

Introduction to Optum

Alaska Behavioral Health Administrative Services Organization



Agenda

- Q&A from prior TA call
- Optum Overview
- Optum Administrative Support
- Key Contacts
- Provider Portal: First Time Registration for Optum ID
- Provider Express
- Electronic Payment Registration (EPS)
- Claims Submission
- Provider Relations Staff
- Q & A

Q&A from Prior TA Calls

Q) If I already have an OPTUM ID, do I need a new one?

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

Q) Does AKAIMS connect to OPTUM for claims submission?

A) Optum and DBH are working on solutions before go-live for a method to allow providers to submit claims to Optum without having to manually enter claims into Provider Express.

Q&A from Prior TA Calls

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.

Time for submission – Claims can be submitted 24/7, Optum intakes electronic claims nightly (Mon-Sat @ 9:15 PM 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.

Who is Optum®?

UnitedHealth Group structure

UNITEDHEALTH GROUP®



Information and technology-enabled health services:

- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services



Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- Global

Who is Optum?

Optum is a leading health services organization dedicated to making the system work better for everyone



Our core values:

Integrity | **Compassion** | **Relationships** | **Innovation** | **Performance**

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.

**Linda Hibbert, Senior Vice President
Optum Behavioral Health and Network Strategies**

Achieving our Mission:

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

Optum Administrative Support

How will Optum Partner with the State

- Service Access and Utilization
- Provider Regional Capacity Development and Support
- Participant Outreach, Communication, and Support
- Quality and Outcomes Management
- Data Management
- Claims Processing
- Systems Support
- All activities above are provided in close partnership with Alaska Division of Behavioral Health (DBH)

Key Contacts

Key Contacts

Chief Executive Officer/Executive Director

Shelis Jorgensen, DNP, FNP-BC

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Medical Director/Chief Medical Officer

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Chief Financial Officer/Finance Manager

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Shauna.Credit@optum.com

Alaska Native Liaison

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Wroksie Jackson, LCSW

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Chief of Information Management/Manager Reporting Services

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NAVIGATING OPTUM[®]



Provider Portal: First Time Registration for Optum ID

Creating Your Optum ID and Registering on Provider Express

The screenshot shows the Optum website home page. A red callout box with a red arrow points to the top right corner, highlighting the links: [Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#). The callout box contains the text: "For users needing a User ID and Password, click the First-time user option from the home page".

OPTUM®

Home

Home

Search: Search

Training Our Network Contact Us

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

[More >>](#)

Transactions

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

Admin News

- Adoption of LOCUS/CASII/ECSII
- CPT Code Changes 2020 [NEW](#)
- CPT Code changes 2019 [NEW](#)
- Latest National Network Manual updates

Product-Specific News

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

Working Together

- New Areas of Expertise for Providers [NEW](#)
- Network Notes newsletter - Fall 2019 [NEW](#)
- Foster Care Toolkit

Quick Links

- Navigating Optum
- ACE Clinicians

Making sure you don't already have an Optum ID

Before registering on Provider Express, you will need to create an Optum 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 a help icon. Below the question are two radio button options: "Yes" (unselected) and "No" (selected). A horizontal line is positioned below the "No" option, and a "Submit" button is centered at the bottom of the form.

Everyone Needs an Optum ID!

- Users logging in for the first time are required to create an Optum ID, creating a unique password for secure log in.
- Optum 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.

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

Security answer 1

Security question 2

Security answer 2

Security question 3

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.

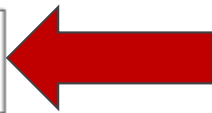
If you'd like assistance, contact support at 1-855-819-5909 or optumsupport@optum.com.

Your Optum 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.

Optum ID and Provider
Express are actually separate

Sharing your Optum ID with Provider Express

Since Optum ID and Provider Express are actually separate, you will need to agree to share your Optum 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

