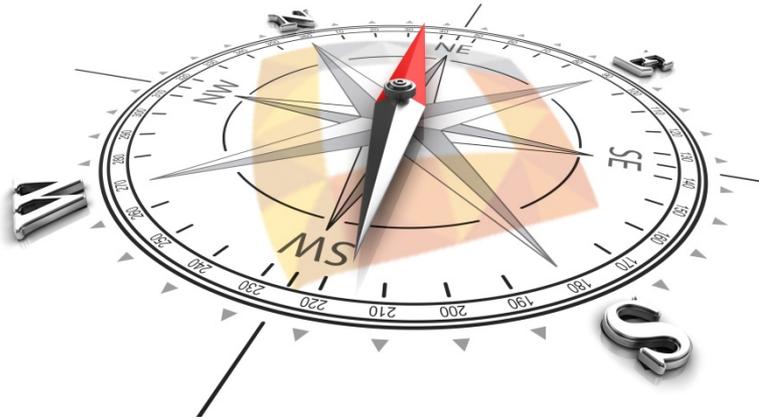# *NAVIGATING* OPTUM®

2018

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Welcome to Optum

Webinar Topics

1. Introduction to Optum

2. Provider Express

3. Benefits and Authorizations

4. Claims / Billing

5. Updating your Information

6. Contacting Optum

7. Online Resources

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Introduction to Optum

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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**

UnitedHealth Group structure

UNITEDHEALTH GROUP®

OPTUM®

Making the health system work better for everyone

Information and technology-enabled health services:

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

UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

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

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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. Together, we can set the standard for industry innovation and performance.

Deb Adler, SVP Network Strategy

Achieving our Mission:

- Starts with Providers

- Serves Members

- Applies global solutions to support sustainable local health care needs

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Provider Express

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Benefits of using *Provider Express* regularly

Provider Express offers many tools that make working with Optum quick and easy

[provderexpress.com](providerexpress.com)

Use the secure Transactions to:

- Look up Member Eligibility / Benefits

- Request and view authorizations

- Submit claims

- Check claim status and submit claim adjustments

- Create a customized *"My Patients"* list

Transactions

Logging into *Provider Express* for the first time

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

- Users then complete the *Provider Express* registration page. Click the *"Save & Close"* button to process the registration request

Great online resource for new network Providers
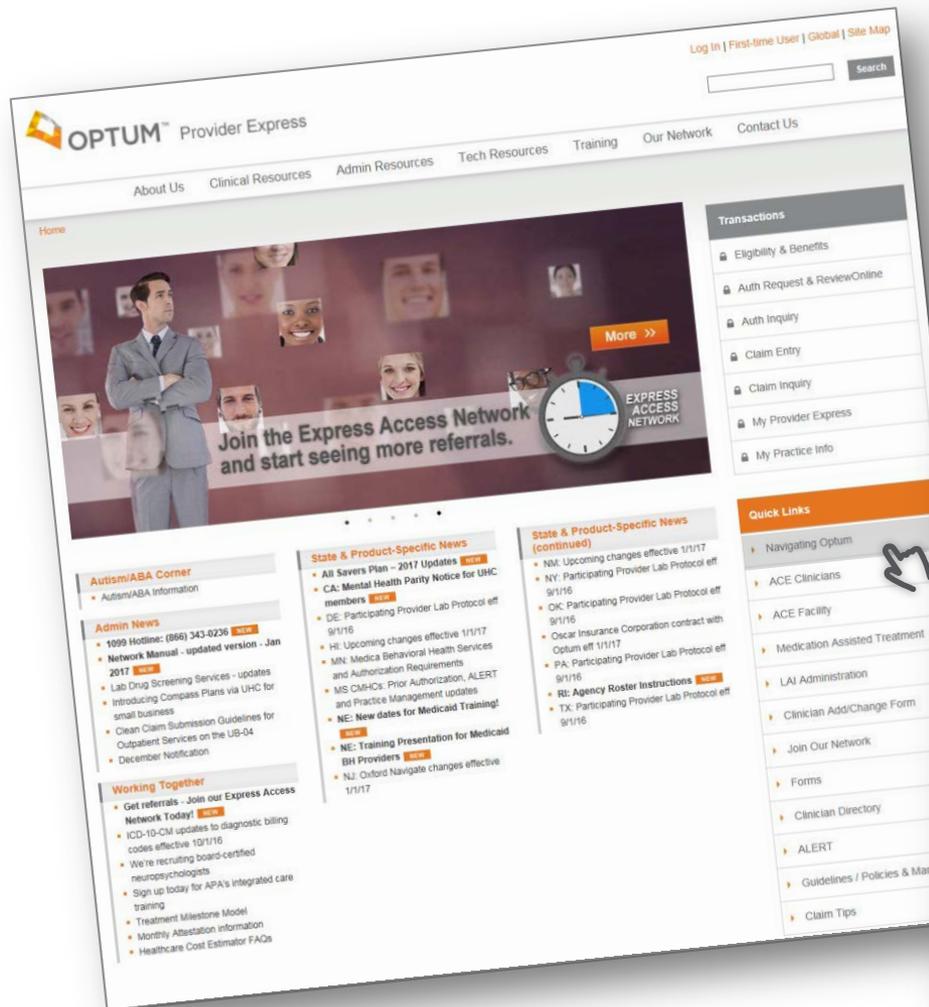
Click the image above for great resources designed for providers new to the network

