

Frequently Asked Questions (FAQs) for Navigating Optum Webinar series

Questions	Answers
Optum as a company	
<i>Is Optum its own insurance company or do they manage other company's insurance plans?</i>	Optum is a subsidiary of UnitedHealth Group. Optum manages direct business and administers benefits for a wide range of health plans.
Provider Express website	
PROVIDER EXPRESS - Authorizations	
<i>How do you obtain authorization for 90837?</i>	90837 is considered a non-routine session, so you would need to call the number on the back of the member's ID card to request authorization.
<i>Can we receive online pre authorizations for in and out-of-network outpatient mental health services?</i>	Only in-network services can be requested on the portal. Out-of-network requests would need to be called in, using the number on the back of the member's ID card.
PROVIDER EXPRESS - Claims questions (general website usage)	
<i>Can I submit claims on Provider Express for free?</i>	Optum does not charge providers for submitting professional claims online via Provider Express. Using the Provider Express Claim Entry transaction is free and it also helps ensure claims are submitted correctly.
<i>How do I get set up to do claims online?</i>	You can use the First-time User option from providerexpress.com , to set up your access. Once you are logged in, you can use the Claim Entry transaction to submit claims on our portal.
<i>Can I submit my Optum claims for my group electronically on Provider Express?</i>	Yes. Claims for outpatient behavioral health and EAP services can be entered through the Claim Entry feature on Provider Express . You may also view our EDI/Electronic claims page for more information.
<i>Would we be able to adjust a denied claim?</i>	Yes. Depending on the reason for denial, you can submit an adjustment request or a corrected claim for a denied claim on providerexpress.com . Claim Adjustment requests should be submitted when there is a change in the payment issued on the original claim submission. (e.g., if the original claim was denied for no authorization, but you have an auth # and want that claim to be reconsidered; OR, if a claim paid zero dollars (\$0) because member had a deductible, but member's deductible had already been met). Corrected Claims should be submitted on a claim form and used when the error is on the part of the submission. (e.g., a claim is filed for 90837 and needs to be adjusted to 90834).
<i>Can we see UB-04 claims on Provider Express for IOP billing sent via paper claim?</i>	Yes, if you are logged in as a facility, you can view UB-04 claim status online via Claim Inquiry .
<i>Can corrected claims be submitted on Provider Express or should they be submitted on CMS 1500 claim forms?</i>	Yes. Corrected claims can be submitted on Provider Express through the Claim Entry transaction. You would choose the Claim Frequency Code of "Corrected" and include the claim # of the claim you are correcting. We recommend that you use the 1500 Claim Form if you cannot submit your claims electronically, and putting a 7 in the Claim Frequency Code box, or writing CORRECTED CLAIM at the top of the form.
<i>How do I check the status of my claim?</i>	To check eligibility and benefits, please log in and use the online search