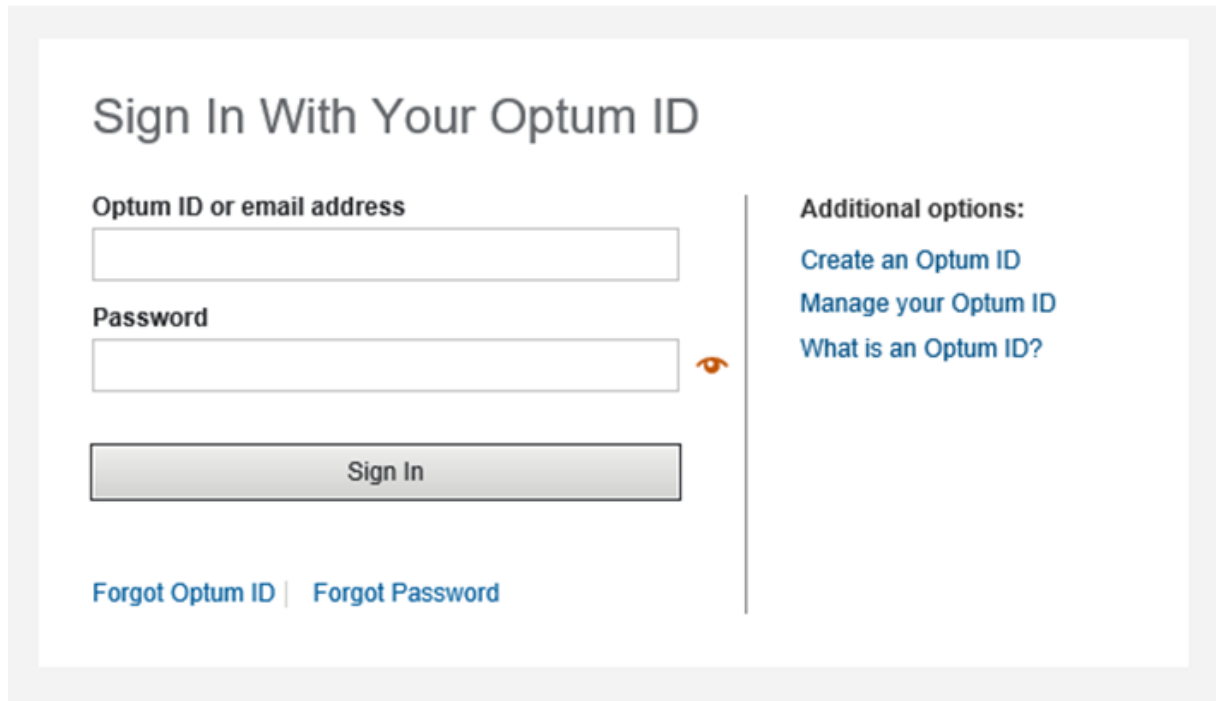
By clicking I Agree,

- 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 image shows a web interface for signing in with an Optum ID. The title is "Sign In With Your Optum ID". There are two input fields: "Optum ID or email address" and "Password". Below the password field is a "Sign In" button. To the right of the password field is an eye icon. Below the "Sign In" button are two links: "Forgot Optum ID" and "Forgot Password". To the right of the input fields is a vertical line, and to the right of the line are three links: "Create an Optum ID", "Manage your Optum ID", and "What is an Optum ID?".

Sign In With Your Optum ID

Optum ID or email address

Password

[Forgot Optum ID](#) | [Forgot Password](#)

Additional options:
[Create an Optum ID](#)
[Manage your Optum ID](#)
[What is an Optum ID?](#)

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 Optum 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.