Easy access to other websites

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Benefits and Authorizations

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Understanding covered benefits

Coverage Determination Guidelines standardize the interpretation and application of terms of the Member's Benefit Plan including terms of coverage, exclusions and limitations

Coverage Determination Guidelines can be found on *Provider Express*

Optum Members have a variety of benefits available to them

Check a Member's benefits and eligibility on *Provider Express* through secure Transactions

Verify Eligibility and Benefits online

Using *Provider Express* could save you time:

- Search for a Member

- View eligibility

- Verify benefits

Important authorization information

Routine outpatient services do **<u>not</u>** require prior authorization. The following frequently-used procedure codes are considered routine services:

90791	90832	90834	90846	90847
90849	90853	99241	99242	99243

Non-routine services **<u>do</u>** require an authorization:

Use providerexpress.com to request authorization for the following:
- Psychological Testing ◆ Transcranial Magnetic Stimulation (TMS) ◆
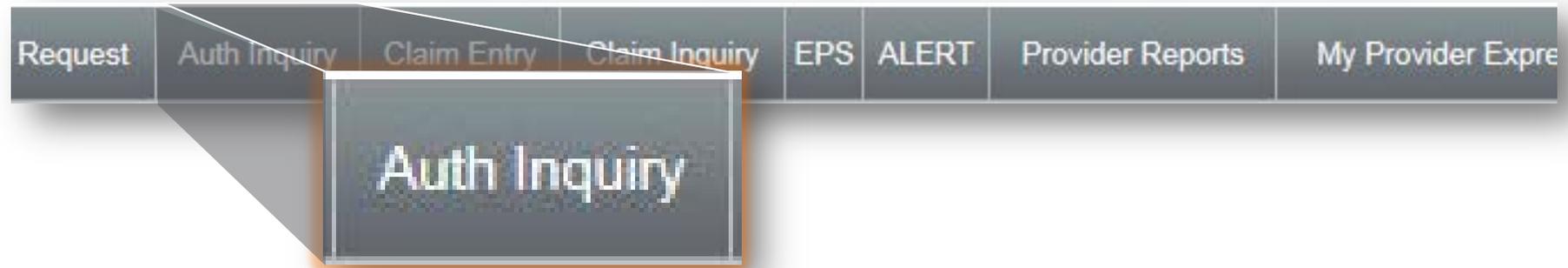- Applied Behavior Analysis ◆

Login to Provider Express: Auth Request >> click appropriate link
Or without logging in: Clinical Resources >> Forms >> Clinical Forms

Please call the number on the back of the Member's ID card to authorize all other non-routine services

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Check authorization status online

