



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

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February 8, 2023



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# Updates

# 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>

# Projects

# 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](mailto:akmedicaid@optum.com)

# 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

# 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



# 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)

# 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](mailto:akmedicaid@optum.com)

# Provider Express

# 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.

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and "Provider Express" text. To the right are links for "Log In", "First-time User", "Global", and "Site Map". Below these is a search bar with a "Search" button. A dark navigation bar contains links for "Home", "Our Network", "Clinical Resources", "Admin Resources", "Video Channel", "Training", "About Us", and "Contact Us". Below the navigation bar is the text "Optum - Provider Express Home". The main content area features a large banner with a blue globe background and the text "Platinum Recognition is Evolving in 2023. Learn More >>". To the right of the banner is a sidebar menu titled "Transactions" with items: "Eligibility & Benefits", "Claims", "Authorization Inquiry", "Appeals", "My Practice Info", and "and More....".

# 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

# 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

# Submitting a New Claim

# Provider Express

Claim Entry Step 1 of 4

\*Required

Federal Tax ID\*

Supervisory Protocol

Yes

No

Types of Claim\*

Mental Health / Substance Use Disorder / ABA

EAP

Will the claim include any of these?\*

Yes

No

Copy previous claim for the member?\*

Yes

No

My Patients | Member ID Search | Name / DOB Search | Authorization Number

Show 25 per page Page 1 of 1

Clear All Filters

Select One	First Name *	Last Name *	Member ID	Birth Date	State
<input type="radio"/>					FL
<input checked="" type="radio"/>					

Proceed to Step 2

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



# Provider Express

Claim Entry Step 2 of 4

← Return to Step 1

\*Required

## Patient Information

Patient Name

Relationship to Insured

Self - 01

## Supervising Provider

First Name

Patient

Patient Control Number

Signature \*

On File

Signature \*

On File

## Service Information

Claim Frequency

Original

Authorization Number

Copy

0

0

0

0

0

Add Claim Line

Total Claim Charge

\$0.00

Patient Paid Amount

\$0.00

Preview

## Service Information

Claim Frequency ⓘ

Original

Authorization Number

Diagnosis code or nature of illness or injury \*

1.

F23

2.

...

3.

...

4.

...

5.

...

6.

...

F23 - Brief psychotic disorder

Re F20.2 - Catatonic schizophrenia

Fr F22 - Delusional disorder

mn

Outside Labs?

Yes  No

Charges

Actions		Dates of Service (mm/dd/yyyy)		Place of Service *	Procedure Code *	Modifiers ⓘ			1	2	
Copy	Clear	From *	To			1	2	3	4	1	2
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# 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.

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Entry Step 3 of 4

Provider Information				Diagnosis Information	
[Redacted]	Tax ID	NPI	Rendering Taxonomy	[Redacted]	[Redacted]

Patient Information		Insured Information	
[Redacted]	Relationship to Insured Self-01	[Redacted]	[Redacted]

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)
12/30/2021	11	90834	

Date Submitted	Total Claim Charge
03/10/2022	\$100.00

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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

The screenshot displays the Optum Provider Express interface. At the top, a navigation bar includes the Optum logo, 'Provider Express', and several menu items: 'Elig & Benefits', 'Claims', 'Auths', 'Appeals', and 'My Practice Info'. Below the navigation bar, a breadcrumb trail shows 'Claim Entry', 'Claim Inquiry', 'My Submitted Claims', and 'My Submitted Adjustments'. A green checkmark icon is visible next to the 'My Submitted Claims' link. A prominent green confirmation message is displayed in a box, stating: 'Claim was successfully submitted with Confirmation Number 524749656.' This message is circled in red. Below the confirmation message, the page is titled 'Claim Entry Step 4 of 4'. The main content area is divided into several sections: 'Provider Information' (with fields for Tax ID, NPI, and Rendering Taxonomy), 'Diagnosis Information' (with field for F41.1), 'Patient Information' (with field for Relationship to Insured, Self-01), and 'Insured Information' (with field for ID Number). A table below these sections lists service details:

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)	Charges	Units
03/01/2022	11			400.00	1

Below the table, there are two summary items: 'Date Submitted' (03/11/2022) and 'Total Claim Charge' (\$400.00). At the bottom left, a button labeled 'Enter Another Claim' is circled in red. The footer contains copyright information: '© 2022 Optum, Inc. All rights reserved. Copyright & License Information | Privacy Policy | Terms of Use'.

