Optum

Claims: Updates, Projects, and Submitting Corrected or Voided Claims

Ryan Bender, Director, Provider Relations

February 8, 2023

Agenda

1. Updates and Projects
2. Provider Express
3. Submitting a New, Corrected or Voided Claim
4. Frequently Asked Questions and Links – Provider Express
5. Reminders and Q & A

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Updates

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Updates

Service Authorization requirements are currently lifted during the Public Health Emergency.

SFY (State Fiscal Year) service limits will reset when service authorizations go live.

The Public Health Emergency is currently extended through April 12, 2023

Check the federal Public Health Emergency for updates on the PHE Declaration at:
https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

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Projects

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Project – What is a project? Is your agency a part of a project?

What is a project?

A project is defined as a single claim or multiple claims that are in the process of or are going to be re-processed.

- Projects can include 1 agency or as many as a hundred agencies.
- Projects can include additional payment and \ or recoups for providers.
- Some projects may include multiple versions. Versions of a project may be closed. While others may be open.
- Provider Relations will be outreaching to agencies and notifying them if \ when they are a part of a project, estimated date of completion, and expected results of that project. And any subsequent follow-up as needed.
- Once a project is complete, Provider Relations will follow-up with agencies to ensure resolution of the project.
- If agencies have questions, please contact Provider Relations at akmedicaid@optum.com

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Projects– TPL Completed

What is Happening: There are currently 2 TPL projects that are completed.

What Providers Need To Do: There is no action that providers need to take.

Projects:
- 911.0 – 171 claims
- 911.2 – 113 claims

Project Completion Date: 01.15.2023

Claims Volume: 284

Project Dollars Paid: $119,126.88

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Project – TPL Validation

What is Happening: There are currently 3 TPL projects in Validation

What Providers Need To Do: There is no action that providers need to take.

Projects:
- 911.1 – 81 claims
- 911.3 – 16 claims
- 911.6 – 291 claims

Project Completion Date: TBD

Project Claim Volume: 388

Project Dollars Paid: $93,726.51

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Project – TPL In Process

What is Happening: There are currently 4 TPL projects in process

What Providers Need To Do: There is no action that providers need to take.

Projects:
- 911.4 – 691 claims
- 911.5 – 5,647 claims
- 911.7 – 2 claims
- 911.8 – 45 claims

Project Completion Date: TBD

Project Claim Volume: 5,600+

Project Dollars to be Paid: $1,450,000.00 (estimated)

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TPLA – Third Party Liability Avoidance

TPLA - Third Party Liability Avoidance is allowed when a specific code or service is non-covered by a Participant's primary insurance carrier. TPLA allows providers to bill directly to Medicaid for that specific code or service without billing the Participant's primary, each time the service is rendered.

Providers will submit an EOB from the Participant's primary insurance carrier once per calendar year (January 1 – December 31) showing the code or service is not covered.

Please be sure that the following items are visible on the EOB:

- Participant Name
- Non-Covered service or code
- Explanation code

A new EOB showing the specific code or service is non-covered will be required January 1 of every year.

If you have questions regarding a Participant’s TPLA coverage, please reach out to the Call Center at 800.225.8764 or Provider Relations at akmedicaid@optum.com

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Provider Express

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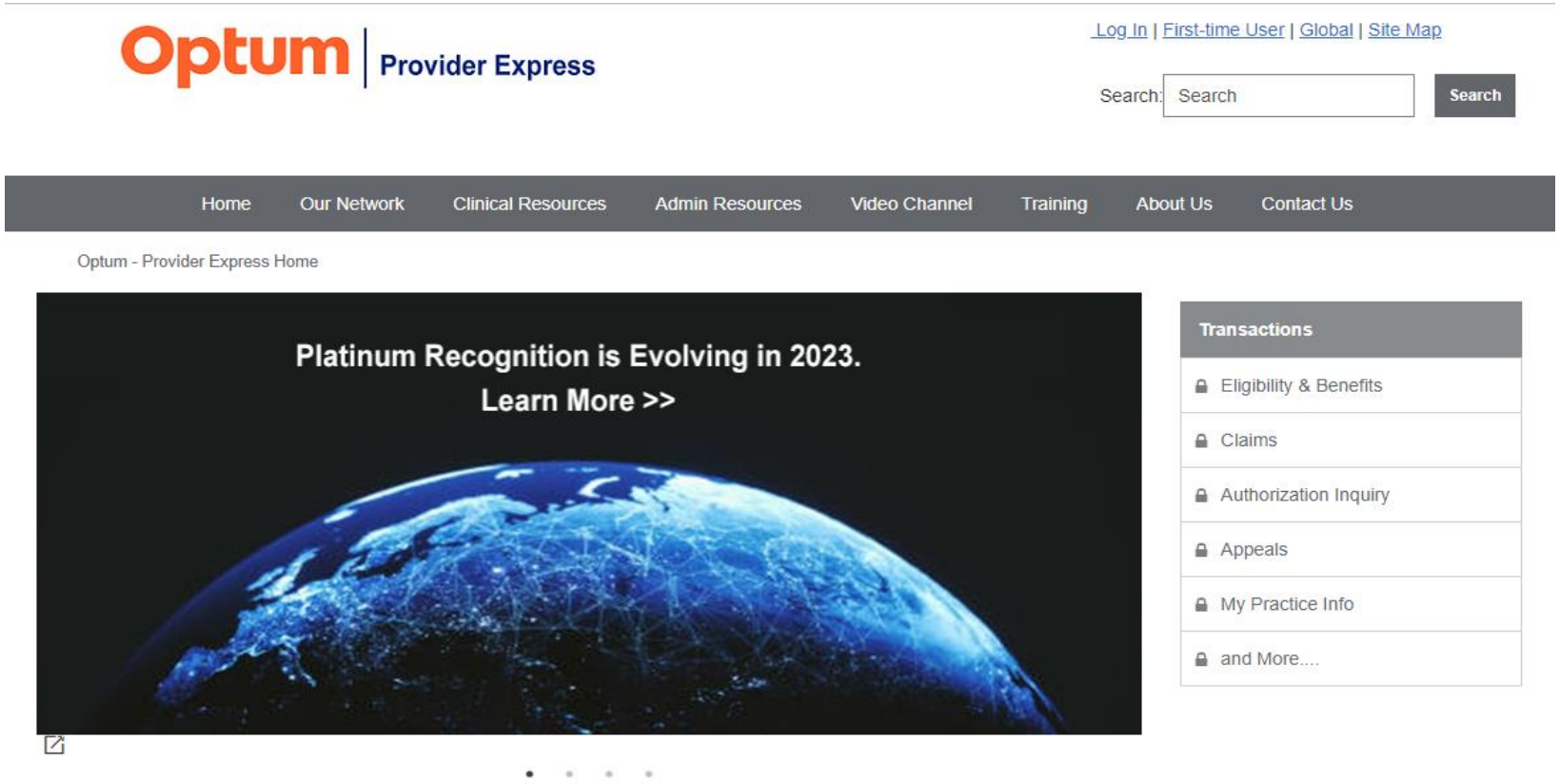
Provider Express

What is Provider Express?