Once you have obtained authorization for clinical services, you have the capability in the secure Transactions on *Provider Express* to:
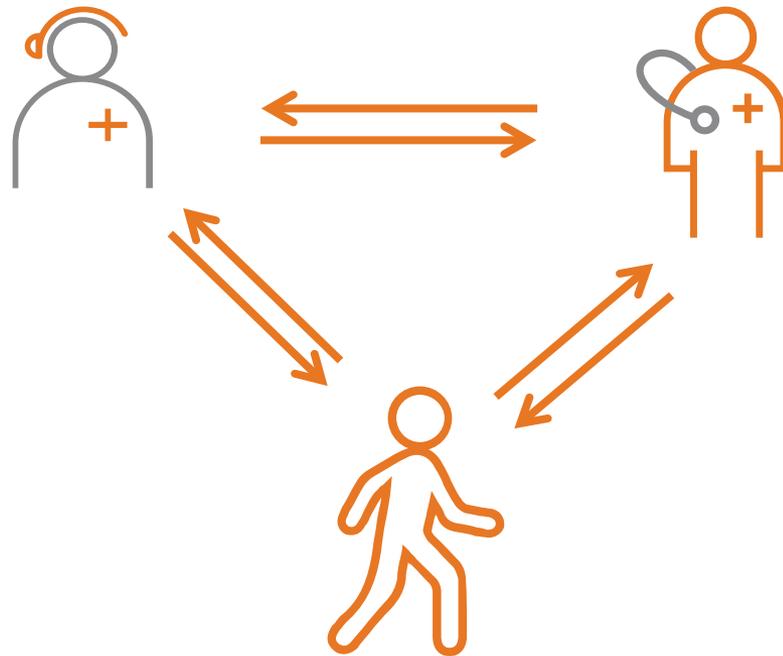
- Look up authorizations, even if the authorization was not generated through *Provider Express*

- View authorization details

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Coordination of Care – It's important!

- Affords the best quality of care and outcomes for your patients
- Enhances your practice through networking
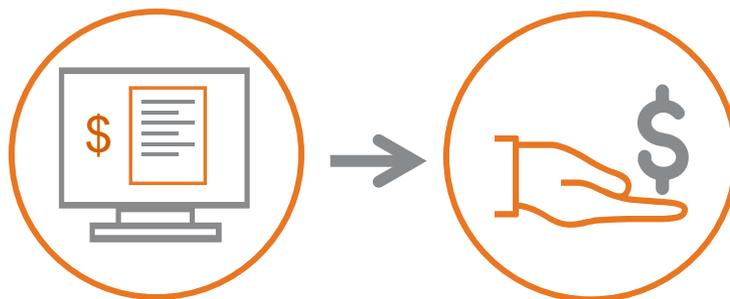- Accomplishes an expected standard of practice

Claims / Billing

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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

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Quick and accurate electronic claim entry

Our network clinicians 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

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What to know about Electronic Data Interchange

Submit batches of claims electronically, right out your practice management system software:

- Ideal for high volume Providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee

Optum can recommend a vendor that is right for you:
- Contact via phone 1-800-765-6705 or via email: inform@optum.com
- Provide: Name, tax ID, claims volume, single or multi-payer interest

Tips for timely and accurate payment

Filing electronically can help prevent these common errors:

Missing or incomplete information	Member demographic info has errors	Unclear or illegible information
Provider Express "Claim Entry" prevents the submission of claim if required fields are blank	Member information is auto-populated when you use *"Claim Entry"* on *Provider Express*	The Claim Entry form on *Provider Express* ensures legibility
Examples: NPI number, DSM-5 derived diagnosis code	*Examples:* Name, DOB, ID number	*Examples*: Provider or Member information illegible, diagnosis code unclear