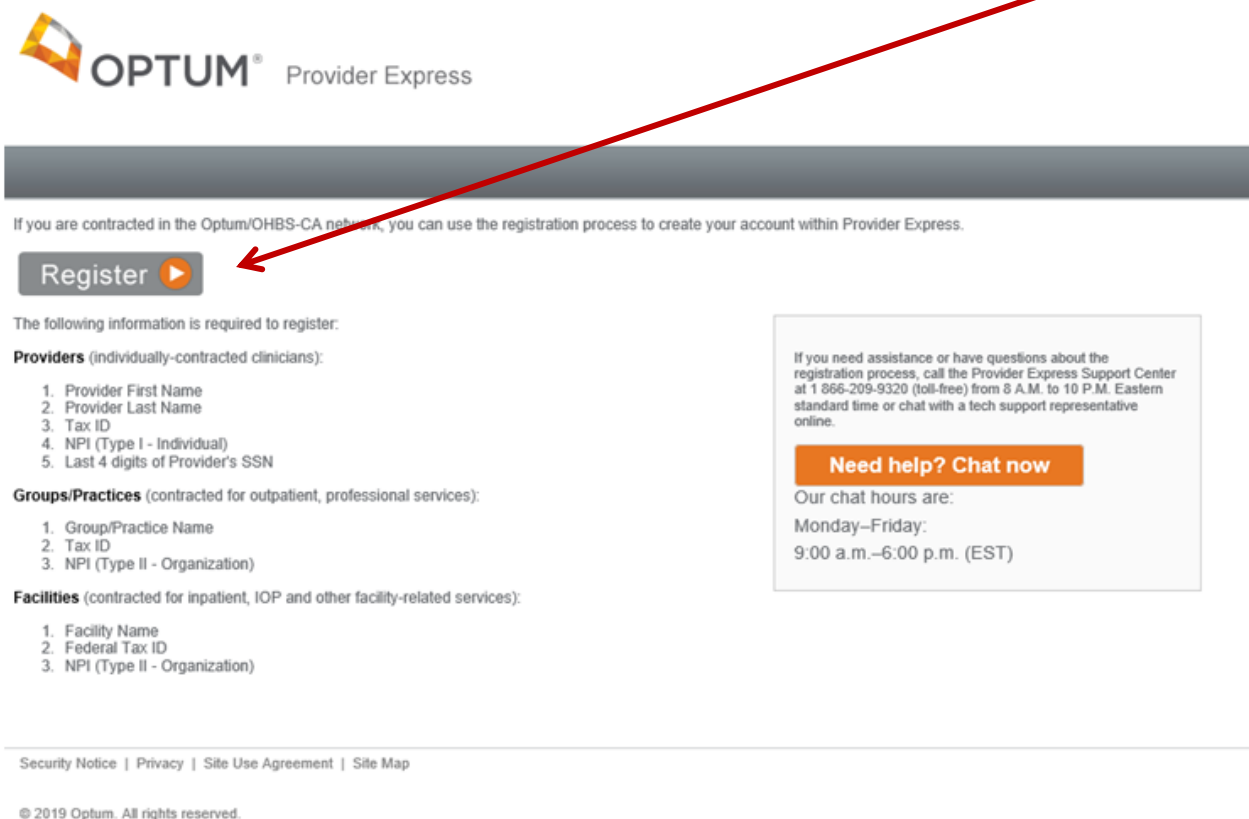
Recognize this Computer?
Would you like us to recognize this computer, device, or browser to authorize future logins? *


☐ 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

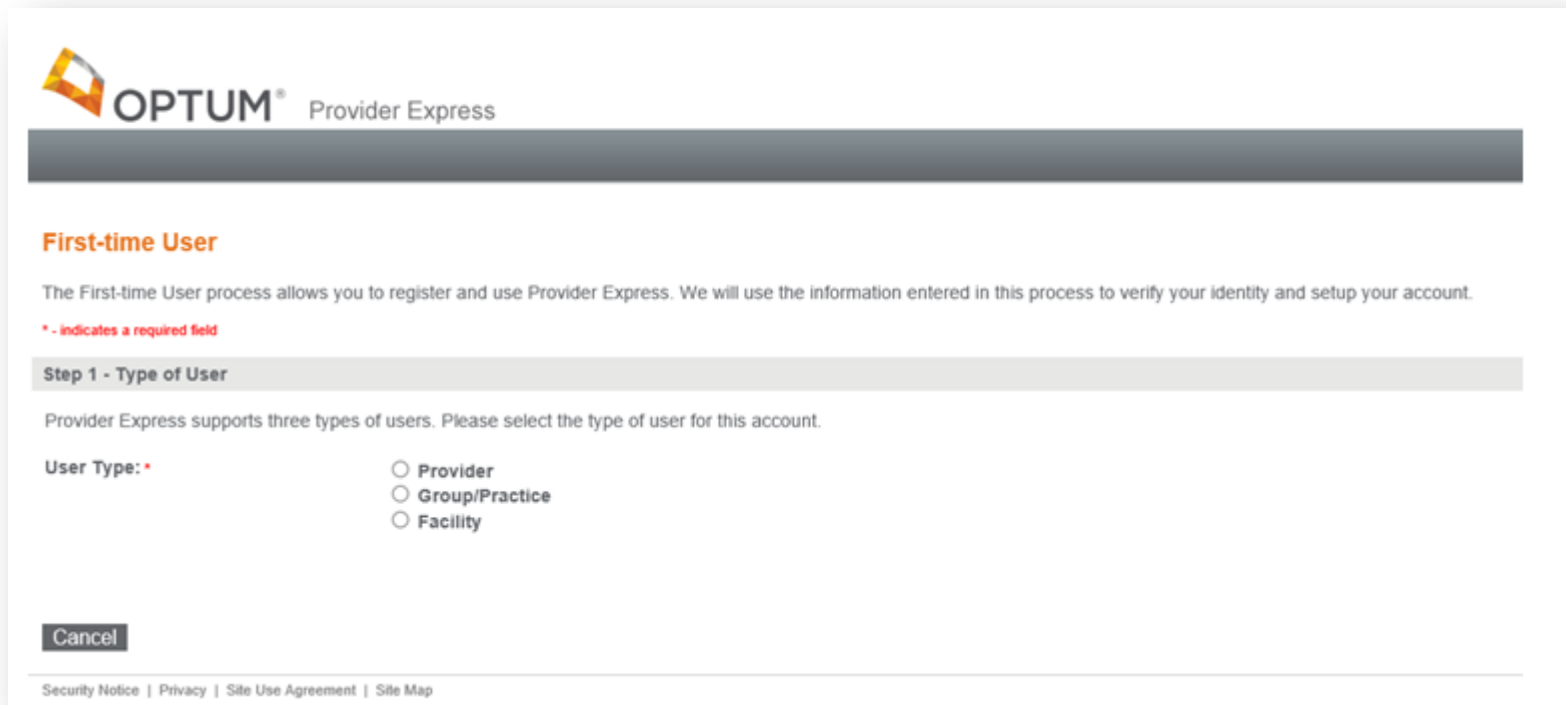
Our chat hours are:
Monday–Friday:
9:00 a.m.–6:00 p.m. (EST)

