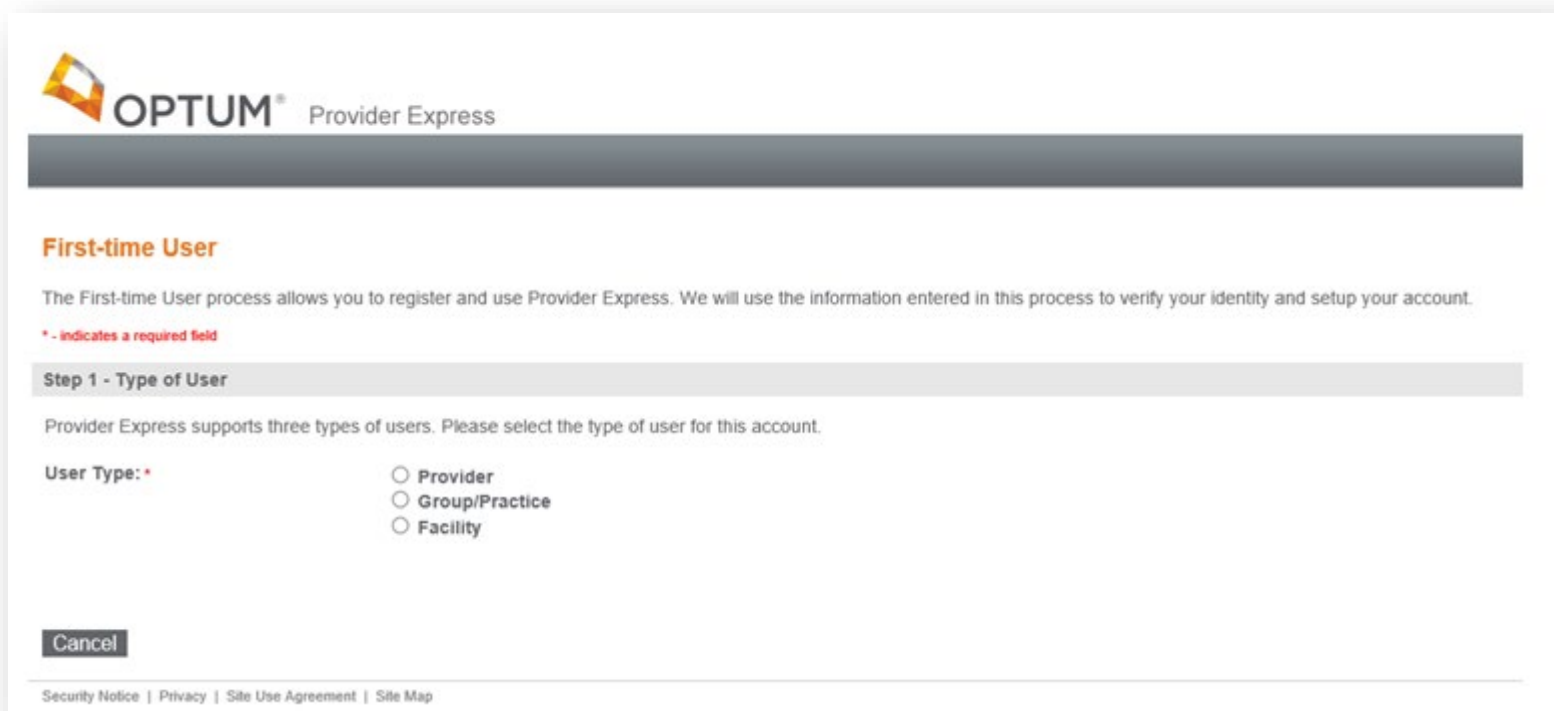
Our chat hours are:
Monday–Friday:
9:00 a.m.–6:00 p.m. (EST)

[Security Notice](#) | [Privacy](#) | [Site Use Agreement](#) | [Site Map](#)

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Logging into Provider Express for the first time: Step 1

Every Individual within an Agency needs their own One Healthcare ID. Users then complete the Provider Express registration page.



The screenshot shows the OPTUM Provider Express registration page. At the top left is the OPTUM logo. Below it, the text "OPTUM® Provider Express" is displayed. A dark grey horizontal bar separates the header from the main content. The main content area is titled "First-time User" in orange. Below this title, a paragraph explains the First-time User process. A red asterisk indicates a required field. The page is divided into sections by grey bars, with the current section being "Step 1 - Type of User". Below this section header, a paragraph explains that three user types are supported. The "User Type:" label is followed by three radio button options: "Provider", "Group/Practice", and "Facility". At the bottom left, there is a "Cancel" button. At the very bottom, a footer contains links for "Security Notice", "Privacy", "Site Use Agreement", and "Site Map".

OPTUM® Provider Express

First-time User

The First-time User process allows you to register and use Provider Express. We will use the information entered in this process to verify your identity and setup your account.

* - indicates a required field

Step 1 - Type of User

Provider Express supports three types of users. Please select the type of user for this account.

User Type: *

- Provider
- Group/Practice
- Facility

[Cancel](#)

[Security Notice](#) | [Privacy](#) | [Site Use Agreement](#) | [Site Map](#)

Logging into Provider Express: Step 2

For Mental Health Physician Clinics, the User Type is Group/Practice



First-time User

The First-time User process allows you to register and use Provider Express. We will use the information entered in this process to verify your identity and setup your account.

* - indicates a required field

Step 1 - Type of User

Provider Express supports three types of users. Please select the type of user for this account.

User Type: *

 Provider
 Group/Practice
 Facility

Step 2 - Provider Information

Important note about the Tax ID number to use in the registration step. For best results, please use a Tax ID/SSN for the provider that Optum may already have on file.

Please supply the provider information for this registration.

Provider First Name: *

Provider Last Name: *

Tax ID: *

Tax ID Type: *

NPI (Type I - Individual): *

Last 4 digits of provider's SSN: *

Logging into Provider Express: Steps 3 -5

Step 3 - Relationship

Please specify your relationship to the provider


Relationship to Provider: *

- Provider
- Office Manager
- Billing/Claims
- Other Staff

Step 4 - Contact Information

First Name: Your first name
Last Name: Your last name
Email Address: Your email address

Step 5 - Secure Code



Please enter the code displayed in the image above:

?

Complete Provider Express Registration: Step 6

Step 6 - Site Use Agreement

Agreement with the [Site Use Agreement](#) is a requirement of registration to use the secured portion of this web site. *

Agree

Submit Registration

[Security Notice](#) | [Privacy](#) | [Site Use Agreement](#) | [Site Map](#)

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Full access to all the benefits of Provider Express

You will now have access to Provider Express and other Optum online applications using your One Healthcare ID such as:

- **Electronic Claims, Payments & Statements through Optum Pay**
- **Electronic Payment Options**
- **Verification of submitted claims**

Using your One Healthcare ID

You can now sign up for:

1. Electronic Claim Submission
2. Electronic Payment Options

And obtain information regarding:

[EDI and Clearinghouse Information](#)

If you want to know more about the benefits of EDI click on this link:

[Electronic Claim Submission and Electronic Data Interchange](#)

Other helpful links:

[Operating Rules for Electronic EFT and ERA](#)

[Electronic Remittance Advice \(ERA\) Authorization Agreement](#)

Electronic Remittance Advice (ERA) **Optum Payor ID: 87726**

EDI Support: **1.800.210.8315** or email ac_edi_ops@uhc.com

Secure File Transfer Protocol (SFTP) using Optum Intelligent EDI (iEDI):
1.866.367.9778, option 3

Using your One Healthcare ID (Continued)

How to Sign up for Optum Intelligent EDI via Link

1. To set up a One Healthcare ID, use this link and Choose “First-time User.” Create a username, password, and answer security questions here. **If you already have a One Healthcare ID, you can skip to step 2.**




<https://www.providerexpress.com/content/ope-provexpr/us/en.html>

2. Then request to start the setup process for IEDI via Link here:

<https://optumprovider.optum.com/uit/PreAuthenticatedLink.jsf?tile=req>

Complete the fields for contact information and other questions. Please include the **Billing Software Program Name** or practice management system name.

Using your One Healthcare ID (Continued)

Menu Link   

IEDILink Request Form

Thank you for your interest in Optum Intelligent EDI. In order to utilize this new service, we will need some data from you. In addition, a trading partner agreement will need to be created. The first time you access Intelligent EDI, the agreement will be presented electronically. Let's get started.

CONTACT INFORMATION

Name Your first name
Email Your email address
*Phone Number Your phone number

ORGANIZATION

*Name
*Address Line 1
Address Line 2
*City *State *Zip
*Tax ID Number (TIN)
Corporate NPI

ORGANIZATION SIZE

*Number of Providers

IMPLEMENTATION DATA

*Billing Software Program Name
*Submission Method
*Submission Type

TRADING PARTNER AGREEMENT INFORMATION

This information is specific to the person within your organization acting as the signatory (electronic signature) for the trading partner agreement between your organization and Optum.

*Name
*Title
*Phone Ext
*Email

For more information on Optum Intelligent EDI, please call 1-800-765-6793.

Using your One Healthcare ID (Continued)

If there is not a billing software or practice management system, put **NONE** for the program name.

If submitting claims by file upload (837p or 837i file format), for **Submission Method**, choose **ANSIX12**

Submission Type should be for claims that will be submitted, either professional or institutional.