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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 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)
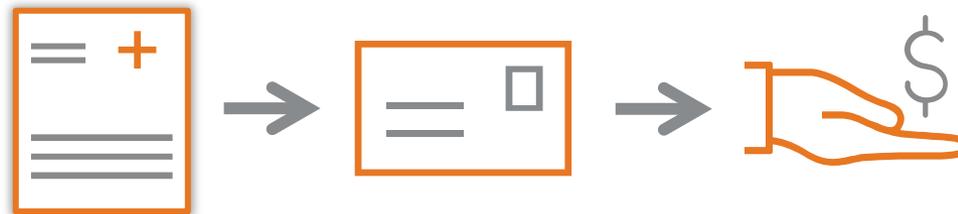
1500 Claim Form - formerly called CMS-1500 or HCFA

Include the ICD indicator:
0 for ICD-10

There are two distinct fields for placement of an NPI number

Link to National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual

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

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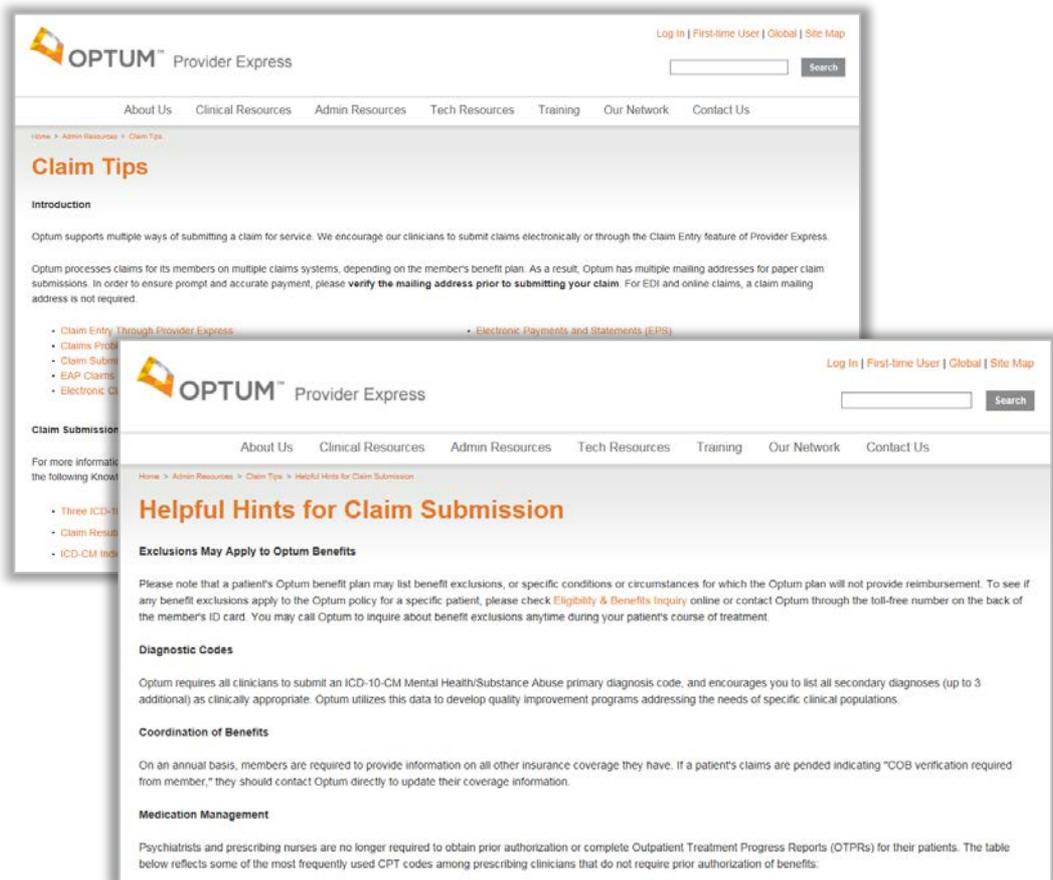
Additional handy claim tips

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

Claim Tips Link

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

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Updating your Information

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Staying current with "*My Practice Info*"

| Claim Inquiry | EPS | ALERT | Provider Reports | My Provider Express | My Practice Info | Message Ce |

My Practice Info

Having the most up-to-date information at Optum ensures that referrals can find you and that you get reimbursed promptly and accurately.

