

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

Shelis.Jorgensen@optum.com

Medical Director/Chief Medical Officer

Dr. Vanessa Venezia, MD

Vanessa.Venezia.Heuer@optum.com

Chief Financial Officer/Finance Manager

Shauna Credit, MS, MA, RHIA

Shauna.Credit@optum.com

Alaska Native Liaison

Andrew Tooyak

Andrew.Tookyak@optum.com

Child Welfare Liaison

Derick B. Palmer

Derick.Palmer@optum.com

Director of Quality Improvement/Chief**Operations Officer**

Deborah Etheridge

Deborah.Etheridge@optum.com

Director of Clinical Operations/Licensed**Clinical Social Worker**

Wroksie Jackson, LCSW

Wroksie.Jackson@optum.com

Chief of Information Management/Manager Reporting Services

Garry Lodoen, BBA, MIS, BCIS

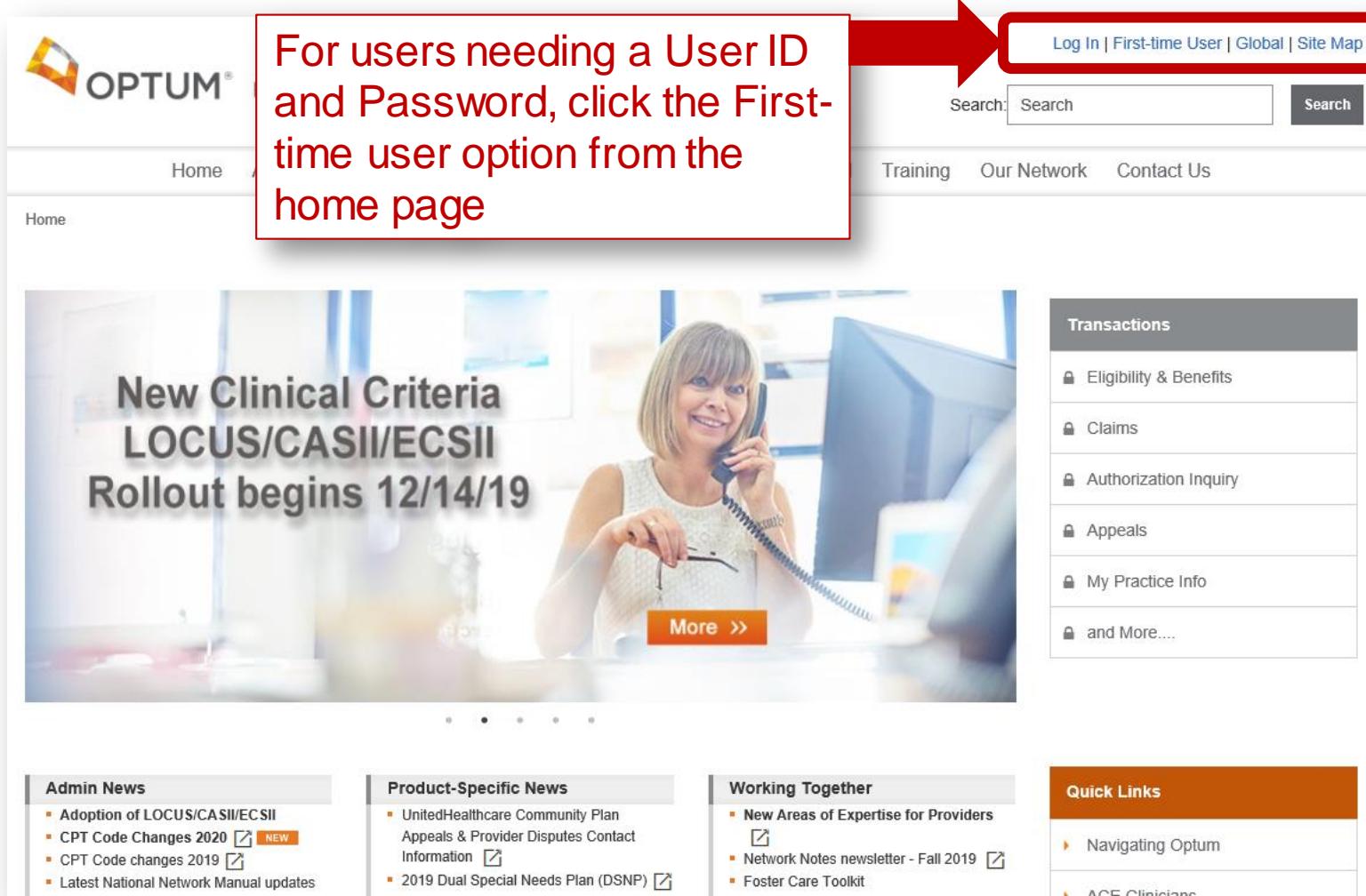
Garry.Lodoen@optum.com

NAVIGATING OPTUM®