[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 Optum ID. Users then complete the Provider Express registration page.



The screenshot shows the Optum Provider Express registration page for a first-time user. At the top, the Optum logo is followed by the text "Provider Express". Below this is a dark grey horizontal bar. The section is titled "First-time User" in orange. A paragraph explains that the process allows registration and account setup. A red asterisk indicates required fields. The current step is "Step 1 - Type of User", which asks the user to select their type from three options: Provider, Group/Practice, and Facility. A "Cancel" button is at the bottom left, and 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



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: *	<input type="text"/>
Provider Last Name: *	<input type="text"/>
Tax ID: *	<input type="text"/>
Tax ID Type: *	<input type="text" value="Select"/>
NPI (Type I - Individual): *	<input type="text"/>
Last 4 digits of provider's SSN: *	<input type="text"/>

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: Connie


Last Name: Mendez

Email Address: connie.mendez@optum.com

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 Optum ID such as:

- **Electronic Claims, Payments & Statements (EPS)**
- **Electronic Payment Options**
- **Verification of submitted claims**

Using your Optum 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

Electronic Payment Registration (EPS)

Receive payments faster

Benefits of Electronic Payments and Statements (EPS)




- 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 EPS is easy!

- Login to *Provider Express* with your Optum ID
- Select “EPS” 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](#)

Search

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[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.



Sign up for Electronic Payments & Statements

ENROLL TODAY

[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 PSH claims are eligible for EPS.

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 deposit2. Receive email notifications when payments are deposited3. 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" transaction3. 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.

- [Brief EPS overview video \(2:49 min\)](#)
- [Visit Optum Pay™](#)
- [Key Acronyms and Definitions](#)
- [Frequently Asked Questions](#)
- [EPS User Guide](#)

 **OPTUM®**
BH2549_12/2019

34

Signing up for EPS – 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 EPS

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 dialog box titled "How to Choose Payment type" is open, providing detailed information about the payment options. The dialog box includes the following text:

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

At the bottom of the dialog box is a "CLOSE TIP" button.

Signing up for EPS

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



[CANCEL ENROLLMENT](#)

[CONTINUE](#)

Signing up for EPS

8

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 EPS

9

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

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 EPS

10

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 - - ext.

Mobile Phone Number - - ☐ In a future update, we will offer text alerts when new payments are posted. Select the checkbox to opt-in to receiving text alerts when they become available (Standard rates apply) [Learn about alert frequency](#)

*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 - - ext.