Change, add or modify your address and other demographic information

Indicate your availability to accept new patients into your practice

Let us know if you are going to be away for an extended period of time

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Contacting Optum

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Best way to contact Optum

Go to *Provider Express* and click on "Contact Us"
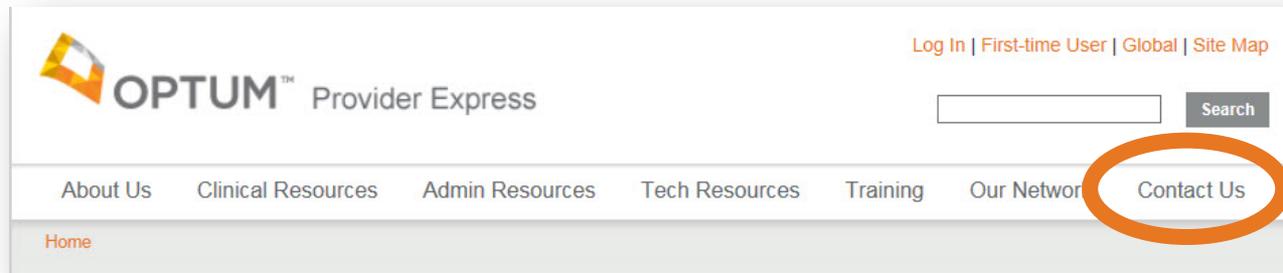
- From the "*Contact Us*" page you can get help with claims, Network Management or website support

Need help? Chat now
Our normal chat hours are:
Monday–Friday:
9:00 a.m.–6:00 p.m. (EST)

Live Chat is available for website technical support

Check out our brief *Contact Us* video

Send secure communications on *"Message Center"*
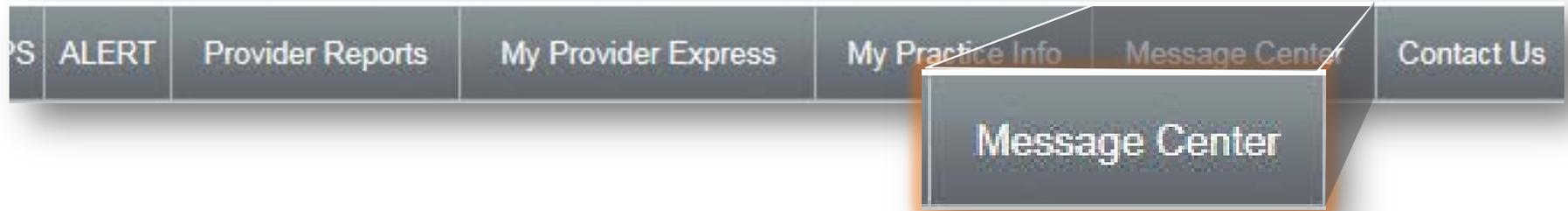
- *"Message Center"* is an online tool that enables you and Optum staff to communicate with one another within a secure channel
- The *"Message Center"* is located within the secure Transactions area

Message Center Categories

- ❑ Authorizations/Notifications
- ❑ Previously submitted claims
- ❑ Your contract
- ❑ Previously submitted demographic changes/Tax ID number changes

- ❑ Credentialing status
- ❑ Member Eligibility and/or benefits
- ❑ Inquires for Network Management
- ❑ Use of the Provider Express Web portal
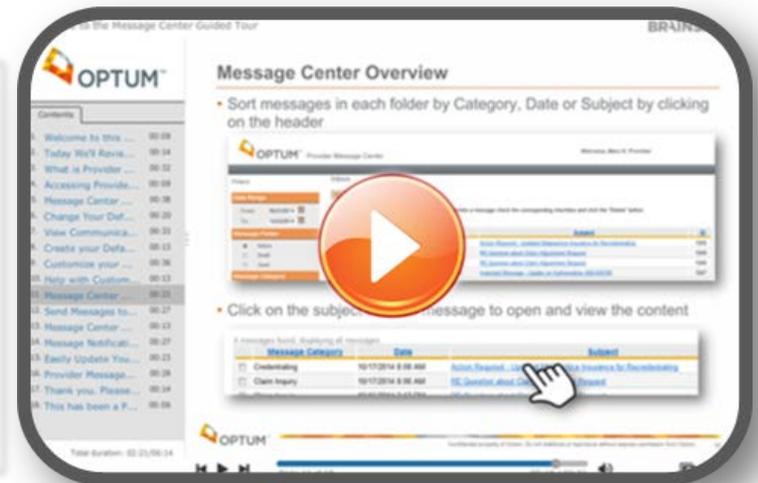
Check out our brief Message Center video

