



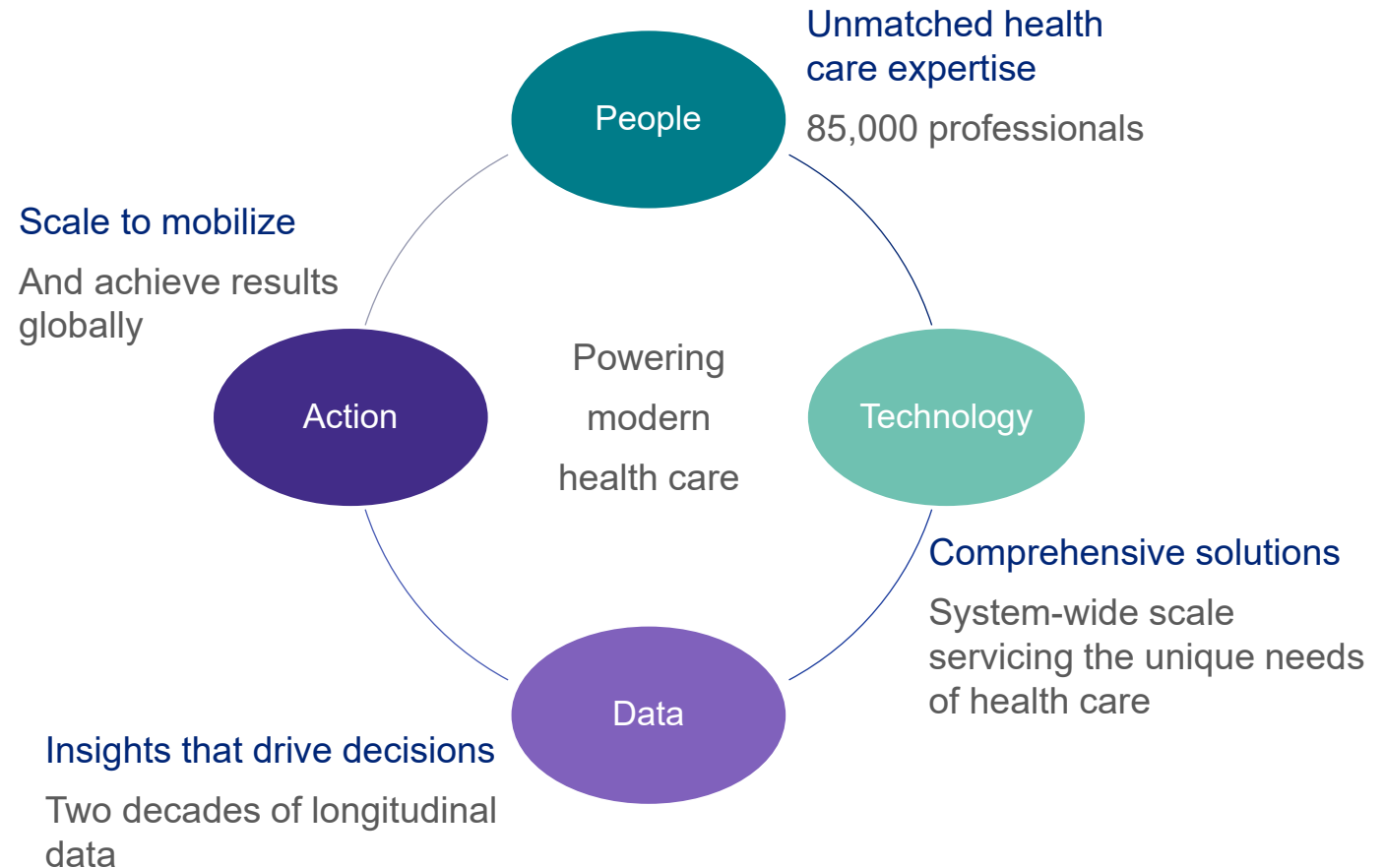
MN Medicaid EIDBI Provider Orientation

Optum with UnitedHealthcare Community
Plan of Minnesota



Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: **to make the health care system work better for everyone**
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change:
 1. Engaging the consumer
 2. Aligning care delivery
 3. Modernizing the health system infrastructure



Who is Optum?