	feature, Claim Inquiry . Otherwise, you can call the customer service number on the back of the member's ID card.
<i>Where can I check the patient's benefits?</i>	To check eligibility and benefits, please log in to Provider Express and use the online search feature. Otherwise, you can call the customer service number on the back of the member's ID card
<i>How can I check a patient's eligibility?</i>	To check eligibility and benefits, please log in and use the Eligibility and Benefits feature online. Otherwise, you can call the number on the back of the member's ID card.
PROVIDER EXPRESS – Electronic Payments and Statements (EPS)	
<i>Using EPS, would my billing company be able to receive/download EOBs?</i>	Yes - you can allow your billing staff to access EPS to view and print EOBs, etc.
<i>How do I get set up for electronic deposit?</i>	On Provider Express , follow Admin Resources > Claim Tips > Electronic Payments and Statements
<i>If I sign up for EPS, can Optum electronically take money from my account if there is an overpayment?</i>	No. Adjustments will appear on the consolidated 835 file or electronic EOB and future payments will be adjusted accordingly.
<i>Is EPS free to use?</i>	Yes, it is free to enroll and use Electronic Payments and Statements (EPS) .
PROVIDER EXPRESS – General Info	
<i>How do I register for the website?</i>	Provider Express has self-registration. Simply go to providerexpress.com and click on the First-time User link in upper right to proceed.
<i>Can my office staff register for me or do I have to do it?</i>	Anyone can register as long as they have the correct information that is required, and have access to the email address on file for your Optum ID , to complete that portion of the registration process.
<i>How do I get setup on the Provider Express portal?</i>	To access secure Transactions click on First-timer User to obtain an Optum ID and become a registered user of Provider Express.
<i>How easy is Provider Express to use?</i>	Provider Express is designed to be a very user-friendly site and has received positive reviews from many for its ease of use. The site has links to many resources, guided tours, videos and LiveChat options.
<i>Will this add to my administrative burden?</i>	No. Provider Express was designed to make the administrative responsibilities of your practice easier, so you can focus more on providing the essential services to your patients.
<i>How do I quickly find the Navigating Optum information on providerexpress.com?</i>	Go to the Home page of Provider Express and select the " Quick Link " > Navigating Optum
PROVIDER EXPRESS – Live Chat/Message Center	
<i>Who do I call if I am experiencing technical difficulties with the site?</i>	For questions about using the site, issues with requesting a user ID and password, or for technical issues, Provider Express Support Center can be reached at 1-866-209-9320 (toll-free) Monday through Friday, 7 a.m. to 9 p.m. central time. There is also a Live Chat option available 8 a.m. to 5 p.m. central time on the Contact Us page under Website Support > Technical Support . Go to the Navigating Optum page for more information.
<i>Can I use LiveChat for claims questions?</i>	Yes, there is a Live Chat option for users that are logged in to providerexpress.com. Simply go to Claim Inquiry and click on the " Can't find claim status? " link in the upper right of the page.
<i>How does Message Center work?</i>	Message Center is very efficient and a great solution for getting

	information sent securely between you and Optum. All you need to do is obtain your Optum ID and log on to Provider Express to begin using Message Center. See Message Center Guided Tour under Training.
PROVIDER EXPRESS – Network Manual	
<i>Where can I locate the Network Manual?</i>	The Network Manual is on Provider Express under the Clinical Resources tab OR go to the Navigating Optum page and click on Provider Resources > Guidelines/Policies & Manuals > Network Manual > <u>National Network Manual</u> .
Other topics	
ACE Clinicians	
<i>Can get a fee increase with ACE? How does that work?</i>	A fee increase for your Optum commercial business may be instituted if you or your group qualify for our Achievements in Clinical Excellence program and meet or exceed regional ACE benchmark metrics. For more information about the ACE Clinicians program, please visit providerexpress.com and click on <u>ACE Clinicians</u> .
<i>How do I get increased visibility with ACE?</i>	Solo clinicians and group providers in most states who are qualified ACE clinicians and meet or exceed their regional ACE benchmark metrics will be recognized on our clinician search tools and internally with our care advocates. For more information about the ACE Clinicians program, please visit providerexpress.com and click on <u>ACE Clinicians</u> . (Note: Due to state regulatory requirements, outpatient providers in the following six states are excluded from being publicly recognized for their Platinum achievement: California, Colorado, Maryland, Missouri, New York and Texas . If your practice resides in one of the excluded states, it's very important that you continue submitting ALERT Wellness Assessments. Even though your practice may reside in one of the excluded states, your data will still be evaluated and may still qualify you or your group for performance-based contracting increases.)
<i>How do free CEUs work?</i>	Free continuing education units are one of the perks of being identified and recognized as an ACE Clinicians provider. For more information about the ACE Clinicians program, please visit providerexpress.com and click on <u>ACE Clinicians</u> .
CLAIMS	
<i>What do I do if I have a claim problem?</i>	Our customer service centers can help you with your claim questions. Go to the Contact Us page under Claims , or call the telephone number listed on the explanation of benefits (EOB) or the back of the member's ID card. You can also visit our Claims Problem Resolution page for additional information.
<i>What is the Optum payer ID for electronic (EDI) claims submission?</i>	The Optum payer ID is 87726.
<i>What is my reimbursement rate?</i>	The Optum reimbursement rate depends on several factors and will vary by state, license type, and your network status. Refer to your fee schedule included with your Agreement. For further information, contact Network Management at 1-877-614-0484 .