Mobile Phone Number - - ☐ In a future update, we will offer text alerts when new payments are posted. Select the checkbox to opt-in to receiving text alerts when they become available (Standard rates apply) [Learn about alert frequency](#)

*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](#)

[BACK](#)

[CONTINUE](#)

Signing up for EPS

Continued

10

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
411984688	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 EPS

11

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 EPS

11

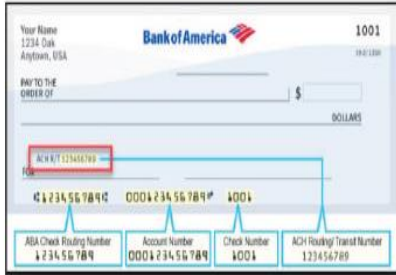
If you click on **Where can I find a financial institution's routing number?**, the following will display:

Where to find Financial Institutions's 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.



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](#)

[BACK](#)

[CONTINUE](#)

Signing up for EPS

12

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="button" value="v"/>	Oxford Health Plans	ACH <input type="button" value="v"/>
AARP UnitedHealthcare Ins Co	ACH <input type="button" value="v"/>	Pacificare PLHIC	ACH <input type="button" value="v"/>
AppleCare Medical Group	ACH <input type="button" value="v"/>	Penn National Insurance	ACH <input type="button" value="v"/>
Dental Benefit Providers	ACH <input type="button" value="v"/>	Pinnacol Assurance	ACH <input type="button" value="v"/>
ECHO	ACH <input type="button" value="v"/>	Rally Pay Member Payments	ACH <input type="button" value="v"/>
Emblem Life and Casualty Ins Co	ACH <input type="button" value="v"/>	Equinox OutCare Networks	ACH <input type="button" value="v"/>


Signing up for EPS

13

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)

Choose File No file chosen

[CANCEL ENROLLMENT](#)

[BACK](#)

[CONTINUE](#)

Signing up for EPS

14

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

Test1567

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 EPS


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 Voided Check VoidedCheck.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
<input type="text"/>	<input type="text"/>
*Title	*Telephone Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Signing up for EPS

15

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 EPS

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.

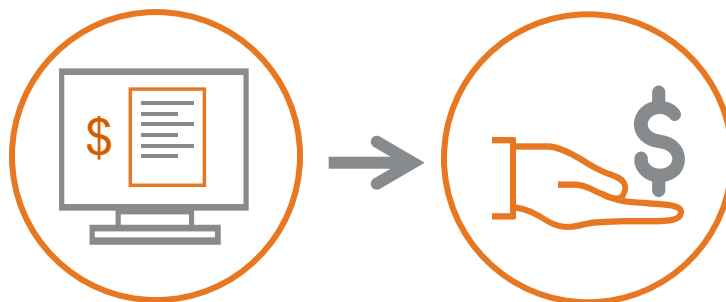
Claims Submission

Alaska Medicaid Claims Submissions

- **Claim Submission for 1115 Substance Use Disorder (SUD) waiver services should be submitted to Optum for dates of service on or after 2/1/2020.**
- **July of 2020, State Plan Community Behavioral Health Services (CBHS), Mental Health Physician Clinics (MHPC), Autism Services, independently enrolled Psychologists, Acute Psychiatric Hospitals and Psychiatric Residential Treatment Facilities (PRTF) services should be submitted to Optum for dates of service on or after 7/1/2020.**

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 Optum ID:

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

Claims Submission

This presentation will review the following features:

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



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 - Step 1 of 4

Federal tax ID *

Please select the type of claim *

☒ Mental Health/Substance Abuse
☐ EAP

Will the claim include any of the below? *

☐ Yes
☒ No

- More than 5 dates of service
- COB details
- Claim notes
- Paperwork attachments

Please enter an Authorization Number OR use the Member Search below

Please enter an Authorization Number

— OR —

Please complete the form below and click "Proceed To Step 2"

* - indicates a required field

Member ID *

Group #

First Name *

Date of Birth / / MM/DD/YYYY

Date to Check Eligibility / / MM/DD/YYYY

Provider Express recommends using the minimum search criteria of Member ID and First Name only. Do not enter a group number or a date of birth unless the systems prompts you via a specific message.