IMPLEMENTATION DATA

*Billing Software Program Name

NONE

*Submission Method

Direct Data Entry ▼

*Submission Type

Professional ▼

Electronic Payment and Statements through Optum Pay

Receive payments faster

Benefits of Electronic Payments and Statements through Optum Pay




- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for Optum Pay is easy!

- Login to *Provider Express* with your One Healthcare ID
- Select “Optum Pay” and provide the information necessary to enroll
- Contact Optum Financial Services for assistance: 1.877.620.6194

Take advantage of Electronic Payments and Statements



[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Home About Us Clinical Resources Admin Resources Video Channel Training Our Network Contact Us

[Home](#) > [Admin Resources](#) > [Claim Tips](#) > [Electronic Payments and Statements \(EPS\)](#)

Take advantage of Electronic Payments and Statements

CLICK HERE to view a brief video to understand how the extra layer of security we've added may impact you.

You've got better things to do with your time - Sign up for Electronic Payments & Statements

Today's health care environment doesn't afford the luxury of wasted time or waiting longer than necessary to be paid. Which is why you need to enroll in [Optum Financial Services'](#) Electronic Payments & Statements (EPS).

With EPS, claim* payments are deposited directly into your bank account as soon as possible. That shortens your revenue cycle, which can make running a successful business a whole lot easier.

Electronic Payments & Statements is a highly secure, one-way transaction


Now with an added layer of security, claims payments made by EPS electronic funds transfer from health plans can only be deposited directly into your designated bank—and only withdrawn by you.

Even better, EPS can dramatically shorten your revenue cycle. In fact, you may be paid five to seven days faster than by paper checks received through regular mail. And that leaves you more time to do the things that will help grow your practice.

Enroll in EPS Today

To enroll by phone call 877.620.6194 (7:00 am to 6:00 pm CST Monday – Friday). Or click the button on the right to get started today.

*At this time, all claims except older PBH claims are eligible for EPS.



Sign up for Electronic Payments & Statements

ENROLL TODAY

[Brief EPS overview video \(2:49 min\)](#)

[Visit Optum Pay™](#)

[Key Acronyms and Definitions](#)

[Frequently Asked Questions](#)

[EPS User Guide](#)

A quick comparison between the two EPS options	
ACH Direct Deposit	Virtual Care Payment (VCP)
<p>Process:</p> <ol style="list-style-type: none"> 1. Enroll in EPS and select ACH direct deposit 2. Receive email notifications when payments are deposited 3. 835/ERA are available the same day for auto-posting or save, view or print remittance advice and post payments manually from Optum's EPS website <p>Considerations:</p> <ul style="list-style-type: none"> • Receive payments and remittances five to seven days faster than with paper • No credit card processing fees applied • Reduced risk of lost, misrouted and stolen checks • Potentially eliminate bank lock box fees. • Money is deposited directly into the account(s) you 	<p>Process:</p> <ol style="list-style-type: none"> 1. Enroll in EPS and select VCP . You'll receive card number(s) in the mail with activation instructions (future payment notices delivered by email) 2. Redeem payment using the standard "card not present" transaction 3. 835/ERA are available the same day for auto-posting or view or print remittance advice and post payments manually from Optum's EPS website <p>Considerations:</p> <ul style="list-style-type: none"> • Receive payments and remittances five to seven days faster than with paper • Credit card processing fees apply (confirm with your merchant processor) • Reduced risk of lost, misrouted and stolen checks • Potentially eliminate bank lock box fees.

Payment Cycles

Q) What are the payment cycles?

A) Electronic Fund Transfers (EDI/835) – Runs on Tuesdays and Saturdays – Claims need to be in “01” status by 8:00 PM AKST on Monday and Friday. Payments settle in the providers account on the following **Friday** (for Tuesdays payments) and **Thursday** (for Saturdays payments). Status “01” means the claim is ready to be picked up for the next available check run.

Only Paper checks – Runs Tuesday through Saturday. Claims need to be in “01” status by 8:00 PM AKST Monday through Friday.

Payment Cycles (Continued)

Q) What are the payment cycles? (Continued)

A) Time for submission – Claims can be submitted 24/7, Optum intakes electronic claims nightly (Mon-Sat @ 9:15 PM AKST). Claims entered in Provider Express are sent to Optum daily (Mon-Fri @ 12:00 p.m. AKST).

Claims are available in Provider Express. Provider Express does a real-time look-up in Optum's claim system when a provider searches for a claim. As long as the claim is in the source claim system, it will show on Provider Express. There are 3 statuses displayed: Pending/In Process, Finalized, and Finalized Adjusted.

Signing up for Optum Pay – This is not the same as Alaska Medicaid Provider Enrollment

3

Select I am enrolling as a Healthcare Organization.

First, tell us how you would classify your enrollment.

I am enrolling as a Healthcare Organization.

I am enrolling my 3rd Party Billing Service Company

 Which option should I choose?



Signing up for Optum Pay

4

Next, you will be asked what payment type(s) you would like to enroll in.

I am enrolling as a Healthcare Organization.

Change

Great! Next, how would you like to receive your payments?

I would like to enroll in direct deposit (ACH) only.

I would like to enroll in virtual card payments (VCP) only.

I would like to enroll in ACH and VCP.

Which option should I choose?

CANCEL ENROLLMENT

5

If you click on **Which option should I choose?**, the following will display.

The screenshot shows the Optum Pay Online Enrollment page. A modal window titled "How to Choose Payment Type" is open, providing detailed information about the payment options. The modal text is as follows:

Automated Clearing House (ACH) - This direct deposit option is the quickest form of payment. Provide your banking information on your enrollment and payments will be deposited directly into your bank account.

Virtual Card Payment (VCP) - No banking information is required for this payment option. VCPs are payment card transactions that you process via your point of sale terminal, similar to the way patient co-pays would be processed. VCP transactions are subject to additional terms and conditions, including fees, between you and your card service processor.

The Optum virtual card program uses a reloadable virtual card, rather than single use cards.

You will receive a reloadable virtual card for each Payer that is paying virtually, please retain the virtual card information, including the 16 digit account number, the CVC, Proxy number and expiration date in a secure location.

Your virtual card will be delivered via the USPS. When you receive your card please activate the card and then log into Optum Pay portal to view the payment and remittance information.

You'll redeem your virtual card on your point of sale terminal. You'll enter the 16 digit account number, the payment amount, CVC, expiration and some point of sale terminals also require the zip code. Please use the zip code from the mailer.

Future payment notifications will be made via email, so when you set up contact information please use a valid, work email.

All virtual payments expire after 30 days, so please take immediate action to redeem your payments

A "CLOSE TIP" button is located at the bottom right of the modal.

Signing up for Optum Pay

6

To enroll for ACH/direct deposit only, select the first option.

I am enrolling as a Healthcare Organization.

Change

Great! Next, how would you like to receive your payments?

I would like to enroll in direct deposit (ACH) only.

I would like to enroll in virtual card payments (VCP) only.

I would like to enroll in ACH and VCP.

Which option should I choose?

CANCEL ENROLLMENT

7

After selecting how to receive your payments, you will then be asked to enter your TIN (Tax Identification Number) or EIN (Employer Identification Number) and complete the Captcha image field.

I am enrolling as a Healthcare Organization.

Change

I would like to enroll in direct deposit (ACH) only.

Change

Please enter your 9 digit Organizational Tax Identification (TIN):

Enter TIN or EIN

I'm not a robot



reCAPTCHA
Privacy - Terms

CANCEL ENROLLMENT

CONTINUE

Signing up for Optum Pay

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Upon selecting Continue, you will be given a message that your TIN is eligible and to continue the enrollment process.

Congratulations, your TIN is eligible for enrollment!

Please be advised that in order to complete the online enrollment process, you will need to provide the following:

- ✓ Organization name, mailing information, and National Provider Identifier (NPI)
- ✓ Contact information, including the name, telephone number, and e-mail address for two members of your organization who will serve as administrators for your account.
 - Administrators are able to control user access to the account and add/update bank account info.
 - The primary contact should be an individual responsible for daily and routine matters.
 - The secondary contact should be a director of Accounting, Human Resources or the Finance Department.
- ✓ Banking information (if setting up ACH direct deposit)

Signing up for Optum Pay

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Once you select Continue, you can begin to enter Organization Information. You will need to enter the following information:

- Business Name
- Business Address (No P.O. Box)
- National Provider Identifier (NPI)
(Not required)
- Provider Type
- Market Type

Please note: Special characters are not allowed in the name and address fields. Refrain from using characters such as: & , \ . / : # () % < * ; > " ' | - +

Organization Information

Please enter your business name, address, type and NPI (if you have one). All fields marked with an asterisk (*) are required. Avoid using special characters such as: & # . ' * () [].

*Business Name

Enter the name exactly as it appears on your tax ID documentation. Avoid using your organization DBA if you have one.

Business Address

To help ensure the security of your account, you must enter a physical address for your organization. PO Boxes are not allowed and cannot be used as your address of record. If you do attempt to use a PO Box your enrollment may be delayed and may not be accepted.

