Introduction to Optum
Procedural Updates

Agenda

- Q&A from prior TA calls
- Procedural Updates
- Q & A

Q&A from Prior TA Calls

Q) If I already have an OPTUM ID, do I need a new one?

A) No, you can use the same ID for Optum Alaska Medicaid.

Q) Does AKAIMS connect to OPTUM for claims submission?

A) Optum and DBH are working on solutions before go-live for a method to allow providers to submit claims to Optum without having to manually enter claims into Provider Express.

Visit the DBH 1115 Behavioral Health Medicaid Waiver page for more information.

AKAIMS and the 1115 Billing Process - March 12, 2020

There are additional electronic claims submission options:

EDI Support: **1-800-210-8315** or email ac_edi_ops@uhc.com

Secure File Transfer Protocol (SFTP) using Optum Intelligent EDI (iEDI): **866.367.9778, option 3**

Q&A from Prior TA Calls

How to Sign up for Optum Intelligent EDI via Link

1. To set up an Optum ID, use this link and Choose “First-time User.” Create a username, password, and answer security questions here. **If you already have an Optum ID, you can skip to step 2.**

   https://www.providerexpress.com/content/ope-provexpr/us/en.html

2. Then request to start the setup process for IEDI via Link here:

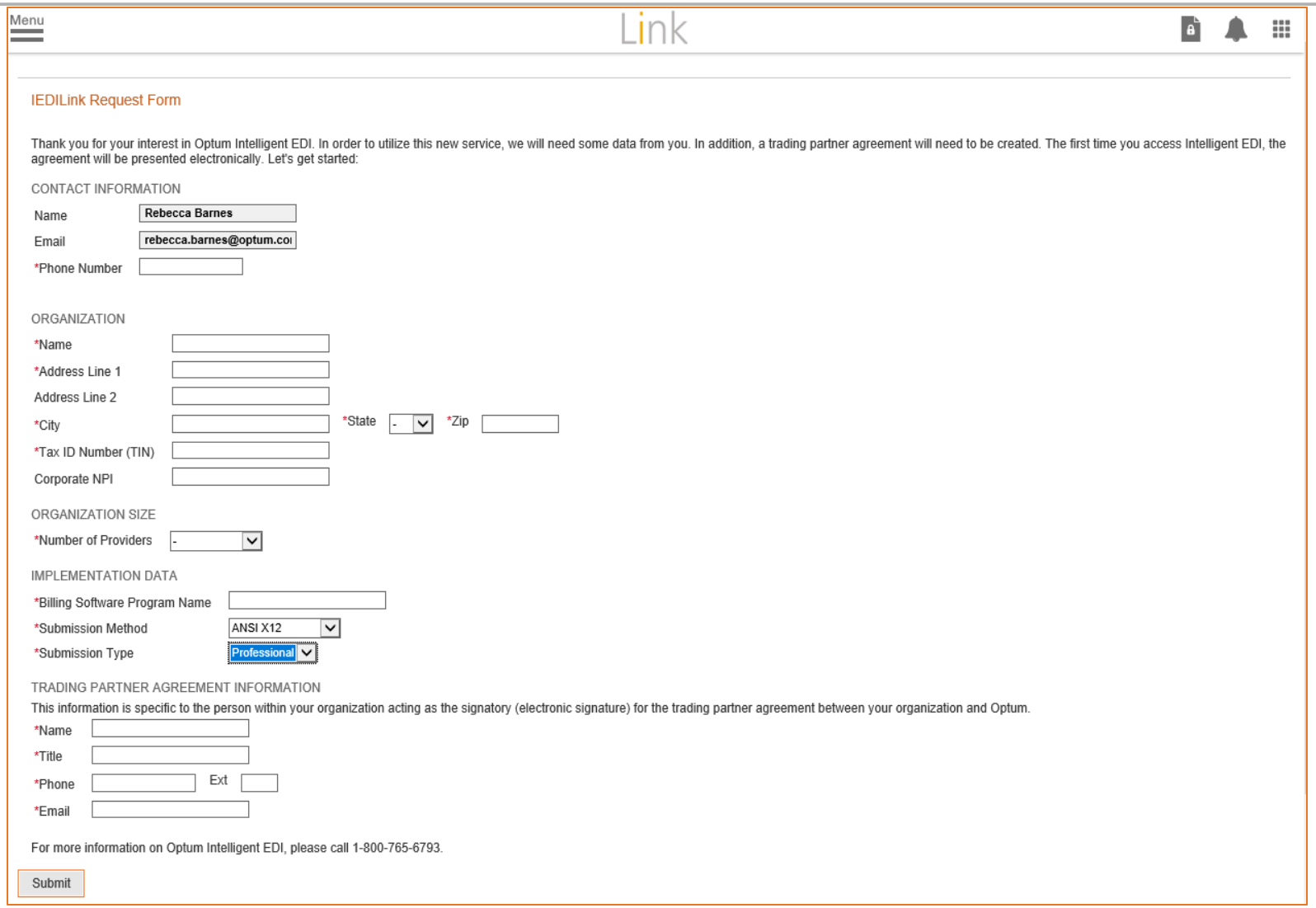
   https://optumprovider.optum.com/uit/PreAuthenticatedLink.jsf?tile=req