# Submitting a Corrected Claim

# Provider Express

Claim Entry Step 1 of 4

\*Required

Federal Tax ID\*

Supervisory Protocol

Yes

No

Types of Claim\*

Mental Health / Substance Use Disorder / ABA

EAP

Will the claim include any of these?\*

Yes

No

Copy previous claim for the member?\*

Yes

No

My Patients Member ID Search Name / DOB Search Authorization Number

Show 25 per page Page 1 of 1

Clear All Filters

Select One	First Name *	Last Name *	Member ID	Birth Date	State
<input type="radio"/>					FL
<input checked="" type="radio"/>					

Proceed to Step 2

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

# Provider Express – Corrected Claim

**Service Information**

Claim Frequency **Corrected** Payer control #\* **[Yellow]** Diagnosis code or nature of illness or injury\* **[Yellow]** 2. **[Yellow]** 3. **[Grey]** 4. **[Grey]** 5. **[Grey]** 6. **[Grey]**

Authorization Number **[Grey]** Related hospitalization dates From: **[Grey]** To: **[Grey]**

Actions		Dates of Service (mm/dd/yyyy)*	Place of Service*	Procedure Code* <sup>1</sup>	Modifiers <sup>1</sup>				Diagnosis Codes						Charges*	Unit*	
Copy	Clear				1	2	3	4	1	2	3	4	5	6			
		<b>[Yellow]</b>	<b>[Yellow]</b>	<b>[Yellow]</b>	<b>[Yellow]</b>	<b>[Yellow]</b>	<b>[Yellow]</b>	<b>[Yellow]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>[Yellow]</b>	<b>[Yellow]</b>
		<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>[Grey]</b>	1
		<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>[Grey]</b>	1
		<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>[Grey]</b>	1
		<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<b>[Grey]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>[Grey]</b>	1

Add Claim Line

## Required Items :

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

# 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

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Entry Step 3 of 4

Provider Information		Diagnosis Information	
[Redacted]	Tax ID [Redacted]	NPI [Redacted]	Rendering Taxonomy [Redacted]

Patient Information		Insured Information	
[Redacted]	Relationship to Insured Self-01	[Redacted]	[Redacted]

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)
12/30/2021	11	90834	

Date Submitted	Total Claim Charge
03/10/2022	\$100.00

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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

The screenshot displays the Optum Provider Express interface. At the top, there is a navigation bar with the Optum logo and 'Provider Express' text. Below this, a secondary navigation bar contains tabs for 'Claim Entry', 'Claim Inquiry', 'My Submitted Claims', and 'My Submitted Adjustments'. A prominent green notification box with a checkmark icon and the text 'The claim was successfully submitted with Confirmation Number 524749656.' is circled in red. The main content area is divided into several sections: 'Claim Entry Step 4 of 4', 'Provider Information' (with fields for Group, Tax ID, NPI, and Rendering Taxonomy), 'Diagnosis Information' (with field for F41.1), 'Patient Information' (with field for Relationship to Insured, Self-01), and 'Insured Information' (with field for ID Number). Below these sections is a table with columns for Date(s) of Service, Place of Service, Procedure Code(s), Modifier(s), Charges, and Units. The table contains one row of data: 03/01/2022, 11, [redacted], [redacted], 400.00, 1. At the bottom left, there is a 'Date Submitted' field with the value 03/01/2022 and a 'Total Claim Charge' of \$400.00. A red circle highlights the 'Enter Another Claim' button at the bottom left. The footer contains copyright information and links to Privacy Policy and Terms of Use.