Optum's clinician website, Provider Express, supports entry of outpatient behavioral health claims by a registered user. This time-saving and secure transaction feature is designed to streamline the claim submission process with Provider Express.



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Provider Express

The digital tools you'll find on Provider Express are built to drive efficiency, reduce costs and make the overall experience.

Provider Express offers a range of advantages:

- Faster claim payment and disposition
- Reduced mailing time and expense
- More accurate claim information
- Higher level of auto-adjudication
- Create and maintain My Patients list

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Provider Express

Why use Provider Express?

- Industry-leading provider portal
- Drives efficiency, lowers costs, and it’s linked to a more positive provider experience
- Online transactions with Optum are fast, efficient and easy
- Provider Express = High Satisfaction
- Public and secure pages

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Submitting a New Claim

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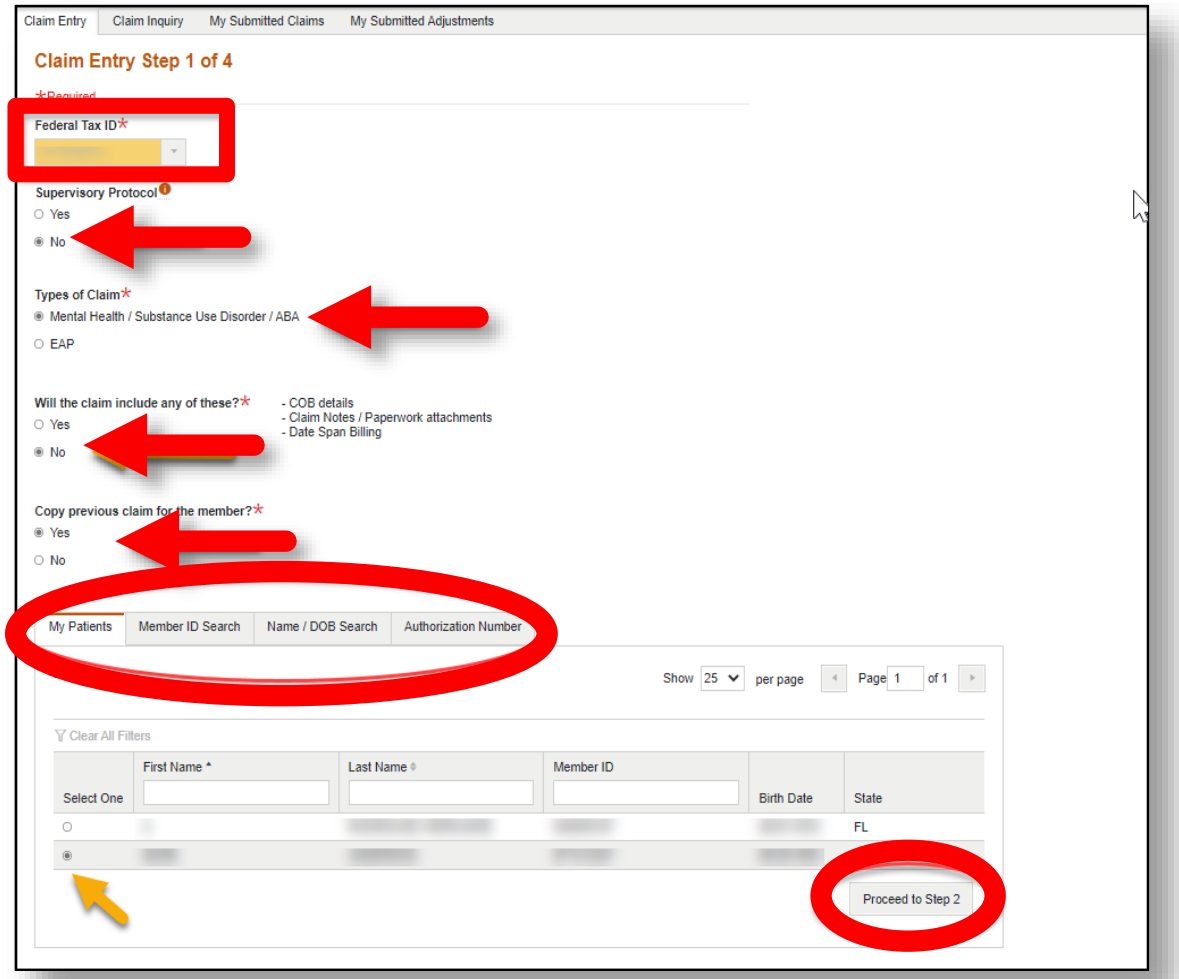
Provider Express



There are several required fields:

- Federal tax ID
- Supervisory Protocol
- Type of claim
- “Will the claim include any of these?” (default of No is chosen which will bring up the Short Form)
- Copy Previous claim for this member

Complete the member search by:

- Choosing the Member from your *My Patients* list
- Using one of the Member search options