*Street

*City

*State/Province *Zip/Postal Code

Select State -

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

852456123

National Provider Identifier (NPI)

* Provider Type

- Gynaecology
- Hospital/Facility
- Physician (Group/Individual Practice)
- Test1234
- Other Healthcare services organization (DME, Home Health Services, Laboratory Services, other)

Please select your Market Type

- Behavioral Health
- Cardiac
- Dental
- General
- Medical
- Other
- test
- Test567
- Vision

[CANCEL ENROLLMENT](#)

[BACK](#)

[CONTINUE](#)

Signing up for Optum Pay

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Hit Continue and go to Identify Administrators page.
You will need to enter the following contact information:

- First and Last Name for Primary and Secondary Administrators
- Telephone Number
- Mobile Phone Number (Not Required) if entered, you can opt to receive text alerts when payments and remittances have been processed for your organization.
- Email Address (must be unique to each user)
- Confirmation of Email Address

Identify Administrators

Please identify at least one member of your organization who will serve as administrator on the account.

Account administrators may:

- Add or edit user access
- Update payment preferences
- Manage other account settings for your organization

If you have additional members of your organization who need basic access to only view payment information, they can be added as a General Access user by an Administrator using the Manage Users tab of the Optum Pay portal.

Primary Administrator Information (Required)

All fields marked with an asterisk (*) are required.

The primary administrator should be an individual responsible for daily and routine matters.

*First Name Middle Initial *Last Name

*Telephone Number

Mobile Phone Number

*Email Address

We will use this email address to notify the administrator when new payments are posted to the account.

*Re-type Email Address

To help support the security of your account, please use a unique business issued e-mail address for enrollment and account access.

Secondary Administrator Information (if applicable)

If entering a Secondary Administrator, then all fields marked with an asterisk (*) are required.

The secondary administrator should be the director of the Accounting, Human Resources or Finance Department. (e.g. Director of Accounting, HR Director, VP of Finance & Billing, etc.)

*First Name Middle Initial *Last Name

*Telephone Number

Mobile Phone Number

*Email Address

We will use this email address to notify the administrator when new payments are posted to the account.

*Re-type Email Address

To help support the security of your account, please use a unique business issued e-mail address for enrollment and account access.

CLEAR ADMINISTRATOR INFORMATION

CANCEL ENROLLMENT

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CONTINUE

Signing up for Optum Pay

Continued

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If you are enrolling a new TIN and wish to associate an existing user to that TIN during the online enrollment process, a Confirm Existing User page will display. The current user information and TIN association(s) will display. You will need to click Yes to validate that the correct individual is being associated with the new TIN.

Identify Administrators

Optum Pay Enrollment - Confirm Existing User

The email address you entered for at least one of the contacts already exists in our records. The contact information and TINs already associated with this email address are below.

User
Michelle Thomas

User Type
Provider

Status
P

Phone Number
(111) 111-1111

Email
payables_qa@uhc.com

TIN Associations		
TIN	Organization Name	Access Level
411984683	NPI 3 Org	Administrator

Would you like to move forward with this contact information? If not, you will be required to enter a different email address to continue the enrollment process.

Yes No

CONTINUE

Note: The database does not allow for multiple users to share the same email address. This only allows the current individual to add new TINs to an existing user during or after enrollment.

Signing up for Optum Pay

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Financial Institution Information: This is where you provide banking information. You may also submit a separate bank account for the NPI level at this time. You must provide the following information:

- Financial Institution/Bank Name
- Financial Institution Address
- Financial Institution Telephone Number
- Financial Institution Routing Number
- Provider's Account Number with Financial Institution
- Type of Account at Financial Institution

Please note: Special characters are not allowed in the name and address fields. Refrain from using the following characters: &, \, ., /, :, @, #, (,) %, <, ^, *, ;, >, " ' | - +. If you would like to establish an NPI Bank Account, you will also need to fill out this same information at the NPI level.

Financial Institution Information

The Financial Institution section will collect banking information for payments paid to your provider/organization TIN.

Account Number Linkage to Provider Identifier

Provider Tax Identification Number (TIN) or Employer Identification Number (EIN):
852456123

Financial Institution Information for your TIN

*Financial Institution / Bank Name

Financial Institution Address

To help ensure the security of your account, you must enter the physical mailing address for your bank.
PO Boxes are not allowed.

*Street *City

*State/Province *ZIP/Postal Code

Select State -

*Telephone Number

- -

Account Information

*Financial Institution Routing Number

*Provider's Account Number with Financial Institution

[Where can I find a financial institution's routing number?](#)

*Type of Account at Financial Institution

Checking Savings

*Please submit a voided check or bank letter for supporting documentation

Voided check (preferred) Bank letter (may incur longer approval time)

*Upload a voided check (Accepted file formats include: PDF, JPEG, GIF, and PNG. File size cannot exceed 2MBs.)

Choose File No file chosen

*Would you like to add an NPI bank account?

Yes No

An NPI Bank Account is not required. However, select 'Yes' if you want deposits directed to an account different than the one assigned at the TIN level.

[How do I manage multiple NPI bank accounts?](#)

CANCEL ENROLLMENT

BACK

CONTINUE

Signing up for Optum Pay

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If you click on **Where can I find a financial institution's routing number?**, the following will display:

where to find financial institutions routing number

Your Routing Transit Number (RTN) is a 9-digit number that identifies the financial institution where the account is located. This number is usually located in the bottom, lower left hand corner of your check and usually precedes your account number.

Enrollment Submitted

Sample Check 1: SAMPLE COMPANY INC. Anywhere Street 1000 Anytown, ST 90000. ANY BANK USA. MICR line: *00 155 5# 400 10000 2 26 104 75 7 50 1 7 7#

Sample Check 2 (Bank of America): Your Name: 1234 Oak Anytown, USA. MICR line: 43734567890100012345678901001. Legend: ABA Check Routing Number: 234567890, Account Number: 0001234567890, Check Number: 1001, ACH Routing/Transit Number: 123456789.

If your bank utilizes an ACH Transit Number, then this is the number that you will need to enter as your RTN on your enrollment.

Incorrect entries will delay your payments. Please note that the Routing Transit Number cannot be sourced from a deposit slip.

To add NPI bank account information, select the Yes option.

Account Information

*Financial Institution Routing Number

*NPI Account Number with Financial Institution

[Where can I find a financial institution's routing number?](#)

*Type of Account at Financial Institution

Checking Savings

*Please submit a voided check or bank letter for supporting documentation

Voided check (preferred) Bank letter (may incur longer approval time)

*Upload a voided check (Accepted file formats include: PDF, JPEG, GIF, and PNG. File size cannot exceed 2MBs.)

VoidedCheck.jpg [EDIT](#)

*Would you like to add an NPI bank account?

Yes No An NPI Bank Account is not required. However, select 'Yes' if you want deposits directed to an account different than the one assigned at the TIN level.

[How do I manage multiple NPI bank accounts?](#)

CANCEL ENROLLMENT

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CONTINUE

Signing up for Optum Pay

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Select Payment Methods: If you selected to enroll in both ACH and VCP at the beginning of the enrollment process, you can select payment method for any payers who currently offer both ACH and VCP payments. Please note that any payers who do not offer VCP at the time of enrollment will be greyed out. Only those who offer VCP at the time of enrollment will have an active drop-down menu for you to select either ACH or VCP.

Note: You must enroll for all payers at the time of enrollment.

Select Payment Methods

Optum Pay enables you to choose the payment option that's right for your practice, with the flexibility to choose between two types of electronic payments: Automated Clearing House (ACH) (also known as direct deposit) and Virtual Card Payments. Please note, not all Payers will offer Virtual Card Payments (VCP).

ACH payments are deposited direct to your bank account. Virtual Card Payments are payment card transactions that you process via your point of sale terminal, similar to the way patient co-pays would be processed. If you elect to receive payments via VCP, you agree to the [terms and conditions](#).

By default, the payment option for each Payer is currently set to ACH. For Payers whom you wish to receive a Virtual Card Payment, please change the Payment Method to VCP.

[Which payment option should I choose?](#)

Please select your preferred payment method for each active Payer

Payer Name	Payment Method	Payer Name	Payment Method
Patient Payment	ACH <input type="checkbox"/>	Oxford Health Plans	ACH <input type="checkbox"/>
AARP UnitedHealthcare Ins Co	ACH <input type="checkbox"/>	PacificCare PLHC	ACH <input type="checkbox"/>
AppleCare Medical Group	ACH <input type="checkbox"/>	Penn National Insurance	ACH <input type="checkbox"/>
Dental Benefit Providers	ACH <input type="checkbox"/>	Pinnacle Assurance	ACH <input type="checkbox"/>
ECHO	ACH <input type="checkbox"/>	Rally Pay Member Payments	ACH <input type="checkbox"/>
Evolve Medical Group Inc	ACH <input type="checkbox"/>	Evolve OutCare Network	ACH <input type="checkbox"/>


Signing up for Optum Pay

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Upload W9: You will now need to upload a signed and dated W9. Acceptable file formats to upload are: pdf, jpg, gif or png. If you do not have a current W9, they may download a blank W9 by clicking the Access W9 Form link.

Upload W9

A copy of your W9 is required to complete your enrollment for this TIN. Please upload your W9 now. Accepted file formats include: PDF, JPEG, GIF and PNG.

Note: If your Organization does not currently have a W9 you may access the [Federal W9 form here](#) . All fields marked with an asterisk (*) are required.

Business Name

Optum

Business TIN or EIN

852456123

*Upload W9 (Must be filled out, signed, and dated. File size cannot exceed 2MBs)

 No file chosen

[CANCEL ENROLLMENT](#)

[BACK](#)

[CONTINUE](#)

Signing up for Optum Pay

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Review and Submit: Review your entered enrollment information before you submit. If you need to revise any data, select the Edit option next to the area you need to update.

