Optum

Minnesota Provider Overview Optum Provider Services



Published DATE

Today's Agenda



Welcome



Claim Submission and Follow Up



Telemental Health



Website Resources



Provider Advocate Information



Claim Submission and Follow Up



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Claims Submission Option 1

Online

Entry through UHC Provider website

<u>uhcprovider.com</u>

• Submitting claims closely mirrors the process of manually completing a CMS Form1500.

You must have a registered user ID and password to gain access to the online claim submission function. To obtain a user ID, register online or call 1-866-842-3278.

Entry through Provider Express

- providerexpress.com
- Create a login in the upper right-hand corner
- The same ID you would use through the UHC portal on UHCprovider.com can be used for providerexpress.com.



Claims Submission Option 2

EDI / Electronic submission

- Electronic Data Interchange (EDI)
- Electronic Claims Payer ID: 87726
- You may use any clearinghouse vendor to submit claims
- Additional information regarding EDI is available on our websites:

uhcprovider.com/en/resource-library/edi/edi-benefits.html

uhcprovider.com

providerexpress.com



Claims Submission Option 3

U.S. Mail

There are several different Optum mailing addresses depending upon the Member's benefit plan. Find out where to submit your claim.

Please note: Claims submitted online or via EDI do not require a claim mailing address and typically result in faster processing



Reminders

Required Claim Forms (if not submitting electronically)

- OP Claims CMS 1500 Form
- Facility Based claims UB04 cannot be submitted via portal

Providers must refer to their Fee Schedule/Payment Appendix for the appropriate codes/modifiers.

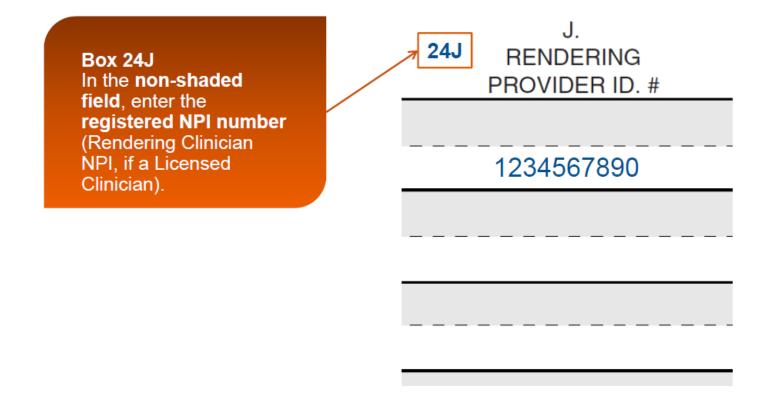
Providers are responsible to obtain Prior Authorizations for applicable services.

- As authorization requirements can vary by Member benefit plan and type of service, it is always important to verify when a preauthorization is required before those services are provided.
- We make it easy to verify what services need an authorization through our online tools on Provider Express.
- Providers are required to verify member's benefits prior to rendering a service. Start by looking up the Member's eligibility and benefits to see what services require an authorization. Check out our short video on <u>Member Eligibility & Benefits</u>



Placement of NPI Number on CMS Form 1500

Behavioral Health Providers - The Rendering Clinician NPI, if a Licensed Clinician, should be placed in 24J.





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Placement of Billing vs Rendering Clinician Name on CMS Form 1500

Box 31

- Enter the rendering provider's name and date
 - Provider should be registered under the NPI submitted in 24J
- If individual provider, name needs to match exactly with the name that is registered with NPPES (NPI Registry) and IME.

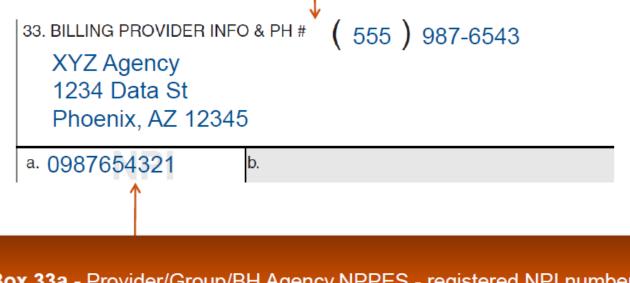
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)





Placement of Billing Group/Agency on CMS Form 1500

Box 33 - Provider/Group/BH Agency name, address and phone number



Box 33a - Provider/Group/BH Agency NPPES - registered NPI number



Prior Authorization Number Needed on CMS Form 1500

Include the prior authorization number in box 23 of the CMS 1500 claim form. If you forget, our claim system will match the prior authorization number that's on file.