  OR
- Entering an Authorization number

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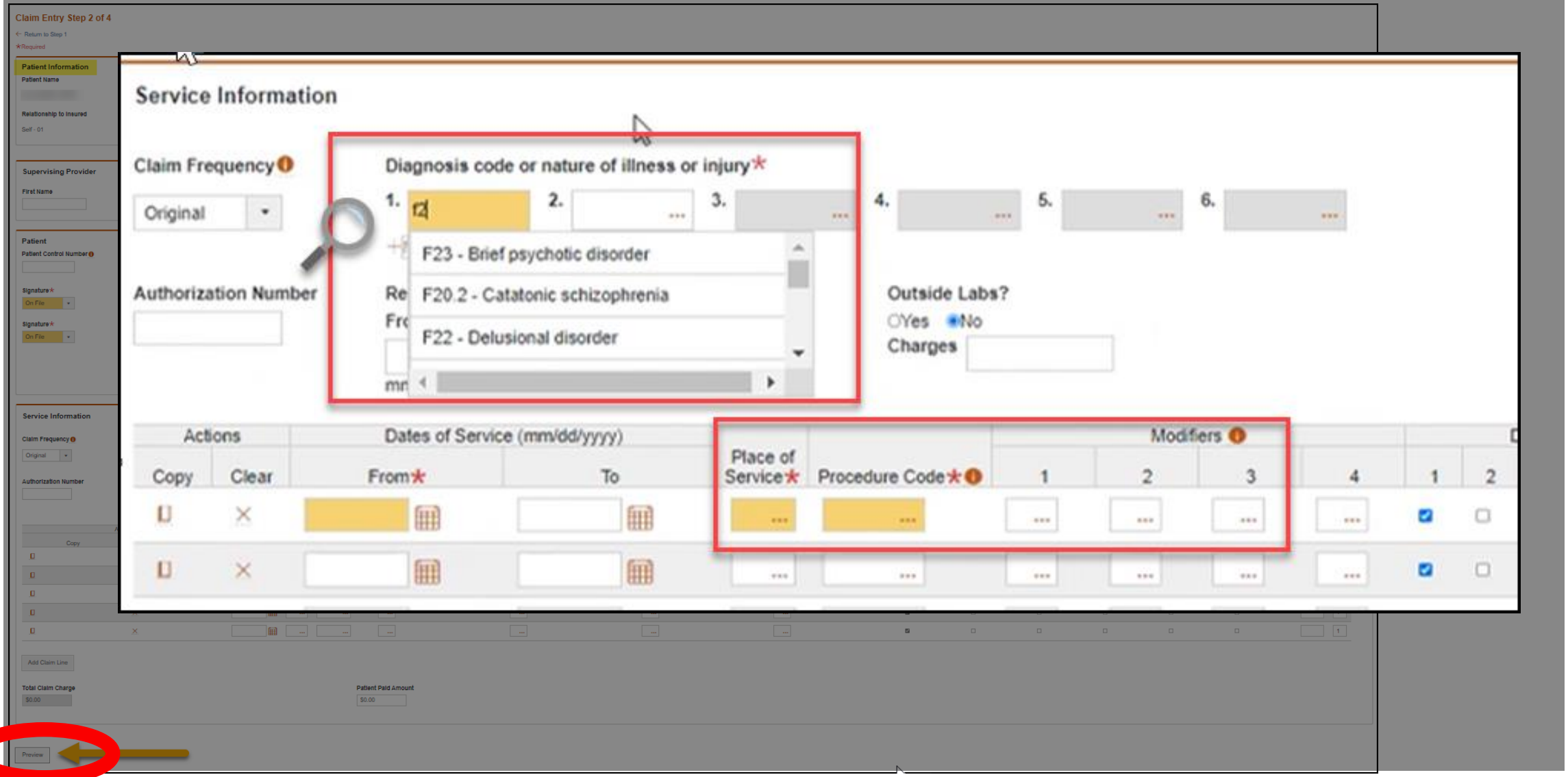
Provider Express



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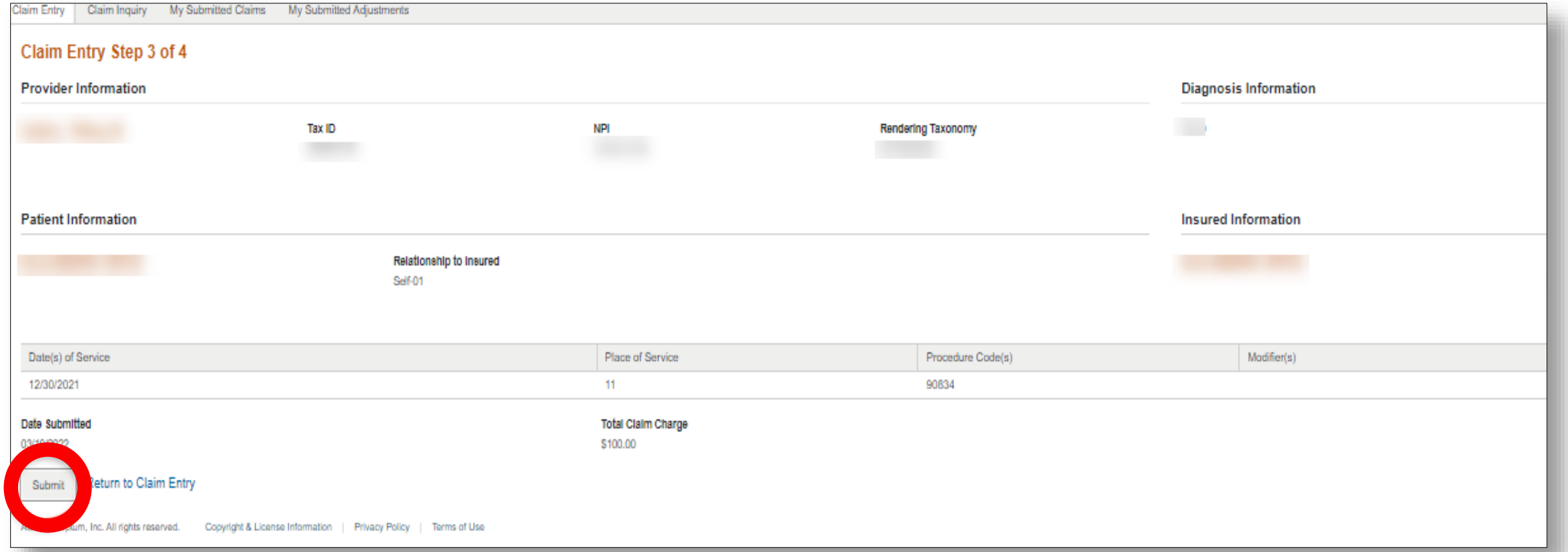
Provider Express

Step 3 allows users to preview basic information on the claim before sending for submission.

If all the information is accurate, click the [Submit] button to continue to the final step, or click on the [Return to Claim Entry] option to return to Step 2.