Making care simpler and more effective for everyone

Health intelligence and innovation



Whole person health - physical, mental and social



Simpler, smarter care coordination



Proven clinical expertise and informed decision support



Connecting every aspect of health
Designing care around the person
Making health care smarter
Ensuring equitable health for all



Seamless administrative transactions



Health equity ingrained into every aspect of our company culture



Innovative community care models



Information when you need it

UnitedHealth Group Structure

UNITEDHEALTH GROUP®



Helping make the health system work better for everyone

Information and technology- enabled health services:

- Health and Behavioral Health management and interventions
- Health Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Administrative and financial services



Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Our United culture

Our mission is to help people live healthier lives
Our role is to make health care work for everyone

Integrity.

Compassion.

Relationships.

Innovation.

Performance.

Honor commitments
Never compromise

Walk in the shoes of the people we serve
And those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Optum and you

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation

Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts, and addiction specialists) just to name a few



Member Information

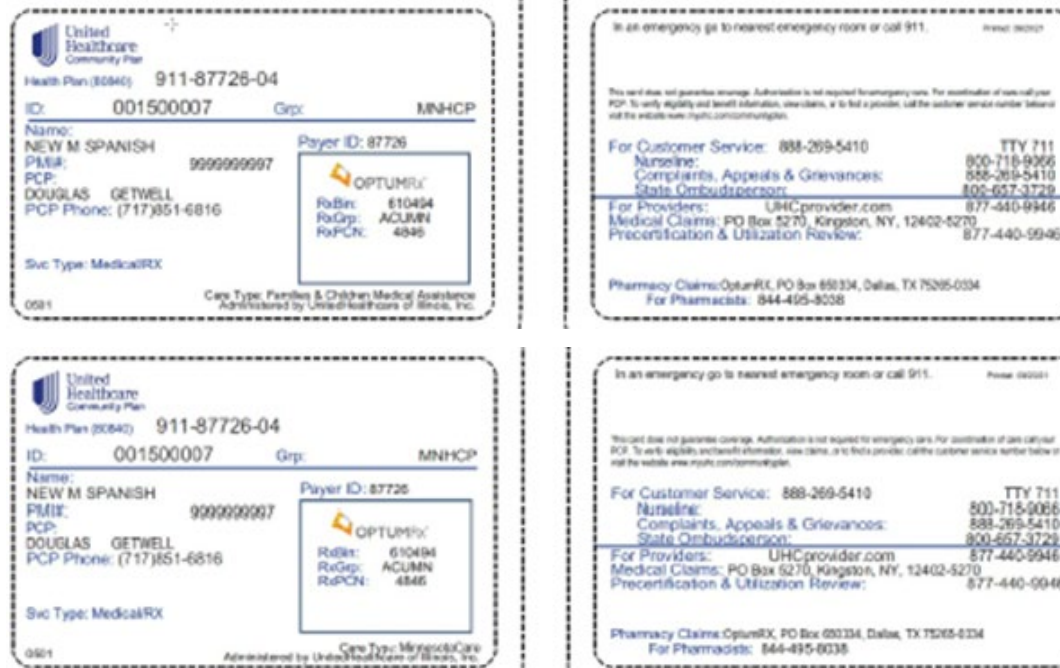
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Member ID card

- Will be sent directly to the member
- All relevant contact information will be on the back of the card for both medical and behavioral customer service

Sample ID cards



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements

Member Rights and Responsibilities

These can also be found on the website: providerexpress.com

These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting

We request that you display the Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to the members



Locating a Participating Provider

UHCprovider.com

- Click on Members
- Click Find a Provider
- Click on Behavioral Health Directory
- Click on Medicaid Plans
- Pick Minnesota from the list
- Choose the plan listed on your ID Card: UnitedHealthcare Community Plan of Minnesota (Families and Children) or UnitedHealthcare Community Plan of Minnesota (MinnesotaCare)

The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.

Providers can be located geographically, by specialty, license type and expertise.



Who is eligible?