READ BACK OF FORM BEFORE COMPLE 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Tauthoriz to process this claim. Talso request payment of government benefits e below.	 INSURED'S OR AUTHO RIZED PERSION'S SIGNATURE Fauthorize payment of medical benefits to the undersigned physician or supplier for services described below. 		
SIGNED	DATE	SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15.0THER DATE MM DD YY QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO	
17. NAME OF RÉFERRING PROMIDER OR OTHER SOURCE	17a. 7 1b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 2		20. OUTSIDE LAB? \$ CHARGES YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A L to service line below (24E) ICD Ind.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. [C D		
E F	G H	23. PRIOR AUTHORIZATION NUMBER	
I J	К	12345678	
24. A. DATE(S) OF SERVICE B. C. D.PF From To PLACEOF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Groumstances) DIAGNOSIS		
	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS PAR QUAL. PROVIDER ID.#	
		NPI 6	



Billing Requirements for both Electronic and Paper Claims

On all claims:

If the billing NPI number(33a) equals the Rendering NPI number, it's ok to leave out the rendering NPI in box 24J blank. If the billing NPI number does NOT equal the rendering NPI number, then you would need to submit a rendering clinician in box 24J, or if billing electronically, loop 2310B.

UHC/Optum follows NCCI edits:

For NCCI edits on which services are allowed only one per day, or cannot be billed with another service, or need an unbundling modifier, please refer to:

cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html



NPI and Taxonomy Requirements for Medicaid Claims

Incorrectly billed claims are subject to denial

Applies to both **Billing and Rendering** NPIs submitted on claim on file.

Information submitted must match the current provider enrollment information with provider express.com.

- National Provider Identifier (NPI)
- Taxonomy Code
- Address Information



NPI and Taxonomy Requirements for Medicaid Claims (continued)

If the information you submit on your claim doesn't match what you have on file with providerexpress.com, we'll deny the claim. If this happens, you'll have the opportunity to correct your information and submit the corrected claim as needed.

Reminder: All NPIs and Taxonomy on the claim (Billing and Rendering) must be registered with the state of MN in order to bill and be paid for Medicaid Services

<u>Click Here</u> for more information on MN Provider Screening and Enrollment



Top Denial Patterns

Not Contracted

If a Medicaid claim is submitted without the required modifiers, the claim will deny as not contracted. If you are a contracted provider and receive this denial, verify that you have submitted the required modifier(s) and submit a corrected claim as needed.

Duplicate Claims

Please note that the average claim turnaround time is 30 business days for claims that need adjusted. This time can vary depending on the volume of the claims being reviewed. It is critical to allow initial claim submissions to fully process before attempting to resubmit. If you bill claims that are still in process, this can potentially cause delays in your claim processing due to volume.

Please note that corrected claims that are not correctly marked as corrected may deny as duplicate and would require resubmission to allow payment.



Billing Limitations and Common Codes

Some services may not be billed on the same day as other covered services and most codes have a daily or annual limit to the amount of services that may be provided.

Example:

Max Frequency Per Day Policy: The maximum allowed amount of units for individual services.

CCI Editing Policy: Services that will not be reimbursed if billed on the same day by the same health care provider.

Codes may also have maximum unit, age or gender limits that flag a claim for additional review.

Maximum Frequency Per Day policy found <u>here</u>.



Billing Tips

- Claim Billing Tips click here <u>Claim Tips</u>
- ✓ Look at the codes you are billing to ensure they are covered and check for any PA requirements
- \mathbf{X} Always ensure the correct modifiers are attached
- Always check the member's eligibility prior to billing
- Always ensure you are providing clear definition as to why you are disputing a claim
- Always ensure that your first point of contact is the Provider Service Line (PSL)

Q Always ensure you obtain a reference number from the PSL line prior to escalating to your Advocate



Housekeeping Reminders

- Clean claims are considered claims that were billed correctly the first time
- The member cannot be balance billed for behavioral services covered under the contractual agreement
- Provider is responsible to verify member eligibility
- UnitedHealthcare follows the CMS National Correct Coding Initiative
- (NCCI edits/methodologies) when processing claims
- Reimbursement policy guidelines:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelinespolicies/reimbursement-policies.html



Submitting Corrected Claims

HCFA-1500

Providers have **90** days from the date of service to submit claims (original claim submission). Providers have **365** days from the remit date to submit a corrected claim.