Provider Portal: First Time Registration for Optum ID

Creating Your Optum ID and Registering on Provider Express



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

Training Our Network Contact Us

Transactions

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

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

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.



OPTUM™ Provider Express Log Out

Do you have an Optum ID? If you are not sure, select "No." ?

Yes

No

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.

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 Optum ID is almost Complete!

 OPTUM® ID

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 :

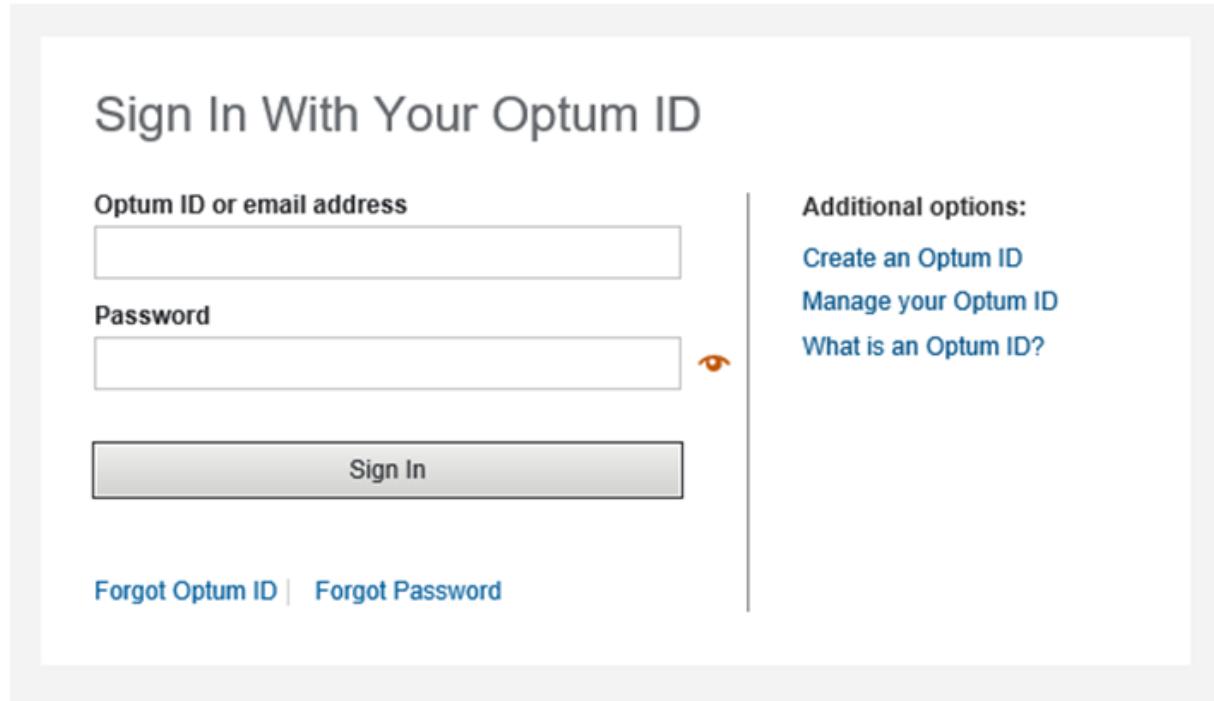
- Optum ID
- Name
- Email address

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.