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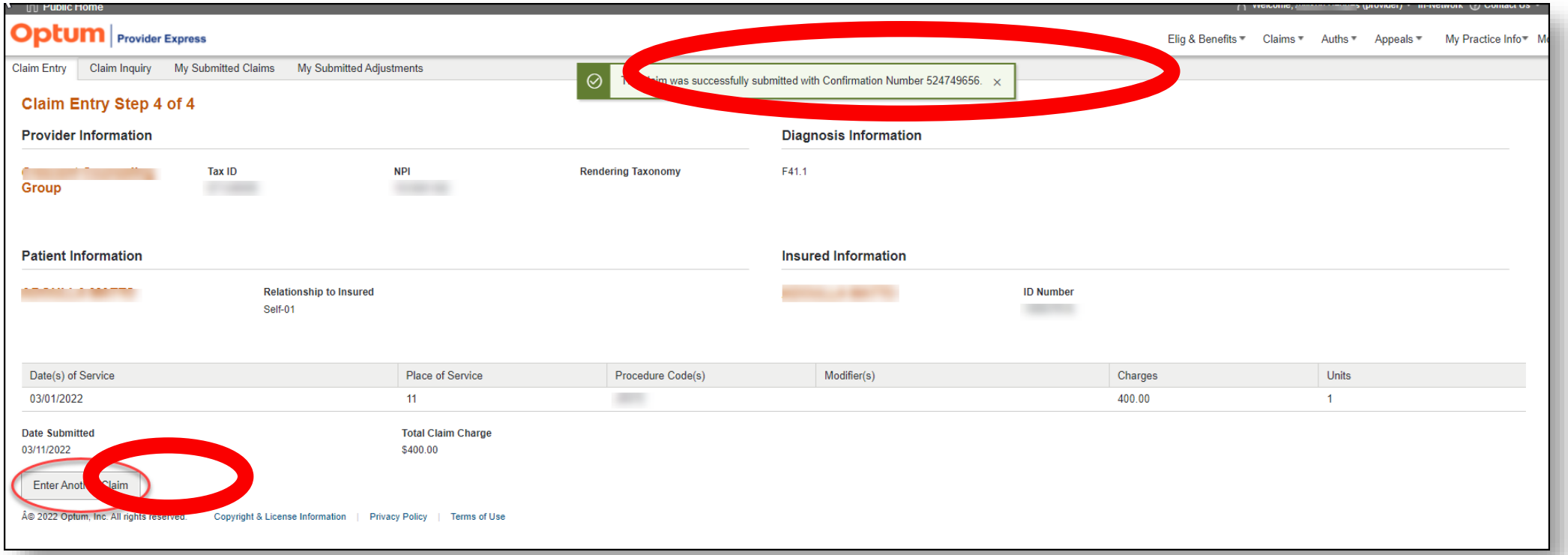
Provider Express

Step 4 yields the same information as in Step 3, with the addition of a Confirmation Number, verifying the claim has been successfully submitted



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Submitting a Corrected Claim

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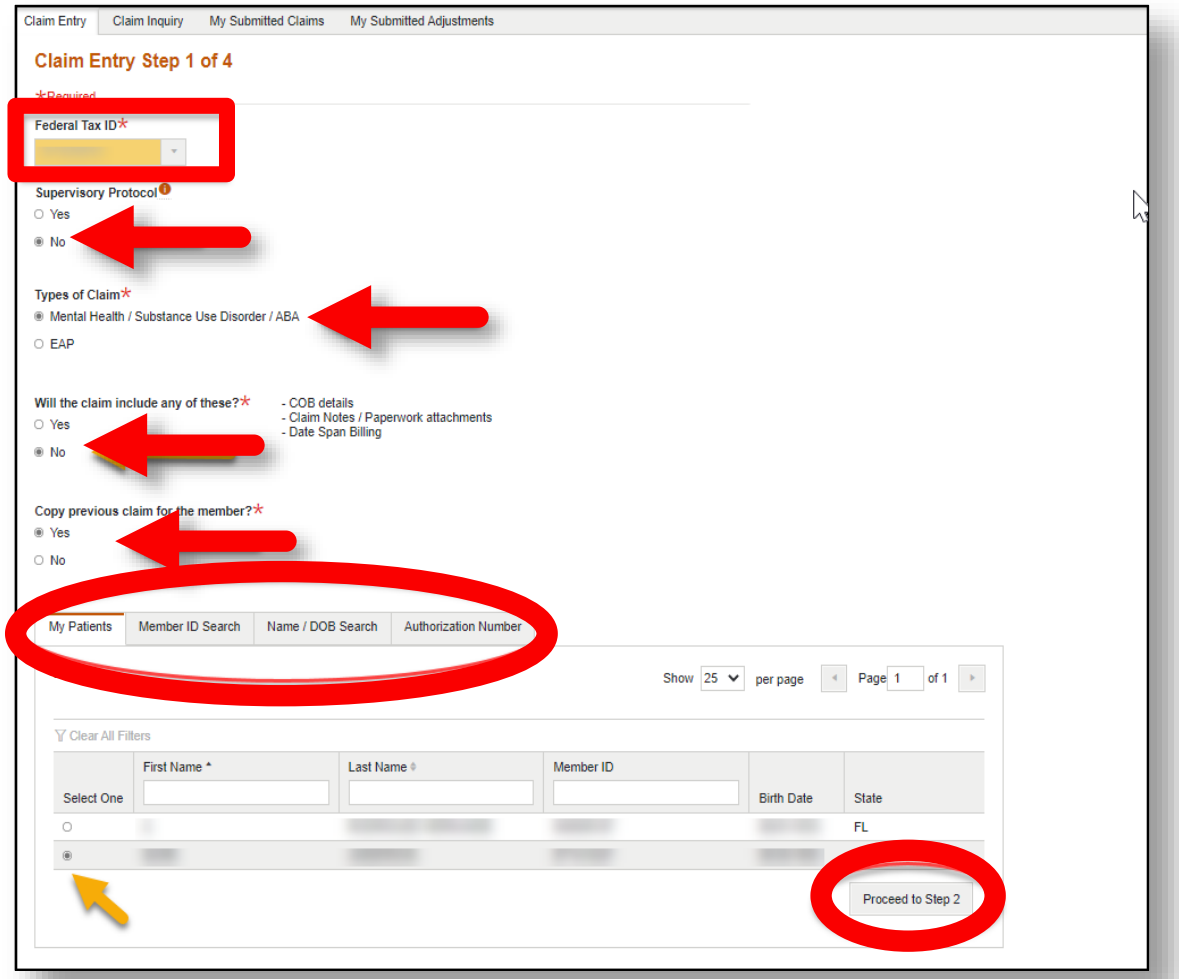

There are several required fields:

- Federal tax ID
- Supervisory Protocol
- Type of claim
- “Will the claim include any of these?” (default of No is chosen which will bring up the Short Form)
- Copy Previous claim for this member

Complete the member search by:

- Choosing the Member from your *My Patients* list
- Using one of the Member search options