To be eligible for Early Intensive Developmental and Behavioral Intervention (EIDBI) services, the member must meet the following criteria:

- Be under the age of 21
- Be covered under UnitedHealthcare Community Plan of Minnesota
- Have an Autism Diagnosis or related condition



Credentialing/ Provider Criteria for EIDBI Program Network

Optum



Required: NPI and EIN/TIN

National Provider Identifier (NPI):

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans
- The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
- We require that all claims submitted have an NPI number and taxonomy codes for reimbursement

To obtain an NPI number, follow the instructions on the NPI web site:

- nppes.cms.hhs.gov

Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information:

- irs.gov
- [Apply for an Employer Identification Number \(EIN\) Online | Internal Revenue Service \(irs.gov\)](https://irs.gov/apply-for-an-employer-identification-number-ein-online)

Professional Liability Insurance:

- [BACB - Behavior Analyst Certification Board](https://bacb.com) has coverage information; enter “liability in the site’s “Search” feature located in the right side of the menu



EIDBI provider types

Five EIDBI provider types:

- Comprehensive Multi-Disciplinary Evaluation (CMDE)
- Qualified Supervising Professional (QSP)
- Level I Provider
- Level II Provider
- Level III Provider

[EIDBI - Overview of EIDBI Providers \(state.mn.us\)](https://state.mn.us)

Each provider type has different qualifications, roles and responsibilities during EIDBI service delivery.



Credentialing Providers

- Provider Credentialing timeline is 30 days after receiving a clean application.
- A clean application would include all required documents, disclosures, dates, signatures etc. needed to proceed with the credentialing process.
- This applies only to providers that require credentialing.
- This timeframe may be extended if a quality or safety concern is identified during the credentialing review that requires further investigation.

Steps in Providing Treatment

Eligibility, Authorizations &
Concurrent Reviews

Optum



Clinical Team

Dedicated Clinical Team

There is a dedicated clinical team that supports the Minnesota Medicaid EIDBI program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in intensive behavior therapies
- Supervised by a manager who is a licensed psychologist and BCBA-D



Intake

At intake

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers



Release of information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



Eligibility and Prior Authorization

EIDBI services require prior authorization:

- Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card
- Check benefit coverage relating to both the service (e.g., Is autism-based therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card.
- Treatment Authorization Request Form can be submitted on-line at providerexpress.com/content/ope-provexpr/us/en/clinicalresources/autismABA/txABA.html
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the assessment and the treatment request for any treatment requests
- 97151, T1024, H0046, and H0032, do not require prior authorization
- Authorization status can be viewed online at providerexpress.com
- When calling the Autism Care Advocate, you must have:
 - Member's name
 - Medicaid ID #
 - Date of birth
 - Provider Tax ID
 - Agency Address

Treatment Request requirements

Meet Medical Necessity

Goals are:

- Related to the core deficits
- Objective
- Measurable
- Individualized

Includes:

- When completing the treatment plan, the following items must be included:
- **Treatment Modality including techniques to support the enrollee**
- **Frequency and intensity of services**
- **Baseline and mastery criteria**
- Transition Plan to lower level of care
- **Environmental changes including personal / family circumstances**
- **Discharge Criteria**
- Behavior Reduction Plan/Crisis Plan
- **Family caregiver goals including amount of family caregiver training**
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers
- **QSP signature and the parent/caregiver signature**

Note: Items **bolded** above indicate they are an absolute requirement of the initial & continued treatment plan

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Treatment Request requirements (cont.)

The following items must be included

- Treatment modality
- Baseline data, frequency and intensity of services
- Amount of family caregiver training
- Environmental changes
- Personal and family circumstances
- Techniques to support the Enrollee
- The QSP signature and the parent/guardian signature
- Goal mastery and progress, and discharge criteria

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Clinical information requirements for each review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from EIDBI
 - Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
 - Why IBT now?
 - Previous history with EIDBI services with your agency or another provider/agency
- How long has member been in services?
 - Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Concurrent Reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
- Progress or lack thereof
 - Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity

Prior Assessment Authorization – online portal submission

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[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search:

Home | [Our Network](#) | [Clinical Resources](#) | [Admin Resources](#) | [Video Channel](#) | [Training](#) | [About Us](#) | [Contact Us](#)

[Optum - Provider Express Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#)

Autism/Applied Behavior Analysis

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

If you are a master's or doctoral level BCBA providing intensive ABA in private practice, or are employed by an ABA agency that treats ASD clients, you may qualify for this unique network.

To learn more about the process for applying to the network and the clinical protocols your participation in this network would require you to follow, please review the materials below.

Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.