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 'Sign In With Your Optum ID' form. It features a light gray header and a white main content area. On the left, there are two input fields: 'Optum ID or email address' and 'Password', each with a corresponding text input box. Below these is a 'Sign In' button. On the right, there is a vertical list of 'Additional options' with three links: 'Create an Optum ID', 'Manage your Optum ID', and 'What is an Optum ID?'. At the bottom left, there are links for 'Forgot Optum ID' and 'Forgot Password'.

Sign In With Your Optum ID

Optum ID or email address

Password

Sign In

Additional options:

- [Create an Optum ID](#)
- [Manage your Optum ID](#)
- [What is an Optum ID?](#)

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

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.

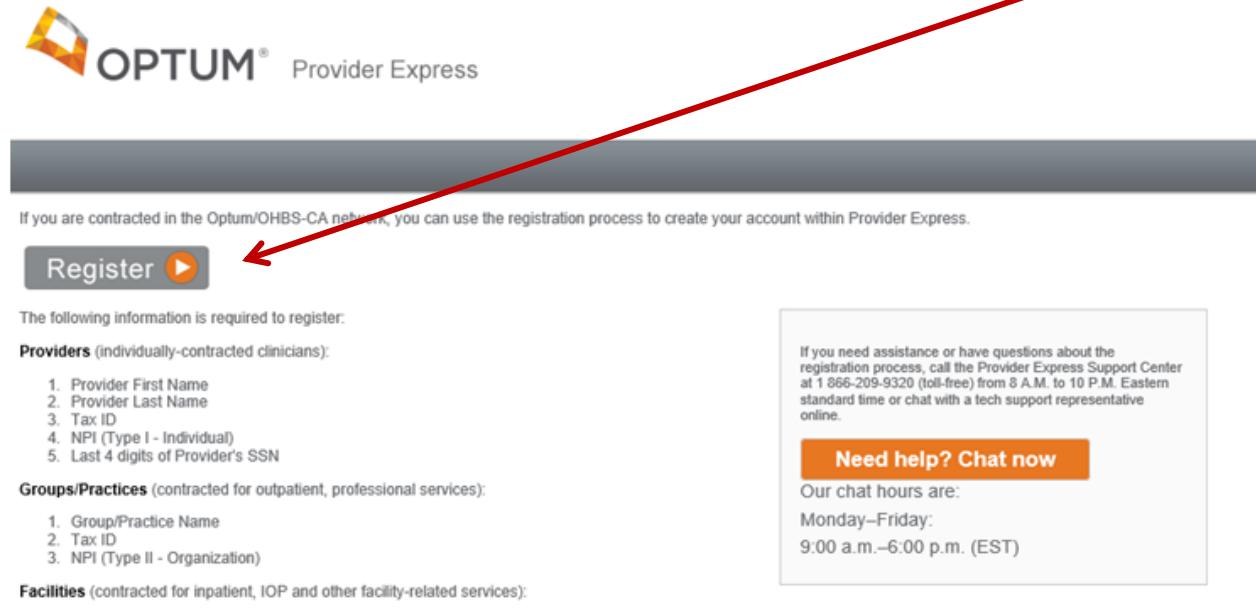
Recognize this Computer?
Would you like us to recognize this computer, device, or browser to authorize future logins? *

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

Submit

Time to Register on Provider Express

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



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:

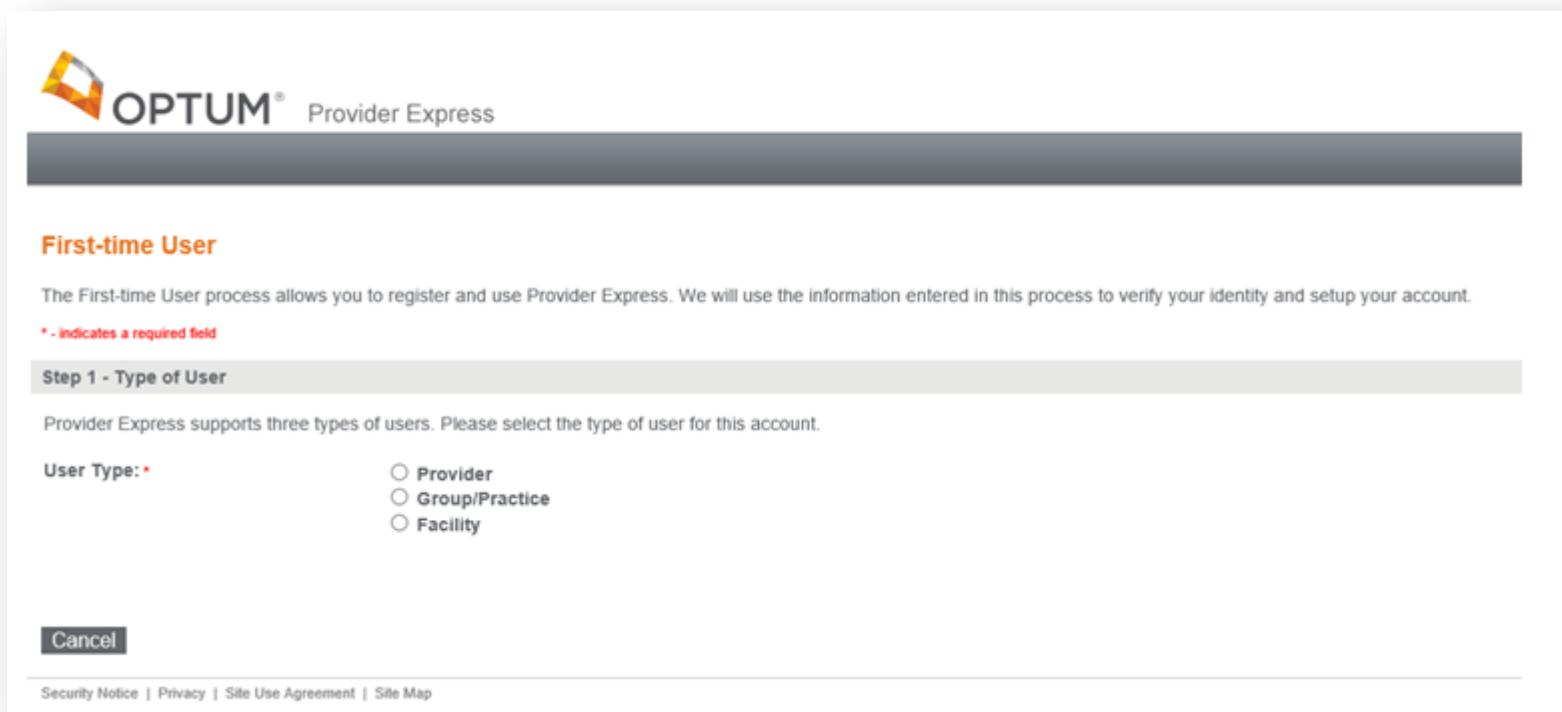
Monday–Friday:
9:00 a.m.–6:00 p.m. (EST)

[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 'First-time User' registration process on the Optum Provider Express website. The page features the Optum logo and the text 'OPTUM® Provider Express'. A large, dark grey horizontal bar spans the width of the page. Below this, the heading 'First-time User' is displayed in orange. A sub-instruction states: '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.' A note in red indicates: '* - indicates a required field'. A grey bar labeled 'Step 1 - Type of User' contains the text: 'Provider Express supports three types of users. Please select the type of user for this account.' The 'User Type:' label is followed by three radio buttons: 'Provider', 'Group/Practice', and 'Facility'. At the bottom left is a 'Cancel' button, and at the bottom center are links for 'Security Notice', 'Privacy', 'Site Use Agreement', and '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: *

Provider Last Name: *

Tax ID: *

Tax ID Type: *

Select ▾

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

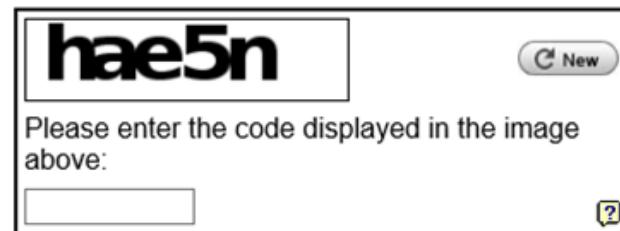
Step 4 - Contact Information

First Name: Connie

Last Name: Mendez

Email Address: connie.mendez@optum.com

Step 5 - Secure Code



The image shows a secure code entry interface. It features a large text input field containing the code "hae5n". To the right of the input field is a "New" button with a circular arrow icon. Below the input field is a instruction text: "Please enter the code displayed in the image above:". Underneath this text is a smaller, empty text input field for the user to type the code. In the bottom right corner of the empty field is a question mark icon inside a yellow square, serving as a help or info button.