	(Note: Registered users of Provider Express can also log in and submit a message through the Message Center .)
<i>How long does it take to process my claim?</i>	Generally, clean claims that contain all required information will be paid within 4 weeks after receipt of the claims. (Note: Claim payments are faster through EPS .)
<i>How do I resolve a claims problem?</i>	On Provider Express , you can use the claims Live Chat option by logging in and going to Claim Inquiry , or mail a Claim Inquiry/Adjustment Request form to Optum. You can also call the customer service number on the back of the member's ID card or on the Explanation of Benefits (EOB) / Provider Remittance Advice (PRA).
<i>What do I do if my claim is rejected or denied by Optum?</i>	If you receive a rejection upon submission - correct the claim, then submit as an "original" claim. If you receive a denial on a remittance advice - correct claim, mark it as CORRECTED CLAIM at the top of the form and resubmit.
<i>Do I have to use the 1500 form? I like to use superbills for billing.</i>	We recommend that you use the 1500 Claim Form if you cannot submit your claims electronically. However, you may also submit claims via a superbill as long as all of the required elements are included. Please refer to the Claim Tips on Provider Express, for additional information.
<i>Can Optum provide me a 1500 form for billing?</i>	Optum cannot provide you with the 1500 Claim Form for legal reasons. However, there are several vendors where you can purchase the form. Please refer to the NUCC site: http://www.nucc.org/ .
<i>What is the difference between adjusting a claim and submitting a corrected claim?</i>	Claim Adjustment requests should be submitted when there is a change in the payment issued on the original claim submission. (e.g., if the original claim was denied for no authorization, but you have an auth # and want that claim to be reconsidered; OR, if a claim paid zero dollars (\$0) because member had a deductible, but member's deductible had already been met). Corrected Claims should be submitted on a claim form and used when the error is on the part of the submission. (e.g., a claim is filed for 90837 and needs to be adjusted to 90834.)
<i>Where should I mail my paper claim?</i>	There are a number of different Optum mailing addresses depending upon the member's benefit plan. (Note: Claims submitted online or via EDI do not require a claim mailing address and typically result in faster processing.)
<i>How do I bill for EAP?</i>	EAP claims can be submitted at no cost to you through Provider Express secure Transactions . EAP claims should be submitted through Provider Express or on a 1500 Claim Form using the standard "HJ" modifier in section 24D.
<i>How do I contact Optum with EDI questions in the future?</i>	Please contact the EDI Support Desk at 1-800-842-1109.
<i>How can we resolve claims issues with out of network providers?</i>	You can call the customer service number on the back of the member's ID card or on the Explanation of Benefits (EOB) / Provider Remittance Advice (PRA).
ICD-10 Codes	
<i>Where can I learn more about which ICD codes I should use?</i>	In general refer to the DSM-5 defined conditions and use the associated ICD-10 code for billing. On the Provider Express portal, you can access the DSM-5 and ICD-10 Resources link under the Admin Resources tab.



Network Management	
<i>How do we find out who my network manager is on Provider Express?</i>	You can view your assigned network manager on Provider Express by using the Contact Us link.
Telemental Health	
<i>Can anyone sign up to be a Telemental health provider?</i>	Telemental Health is open to any qualified provider. Prior to delivering Telemental Health services, each provider is required to electronically sign a Telemental Health attestation.
Webinars	
<i>How do I register for another webinar?</i>	You may register for an additional webinar by going to Provider Express . And go to Navigating Optum "Quick Link" > Navigating Optum Webinars > Dates & Times for upcoming webinars .
<i>Will I get a copy of this presentation?</i>	Yes, a copy of this presentation will be sent via email after the webinar. We will also be sending you a short survey about the webinar and you will be able to access the webinar materials from that survey as well.