 Revised

- [ABA Agency Quick Reference Guide](#)
- [ABA Virtual Visits for Commercial Members](#)

Provider Express Resources & Tutorials

- Overview of online tools that improve workflow and efficiency
- [How to become a registered Provider Express user](#) (Brief video overview of obtaining your Optum ID)
- [ABA online eligibility and benefit inquires](#) (Brief how-to video overview)
- [How to view ABA authorizations online](#) (You see what we see - brief video overview)

State Medicaid ABA Programs

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [ID Medicaid Behavior Modification and Consultation Program](#)
- [Iowa Healthlink ABA Program](#)
- [KanCare Autism Program](#)
- [MA MassHealth ABA Program](#)
- [MS CAN / CHIP Autism Program](#)
- [NC Medicaid Research-Based Intensive Behavioral Health Treatment Program](#)
- [NE Heritage Health ABA Program](#)
- [New York Medicaid ABA Program](#)
- [OH Public Health Care Program \(OHPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

Prior Assessment Authorization – online portal submission

Prior authorization request form can be found online at providerexpress.com



The screenshot displays the Optum Provider Express website. At the top left is the Optum logo and "Provider Express" text. On the top right, there are links for "Log In", "First-time User", "Global", and "Site Map", along with a search bar and a "Search" button. A navigation menu below the header includes "Home", "Our Network", "Clinical Resources", "Admin Resources", "Video Channel", "Training", "About Us", and "Contact Us". The breadcrumb trail reads: "Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > MN Medicaid EIDBI Program". The main heading is "Minnesota Medicaid EIDBI Program". The text below states: "UnitedHealthcare Community Plan Minnesota, is one of the selected managed care plans providing coverage to Minnesota Metro Medicaid enrollees. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Minnesota Metro Medicaid members, effective January 1, 2022." It then says: "To assist you in your participation in this program, learn more about the process for applying to the network, and the clinical protocols required in this unique network, please review the resource materials below." A list of resources includes: "Minnesota Medicaid EIDBI Provider Orientation" (with an external link icon), "Minnesota Medicaid EIDBI Quick Reference Guide" (with an external link icon), and "Treatment Request Form" (with the text "Electronic Submission" next to it). At the bottom left, it says "Contact Us/Request to Join the Network" followed by "Jeffrey Muench" and the email "jeffrey.muench@optum.com". On the right side of the page, there is a photograph of a woman and a young boy sitting at a table, smiling and looking at a book together. A globe is visible on the table.

Billing and Reimbursement

Optum



Diagnostic coding

Guides for Coding:

- DSM-5 defined conditions:
 - ❑ Clinical criteria for ASD
 - ❑ Maps to the appropriate ICD billing code

ASD Coverage:

- Autism Spectrum Disorder, F84.0 (ICD-10)
- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding.



Minnesota ABA Medicaid fee schedule

Contractual rates for Early Intensive Developmental and Behavioral Intervention (EIDBI) billing are published at [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) billing grid \(state.mn.us\)](https://state.mn.us/early-intensive-developmental-and-behavioral-intervention-eidbi-billing-grid) and are subject to change based on state direction.

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151	UB	Comprehensive Multi-Disciplinary Evaluation (CMDE): Behavior identification assessment	15 min
97153	UB	Individual: Adaptive behavior treatment by protocol	15 min
97154	UB	Group: Group adaptive behavior treatment by protocol	15 min
97155	UB	Intervention -Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	15 min
97156	UB	Family or Caregiver Training and Counseling: Individual: Family adaptive behavior treatment guidance	15 min
97157	UB	Family or Caregiver Training and Counseling –Group: Multiple family group adaptive behavior treatment guidance	15 min
H0032	UB	Development and Monitoring	15 min
H0046	UB	Travel Time	minute
T1024	UB	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children	15 min
0373T	UB	Adaptive behavior treatment with protocol modification, each 15 minutes	15 min

1	The listing of a service or CPT code above does not guarantee that it will be covered under every account-specific plan. To be reimbursable, a service provided to a beneficiary must be a covered benefit under the beneficiary's benefit plan. All reimbursements are less patient responsibility and represent the total allowable reimbursement, including patient responsibility, for all pre-authorized services only. Patient responsibility represents the applicable co-payment, coinsurance, and/or deductible, and is determined by type of insurance and/or benefit plan.
2	Modifier Descriptions UB EIDBI Modifier

Claims submission

All EIDBI Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via UHCprovider.com using the Claims tool on the Provider Portal
- Submit electronically using an EDI clearinghouse and Payer ID 87726

Electronic Remittance Advice (ERA)

- Payer ID # 86047
- Include appropriate taxonomy codes
- Claims must be received within 6 months from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

Please send paper claims to:

- Optum Behavioral Health
P.O. Box 5270
Kingston, New York 12402-5270

Claims status can be obtained by calling the Claims Customer Service Center:

- Optum – 1-877-440-9946
- Logging into UHCprovider.com



Claims Submission Option 1- online

Log on to UHCprovider.com:

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500 claim form
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free 1-866-842-3278

Claims Submission Option 2 – EDI/electronically

Electronic Data Interchange (EDI) is an exchange of information

Performing claim submission electronically offers distinct benefits:

- Fast - eliminates mail and paper processing delays
- Convenient - easy set-up and intuitive process, even for those new to computers
- Secure - data security is higher than with paper-based claims
- Efficient - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- Notification - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
- Cost-efficient - you eliminate mailing costs; the solutions are free or low-cost

Claims Submission Option 2 - EDI/electronically (cont.)

- You may use any clearinghouse vendor to submit claims Payer ID for submitting claims is 87726
- Electronic Remittance Advice (ERA) Payer ID is 86047
- EDI Support: 1-800-210-8315 or email ac_edi_ops@uhc.com

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)
- and
- [UHCprovider.com](#)



Form 1500 - Claim Form

All billable services must be coded.

- Coding can be dependent on several factors:
 - Type of service (assessment, treatment, etc.)
 - Rate per unit (BCBA vs Paraprofessional)
 - Place of service (home or clinic)
 - Duration of therapy (1 hr. vs 15 min)
 - One DOS per line

You must select the code that most closely describes the service(s) provided.

Please follow billing instructions provided by your Network Manager based on your contract and system set-up.

Claims status can be obtained by calling the Claims Customer Service Center In the event you experience claim problems, please contact the following:

By Phone: 1-877-440-9946

OR

Online by logging in to: UHCprovider.com

The image shows the 'HEALTH INSURANCE CLAIM FORM' (Form 1500) with various sections and fields. The form is divided into several main areas:

- Header:** Includes a QR code, the title 'HEALTH INSURANCE CLAIM FORM', and the approval by the National Uniform Claim Committee (NUCC).
- Section 1: MEDICAID:** Fields for MEDICARE, TRICARE, CHAMPVA, GROUP HEALTH PLAN, FECA, and OTHER.
- Section 2: PATIENT'S NAME (Last Name, First Name, Middle Initial):** Includes fields for birth date, sex, and address.
- Section 3: PATIENT'S RELATIONSHIP TO INSURED:** Fields for SELF, SPOUSE, CHILD, and OTHER.
- Section 4: OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):** Includes fields for policy or group number, date of birth, and insurance plan name.
- Section 5: PATIENT'S CONDITION RELATED TO:** Fields for employment, auto accident, and other accidents.
- Section 6: INSURED'S POLICY GROUP OR FECA NUMBER:** Includes fields for date of birth, sex, and insurance plan name.
- Section 7: PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE:** Includes fields for date, signature, and address.
- Section 8: DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY):** Includes fields for date, other date, and hospitalization dates.
- Section 9: NAME OF REFERRING PROVIDER OR OTHER SOURCE:** Includes fields for name, address, and phone number.
- Section 10: HOSPITALIZATION DATES RELATED TO CURRENT SERVICES:** Includes fields for date, charges, and outside lab.
- Section 11: DIAGNOSES OR NATURE OF ILLNESS OR INJURY:** Includes fields for diagnosis, procedure, and charges.
- Section 12: DATES OF SERVICE:** Includes fields for date, procedure, and charges.
- Section 13: PROCEDURES, SERVICES, OR SUPPLIES:** Includes fields for procedure, charges, and amount paid.
- Section 14: SIGNATURE OF PHYSICIAN OR SUPPLIER:** Includes fields for signature, date, and address.
- Section 15: SERVICE FACILITY LOCATION INFORMATION:** Includes fields for location, billing provider, and amount paid.
- Section 16: FEDERAL TAX ID NUMBER:** Includes fields for tax ID, account number, and assignment.
- Section 17: SIGNATURE OF PHYSICIAN OR SUPPLIER:** Includes fields for signature, date, and address.
- Section 18: SERVICE FACILITY LOCATION INFORMATION:** Includes fields for location, billing provider, and amount paid.
- Section 19: FEDERAL TAX ID NUMBER:** Includes fields for tax ID, account number, and assignment.