   Complete the fields for contact information and other questions. Please include the **Billing Software Program Name** or practice management system name.

   If submitting claims by file upload (837p or 837i file format), for **Submission Method**, choose **ANSI X12**

   Submission Type should be for claims that will be submitted, either professional or institutional.

Q&A from Prior TA Calls



Menu

Link

IEDILink Request Form

Thank you for your interest in Optum Intelligent EDI. In order to utilize this new service, we will need some data from you. In addition, a trading partner agreement will need to be created. The first time you access Intelligent EDI, the agreement will be presented electronically. Let's get started:

CONTACT INFORMATION

Name: Rebecca Barnes
Email: rebecca.barnes@optum.co
*Phone Number:

ORGANIZATION

*Name:
*Address Line 1:
Address Line 2:
*City: *State: - *Zip:
*Tax ID Number (TIN):
Corporate NPI:

ORGANIZATION SIZE

*Number of Providers: -

IMPLEMENTATION DATA

*Billing Software Program Name:
*Submission Method: ANSI X12
*Submission Type: Professional

TRADING PARTNER AGREEMENT INFORMATION

This information is specific to the person within your organization acting as the signatory (electronic signature) for the trading partner agreement between your organization and Optum.

*Name:
*Title:
*Phone: Ext
*Email:

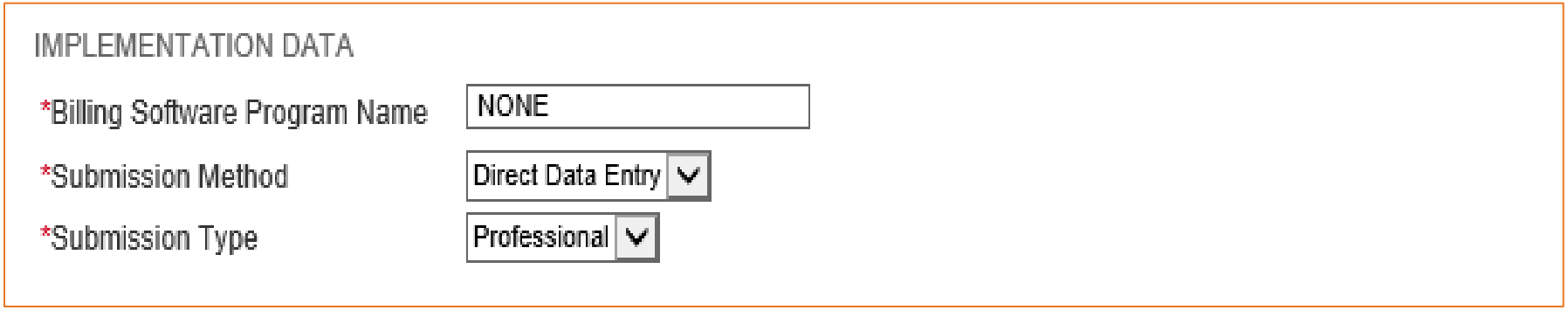
For more information on Optum Intelligent EDI, please call 1-800-765-6793.