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	Federal tax ID * <input type="text" value="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" value="On File"/>	Service address* <input type="text" value="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 <input type="text" value="Provider, Mary K"/>
Signature <input type="text" value="On File"/>	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"/> <input type="button" value="more than 6?"/>
	<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 <input type="button" value="Lookup"/>
Claim frequency	<input type="text" value="Original"/>
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"/>	<input type="text" value="Please Select"/>	<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"/>	<input type="text" value="Please Select"/>	<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"/>	<input type="text" value="Please Select"/>	<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"/>	<input type="text" value="Please Select"/>	<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"/>	<input type="text" value="Please Select"/>	<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**:

Submit this Claim **Back To Details**

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 - Step 1 of 4

Federal tax ID *

Please select the type of claim *

☒ Mental Health/Substance Abuse
☐ EAP

Will the claim include any of the below? *

☒ Yes
☐ No

- More than 5 dates of service
- COB details
- Claim notes
- Paperwork attachments

Please enter an Authorization Number OR use the Member Search below

Please enter an Authorization Number

— OR —

My Patients **Member ID Search** Name/DOB Search

Please complete the form below and click "Proceed To Step 2"

* - indicates a required field

Member ID *

Group #

First Name *

Date of Birth / / MM/DD/YYYY

Date to Check Eligibility / / MM/DD/YYYY

Proceed to Step 2

Provider Express recommends using the minimum search criteria of Member ID and First Name only. Do not enter a group number or a date of birth unless the systems prompts you via a specific message.

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

[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	Self - 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?	* Yes <input type="radio"/> No <input type="radio"/>
Report control number		Service address *	2004 Rodeo Park Dr E Ste 300A
			ADD

Patient		Referring Provider	
Patient control number		Signature of rendering provider	Doe, John A.
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. *		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
Signature	On File	Billing NPI	1234567899
Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim. *		Referring Provider	
Signature	On File	First name	
		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"/> (max 6 diag)
	<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 Lookup
Claim frequency	Original
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges 0.00
Authorization number	

Date of Service		Place of Service *		CPT Code *		Procedure		Diagnosis Code *		Charges *		Unit *		NPI ID		PWR NTE COB	
mm/dd/yyyy						1	2	3	4	5	6						
<input type="text"/>	Please Select					<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 type="checkbox"/>
<input type="text"/>	Please Select					<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 type="checkbox"/>

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

Related hospitalization dates

Diagnosis or nature of illness or injury *

1 2 3 4 5 6 more than 6?

☐ ICD - 9 ☒ ICD - 10 [Learn more](#)

Claim frequency

Original

☐ Yes ☒ No Charges 0.00

Service *

CPT Code * Modifier1 Modifier2 Modifier3 Modifier

Procedure

Diagnosis Code *

1 2 3 4 5 6

Charges *

Unit *

NPI ID

PWK NTE COB

Please Select

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 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 *	9670543210
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		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 On File		Referring Provider	
Service info		First name	
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 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 Modifier <input type="checkbox"/>	Diagnosis Code * 1 2 3 4 5 6 Charges * Unit * NPI ID * PWK NTE COB
	Please Select		<input checked="" type="checkbox"/> 0.00 1
	Please Select		<input checked="" type="checkbox"/> 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 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: <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="button" value="Lookup"/>			
Claim frequency <input checked="" type="checkbox"/>		Original	
Outside lab?		<input type="radio"/> Yes <input checked="" type="radio"/> No Charges <input type="text" value="0.00"/>	
Authorization number			
Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Modifier	Diagnosis Code * 1 2 3 4 5 6 Charges * Unit * NPI ID * PWK NTE COB
<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<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="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<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"/>

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.

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

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

Verify Claims Online using your Optum ID

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

- Claim Overpaid
- Claim Underpaid
- COB Adjustment
- Claim Paid to Incorrect Provider
- Change in Patient Eligibility
- Incorrect Member Liability