  OR
- Entering an Authorization number

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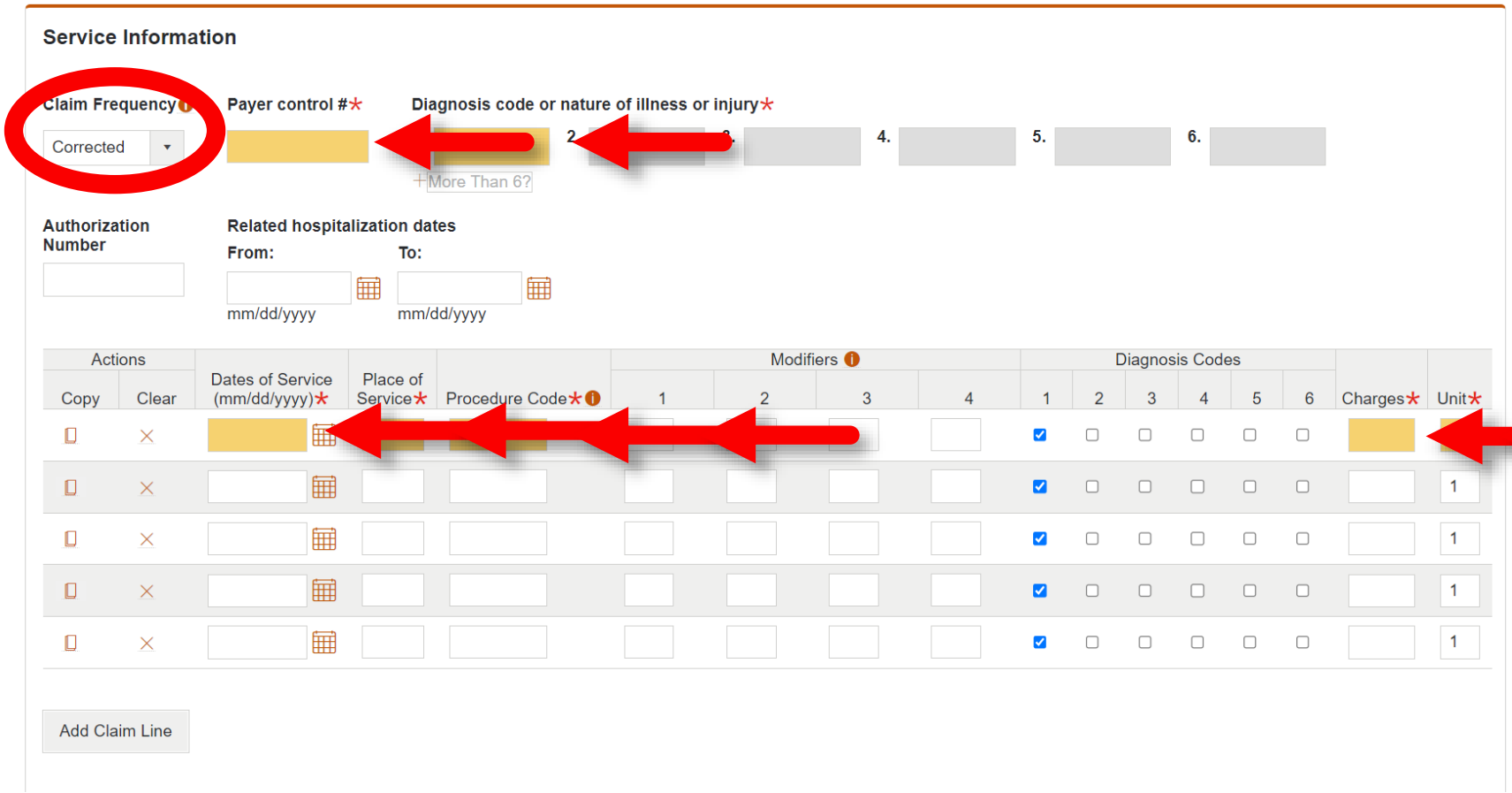
Provider Express – Corrected Claim



Required Items :

- Original Claim number (Payer Control #)
- Claim Frequency Selected (Corrected)

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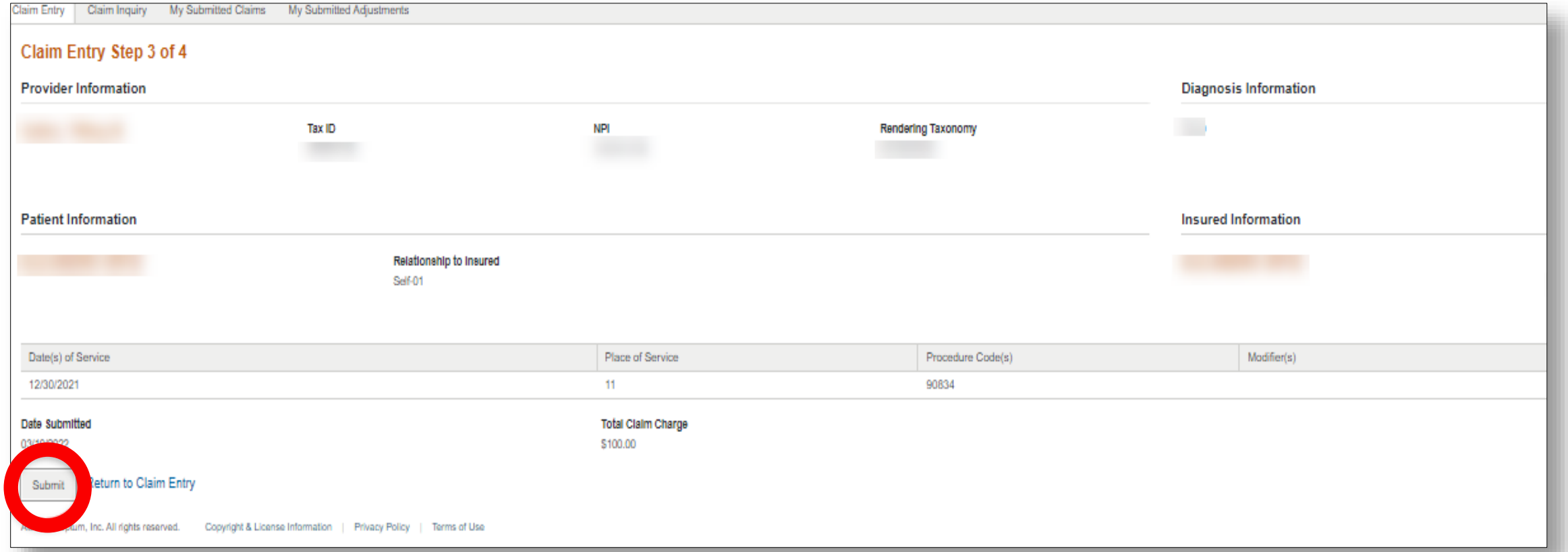
Provider Express

Step 3 allows users to preview basic information on the claim before sending for submission

If all the information is accurate, click the [Submit] button to continue to the final step, or click on the [Return to Claim Entry] option to return to Step 2