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

OPTUM® Provider Express

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

Search: Search

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.

A quick comparison between the two EPS options

ACH Direct Deposit	Virtual Care Payment (VCP)
Process: 1. Enroll in EPS and select ACH direct deposit <input checked="" type="checkbox"/> 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	Process: 1. Enroll in EPS and select VCP <input checked="" type="checkbox"/> 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
Considerations: • 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	Considerations: • 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.

ENROLL TODAY

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

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

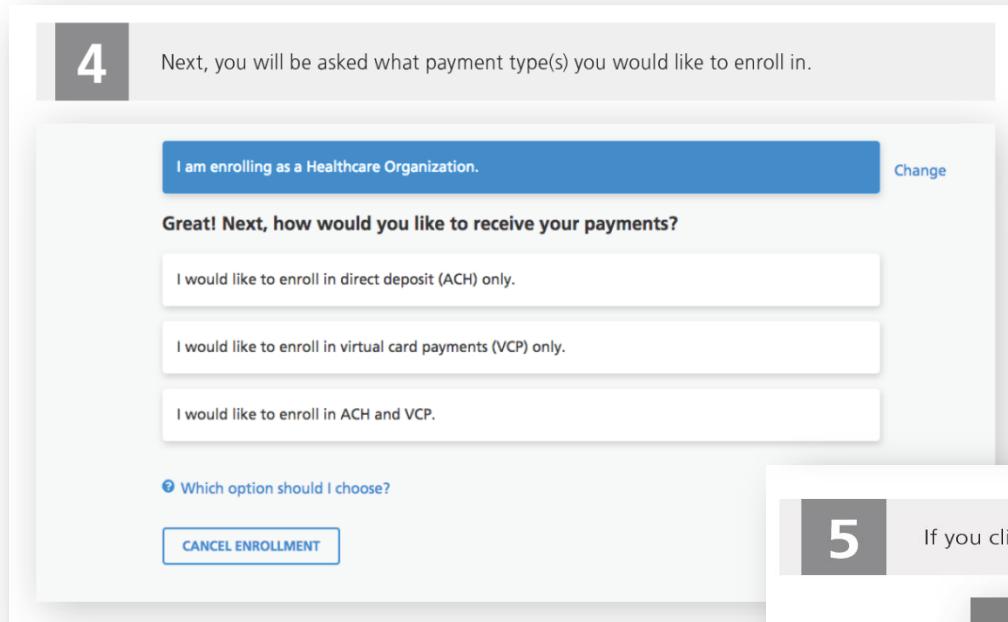


💡 Which option should I choose?

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.

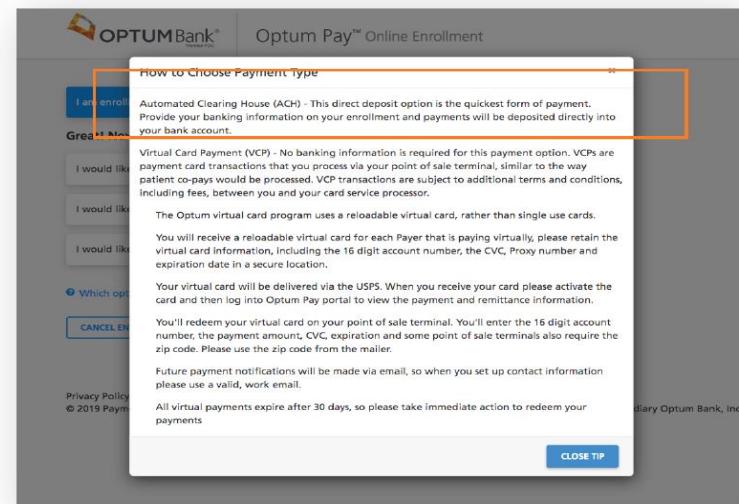
I would like to enroll in ACH and VCP.