You are required to accept the Terms and Conditions and enter the Authorized Enroller's Information. You must provide the following:

- First Name
- Last Name
- Title
- Telephone Number
- Email Address
- Re-type Email Address

Review and Submit

Please review your enrollment information below for accuracy. If you would like to make changes, select the Edit option alongside the corresponding section. An authorized signature is required to submit the enrollment form.

Reason for Submission

New Enrollment

Organization Information [EDIT](#)

TIN or EIN

852456123

Business Name

Optum

Business Address

**11000 Optum Circle
Eden Prairie, MN
55344**

National Provider Identifier

Provider Type

Test1234

Market Type

Test567

Identify Administrators [EDIT](#)

Primary Administrator Contact

Michelle Thomas

Primary Administrator Telephone

952-205-6212

Primary Administrator Mobile Phone

Primary Administrator Email Address

firstname.lastname@gmail.com

Secondary Administrator Contact

David Thomas

Secondary Administrator Telephone

952-205-9432

Secondary Administrator Mobile Phone

Secondary Administrator Email Address

firstname.lastname2@gmail.com

Signing up for Optum Pay

TIN Financial Information [EDIT](#)

Provider Tax Identification Number (TIN) 852456123	Financial Institution Routing Number 091000019
Financial Institution / Bank Name Wells Fargo	Provider's Account Number at Financial Institution 104757750177
Type of Account at Financial Institution Checking	Uploaded Voiced Check VoicedCheck.jpg

Terms and Conditions

The undersigned hereby certifies that the information provided herein is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate corporate action, where applicable, to execute this agreement on behalf of the above mentioned Organization Name to form a legally binding contract and understands that acceptance of this agreement constitutes an agreement to be bound to perform in strict conformity with the terms and conditions of this agreement. Optum reserves the right to request additional information to help ensure the security of your account.

*I accept these terms and conditions. [Download Terms and Conditions](#)

Authorized Enroller's Information

The enrollment form **MUST** be completed and signed by an authorized healthcare individual from your organization. Practitioner (MD, DO, DC, DDS, PhD, etc), Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc)

*First Name

*Last Name

*Title

*Telephone Number - -

Signing up for Optum Pay

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After hitting Submit, you will get a message that your enrollment has been successfully submitted. You can print a copy of your online enrollment, if you choose.

Enrollment Submitted

Thank you!

You have successfully submitted the enrollment application for Optum Pay. Standard processing time for all enrollment applications is five (5) business days.

Please print or save a copy of your enrollment information for your records. You will not be able to return to this page.



[Print Completed Enrollment Form](#)

Next Steps

- 1 If you selected the ACH/direct deposit payment option, please contact your bank and request delivery of the 'ACH Addendum Record' for payments from Optum Bank. [What is the ACH Addendum Record for?](#)
- 2 Once we have approved your enrollment application, both account administrators will receive an email with an Optum Pay security PIN and instructions for how to setup your online account.
- 3 Using the link in the email, sign in or register for an Optum ID. Once signed in, enter your security PIN and Tax ID to complete account setup and start accessing your payment information.

[EXIT ENROLLMENT](#)

Signing up for Optum Pay

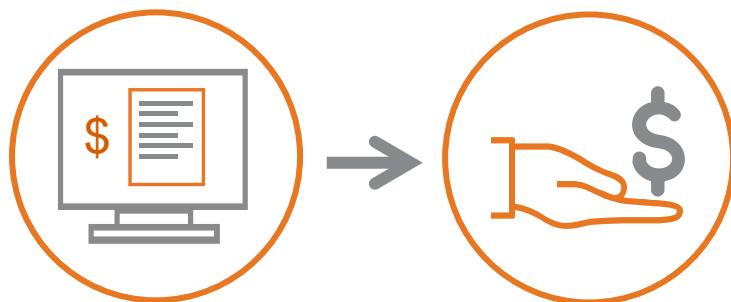
16

Set up user access to the portal: After the enrollment application is processed (5–8 business days), the Administrators established during enrollment will receive an email containing registration and activation instructions for the Optum Pay Provider Portal. Please follow the directions in the email to complete the portal access activation and associate your Optum ID with your Optum Pay PIN.

Claims Submission

Claims filing made easy

File your claim electronically for a fast, secure and convenient claims experience



Benefits of Electronic Filing:

- **It's fast** - Eliminate mail and paper processing delays
- **It's convenient** - Easy set-up and intuitive process
- **It's secure** - Data security is higher than with paper-based claims
- **It's efficient** - Electronic processing helps prevent errors
- **It's cost-efficient** - you eliminate mailing costs and the solutions are free or low-cost

Quick and accurate electronic claim entry

Our providers report the highest level of satisfaction when they submit claims online through *Provider Express*:



- Free
- Available 24/7
- Intuitive and easy-to-use
- Real-time, quick claims processing
- Available to clinicians and groups
- Outpatient behavioral and EAP claims

Get started today with your One Healthcare ID:


- Register for a One Healthcare ID today by clicking this [First-time User link](#)
- Need help registering for a One Healthcare ID? Watch this [quick video](#)

Claims Submission

If you use PayerPath to submit your claims to Conduent, then you will use Provider Express to submit your claims to Optum

This presentation will review the following features:

- Completing and submitting an Express Form
- Completing and submitting the Long Form



Home | Eligibility & Benefits | Auth Request | Auth Inquiry | **Claim Entry** | Claim Inquiry | EPS | ALERT | Provider Reports | My Provider Express | My Practice Info | Message Center | Contact Us

Claim Entry-Express Form Step 1 of 4

There are several required fields:

- Federal tax ID
- Provider name (group login)
- Selecting the type of claim
- “Will the claim include”
“No” will be the default
launching the **Express Form**
Selecting “Yes” will launch the **Long Form**

Complete the search identifying one of the following:

- *Authorization Number, or*
- *Member Search option*

Claim Entry-Express Form Step 2 of 4

Patient Info		Insured Info				
Name	Member, Test	ID number	xxxxxx4321			
DOB	01/02/1234	Name	Subscriber, Test			
Address	123 Any Street	Address	123 Any Street			
Relationship to insured	Self - 01	City	Anywhere			
City	Anywhere	State	XX			
State	XX	ZIP	55555			
ZIP	55555	Telephone				
Telephone		Group number	55555			
		Employer group name	ACME Corp.			
		Insurance plan name	United Behavioral Health			
Patient		Provider				
Patient control number ^(?)	<input type="text"/>	Federal tax ID *	999999999			
Patient or Authorized Person's signature to authorize release of medical or other information necessary to process this claim and to pay any benefits according to the assignment listed on this claim. *		Accept assignment?	YES <input checked="" type="radio"/> NO <input type="radio"/>			
Signature <input type="text"/> On File <input type="button" value="v"/>		Service address* ^(?)	321 Any Street <input type="button" value="Add"/>			
Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim. *		Signature of rendering provider	Provider, Mary K <input type="button" value="v"/>			
Signature <input type="text"/> On File <input type="button" value="v"/>		Billing provider name, address, zip code and phone number	Provider, Mary K. 321 Any Street Sometown, CA 54321-0000 (800) 555-5555			
		Billing NPI *	<input type="text"/>			
Service Information						
Related hospitalization dates	From: <input type="text"/>	To: <input type="text"/>				
Diagnosis or nature of illness or injury*	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> more than 6?					
	<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 <input type="button" value="Lookup"/>					
Claim frequency	Original <input type="button" value="v"/>					
Authorization number	<input type="text"/>					
Date of Service mm/dd/yyyy *	Place of Service *	Procedure CPT Code Modifier ^(?)	Diagnosis Code 1 2 3 4 5 6	Charges *	Unit *	NPI ID *
<input type="text"/>	Please Select <input type="button" value="v"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	<input type="text"/>
<input type="text"/>	Please Select <input type="button" value="v"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	<input type="text"/>
<input type="text"/>	Please Select <input type="button" value="v"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	<input type="text"/>
<input type="text"/>	Please Select <input type="button" value="v"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	<input type="text"/>
<input type="text"/>	Please Select <input type="button" value="v"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	<input type="text"/>
Total charge \$				<input type="text" value="0.00"/>	Patient paid amount \$ <input type="text" value="0.00"/>	

Preview


Claim Entry-Express Form Step 3 of 4

Step 3 allows users to preview basic information on the claim before sending for submission

If all the information is accurate, click the [Submit This Claim] button to continue to the final step, or click the [Back To Details] button to return to Step 2

Claim Entry - Step 3 of 4

Provider Name:	Mary K Provider	Provider Tax Id:	999999999	NPI:	1111111111
Patient Name:	MEMBER, TEST	Patient Relationship:	Self		
Insured Name:	SUBSCRIBER, TEST	Patient ID:	XXXXX4321		
Date(s) of Service:	05/02/2016				
Date Submitted:	05/18/2016				
Total Claim Charge:	\$100.00				

If this data is incorrect, click on the back button to correct your entry.
If this data is correct, continue below. To review statements appearing on the reverse side of a CMS-1500 Form, refer to a [copy of the reverse side](#) 
Your claim has **not** yet been submitted. To submit, click **Submit This Claim**:

Claim Entry-Express Form Step 4 of 4

Step 4 yields the same information as in Step 3, with the addition of a **Confirmation Number**, verifying the claim has been successfully submitted

The user has the option to submit another claim by clicking the **[Enter Another Claim]** button returning to Step 1

Claim Entry - Step 4 of 4			
<i>The claim was successfully submitted with Confirmation Number 50001234000</i>			
Provider Name:	Mary K Provider	Provider Tax Id:	999999999 NPI: 1111111111
Patient Name:	MEMBER, TEST	Patient Relationship:	Self
Insured Name:	SUBSCRIBER, TEST	Patient ID:	XXXXX4321
Date(s) of Service:	05/02/2016		
Date Submitted:	05/18/2016		
Total Claim Charge:	\$100.00		
Enter Another Claim			

Note: Provider Express recommends printing out this page, or documenting the confirmation number. You can use that number with the Provider Express Tech Support staff if any questions arise about the submission of that claim.