Comment

Claim reproduced which was met on 10/31/2015. Please

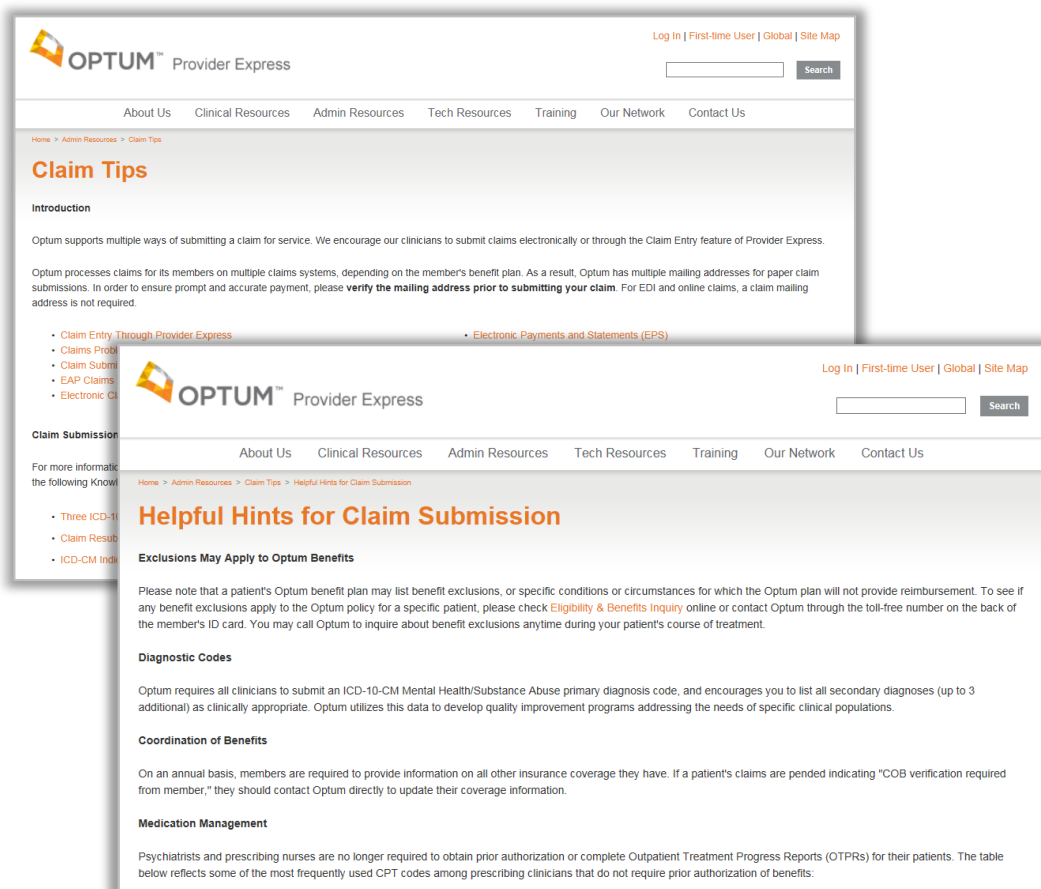
255 characters left

Additional handy claim tips

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



Claim Tips Link



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

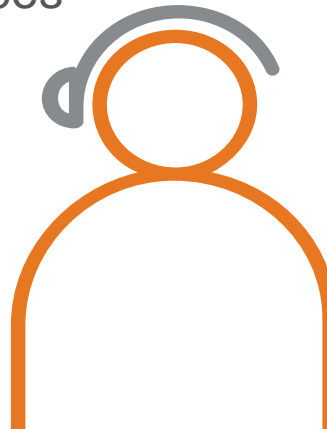
The Optum AK Provider Relations Team:

Lisa Brown-763-797-2092

Lorraine Afe & Vaoita Puletapuai

Email: akmedicaid@optum.com

Fax: 1-844-881-0959



Pathways for Provider Support

I would like to speak with my
Alaska Optum Team

Alaska Optum Team

Lisa Brown: Provider Relations AKMedicaid@optum.com

Office: 763.797.2092 Fax: 1-844-881-0959 8am-6pm AST, M-F

I need help with my Optum ID

Optum ID Help

855.819.8909 #2

3am-7pm AST, M-F 6am-4pm AST S/S

optumsupport@optum.com

I need help with Provider
Express

Provider Express

866.209.9320, 4am -4pm AST

Chat also available 5am -2pm AST, M-F

I need help with Electronic
Payments and Statements

Electronic Payment & Statements

877.620.6194

7am-4pm AST , M – F

Pathways for Provider Support

I use a clearinghouse to submit claims & have questions

EDI

800.210.8315 - 6am to noon AST, M-F ac_edi_ops@uhc.com
www.uhcprovider.com/edi >click on EDI contacts, then EDI support form

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

National Customer Support

Effective 02/01/2020, Customer Support will be available 8am-6pm, AST, M-F

How to I get to Optum Alaska Webpage

Optum Alaska

<https://alaska.optum.com>

I would like to contact Optum Alaska Leadership Team

Optum Alaska Leadership Team

<https://alaska.optum.com> >Click on contacts, leadership

Let's Talk!



Thank you

Optum Behavioral Health Team