- Corrected HCFA-1500 claims can be submitted electronically by entering Frequency code 7 in Loop 2300 Segment CLM05-3
- Corrected HCFA-1500 claims can be submitted on paper, with "Corrected" on the top of the claim form and the previous claim number located in box 22 of the HCFA-1500

Corrected claims can also be submitted through the UHC Provider portal and through Provider Express.



Claim Disputes – ALL PRODUCTS

- First Level Dispute Reconsideration
- Second Level Dispute Formal Appeal
- Last Level Arbitration via American Arbitration Association

Please note: your Advocate cannot override the "Claim Dispute" process.

This team (the appeals/claim dispute) team is an impartial team of clinical providers who review medical necessity in order to reconsider your claims. The only time an administrative denial is looked at would be because of timely filing, otherwise all other appeals (claim disputes) are looked at from a medical necessity perspective. Your Advocate does not have the expertise to make that clinical decision.

Claims and appeals resources

- <u>Claim Inquiries & Claim Adjustments</u>
- Online Appeal Submission



Requesting Claims Projects

First line of contact is always the Provider Service Line. This team can initiate a claims project on your behalf. Please follow the prompts, asking for Behavioral Health, and Claims when calling the Provider Service Line.

If a project has been escalated to the Advocate, it's the responsibility of the provider to explain the reasoning as to why you are disputing either the underpayment or the denial. UHC/Optum will not work a provider's Accounts Receivable.

Optum has a standard template that is required if you are escalating to your Advocate to dispute claims.

Optum will not initiate an A/R scrub for providers. It is the responsibility of the provider to clearly state why they are disputing the claims in question. If the provider does not understand why claims have denied, they can provide a couple of examples to their Advocate, to see if a project should begin.



Telemental Health



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Telemental Health Resources

Provider Express virtual visits

Learn more about becoming an telemental health provider or sign up for Optum virtual visits technology platform:

providerexpress.com /content/opeprovexpr/us/en/clinicalresources/vv-tmh.html

COVID-19 Provider Updates

COVID-19 Provider Updates and up-to-date policy information and billing guidance on Provider Express:

providerexpress.com/content/opeprovexpr/us/en/COVID-19_Provider_Updates/COVID-19_General_Guidance_Updates.html

Frequently asked Questions

Click here for telemental health frequently asked questions.

https://www.providerexpress.com/conten t/dam/opeprovexpr/us/pdfs/clinResourcesMain/tm h/2022TMHFAQs.pdf

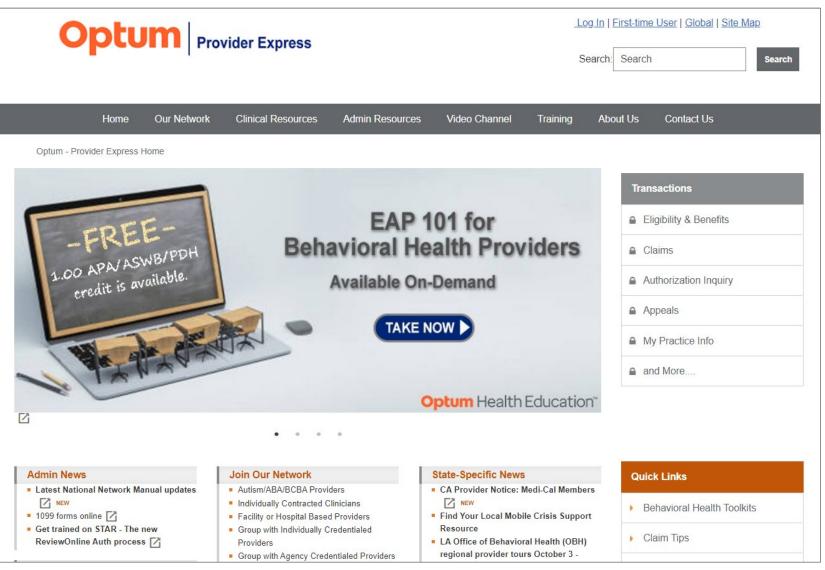


Website Resources



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Providerexpress.com





Clinical Information on providerexpress.com

Clinical Resources

- <u>ACE Clinicians</u>
- <u>ALERT Program</u>
- <u>Autism/Applied Behavior Analysis</u>
- <u>Behavioral Health Toolkit for Medical Providers</u>
- Clinical and Quality Measures Toolkit for Behavioral Providers
- <u>Complex Case Management Program</u>
- <u>Coordination of Care</u>
- <u>Cultural Competency</u>
- Eating Disorder Recovery Record App
- Express Access Network
- Forms
- Foster Care Toolkit
- Genoa Healthcare CMMS Program
- Guidelines/Policies & Manuals
 - Guidelines/Policies
 - ASAM Criteria
 - Behavioral Clinical Policies
 - <u>Clinical Criteria</u>
 - <u>Clinical Practice Guidelines</u>
 - Credentialing Plans
 - LOCUS, CALOCUS-CASII, ECSII
 - Medicare Coverage Summaries
 - Psych/Neuropsych Testing Guidelines
 - <u>State-Specific Criteria</u>

Click on the *Clinical Resources* tab on the home page of providerexpress.com.