Your Network Manager is here to help

As a new Provider to the network, your Network Manager is your local guide to Navigating Optum

Your Network Manager 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
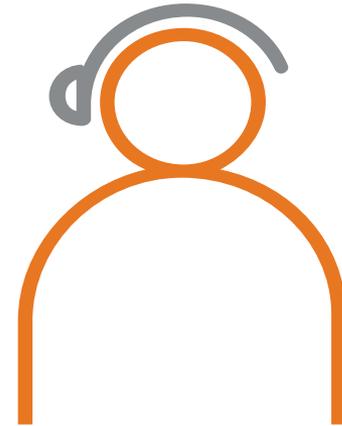
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Online Resources

Video resource page for new Providers

GET TO THIS PAGE FROM THE MAIN NAVIGATION BAR

VERTICALLY SCROLLING MENU OF NEWEST VIDEOS

SLIDING MENU OF THE MOST WATCHED VIDEOS

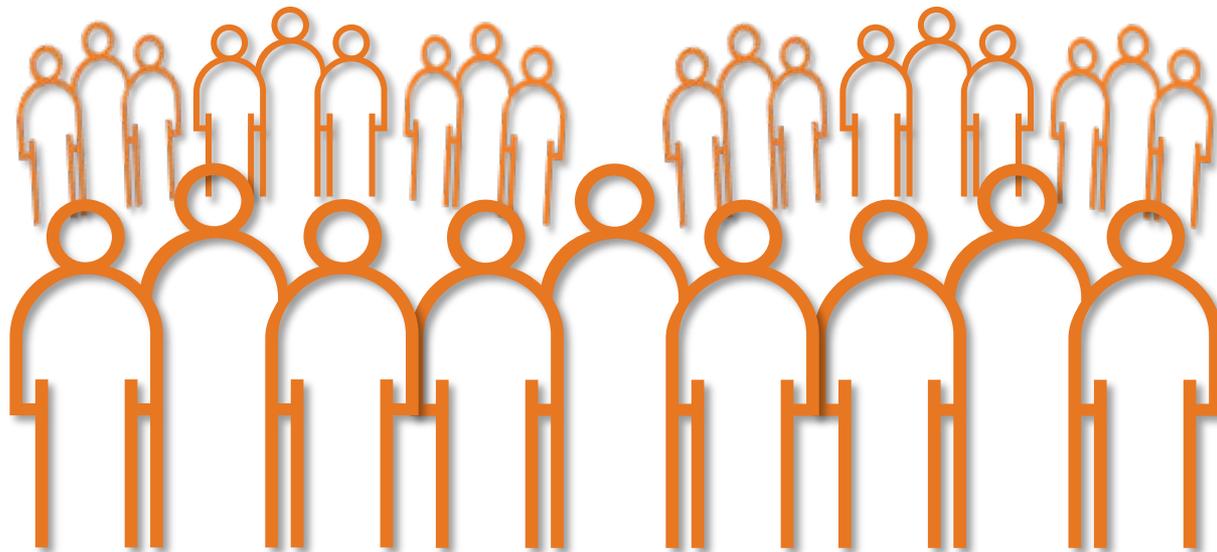DOZENS OF SUBJECTS COVERED IN BRIEF, STEP-BY-STEP FASHION

Programs to help increase your referrals

Click on an icon above to learn more about these important programs

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Thank you.

Contact information:

Florence Martin
Director of Provider Experience
navigatingoptum@optum.com

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