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)	Charges	Units
03/01/2022	11	[redacted]	[redacted]	400.00	1

Date Submitted	Total Claim Charge
03/01/2022	\$400.00



# Submitting a Voided Claim

# Provider Express

Claim Entry Step 1 of 4

\*Required

Federal Tax ID\*

Supervisory Protocol

Yes

No

Types of Claim\*

Mental Health / Substance Use Disorder / ABA

EAP

Will the claim include any of these?\*

Yes

No

Copy previous claim for the member?\*

Yes

No

My Patients | Member ID Search | Name / DOB Search | Authorization Number

2 records

Show 25 per page Page 1 of 1

Clear All Filters

Select One	First Name *	Last Name *	Member ID	Birth Date	State
<input type="radio"/>					FL
<input checked="" type="radio"/>					

Proceed to Step 2

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

# Provider Express – Void Claim

**Service Information**

Claim Frequency: **Void** (circled in red)

Payer control #\*: [Yellow field] ←

Diagnosis code or nature of illness or injury\*: [Yellow field] ← 2. [Grey field] 4. [Grey field] 5. [Grey field] 6. [Grey field]

Authorization Number: [Empty field]

Related hospitalization dates  
 From: [mm/dd/yyyy] To: [mm/dd/yyyy]

Actions		Dates of Service (mm/dd/yyyy)*	Place of Service*	Procedure Code* ⓘ	Modifiers ⓘ				Diagnosis Codes						Charges*	Unit*	
Copy	Clear				1	2	3	4	1	2	3	4	5	6			
[Icon]	X	[Yellow field]	[Yellow field]	[Yellow field]						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Yellow field]	[Yellow field]
[Icon]	X	[Grey field]	[Grey field]	[Grey field]						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Grey field]	1
[Icon]	X	[Grey field]	[Grey field]	[Grey field]						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Grey field]	1
[Icon]	X	[Grey field]	[Grey field]	[Grey field]						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Grey field]	1
[Icon]	X	[Grey field]	[Grey field]	[Grey field]						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Grey field]	1

Add Claim Line

Total Claim Charge: \$0.00      Patient Paid Amount: \$0.00

## Required Items :

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

# 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

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Entry Step 3 of 4

Provider Information				Diagnosis Information	
[Redacted]	Tax ID	NPI	Rendering Taxonomy	[Redacted]	[Redacted]

Patient Information		Insured Information	
[Redacted]	Relationship to Insured Self-01	[Redacted]	[Redacted]

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)
12/30/2021	11	90834	

Date Submitted	Total Claim Charge
03/10/2022	\$100.00

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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

The screenshot displays the Optum Provider Express interface. A green confirmation message is highlighted with a red circle: "The claim was successfully submitted with Confirmation Number 524749656." Below this, the "Claim Entry Step 4 of 4" section is visible, containing fields for Provider Information (Tax ID, NPI, Rendering Taxonomy, Group), Patient Information (Relationship to Insured: Self-01), and Insured Information (ID Number). A table shows the claim details:

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)	Charges	Units
03/01/2022	11			400.00	1

Additional information includes "Date Submitted: 03/11/2022" and "Total Claim Charge: \$400.00". A red circle highlights the "Enter Another Claim" button at the bottom left.

# Links

## 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 \(optumhealthpaymentservices.com\)](#)

# Reminders



## 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.

## 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](mailto:akmedicaid@optum.com)

## 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

# Provider Relations

# 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](mailto:akmedicaid@optum.com)
- Fax: 1-844-881-0959

# Submitting an Inquiry to Provider Relations

When submitting an inquiry to Provider Relations ([akmedicaid@optum.com](mailto: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)

# Submitting an Inquiry to Provider Relations

When submitting an inquiry to Provider Relations ([akmedicaid@optum.com](mailto: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.

# Q&A

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