Denials

Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)

- Denial Codes:
 - Ineligible
 - Over limit
 - No out-of-network benefits
 - Prior approval required

Non-Coverage Determination (NCD)

- Appeals
 - Must be requested as soon as possible and no later than 60 days from denial receipt
 - Resolution of appeal within 30 calendar days of request.
 - Appeals can be requested:
 - Via telephone: 1-877-440-9946
 - Via mail:

UnitedHealthCare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364



Claims Tips

Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting Optum claims system
 - ❑ Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data element)
- Denied claim – Claims that are denied by Optum claims system
 - ❑ Claims could be denied automatically during auto adjudication (e.g., eligibility or timely filing issues)
 - OR
 - ❑ claims could be denied during processing (e.g., no authorization on file, etc.)



Claims Tips

To ensure clean claims remember:

- An NPI number and taxonomy code is always required on all claims
- A complete diagnosis is also required on all claims

Claims Filing Deadline

- Claims must be received within 6 months from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

Balance Billing

- The member cannot be balance billed for behavioral services covered under the contractual agreement

Member Eligibility

- Provider is responsible to verify member eligibility through UHCprovider.com

Coding Issues

- Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
 - Submitting claims with codes that are not covered services
 - Required data elements missing, (i.e., number of units)

Provider information missing/incorrect

- Example: provider information has not been completely entered on the claim form or place of service

Prior Authorization Required

- Prior Authorization is required for all services or when additional units are being requested
- Exception - 97151, T1024, H0046, and H0032, do not require prior authorization



Optum Pay

With Optum Pay, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through Optum Pay you need to enroll at myservices.optumhealthpaymentservices.com/registrationSignIn.do

Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for Optum Pay with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through Optum Pay for UnitedHealthcare Community Plan when the program is deployed.

Note: For more information, please call 1-866-842-3278, option 5 or go to UHCprovider.com > Claims, Billing and Payments > Optum Pay.

Provider Express

Optum



providerexpress.com

You can find:

- Autism ABA Corner with specific EIDBI resources
- New Provider Orientation “Navigating Optum” viewable on demand
- Network Manual
- Demographic Updates
- Guidelines / Policies & Manuals
- Clinical Resources
- Administrative Resources
- Recovery & Resiliency Toolkit
- Video Channel
- Webinars/Training Resources



Please contact your assigned network manager for any practice updates (demographics, etc.)

Optum | Provider Express

Log In | First-time User | Global | Site Map

Search:

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

Working together to coordinate care.

Our updated tools and tips help facilitate best communication practices that benefit patient care.

[MORE INFO](#)

Transactions

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....

Admin News

- CPT Code Changes 2021
- Latest National Network Manual updates
- 1099 forms online

Autism/ABA Corner

- Autism/ABA Information
- ABA Billing Alert
- ABA Caregiver Training via telehealth
- COVID-19 telehealth policy updates for ABA services
- 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members

COVID-19 Provider Information

- After the post COVID-19 Emergency Period
- FREE COVID-19 Mental Health Resource Hub
- COVID-19 Resource Hub Press Release
- General Guidance Updates
- FAQs - COVID-19 virtual visit Policies
- State-Specific Guidance Updates
- VA CCN COVID-19 News

Join Our Network

- Autism/ABA/BCBA Providers
- Individually Contracted Clinicians
- Facility or Hospital Based Providers
- Group with Individually Credentialed Providers
- Group with Agency Credentialed Providers
- Express Access Network
- virtual visits

Product Specific News

- Veterans Affairs Community Care Network (VA CCN) Resources
- OptumServe VA CCN Provider Portal

State-Specific News

- CA Facilities Offering Residential Programs - A SAM 3.1 and 3.2-WM
- CA OHSS 2021 Network Notes Newsletter
- FL - 1/1/2022 Optum will serve Advent Health/Health First members
- LA Informational Bulletin 21-28: Providers of Psychosocial Rehabilitation (PSR) Services
- MA Suspension of Utilization Review
- NY Executive Order No. 4 & Circular Letter No. 1
- OR 1/1/2022 Optum will no longer service Providence Health Plan

Working Together

- 2021 Provider Satisfaction Survey Results
- CALOCUS and CASII Assessment Tools Merged
- Coordination of Care tips and forms
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter - Spring 2022

Quick Links

- Behavioral Health Toolkits
- Claim Tips
- Clinician Tax Id Add/Update Form
- Forms
- Guidelines / Policies & Manuals
- Medication Assisted Treatment
- Navigating Optum
- Optum Pay

Other Websites

- Live and Work Well (Clinician Directory)
- Live and Work Well (members)
- Optum Alaska
- Optum Idaho
- UHC Provider

providerexpress.com - First Time users

- Register online for immediate access to secure Transactions
- No fees apply
- Provider Express Support Center available from 7 a.m. to 9 p.m. Central time – toll free at 1-866-209-9320
- Live Chat feature also available on “Contact Us” page

Create One Healthcare ID

One Healthcare ID securely manages your account so that you can use one One Healthcare ID and password to sign in to all integrated applications.