Clinical Resources



Admin/Claims Information on providerexpress.com

Admin Resources

- ALERT Program
- <u>California Language Assistance Program</u>
- <u>Claim Tips</u>
- EAP Resources
- Forms
- · Fraud, Waste, Abuse, Error and Payment Integrity
- Where to find Provider Remittance Advice (PRA) statements
- <u>Ratings & Reviews</u>
- <u>Reimbursement Policies</u>
- <u>UnitedHealthcare Exchange Plans</u>
- Updating Your Practice Information
- Website Technical Resources
- Working Together

Click on the *Admin Resources* tab on the home page of providerexpress.com.

Admin Resources



Training Information on providerexpress.com

Training

- Webinars/Training Resources
- <u>My Practice Info Navigation for Groups</u>
- Behavorial Health Tool Kits
- ReviewOnline: Training resources are available within ReviewOnline.
 Log In > ReviewOnline > "Training Materials"
- New Authorization Request Option (known as STAR) is available in Review Online
- Veterans Affairs Community Care Network (VA CCN) Resources

Guided Tours

- ALERT 🛃 🔀
- Auth Inquiry 🔀 🛃
- Claim Entry
- Claim Inquiry and Claim Adjustment Request 🛃 🏹
- Contact Us 🛃 📝
- Eligibility & Benefits 27 Updated Dec. 2019
- My Practice Info 📝 🛃 for individual providers
- Overview of Filing COB and Corrected Claims 1 million
- Message Center
 - 🔹 Message Center Guided Tour 🗹 🛃
 - Message Center FAQs 🚾 📝
- Provider Express Technical Guide 🛃 🗹

Click on the *Training* tab on the home page of providerexpress.com.

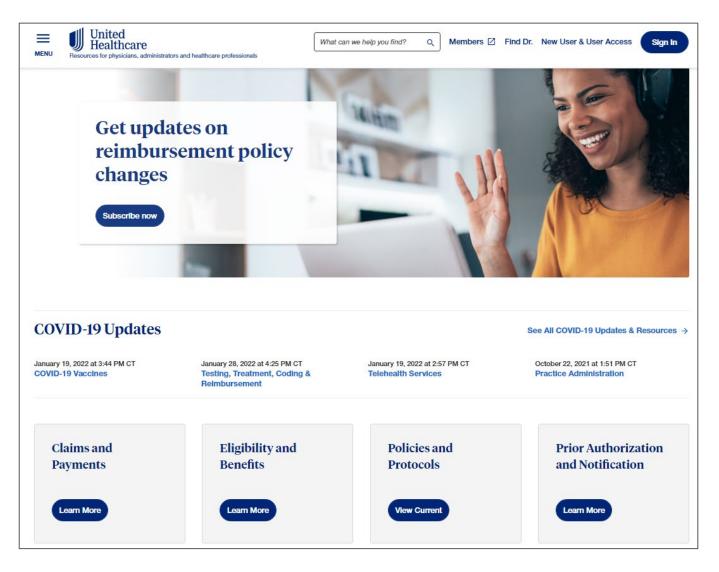
Training

Minnesota page on providerexpress.com

	Log In First-time User Global Site Map Search: Search Search Search	
Home Our Network Clinical Resources Admin Res	sources Video Channel Training About Us Contact Us	Our Network
Optum - Provider Express Home > Our Network > State-Specific Provider Information	n > Welcome Minnesota	
Welcome to the Optum Network!		Welcome Minnesota
Optum Network Manual	MnFiRE Assistance Program (MAP)	<u>(providerexpress.co</u>
Network Manual		m)
Special Regulatory Attachment	General Information	
MN Specific Regulatory Attachments	Provider Announcements	
Clinical Criteria	Authorization Forms	
<u>Standard Clinical Criteria</u>		
Best Practice Guidelines	Clinical Criteria	
BP Guidelines	Minnesota Medicaid	
Coordination of Care (COC)		
COC Flyer 歴 C COC Checklist 面 C		
Optum Preventive Health Programs		
Preventive Health Programs Elyer		
Other forms can be found on the Provider Express MN CMC Forms page.		