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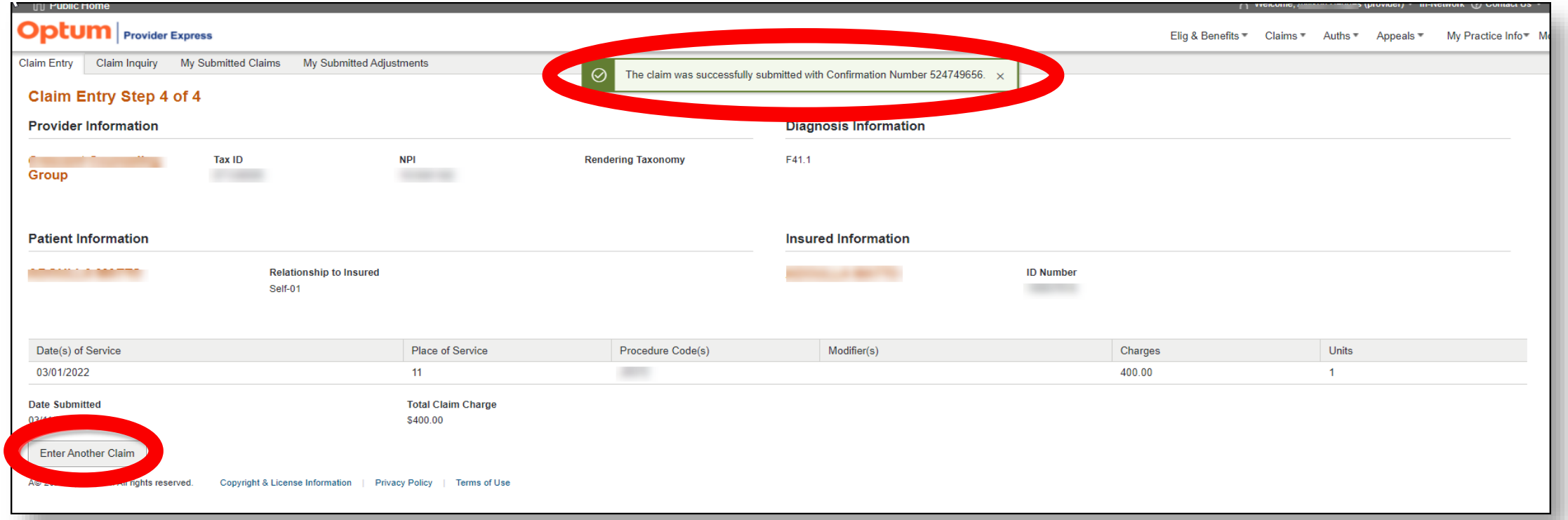
Provider Express

Step 4 yields the same information as in Step 3, with the addition of a Confirmation Number, verifying the claim has been successfully submitted



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Submitting a Voided Claim

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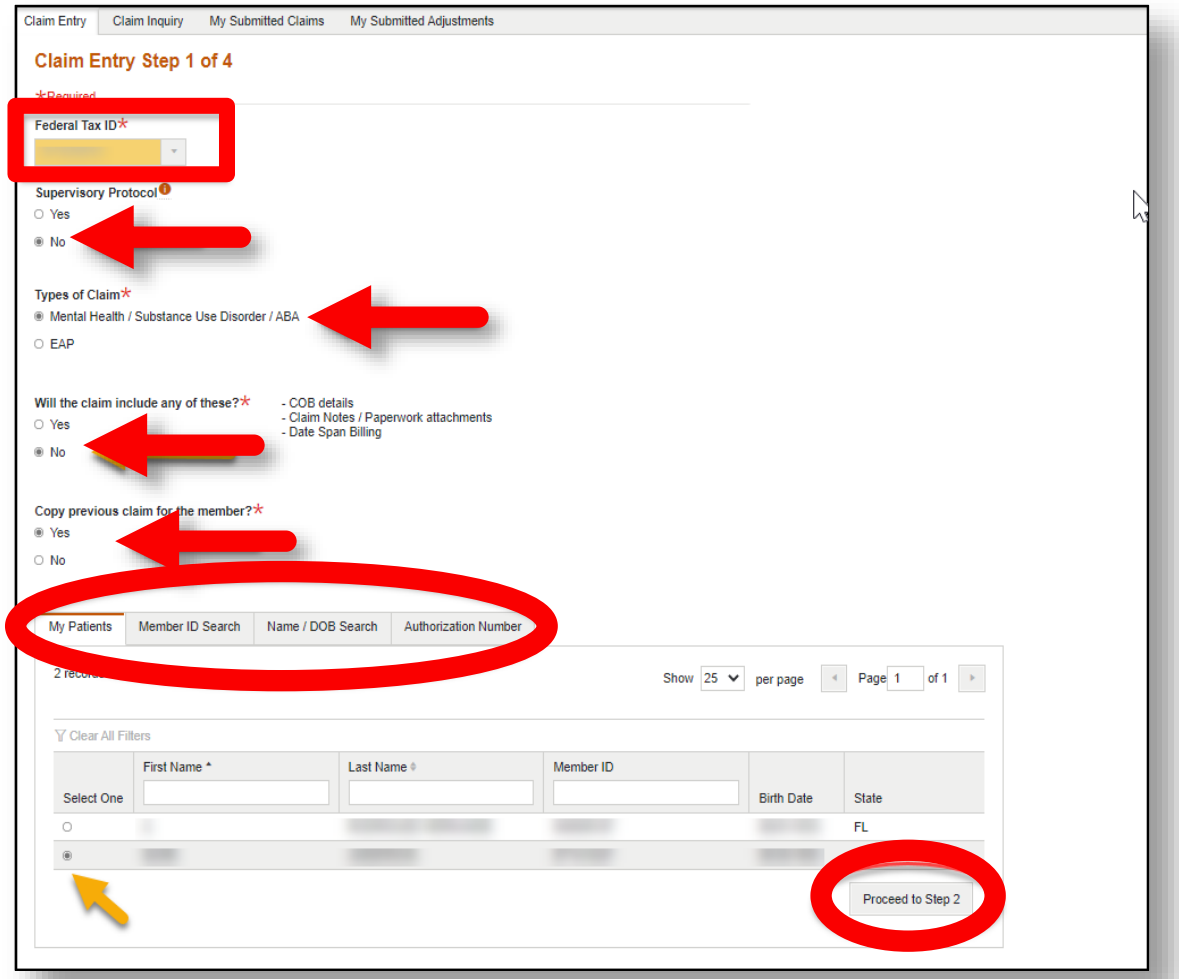
Provider Express



There are several required fields:

- Federal tax ID
- Supervisory Protocol
- Type of claim
- “Will the claim include any of these?” (default of No is chosen which will bring up the Short Form)
- Copy Previous claim for this member

