



## Alaska Medicaid Provider Update

### Escalation Process July 3, 2024

We want to acknowledge the importance of our relationship with Alaska Behavioral Health Medicaid Providers. We also want to acknowledge that there are occasions when timelines for reprocessing of claims, or other inquiries take longer than anticipated. While Optum strives to resolve claims issues within 30 calendar days, we are posting our standard turnaround times for your information in the following table.

Definition/Task	Turnaround Time (TAT)
First Level Provider Claim Appeals	30 days
First Level Provider Clinical Appeals	30 days
Processing Clean New Day Claims	30 days is standard. If payment not received after 30 days, providers can inquire to Optum
Claim adjustments - payments or recoupment processing.	
Intake	1-3 business days
Impact Analysis	1-3 Weeks
Number of in Claims Rework Projects and impact to TAT	
<ul style="list-style-type: none"> <li>• 20-100 Claims</li> <li>• 101-500 Claims</li> <li>• 501 – 2,500 Claims</li> <li>• &gt;2,500 Claims</li> </ul>	10 business days 30 business days 60 business days 60+ business days

When providers work directly with our Optum Alaska team as the initial point of contact, this will help minimize any delay in the processing or reprocessing of claims, updating information, and will reduce the number of touch points. Our Provider Relations team are knowledgeable and experienced with the State of Alaska policy and procedures, claims processing, technical assistance, and service authorizations.

For claims issues and questions, please reach out to our Provider Relations team [akmedicaid@optum.com](mailto:akmedicaid@optum.com). A member of our Provider Relations team will respond within 1 business day of receipt.

If, after working with our team, you still have claims questions or issues that you feel are unresolved, please contact:

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