Which option should I choose?

[CANCEL ENROLLMENT](#)

5

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



How to Choose Payment Type

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

[CLOSE TIP](#)

Signing up for EPS

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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

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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 EPS

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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: & # .., ' * 0 [].

*Business Name

Enter the name exactly as it appear 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

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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

*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

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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.

SAMPLE COMPANY INC.
Anywhere Street 1000
Anytown, ST 50000

1565

TO THE ORDER OF _____ DATE _____ \$ _____ DOLLARS

ANY BANK USA

FOR 9-Digit Routing Number Account Number

#001565# 4001000022104757750177#

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.

Bank of America

1001

TO THE ORDER OF _____ \$ _____ DOLLARS

ACH RTN 1234567890

41234567890 000123456789# 1001

ABA Check Routing Number 123456789 Account Number 000123456789 Check Number 1001 ACH Routing Transit Number 123456789

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

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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 checked="" type="checkbox"/>	Oxford Health Plans	ACH <input checked="" type="checkbox"/>
AARP UnitedHealthcare Ins Co	ACH <input checked="" type="checkbox"/>	PaciCare PLHIC	ACH <input checked="" type="checkbox"/>
AppleCare Medical Group	ACH <input checked="" type="checkbox"/>	Penn National Insurance	ACH <input checked="" type="checkbox"/>
Dental Benefit Providers	ACH <input checked="" type="checkbox"/>	Pinnacol Assurance	ACH <input checked="" type="checkbox"/>
ECHO	ACH <input checked="" type="checkbox"/>	Rally Pay Member Payments	ACH <input checked="" type="checkbox"/>

Signing up for EPS

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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 EPS

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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

National Provider Identifier

Business Name
Optum

Provider Type
Test1234

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

Market Type
Test567

Identify Administrators

[EDIT](#)

Primary Administrator Contact
Michelle Thomas

Secondary Administrator Contact
David Thomas

Primary Administrator Telephone
952-205-6212

Secondary Administrator Telephone
952-205-9432

Primary Administrator Mobile Phone

Secondary Administrator Mobile Phone

Primary Administrator Email Address
firstname.lastname@gmail.com

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

*Title

*Telephone Number - -

Signing up for EPS

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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 EPS

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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.

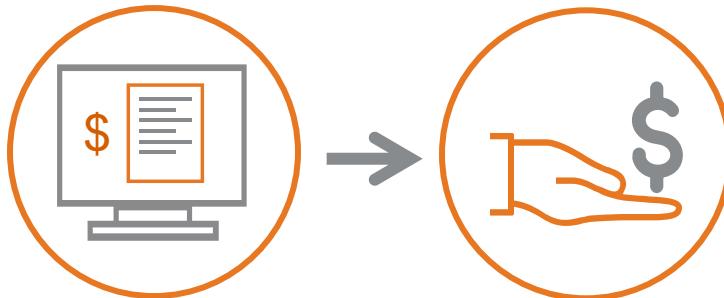
Claims Submission

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 —

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 system 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	<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="button" value="On File"/>		Service address*	321 Any Street <input type="button" value="Add"/>
		Signature of rendering provider	Provider, Mary K <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. *		Billing provider name, address, zip code and phone number	Provider, Mary K 321 Any Street Sometown, CA 54321-0000 (800) 555-5555
Signature <input type="button" value="On File"/>		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 62 <input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 <input type="button" value="Lookup"/>					
Claim frequency	<input type="button" value="Original"/>					
Authorization number	<input type="text"/>					
Date of Service mm/dd/yyyy *	Place of Service *	Procedure CPT Code + Modifier <input type="button" value="Lookup"/>	Diagnosis Code 1 2 3 4 5 6	Charges *	Unit *	NPI ID *
<input type="text"/>	<input type="text"/>	<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	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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	<input type="text"/>
Total charge \$ <input type="text"/> 0.00				Patient paid amount \$ <input type="text"/> 0.00		

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
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 system 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