Complete the member search by:

- Choosing the Member from your *My Patients* list
- Using one of the Member search options

  OR
- Entering an Authorization number

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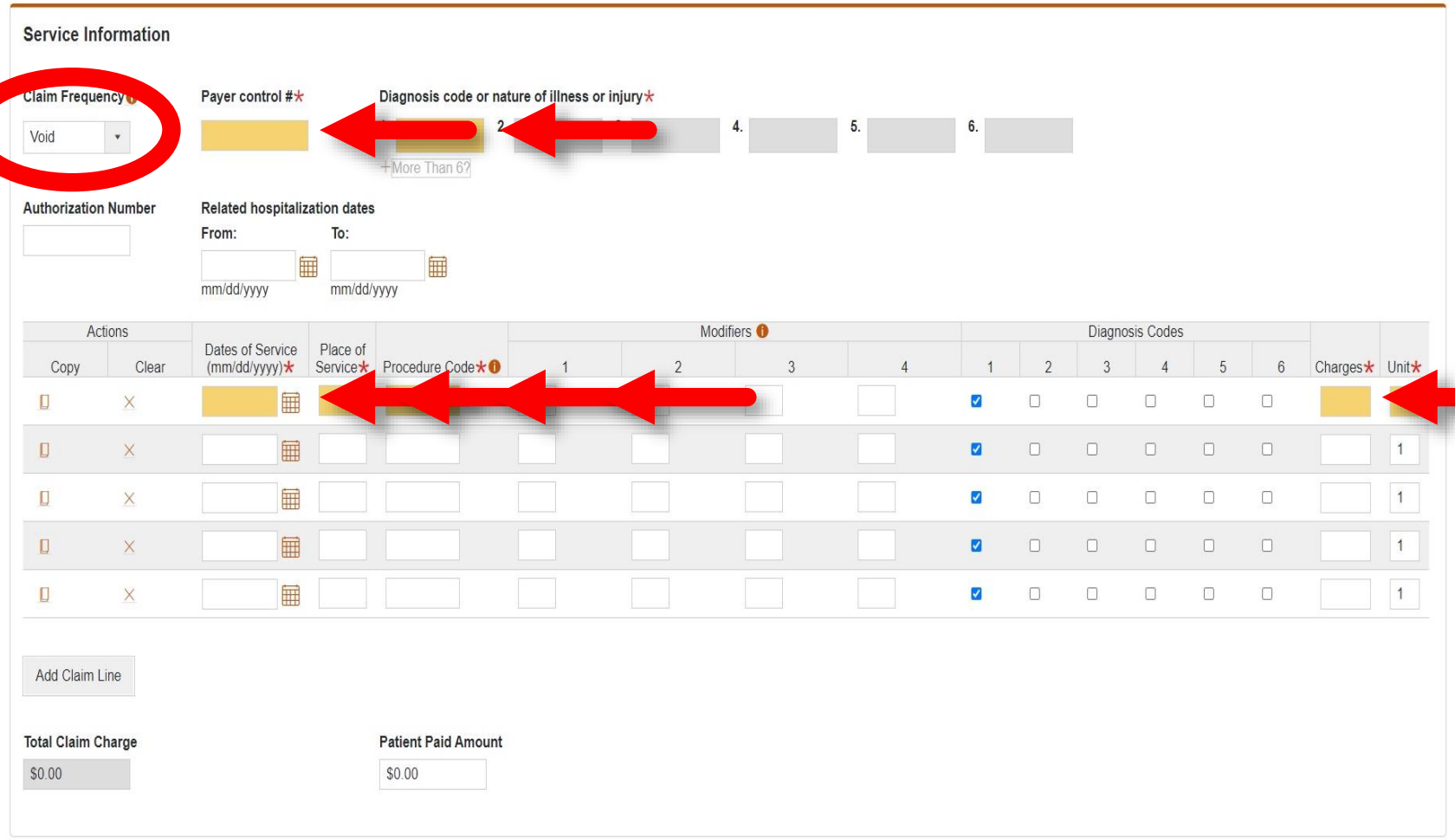
Provider Express – Void Claim



Required Items :

- Original Claim number (Payer Control #)
- Claim Frequency Selected (Voided)

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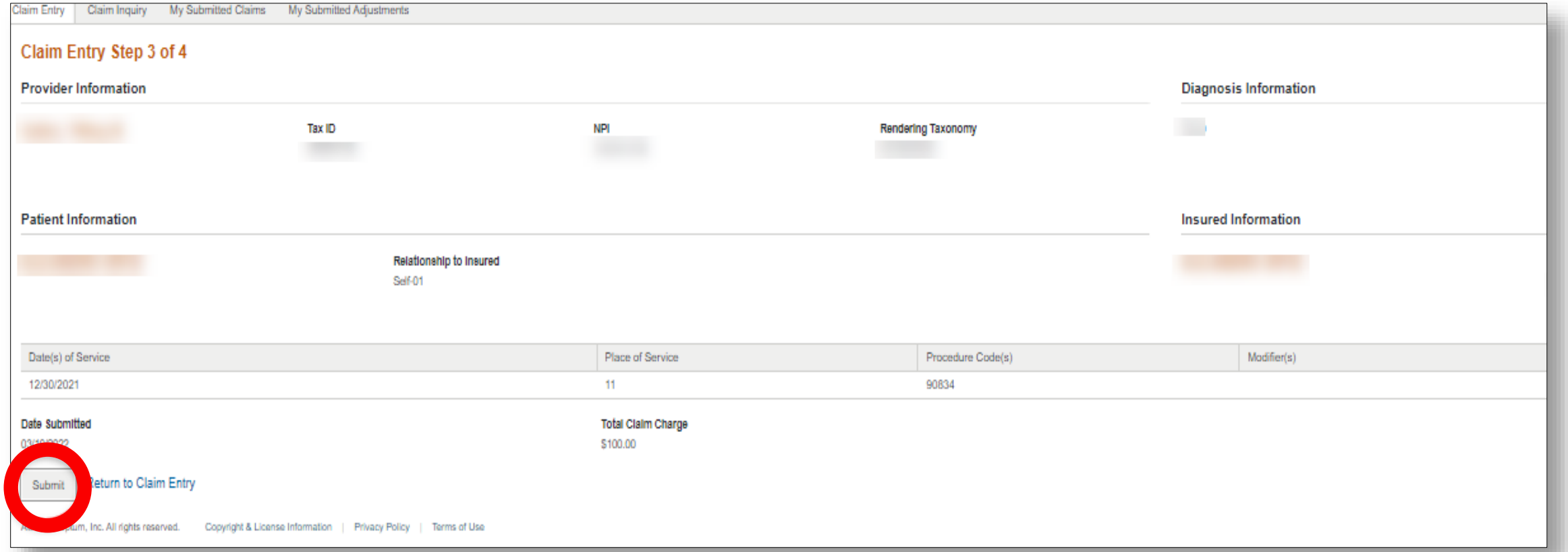
Step 3 allows users to preview basic information on the claim before sending for submission