Claim Entry-Long Form Step 1 of 4

There are several required fields:

- Federal tax ID
- Provider name (group login)
- Selecting the type of claim
- "Will the claim include"
 - "No" will be the default launching the **Express Form**
 - Selecting "Yes" will launch the **Long Form**

Complete the search identifying one of the following:

- *Authorization Number or*
- *Member Search option*

Claim Entry-Long Form Step 2 of 4

The **Long Form** displays a claim similar to the Express Form, pre-populating the **Patient/Insured Info**

Claim Entry - Step 2 of 4

[\(R\) Back to Step 1](#) Asterisk(*) or colon(:) is not allowed in any field.

Patient Info		Insured Info									
Name	Doe, John	ID number	XXXXXX9999								
DOB	01/02/1234	Name	Doe, Jane								
Address	123 Any Street	Address	123 Any Street								
Relationship to insured	Sel - 01	City	Anywhere								
City	Anywhere	State	XX								
State	XX	ZIP	55555								
ZIP	55555	Telephone									
Telephone		Group number	55555								
Is there another health benefit plan?	Yes * No <input type="radio"/>	Employer group name	ACME Corp.								
		Insurance plan name	United Behavioral Health								
Notes Claim Level <input type="checkbox"/>		Supervising Provider									
Reference code	Please Select	First name									
Reference text		Last name									
		NPI									
Paperwork Attachment Claim Level <input type="checkbox"/>		Provider									
Report Type Code	Please Select	Federal tax ID	999999999								
Report Transmission Code	Please Select	Accept assignment?	<input checked="" type="radio"/> Yes <input type="radio"/> No								
Report control number		Service address *	2004 Rodeo Park Dr E Ste 300A Add...								
Patient		Signature of rendering provider	Doe, John A. Add...								
Patient control number		Pay to provider name, address, zip code and phone number	Doe, John A. 2004 Rodeo Park Dr E DR E STE 200 Santa Fe, NM 87505-6305 Doe, John A. 2004 Rodeo Park Dr E DR E STE 200 Santa Fe, NM 87505-6305								
I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *		Billing NPI	1234567899								
Signature	On File	Referring Provider									
Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim. *		First name									
Signature	On File	Middle initial									
		Last name									
		NPI									
Service info											
Related hospitalization dates	From: <input type="text"/>	To: <input type="text"/>									
Diagnosis or nature of illness or injury *	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> more than 6?										
	<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 Lookup										
Claims frequency <input type="checkbox"/>	Original										
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges: 0.00										
Authorization number	<input type="text"/>										
Date of Service mm/dd/yyyy *	Place of Service *	CPT Code *	Modifier1	Modifier2	Modifier3	Modifier4	Diagnosis Code *	Charges *	Unit *	NPI ID	PWK NTE CDB
<input type="text"/>	Please Select	<input type="text"/>					<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	1234567899	<input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	Please Select	<input type="text"/>					<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	1234567899	<input type="checkbox"/> <input type="checkbox"/>

Claim Entry-Long Form Step 2 of 4 cont'd

The **Long Form** displays a claim similar to the Express Form, pre-populating the **Patient/Insured Info**

If the user selects “Yes” there is another health plan, additional fields will display to support entry of data needed for COB claim filing including:

- ✓ Other Insured
- ✓ Coordination of Benefits
- ✓ Medicare Outpatient adjudication
- ✓ COB Claim Adjustments

Claim Entry - Step 2 of 4

Asterisk(*) or colon(:) is not allowed in any field.

Patient Info		Insured Info	
Name	Doe, John	ID number	XXXXXXXX9999
DOB	01/02/1234	Name	Doe, Jane
Address	123 Any Street	Address	123 Any Street
Relationship to insured	Sof - 01	City	Anywhere
City	Anywhere	State	XX
State	XX	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	55555
Is there another health benefit plan?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Employer group name	ACME Corp.
		Insurance plan name	United Behavioral Health

Other Insured		Coordination of Benefits	
First name	<input type="text"/>	Claim adjudication date	<input type="text"/>
Middle initial	<input type="text"/>	COB payer paid amount	<input type="text"/>
Last name*	<input type="text"/>	Remaining patient liability	<input type="text"/>
Member ID number *	<input type="text"/>	Medicare Outpatient adjudication	
Group number	<input type="text"/>	Payable percent	<input type="text"/>
Date of birth	<input type="text"/>	Payable amount	<input type="text"/>
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Non-payable amount	<input type="text"/>
Relationship to other insured	<input type="text" value="Please Select"/>	Remark code	<input type="text" value="Lookup"/>
Payer ID *	<input type="text"/>	Remark code	<input type="text"/>
Payer Name *	<input type="text"/>	Remark code	<input type="text"/>
Insurance Type*	<input type="text" value="Please Select"/>	Remark code	<input type="text"/>
Reason Medicare is Secondary	<input type="text" value="Please Select"/>	Remark code	<input type="text"/>
COB Claim Adjustments			
if you have more than one Claim Adjustment click the 'Add' button to the right.			
Group code	<input type="text" value="Please Select"/>	Reason code	<input type="text"/>
		Adjustment amount	<input type="text"/>
		Quantity	<input type="text"/>
		<input type="button" value="Lookup"/>	

Related hospitalization dates		From: <input type="text"/>	To: <input type="text"/>
Diagnosis or nature of illness or injury *			
1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>
more than 62			
<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 <input type="button" value="Lookup"/>			
Claim frequency			
<input type="text" value="Original"/>			
<input type="radio"/> Yes <input checked="" type="radio"/> No Charges: 0.00			
Procedure			
Service *	CPT Code *	Modifier1	Modifier2
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Modifier3	Modifier4	Diagnosis Code *
	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6
			Charges * Unit * NPI ID PWK NTE COB
			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 1234567899 <input type="checkbox"/> <input type="checkbox"/>
			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 1234567899 <input type="checkbox"/> <input type="checkbox"/>

Please review the “[Overview of Filing COB and Corrected Claims](#)” Guided Tour for more information.

Claim Level and Line Level Claims

Users have the option to add information on Coordination of Benefits (COB), Paperwork (PWK) or Notes (NTE) at a full claim level or at a line item level

This presentation reviews each section beginning with these options at a claim level and then at a line item level

- In the majority of cases, these options are filed at a claim level (mainly, if the information is the same, regardless on how many dates of service are entered)
- However, the form supports line level entry when that specificity is required (mainly, if the information varies based on date of service)

Claim Entry-Long Form Step 2 of 4 cont'd

Other options on the **Long Form** include:

- Notes Claim Level
- Paperwork Attachment Claim Level
- More than 5 dates of service

The line level entries for notes and paperwork available under *Service Info* will be explained in details later in this presentation

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxx9876
DOB	10/16/1947	Name	Doe, John
Address	123 Main Street	Address	123 Main Street
Relationship to insured	Self - 01	City	TUCSON
City	TUCSON	State	AZ
State	AZ	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	12345-6789
Is there another health benefit plan?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Employer group name	ACME Industries
		Insurance plan name	United Behavioral Health
Notes Claim Level <input checked="" type="checkbox"/>		Supervising Provider	
Reference code	Please Select	First name	
Reference text		Last name	
		NPI	
Paperwork Attachment Claim Level <input checked="" type="checkbox"/>		Provider	
Report Type Code	Please Select	Federal tax ID *	5678543210
Report Transmission Code	Please Select	Accept assignment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Report control number		Service address *	321 Any Street <input type="button" value="Add"/>
Patient		Signature of rendering provider	Provider, Mary K
Patient control number <input checked="" type="checkbox"/>		Pay to provider name, address, zip code and phone number	Provider, Mary K 321 Any Street Sometown, CA 54321-0000 (800) 555-5555
I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *		Billing NPI *	
Signature <input type="button" value="On File"/>		Referring Provider	
		First name	
Service info			
Related hospitalization dates		From:	To:
Diagnosis or nature of illness or injury *		1: 2: 3: 4: 5: 6: more than 6?	
Lookup			
Claim frequency <input checked="" type="checkbox"/>		Original	
Outside lab?		<input type="radio"/> Yes <input checked="" type="radio"/> No Charges 0.00	
Authorization number			
Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Diagnosis Code * 1 2 3 4 5 6
		Modifier <input checked="" type="checkbox"/>	Charges * Unit * NPI ID * PWK NTE COB
			0.00 1
			0.00 1

Preview

Claim Entry-Long Form Step 2 of 4 (Service Information) cont'd

Line Level options

To the right of each line of service are three options:

- PWK = paperwork work above
- NTE = notes
- COB = coordination of benefits (adjustment info only)

For example, choosing the PWK option drops down additional field for you to complete

You can choose an indicator for each line of service that requires it.