UHCprovider.com





The Role of your Advocate

- To be the liaison between your organization and our organization
- For all escalated/systemic issues

What Advocates cannot do:

- Advocate are not here to override processes. Your first line of contact should always be the Provider Service Line (the number is on the back of the member's card). If you feel the information is not substantial, please obtain a call reference number, and escalate to your Advocate
- Advocates cannot pay claims or adjust claims
- Advocates cannot override the claim dispute process

ADVOCATES ARE HERE FOR COLLABORATION AND INNOVATION

- We are working to help advance this program and offer the best services to our members, along with creating a partnership with our providers
- We are here to help elevate your experience through our online tools and assistance
- We are here to bring compassion and understanding



Provider Relations Contacts



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Who do I contact for an issue?

Provider Services

- Call the number on the back of the members ID Card
- Optum Provider Service Line: 1-877-614-0484
- Claims reconsiderations can be submitted online
- Demographic and other updates can be made directly online via Provider Express

Medicaid Resources

UnitedHealthcare Community Plan of Minnesota Homepage | UHCprovider.com

Or call 877-440-9946

Community Plan Care Provider Manuals for Medicaid Plans By State UHCprovider.com

Prior Authorizations

When authorizations are required, please call

- The phone number located on the back of the members ID card
- or visit www.providerexpress.com



Provider Advocate Assignments by County



Misty Ray, MBA

Provider Relations Director misty ray@optum.com

Account Manager sarah.coffey@optum.com

(a)

Team Email: ohbs.centralregion@optum.com

Team Fax: -866-388-1710



Sarah Coffey

Provider Advocate

PROVIDER

Groups:

Fairview

Essentia

St Luke's

Lakeview

Nystrom

CentraCare

Sanford

Meridian

Canvas



Emily Deboer

Provider Relations Advocate

emily.deboer@optum.com

Dedicated Provider

Relations Advocate

for MnFire

COUNTIES:

Stearns, Saint Louis,

Clay, Beltrami, Becker,

Otter Tail, Douglas,

Itasca, Pennington,

Carlton, Mille Lacs,

Wadena, Todd, Polk,

Morrison, Hubbard,

Cass, Wilkin, Roseau,

Mahnomen,

Koochiching, Norman,

Lake, Kanabec,

Clearwater, Aitkin,

Traverse, Marshall, Lake

of the Woods, Kittson,

Grant, Cook





Deborah Norris

Provider Relations

Advocate

deborah.norris@optum.com

COUNTIES:

Ramsey

Dakota

Washington





Lisa Marx

Senior

Provider Relations

Advocate

lisa.marx@optum.com





ConnieZiegler

Provider Relations

olga.ponomarev@optum.com

COUNTIES: Hennepin

Anoka

Carver

Scott

Advocate

Olga Ponomarev

Dedicated Sr. Provider Relations Advocate for Medica

COUNTIES:

Olmsted, Blue Earth, Sherburne, Crow Wing, Wright, Isanti, Rice, Kandiyohi, Goodhue, Mower, McLeod, Winona, Nicollet, Brown, Wabasha, Freeborn, Meeker, Chisago, Houston, Fillmore, Steele, Pine, Martin, Lyon, Big Stone, Watonwan, Waseca, Rock, Redwood, Le Sueur, Faribault, Renville, Dodge, Chippewa, Stevens, Sibley, Pope, Nobles, Lincoln, Lac Qui Parle, Cottonwood, Yellow Medicine, Swift, Pipestone, Murray, Monroe, Jefferson, Jackson, Benton

Senior

Provider Relations

Advocate

connie.ziegler@optum.com

PROVIDER GROUPS:

Health Partners/Park Nicollet, North Memorial, HCMC, Mayo, Allina, The Emily Project, NuWay, Amherst, and Children's Hospitals and Clinics of Minnesota

MN SUD providers: MN Adult and Teen

Challenge, Transformation House Inc. Life Development Resources, The Center for Hope and Healing, MN Prevention & Recovery Alliance, Hybrid Behavioral Health Inc, Main Street Family Services, Acres for Life Therapy and Wellness Center, Minnesota Renewal Center, Elite Recovery LLC

Wisconsin Providers: with MN locations or need assistance related to UHC MN Medicaid



Thank you.



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