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

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxxx:9999
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 <input checked="" type="radio"/> No <input type="radio"/>	Employer group name	ACME Corp.
		Insurance plan name	United Behavioral Health
Notes Claim Level			
Reference code	Please Select		
Reference text			
Paperwork Attachment Claim Level			
Report Type Code	Please Select		
Report Transmission Code	Please Select		
Report control number			
Patient			
Patient control number			
<small>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.</small>			
Signature	On File		
<small>Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim.</small>			
Signature	On File		
Service Info			
Related hospitalization date	From:	To:	
Diagnosis or nature of illness or injury*	1. <input checked="" type="radio"/> 2. <input type="radio"/> 3. <input type="radio"/> 4. <input type="radio"/> 5. <input type="radio"/> 6. <input type="radio"/> more than 6*		
	<input type="radio"/> ICD - 9 <input checked="" type="radio"/> ICD - 10 <input type="radio"/> Lookup		
Claim frequency	Original		
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges 0.00		
Authorization number			
Date of Service mm/dd/yy	Place of Service*	Procedure*	Diagnosis Code*
<input type="radio"/> Please Select	<input type="radio"/> Please Select	1 2 3 4 5 6	Charges* Unit* NPI ID PWK RTE CDB
		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0.00	1234567899
		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0.00	1234567899

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	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	55555
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

COB Claim Adjustments

If you have more than one Claim Adjustment click the 'Add' button to the right.

Related hospitalization dates

Diagnosis or nature of illness or injury

Claim frequency

Procedure

Diagnosis Code

Service

CPT Code

Modifier1

Modifier2

Modifier3

Modifier4

1

2

3

4

5

6

more than 6?

ICD - 9

ICD - 10

Original

Yes

No

Charges

0.00

Unit

1

NPI ID

PWK NTE COB

Please Select

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 checked="" type="radio"/> No <input type="radio"/>		Employer group name	ACME Industries										
		Insurance plan name	United Behavioral Health										
Notes Claim Level ?													
Reference code	Please Select												
Reference text													
Supervising Provider													
First name													
Last name													
NPI													
Paperwork Attachment Claim Level ?													
Report Type Code	Please Select												
Report Transmission Code	Please Select												
Report control number													
Patient	Provider												
Patient control number	Federal Tax ID *												
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. *													
Signature	9670543210												
Accept assignment?													
Service address * ?													
Signature of rendering provider													
Pay to provider name, address, zip code and phone number													
Provider, Mary K													
Provider, Mary K 321 Any Street Sometime, CA 54321-0000 (800) 555-5555													
Billing NPI *													
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="checkbox"/>						
Lookup													
Claim frequency ?	Original												
Outside lab?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Charges	<input type="text"/> 0.00									
Authorization number													
Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier ?	1	2	3	4	5	6	Charges *	Unit *	NPI ID *	PWK NTE COB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0.00	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0.00	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" type="radio"/> No <input type="radio"/>	Employer group name	ACME Industries
		Insurance plan name	United Behavioral Health
Notes Claim Level 			
Reference code	First name <input type="text"/>		
Reference text	Last name <input type="text"/>		
	NPI <input type="text"/>		
Paperwork Attachment Claim Level 			
Report Type Code	Provider <input type="text"/>		
Report Transmission Code	Federal tax ID * <input type="text"/>		
Report control number	Accept assignment? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Patient	Service address *  <input type="text"/> 		
Patient control number 	Signature of rendering provider <input type="text"/>		
Pay to provider name, address, zip code and phone number Provider, Mary K. Provider, Mary K. 321 Any Street Somelawn, CA 54321-0000 (800) 555-5555			
Patient	Billing NPI * <input type="text"/>		
Referring Provider			
Signature	First name <input type="text"/>		
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="checkbox"/>		
			
Claim frequency 	Original <input type="radio"/>		
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges <input type="text"/> 0.00		
Authorization number			
Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Diagnosis Code * Modifier 
<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Charges * <input type="text"/> 0.00 Unit * <input type="text"/> 1 NPI ID * <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 Unit * <input type="text"/> 1 NPI ID * <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 Unit * <input type="text"/> 1 NPI ID * <input type="text"/>

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:	9999999999
Patient Name:	MEMBER, TEST	Patient Relationship:	NPI: 1111111111
Insured Name:	SUBSCRIBER, TEST	Patient ID:	XXXXX4321
Date(s) of Service:	05/02/2016		
Date Submitted:	05/18/2016		
Total Claim Charge:	\$100.00		
<p>If this data is incorrect, click on the back button to correct your entry.</p> <p>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 </p> <p>Your claim has not yet been submitted. To submit, click Submit This Claim:</p>			
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
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.