Claim Entry - Step 2 of 4

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxx9876
DOB	10/16/1947	Name	Doe, John
Address	123 Main Street	Address	123 Main Street
Relationship to insured	Self - 01	City	TUCSON
City	TUCSON	State	AZ
State	AZ	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	12345-6789
Is there another health benefit plan?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Employer group name	ACME Industries
		Insurance plan name	United Behavioral Health
Notes Claim Level <input type="checkbox"/>		Supervising Provider	
Reference code	Please Select	First name	
Reference text		Last name	
		NPI	
Paperwork Attachment Claim Level <input type="checkbox"/>		Provider	
Report Type Code	Please Select	Federal tax ID *	5670543210
Report Transmission Code	Please Select	Accept assignment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Report control number		Service address *	321 Any Street Add
Patient		Signature of rendering provider	Provider, Mary K
Patient control number <input type="checkbox"/>		Pay to provider name, address, zip code and phone number	Provider, Mary K 321 Any Street Somtown, CA 54321-0000 (800) 555-5555
I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *		Billing NPI *	
Signature	On File	Referring Provider	
		First name	
Service info			
Related hospitalization dates	From: <input type="text"/>	To: <input type="text"/>	
Diagnosis or nature of illness or injury *	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> 5: <input type="text"/> 6: <input type="text"/> more than 6?		
Lookup			
Claim frequency <input type="checkbox"/>	Original		
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges <input type="text" value="0.00"/>		
Authorization number	<input type="text"/>		
Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Diagnosis Code * 1 2 3 4 5 6
<input type="text"/> Please Select	<input type="text"/> Please Select	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Charges * Unit *	NPI ID * PWK NTE COB
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Preview


Claim Entry-Long Form Step 3 of 4

Step 3 allows users to preview basic information on the claim before sending for submission

If all the information is accurate, click the [Submit This Claim] button to continue to the final step, or click the [Back To Details] button to return to Step 2

Claim Entry - Step 3 of 4

Provider Name: Mary K Provider	Provider Tax Id: 999999999	NPI: 1111111111
Patient Name: MEMBER, TEST	Patient Relationship: Self	
Insured Name: SUBSCRIBER, TEST	Patient ID: XXXXX4321	
Date(s) of Service: 05/02/2016		
Date Submitted: 05/18/2016		
Total Claim Charge: \$100.00		

If this data is incorrect, click on the back button to correct your entry.
If this data is correct, continue below. To review statements appearing on the reverse side of a CMS-1500 Form, refer to a [copy of the reverse side](#) 
Your claim has **not** yet been submitted. To submit, click **Submit This Claim**:

Claim Entry-Express Form Step 4 of 4

Step 4 yields the same information as in Step 3, with the addition of a **Confirmation Number**, verifying the claim has been successfully submitted

The user has the option to submit another claim by clicking the **[Enter Another Claim]** button returning to Step 1

Claim Entry - Step 4 of 4			
<i>The claim was successfully submitted with Confirmation Number 50001234000</i>			
Provider Name:	Mary K Provider	Provider Tax Id:	999999999 NPI: 1111111111
Patient Name:	MEMBER, TEST	Patient Relationship:	Self
Insured Name:	SUBSCRIBER, TEST	Patient ID:	XXXXX4321
Date(s) of Service:	05/02/2016		
Date Submitted:	05/18/2016		
Total Claim Charge:	\$100.00		
Enter Another Claim			

Note: Provider Express recommends printing out this page, or documenting the confirmation number. You can use that number with the Provider Express Tech Support staff if any questions arise about the submission of that claim.

Claim Attachments

Q) Where do I send claim attachments?

A) Provider Express Claim Entry and the standard 837P transaction are designed to allow for secondary claim billing. If the Coordination of Benefits (COB) information in the claim is complete and valid, then you do not need to send a hardcopy Explanation of Benefits (EOB) to Optum.

If you do need to send an EOB or another type of claim attachment to Optum, find the Claim ID in Provider Express (this is the Claim ID that Optum assigned) and include the following information on an attachment:

- 1) Participant name
- 2) Participant date of birth
- 3) Participant ID
- 4) Date of Service
- 5) Claim ID

Claim Attachments (Continued)

To submit a claim attachment, send a copy of the claim with the attachment. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

Q) Can I send claim attachments by fax?

A) No, they must be sent by mail. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

Claim Attachments (Continued)

Q) Does a claim stay in pend status until an attachment is reviewed?

A) When a claim is submitted to Optum BH through EDI or Provider Express and the Provider already has the primary carrier payment information, they should/need to put that information on the claim. There is a spot for other insurance information and payment information from the primary carrier. If that information is on the claim, then Optum can process the claim and NOT initiate the Department of Labor (DOL) Letter Process, nor does Optum need the EOB sent by mail to Optum. Optum would only send a DOL Letter as stated below:

Claims do not stay in a pend status. If a claim requires additional information a DOL letter is generated and the claim is closed with “F53 DOL Process Initiated; Refer to separate letter requesting additional information or additional explanation messages for final claim status.” The DOL Letter Process is initiated when incomplete information is received on a claim that prohibits benefit and eligibility determination (such as procedure or diagnosis code). A letter is generated to request the missing or invalid information from the provider which initiates the process.

Claim Attachments (Continued)

Q) Does a claim stay in pend status until an attachment is reviewed? (Continued)

A) Optum allows 45 days from the date requested to receive this information. If the information is not received within that time frame, then the claim is denied with “additional information not received.” OHBS will automatically send a denial letter to the participant upon the final denial. It is not a manual selection or decision that a Claims Processor must make.

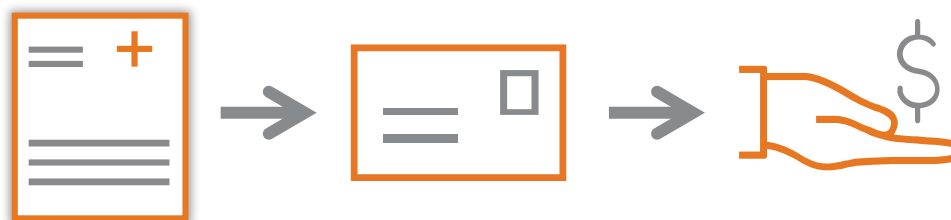
For EOB requests on claims, Optum denies the claim for one of the following reasons:

- EOB does not match claim – The Explanation of Benefits does not match the claim information submitted. Please resubmit correct information for Optum to consider the claim.
- Send Medicare EOB – Optum will need a copy of the Medicare summary notice before your claim can be processed.
- EOB Lacks correct Information – the Explanation of Benefits received lacks correct information.

Filing paper claims

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original 02/12 CMS 1500 Claim Form (no photocopies)
- Type information to ensure legibility
- Use a DSM-5 derived ICD-10 code for primary diagnosis (Hint: the DSM-5 includes ICD codes along with the DSM diagnostic info)
- Complete all required fields (including ICD indicator and NPI number)



Paper Claims Submission

Optum Behavioral Health
PO Box 30760
Salt Lake City, UT 84130-0760

Primary Modifier Guidance Grids

The Primary Modifier Grids are posted on the website under Updates at:

<https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Updates.html>

UPDATES

- Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services as of 7.1.2020

(This includes Mental Health Physician Clinic covered services)

- This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing Mental Health Physician Clinic services to Optum
- Entering procedure code modifiers in the correct sequence is necessary for accurate claim payment amounts by Optum
- Entering procedure code modifiers in any other order may result in claim denials, underpayments and/or overpayments that must be refunded

Modifier Sequence for Mental Health Physician Clinics 1/2

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Mental Health Intake Assessment	H0031		
Mental Health Intake Assessment	H0031	95 or GT - Telehealth	
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	95 or GT - Telehealth
Psychiatric Assessment - Diag Eval	90791		
Psychological Testing	96136-HO	HO	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth
Psychological Testing	96137-HO	HO	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth
Psychological Testing	96130-HO	HO	
Psychological Testing	96131-HO	HO	
Neuropsychological Testing	96136-HP	HP	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96137-HP	HP	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96132-HP	HP	
Neuropsychological Testing	96133-HP	HP	

Modifier Sequence for Mental Health Physician Clinics 2/2

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Psychotherapy, Individual	90832		
Psychotherapy, Individual	90832	95 or GT - Telehealth	
Psychotherapy, Individual	90834		
Psychotherapy, Individual	90834	95 or GT - Telehealth	
Psychotherapy, Individual	90837		
Psychotherapy, Individual	90837	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth
Psychotherapy, Family (with patient present)	90847		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	
Psychotherapy, Family (with patient present)	90847-U7	U7	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth
Psychotherapy, Multi-family group	90849		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	
Psychotherapy, Multi-family group	90849-U7	U7	
Psychotherapy, Multi-family group	90849-U7	U7	95 or GT - Telehealth
Psychotherapy, Group	90853		
Psychotherapy, Group	90853	95 or GT - Telehealth	
Psychotherapy, Group	90853-U7	U7	
Psychotherapy, Group	90853-U7	U7	95 or GT - Telehealth
Comprehensive Medication Services	H2010		
Comprehensive Medication Services	H2010	95 or GT - Telehealth	
Short-term Crisis Intervention Service	S9484		
Short-term Crisis Intervention Service	S9484	95 or GT - Telehealth	
Short-term Crisis Intervention Service	S9484-U6	U6	
Short-term Crisis Intervention Service	S9484-U6	U6	95 or GT - Telehealth

Submitting Claim Adjustments and Corrected (or Void) Claims

General Claim Assistance

Claim Tips

Introduction

Optum supports multiple ways of submitting a claim for service. We encourage our clinicians to submit claims electronically or through the Claim Entry feature of Provider Express.