If all the information is accurate, click the [Submit] button to continue to the final step, or click on the [Return to Claim Entry] option to return to Step 2



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Provider Express

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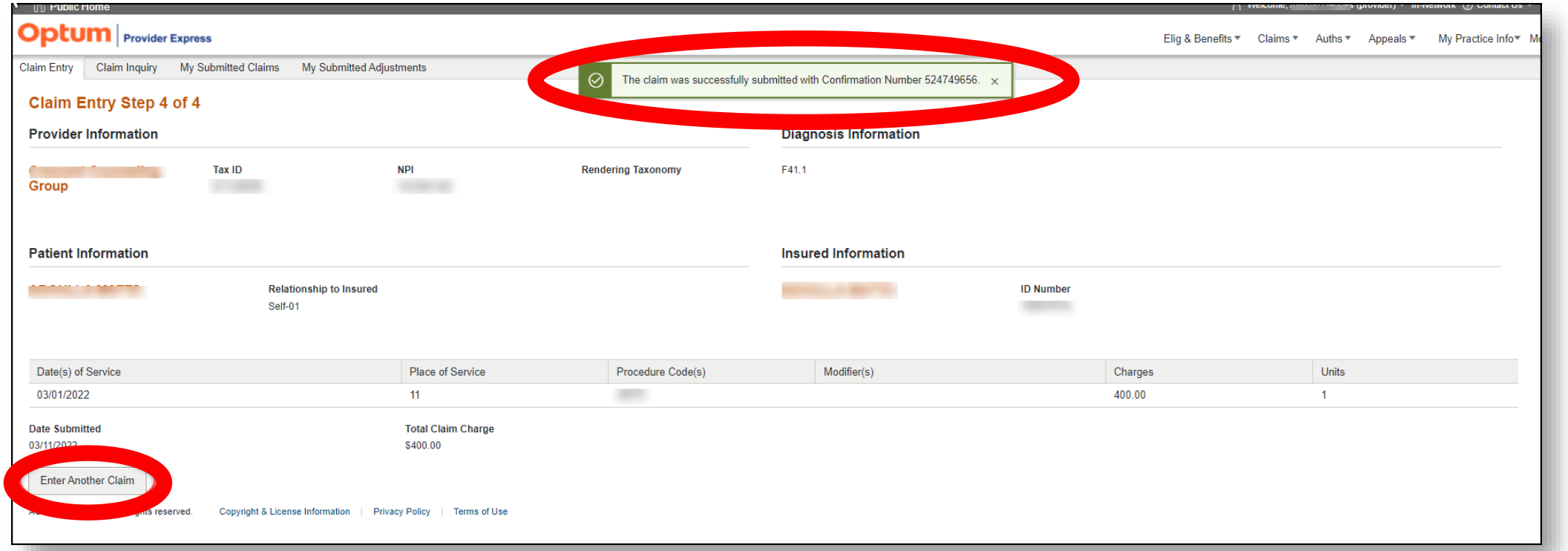

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Links

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Links

Optum Alaska - Alaska - Optum Provider Portal

Provider Express - Optum - Provider Express Home

Creating a One Healthcare ID - Create One Healthcare ID - One Healthcare ID

Optum Pay - Login (optumhealthpaymentservices.com)

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Reminders

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Reminders

- If you have received a confirmation number through Provider Express, you can be assured that Optum has received your claim successfully. Claims entered through Provider Express must be passed electronically to one of Provider Express' host claim systems for adjudication. In most cases, you should be able to get status through the Claim Inquiry feature of Provider Express within 2 to 3 business days after entry. However, it sometimes takes longer. To see claims you have submitted through Provider Express, use the My Submitted Claims feature under the claim's menu. This feature will show the claims you submitted directly to Optum via Provider Express.

- We recommend you print the confirmation page in Claim Entry – Step 4 of 4 for your records. If you want more detail than that, we recommend you use your browser’s print function to make a screen print of the completed form in Claim Entry – Step 2 of 4 (note: you may need to change the settings on your browser to print a single page)
- Only claims submitted on a CMS-1500 can be submitted on Provider Express.

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Reminders

- Generally, clean claims that contain all the required information will be paid within 30 days after receipt of the claims. This may exclude claims which require an exception process, such as coordination of benefits (COB) and student status verification, which can delay this process. The procedure for processing claims will be modified as necessary to satisfy any applicable state laws.

- Registered users of Provider Express can use the Claim Inquiry transaction within Provider Express.

- For questions about using the site, issues with requesting a user ID and password, or for technical issues, call the Provider Express Support Center at **(866) 209-9320** from 7 a.m. to 7 p.m. (CST), 4 a.m. to 4 p.m. (AKST) or click on the Chat now button on the Provider Express Contact Us page to chat with a tech support representative online.
- If your agency is having issues with getting Provider Express to accept your rendering and \ or billing NPI number, please reach out to Provider Relations at akmedicaid@optum.com

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Reminders

If an agency would prefer to mail in paper claims. Paper claims can be mailed to:

Optum
P.O. Box 30760
Salt Lake City, Utah 84130-0760

Fax:

248.733.6085

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Provider Relations

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The Provider Relations Team is Here to Help

The Alaska Provider Relations Team is your local guide to navigating Optum

The Optum Alaska Provider Relations Team can:

- Answer important questions
- Facilitate ongoing process improvements
- Keep you abreast of changes that impact your practice
- Provide useful tools and resources

The Optum Alaska Provider Relations Team:

- Ryan Bender 763.324.4406
- Ita Puletapuai 952.324.4006
- Email: akmedicaid@optum.com
- Fax: 1-844-881-0959

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Submitting an Inquiry to Provider Relations

When submitting an inquiry to Provider Relations (akmedicaid@optum.com) please be sure to include the following information:

No PHI (regular email):

- Date of Service
- Provider Name and NPI/TIN
- Reason for the inquiry (as much detail as possible)

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Submitting an Inquiry to Provider Relations

When submitting and inquiry to Provider Relations (akmedicaid@optum.com) please be sure to include the following information:

PHI (secure email):

- Participant Name
- Participant Medicaid ID number
- Claim Number(s)
- Date of Service
- Provider Name and NPI \ TIN
- Reason for the inquiry

This will allow the Provider Relations team to review all inquiries in a timely manner.

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Q&A

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