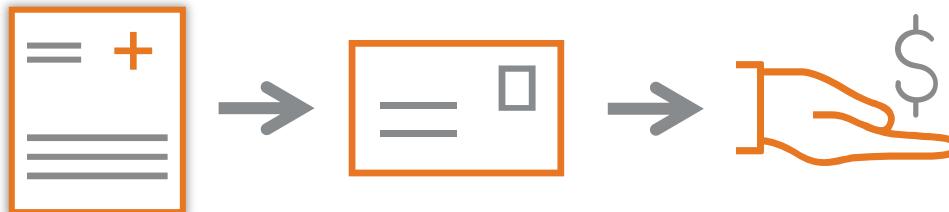
- Claim Entry Through Provider Express
- Claim Status Inquiry/Claims Problem Resolution
- Claim Submission Hints
- EAP Claims
- Electronic Claim Submission (EDI)
- Electronic Payments and Statements (EPS)
- Improve the Speed of Processing
- Inpatient/Facility Claims
- Outpatient Claims
- Where to Submit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

Offers a closer look at the long form fields, especially relating to COB

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	<button>Enter</button>
MEMBER_NAME	XXXXX0000	11/25/2015-11/25/2015	Finalized	11/27/2015	\$60.00	\$0.00	\$60.00	<button>Enter</button>

Export: [CSV](#)

[New Inquiry](#)

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	\$0.00

Reason: **Claim Overpaid**
Claim Underpaid
COB Adjustment
Claim Paid to Incorrect Provider
Change in Patient Eligibility
Incorrect Member Liability

Comment:

255 characters left

[Review](#) [Cancel](#)

Additional handy claim tips

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



Claim Tips Link

Claim Tips

Introduction

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• Claim Entry Through Provider Express
• Claims Prob.
• Claim Subm.
• EAP Claims
• Electronic Cl.

Claim Submission

For more information on the following Knowledge Center topics:

Home > Admin Resources > Claim Tips > Helpful Hints for Claim Submission

• Three ICD-10-CM Codes
• Claim Results
• ICD-CM Indi.

Helpful Hints for Claim Submission

Exclusions May Apply to Optum Benefits

Please note that a patient's Optum benefit plan may list benefit exclusions, or specific conditions or circumstances for which the Optum plan will not provide reimbursement. To see if any benefit exclusions apply to the Optum policy for a specific patient, please check **Eligibility & Benefits Inquiry** online or contact Optum through the toll-free number on the back of the member's ID card. You may call Optum to inquire about benefit exclusions anytime during your patient's course of treatment.

Diagnostic Codes

Optum requires all clinicians to submit an ICD-10-CM Mental Health/Substance Abuse primary diagnosis code, and encourages you to list all secondary diagnoses (up to 3 additional) as clinically appropriate. Optum utilizes this data to develop quality improvement programs addressing the needs of specific clinical populations.

Coordination of Benefits

On an annual basis, members are required to provide information on all other insurance coverage they have. If a patient's claims are pended indicating "COB verification required from member," they should contact Optum directly to update their coverage information.

Medication Management

Psychiatrists and prescribing nurses are no longer required to obtain prior authorization or complete Outpatient Treatment Progress Reports (OTPRs) for their patients. The table below reflects some of the most frequently used CPT codes among prescribing clinicians that do not require prior authorization of benefits.

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

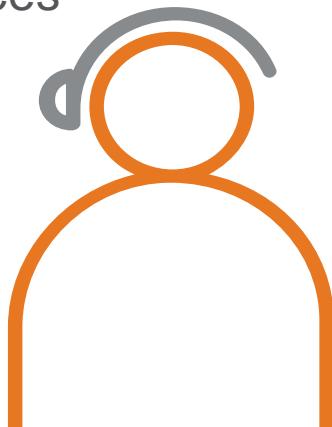
The OptumAK Provider Relations Team:

Lisa Brown-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