Optum processes claims for its members on multiple claims systems, depending on the member's benefit plan. As a result, Optum has multiple mailing addresses for paper claim submissions. In order to ensure prompt and accurate payment, please **verify the mailing address prior to submitting your claim**. For EDI and online claims, a claim mailing address is not required.

- Claim Entry Through Provider Express
- Claim Status Inquiry/Claims Problem Resolution
- Claim Submission Hints
- EAP Claims
- Electronic Claim Submission (EDI)
- Electronic Payments and Statements (EPS)
- Improve the Speed of Processing
- Inpatient/Facility Claims
- Outpatient Claims
- Where to Submit Your Optum Claim

Quickly verify claim status or make adjustments

Check the status of your claim on *Provider Express* where you can also submit Claim Adjustment Requests online

Claim Summary

Claims for Member XXXXX0000 between 08/20/2015 and 02/16/2016

* For detailed information, click on the Member's Name.

Member Name	Member Id	Date(s) of Service	Claim Status	Date Entered	Claimed Amount	Disallowed Amount	Paid Amount	Claim Adjustment
MEMBER NAME	XXXXX0000	11/11/2015-11/11/2015	Finalized	11/13/2015	\$60.00	\$0.00	\$60.00	<input type="button" value="Enter"/>
MEMBER NAME	XXXXX0000	11/25/2015-11/25/2015	Finalized	11/27/2015	\$60.00	\$0.00	\$60.00	<input type="button" value="Enter"/>

Export: [CSV](#)

Claim Adjustment - Entry

After a claim has been processed, you may make a Claim Adjustment request. If you believe that a claim was processed incorrectly, please select a Reason from the list below. In addition, please include any information that should be evaluated in the claim adjudication process.

Member Name MEMBER NAME **Member Id** XXXXX0000-00
Clinician Name Provider, John Q

Date(s) of Service	Date Paid	Claimed Amount	Copay Amount	Disallowed Amount	Paid Amount
11/11/2015	11/14/2015	\$60.00	\$60.00		\$0.00

Reason

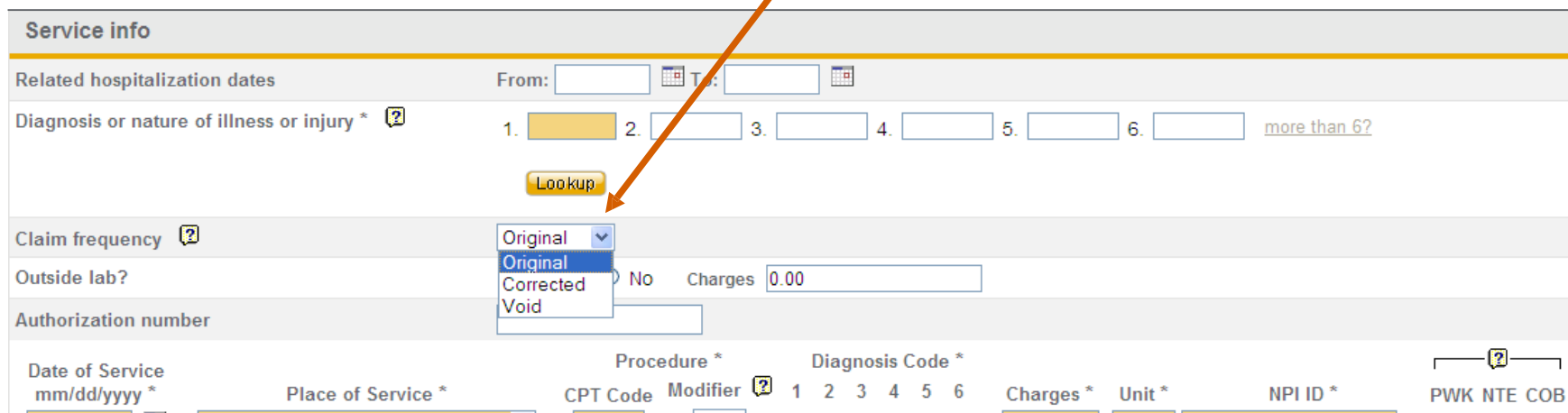
 which was met on 10/31/2015. Please

Comme

255 characters left

Submitting Corrected (or Void) Claims

- Regardless of the claim form (short or long), you do have the ability to submit a Corrected or Void claim request as well, when a previously submitted claim had incorrect information on it.
- In the Service info section, the “Claim frequency” code is what is used to determine the type of claim you are filing. Provider Express defaults to "Original" but you can change it to "Corrected" or "Void".



Service info

Related hospitalization dates From: To:

Diagnosis or nature of illness or injury * 1. 2. 3. 4. 5. 6. [more than 6?](#)

Claim frequency

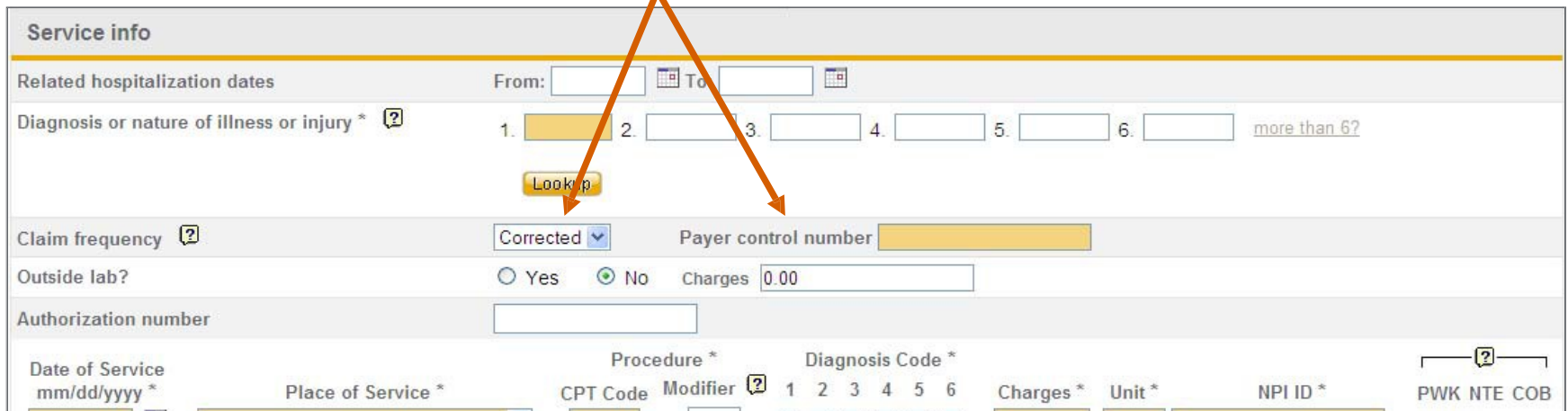
Outside lab? Charges

Authorization number

Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier *	Diagnosis Code * 1 2 3 4 5 6	Charges *	Unit *	NPI ID *	PWK NTE COB
---------------------------------	--------------------	-------------------------	------------	---------------------------------	-----------	--------	----------	-------------

Submitting Corrected (or Void) Claims (cont.)

- As the help icon next to this section indicates:
 - **Claim frequency** - To submit a Corrected or Void claim, you will need to enter the Claim Number found on the claim record in Claim Inquiry. The claim number will also be reported on the paper remittance advice or electronic 835 file. You cannot submit a Corrected or Void claim until a claim number has been assigned.



The screenshot shows a web form for submitting claims. The 'Service info' section includes fields for 'Related hospitalization dates' (From: [] To: []), 'Diagnosis or nature of illness or injury *' (with a help icon and a 'Look up' button), 'Claim frequency' (set to 'Corrected'), and 'Payer control number' (a yellow field). Below this is 'Outside lab?' (Yes/No) and 'Charges' (0.00). The 'Authorization number' field is empty. At the bottom, there are fields for 'Date of Service', 'Place of Service', 'Procedure *' (CPT Code, Modifier), 'Diagnosis Code *' (1-6), 'Charges *', 'Unit *', 'NPI ID *', and 'PWK NTE COB' (with a help icon).

“Payer control number” = Claim number

When to use the Corrected
Claim Option via Claim Entry
vs.

The Claim Adjustment
Request Feature via Claim
Inquiry

Submitting Corrected Claim vs Claim Adjustment

Q: When should I submit a corrected claim via Claim Entry vs an adjustment via Claim Inquiry?