Submit

Q&A from Prior TA Calls

If there is not a billing software or practice management system, put **NONE** for the program name.

Then for the **Submission Method**, choose Direct Data Entry. This option will have the user set up to manually key the claims data in the portal instead of a file submission method like above.



Q&A from Prior TA Calls

Q) What are the payment cycles?

A) Electronic Fund Transfers (EDI/835) – Runs on Tuesdays and Saturdays – Claims need to be in “01” status by 8:00 PM AKST on Monday and Friday. Payments settle in the providers account on the following **Friday** (for Tuesdays payments) and **Thursday** (for Saturdays payments). Status “01” means the claim is ready to be picked up for the next available check run.

Only Paper checks – Runs Tuesday through Saturday. Claims need to be in “01” status by 8:00 PM AKST Monday through Friday.

Q&A from Prior TA Calls

Q) What are the payment cycles? (Continued)

A) Time for submission – Claims can be submitted 24/7, Optum intakes electronic claims nightly (Mon-Sat @ 9:15 PM AKST). Claims entered in Provider Express are sent to Optum daily (Mon-Fri @ 12:00 p.m. AKST).

Claims are available in Provider Express. Provider Express does a real-time look-up in Optum's claim system when a provider searches for a claim. As long as the claim is in the source claim system, it will show on Provider Express. There are 3 statuses displayed: Pending/In Process, Finalized, and Finalized Adjusted.

Q&A from Prior TA Calls

Q) Where do I send claim attachments?

A) Provider Express Claim Entry and the standard 837P transaction are designed to allow for secondary claim billing. See below for how to submit an Explanation of Benefits (EOB) with a claim to Optum.

Find the Claim ID in Provider Express (this is the Claim ID that Optum assigned) and include the following information on an attachment:

1) Member name
2) Member date of birth
3) Member ID
4) Date of Service
5) Claim ID

To submit a claim attachment, send a copy of the claim with the attachment. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

Q&A from Prior TA Calls

Q) Can I send claim attachments by fax?

A) No, they must be sent by mail. The mailing address for claims with attachments is:

Optum Alaska

PO Box 30760

Salt Lake City, UT 84130-0760

Q&A from Prior TA Calls

Q) Does a claim stay in pend status until an attachment is reviewed?

A) When a claim is submitted to Optum BH through EDI or Provider Express and the Provider already has the primary carrier payment information, they should/need to put that information on the claim. There is a spot for other insurance information and payment information from the primary carrier. If that information is on the claim, then Optum can process the claim and NOT initiate the Department of Labor (DOL) Letter Process, nor does Optum need the EOB sent by mail to Optum. Optum would only send a DOL Letter as stated below:

Claims do not stay in a pend status. If a claim requires additional information a DOL letter is generated and the claim is closed with “F53 DOL Process Initiated; Refer to separate letter requesting additional information or additional explanation messages for final claim status.” The DOL Letter Process is initiated when incomplete information is received on a claim that prohibits benefit and eligibility determination (such as procedure or diagnosis code). A letter is generated to request the missing or invalid information from the provider which initiates the process.

Q&A from Prior TA Calls

Q) Does a claim stay in pend status until an attachment is reviewed? (Continued)

A) Optum allows 45 days from the date requested to receive this information. If the information is not received within that time frame, then the claim is denied with “additional information not received.” OHBS will automatically send a denial letter to the member upon the final denial. It is not a manual selection or decision that a Claims Processor must make.

For EOB requests on claims, Optum denies the claim for one of the following reasons:

- EOB does not match claim – The Explanation of Benefits does not match the claim information submitted. Please resubmit correct information for Optum to consider the claim.
- Send Medicare EOB – Optum will need a copy of the Medicare summary notice before your claim can be processed.
- EOB Lacks correct Information – the Explanation of Benefits received lacks correct information.