A: Use the following guidelines to help in your decision:

- If the issue with the claim was because of a problem in how it was originally filed by the provider/group that now needs to be corrected, **submit a corrected claim via Claim Entry**

e.g., filing an incorrect procedure code; forgetting a modifier

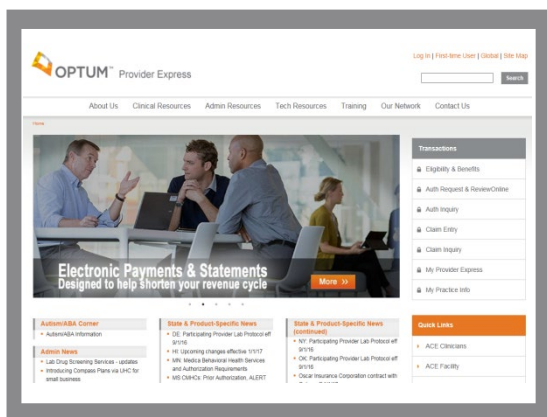
- If the issue with the claim was because of an alleged problem in how Optum processed it, **submit an adjustment request via Claim Inquiry**

e.g., processing against participant's deductible when it was already met; noting an auth was required when there is an auth on file

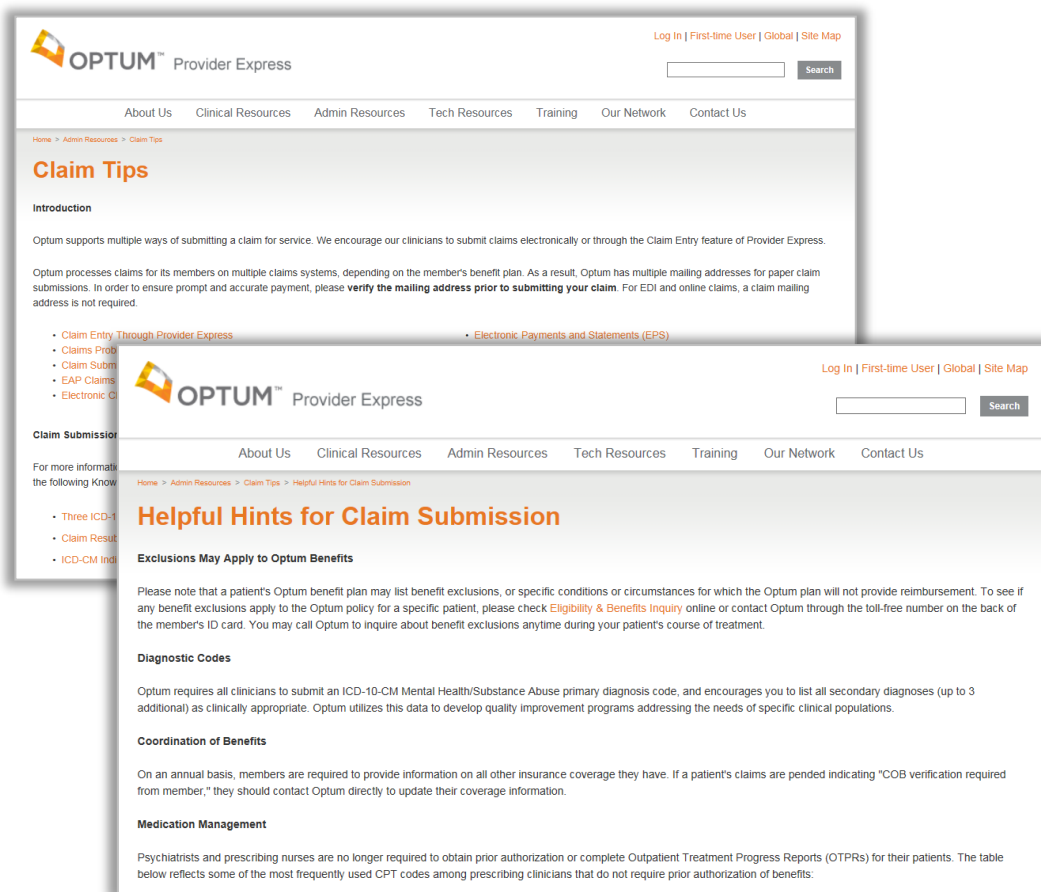
(Please reference the **Guided Tour** video titled: **“Claim Inquiry and Claim Adjustment Request”** for additional information)

Additional handy claim tips

Visit *Provider Express* for additional information on preventing common claim errors



Claim Tips Link



Provider Training

Provider Training Web Page

Provider trainings are posted on the Optum Alaska website at:

<https://alaska.optum.com/content/ops-alaska/alaska/en/providers/provider-trainings.html>

Sign up for email Alerts about upcoming trainings and other notices at the Optum Alaska Home Page.



Home For Participant

Home

PARTICIPANT QUICK LINKS

- ▶ Participant Newsletter [↗](#)
- ▶ Resources & Tools [↗](#)

PROVIDER QUICK LINKS

- ▶ Sign up for Alerts [↗](#)
- ▶ Provider Express [↗](#)
- ▶ Resources & Tools [↗](#)

EXTERNAL OPTUM SITES

- ▶ Find a Provider [↗](#)
- ▶ Live & Work Well [↗](#)
- ▶ Supports and Services Manager [↗](#)



Provider Meetings & Trainings

PROVIDER MEETINGS & TRAININGS

Optum is pleased to work with our Alaska Medicaid providers to provide training opportunities throughout the year. Please be sure to take note of registration requirements and details.

New Trainings

Technical Assistance Teleconferences are held on the 2nd and 4th Wednesday of every month. Please come to this site to register for Technical Assistance Teleconferences and other training sessions.

▶ **Technical Assistance Teleconference**

▶ **OptumHealth Education**

Previous Trainings

▶ **Technical Assistance Teleconferences**



▶ **SB74 Regulation Changes**

Previous Meetings

▶ **Optum Alaska Behavioral Health Collaborative 2020**

Service Authorization Support

The Right Service to the Right Person at the Right Time: Introduction to Levels of Care - August 26, 2020

Introduction to Online Submission of Service Authorization Requests - September 23, 2020

Introduction to Online Submission of Service Authorization Request – Deeper Dive - October 28, 2020

Claims Processing: Billing with Service Authorizations and Autism Services Authorization Process - December 16, 2020

More training on Service Authorizations is
COMING SOON

Service Authorization Support

Please visit the [DBH Communications page](#) for information and updates unrelated to the 1115 Demonstration Waiver.

June 3, 2020

DBH COVID Guidance Document # 6 (Replaces DBH COVID Guidance Document # 4)

[COVID 19 GUIDANCE](#)

Sign up for the DBH Communication and 1115 Medicaid Behavioral Health Waiver and other lists of interest at the [Alaska Department of Health and Social Services Email or Text Update](#) list.

Provider Relations Staff

The Optum AK Provider Relations Team is here to help

As a new Provider to Optum, the Provider Relations Team is your local guide to Navigating Optum.

The AK Provider Relations Team can:

- Act as your Optum liaison
- Answer important questions
- Facilitate ongoing process improvement
- Keep you abreast of changes that impact your practice
- Provide useful tools and resources

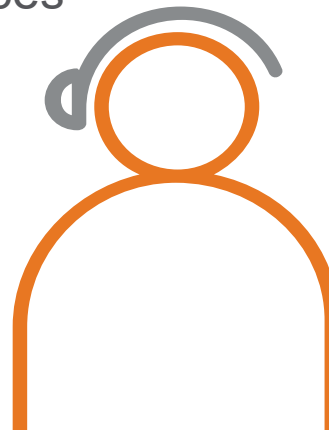
The OptumAK Provider Relations Team:

Lisa Brown – 1.763.797.2092

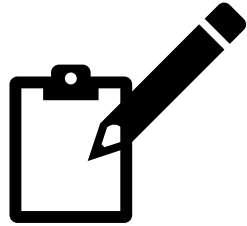
Lorraine Afe & Vaoita Puletapuai

Email: akmedicaid@optum.com

Fax: 1.844.881.0959



Pathways for Support



Please note the number you dialed, date, time, and name of the person who assisted you. This will help Optum help you!!

Pathways for Provider Support

I have a question about authorization, benefits, eligibility, claims or appeals

Customer Support 1.800.225.8764 8 a.m. - 6 p.m., AKST, M-F

I would like to speak with my Alaska Optum Team

Alaska Optum Provider Relations Team, Director: Lisa Brown
AKMedicaid@optum.com

Office: 1.763.797.2092 Fax: **1.844.881.0959** 8 a.m. – 6 p.m. AKST, M-F

I need help with my One Healthcare ID

One Healthcare ID Help

1.855.819.5909 #2

3 a.m. – 7 p.m. AKST, M-F / 6 a.m. – 4 p.m. AKST S/S

optumsupport@optum.com

I need help with Provider Express

Provider Express Technical Support

1.866.209.9320, 4 a.m. – 4 p.m. AKST

Chat also available 5 a.m. – 2 p.m. AKST, M-F

Pathways for Provider Support

I have questions about submitting claims via clearinghouse

EDI

1.800.210.8315 - 6 a.m. to noon AKST, M-F ac_edi_ops@uhc.com
uhcprovider.com/edi > click on EDI contacts, then EDI support form

I need help with Electronic Payments and Statements

Electronic Payment & Statements

1.877.620.6194
7 a.m. – 4 p.m. AKST, M-F

How do I get to the Optum Alaska website?

Optum Alaska

alaska.optum.com

I would like to contact the Optum AK Leadership Team

Optum Alaska Leadership Team

alaska.optum.com > Click on Contacts > Leadership
<https://alaska.optum.com/content/ops-alaska/alaska/en/contact-us/leadership-team.html>

Let's Talk!



Thank you

Optum Behavioral Health Team