Procedural Updates

Place of Service Codes

Service Title/Description	Service Code	Place of Service Code(s)
Medically Monitored Intensive Inpatient Services 3.7	H0009	55
Medically Managed Intensive Inpatient Services 4.0	H0009	55
Clinically Managed Residential Withdrawal Management	H0010	55
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	55
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	H0011	55
Ambulatory Withdrawal Management	H0014	05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 57, 71, 72
Intensive Outpatient ASAM 2.1 - Group	H0015	02, 05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 57, 71, 72
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	
Intensive Outpatient ASAM 2.1 - Individual	H0015	
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	
Intensive Case Management	H0023	05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 55, 57, 71, 72, 99
Partial Hospitalization	H0035	05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 57, 71, 72
SUD Care Coordination	H0047	02, 05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 55, 57, 71, 72, 99
SUD Care Coordination (Telehealth)	H0047	
SUD Residential 3.3	Code Pending	55
SUD Residential 3.5 (Adult)	H0047	55
SUD Residential 3.5 (Adolescent)	H0047	55
Community & Recovery Support Services - Group	H2021	02, 04, 05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 57, 71, 72, 99
Community & Recovery Support Services - Group (Telehealth)	H2021	
Community & Recovery Support Services - Individual	H2021	
Community & Recovery Support Services - Individual (Telehealth)	H2021	
SUD Residential 3.1 (Adolescent)	H2036	55
SUD Residential 3.1 (Adult)	H2036	55
Treatment Plan Development/Review	T1007	02, 05, 06, 07, 08, 11, 26, 49, 50, 52, 53, 55, 57, 71, 72, 99
Treatment Plan Development/Review (Telehealth)	T1007	

Procedural Updates

Service Authorization Requests

- Call 800.225.8764 (8am-6pm, AST, M-F) to:
  - request new Service Authorizations,
  - request concurrent reviews, and
  - find out how many used and remaining units are in a recipient's Service Authorization.
- Send Service Authorization requests by fax one recipient at a time.
- Optum accepts electronic signatures on Service Authorizations.
- If a recipient may have received services from another provider and exceeded his/her service limits in the fiscal year, send a Service Authorization request.

Procedural Updates

Provider Express

Providers may not update Medicaid enrollment files, change demographics, add practitioners, etc. through Provider Express; providers must send all updates to Conduent. The state sends the updates for Optum to upload them into the system.

On Provider Express, you can:

- Send an unlimited amount of recipient eligibility inquiries from your “My Patients” list on Provider Express. Select all and submit the eligibility inquiry request.
- See your billing totals in Provider Express and export them in a CSV file through Claim Inquiry.
- Submit a claim appeal through Claim Inquiry.
- See your Service Authorizations.

Procedural Updates

SUD Provider Type and Taxonomy Codes

Visit the DBH 1115 Behavioral Health Medicaid Waiver page for more information.

Section 1115 Waiver Update e-Memos

Look for the “Receive Updates” box at the top of any of these links and enter your email address to become a subscriber to these e-memos.

Provider Enrollment - SUD Provider Type and Taxonomy - Feb. 28, 2020

Procedural Updates

Complaints

- Go to Contact Us on the Optum Alaska website
- Call the Optum Alaska Medicaid helpline at 800.225.8764
- Use the online complaint form by clicking here and submit your complaint by email to ak_appeals_complaints@optum.com
- Print and fax to 855.508.9353, attention Complaints
- Mail to: Optum Alaska
  Attn: Appeals & Complaints
  310 K Street, Suite 200
  Anchorage, AK 99501

Procedural Updates

Remittance Advice

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name			Pat Rel	Patient ID

Claim Date	Rend Prov			Claim Number	Rend Prov ID		Med Rec #
02/03/2020 – 02/05/2020							

Auth/Ref #	Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
	202.68	0.00	202.68	0.00	15458	721CM	

Service Line Information

Line Ctrl #	DOS	Adj Prod/ Svc	Mod	Rend Prov ID	Charge	Considered Charge	Adj Amt	Auth # / Ref # Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
	Rev			Units							
1	02/03/2020 – 02/03/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
2	02/04/2020 – 02/04/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
3	02/05/2020 – 02/05/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
TOTALS:					202.68	202.68	0.00			202.68	

Group/Policy: This is the internal Facets Group ID for State of Alaska

Contract: This is the Provider's Agreement ID in the Facets claim system

721CM - AK Medicaid Fee Schedule

Let’s Talk!