? Already have One Healthcare ID? Sign in now

Profile Information

First name

Last name

Year of birth **?**

Sign In Information

Your email address

Create One Healthcare ID **?**

Your One Healthcare ID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents
- None of these Symbols: % + * & [] ^ * { } < > # . / ; : * = ~


Create password **?**

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- No spaces and no & symbol

Type password again **?**

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the One Healthcare ID service. If you do not agree, click Cancel and do not use any aspect of the One Healthcare ID service.

 [Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

Resources

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UHCprovider.com Website

The screenshot shows the top navigation bar of the UHCprovider.com website. It features a dark blue header with the United Healthcare logo on the left, which includes the tagline "Resources for health care professionals". To the right of the logo are navigation links: "Eligibility", "Prior Authorization", "Claims and Payments", "Referrals", "Our network" (with a dropdown arrow), and "Resources" (with a dropdown arrow). Further right are "Members" with an external link icon and "New User & User Access". A search bar on the far right contains the placeholder text "What can we help you find?". Below the navigation bar is a large banner image of a healthcare worker in blue scrubs and a mask administering a vaccine to a patient. Overlaid on the left side of the banner is a white text box with the heading "Vaccination resources and tools for you" and a sub-headline: "You play an important role in encouraging patients to stay current on their vaccinations and providing information to those who have vaccine hesitancy." Below this text is a blue button labeled "Explore resources". On the right side of the banner, there are two vertical blue buttons: "Training tips" and "Feedback". Below the banner is a light blue section with the heading "UnitedHealthcare Provider Portal" and a paragraph: "The UnitedHealthcare Provider Portal has more than 40 tools that allow you to take action on claims and get the answers you need quickly. It's available 24/7 – and at no cost to you. All without having to pick up the phone." A blue button labeled "Get training →" is positioned at the bottom right of this section.

Members [New User & User Access](#)

United Healthcare
Resources for health care professionals

[Eligibility](#) [Prior Authorization](#) [Claims and Payments](#) [Referrals](#) [Our network](#) [Resources](#) [Sign In](#)

Vaccination resources and tools for you

You play an important role in encouraging patients to stay current on their vaccinations and providing information to those who have vaccine hesitancy.

[Explore resources](#)

[Training tips](#)

[Feedback](#)

UnitedHealthcare Provider Portal

The UnitedHealthcare Provider Portal has more than 40 tools that allow you to take action on claims and get the answers you need quickly. It's available 24/7 – and at no cost to you. All without having to pick up the phone.

[Get training →](#)

New User registration

UHCprovider.com

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers

Create a One Healthcare ID

In order to access secure content on UHCprovider.com or to access Link self-service tools to submit claims, verify eligibility or to check for prior authorization requirements, you first need to have a One Healthcare ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need a One Healthcare ID?

Please register to create your One Healthcare ID.

Have a One Healthcare ID, but need to connect a Tax ID?

To start the process, sign in with your One Healthcare ID on UHCprovider.com and click "No" when asked if you received a registration letter that included a security code. From that point, complete the required fields for the form as prompted. For help see the Accessing Link - Quick Reference Guide.

Need help accessing certain applications on UnitedHealthcare Provider Portal?

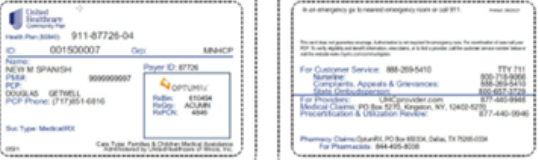
If you are unable to access specific UnitedHealthcare Provider Portal Self-Service applications using your Tax ID connected One Healthcare ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

Minnesota Medicaid EIDBI Program Provider Quick Reference Guide

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Minnesota EIDBI Program

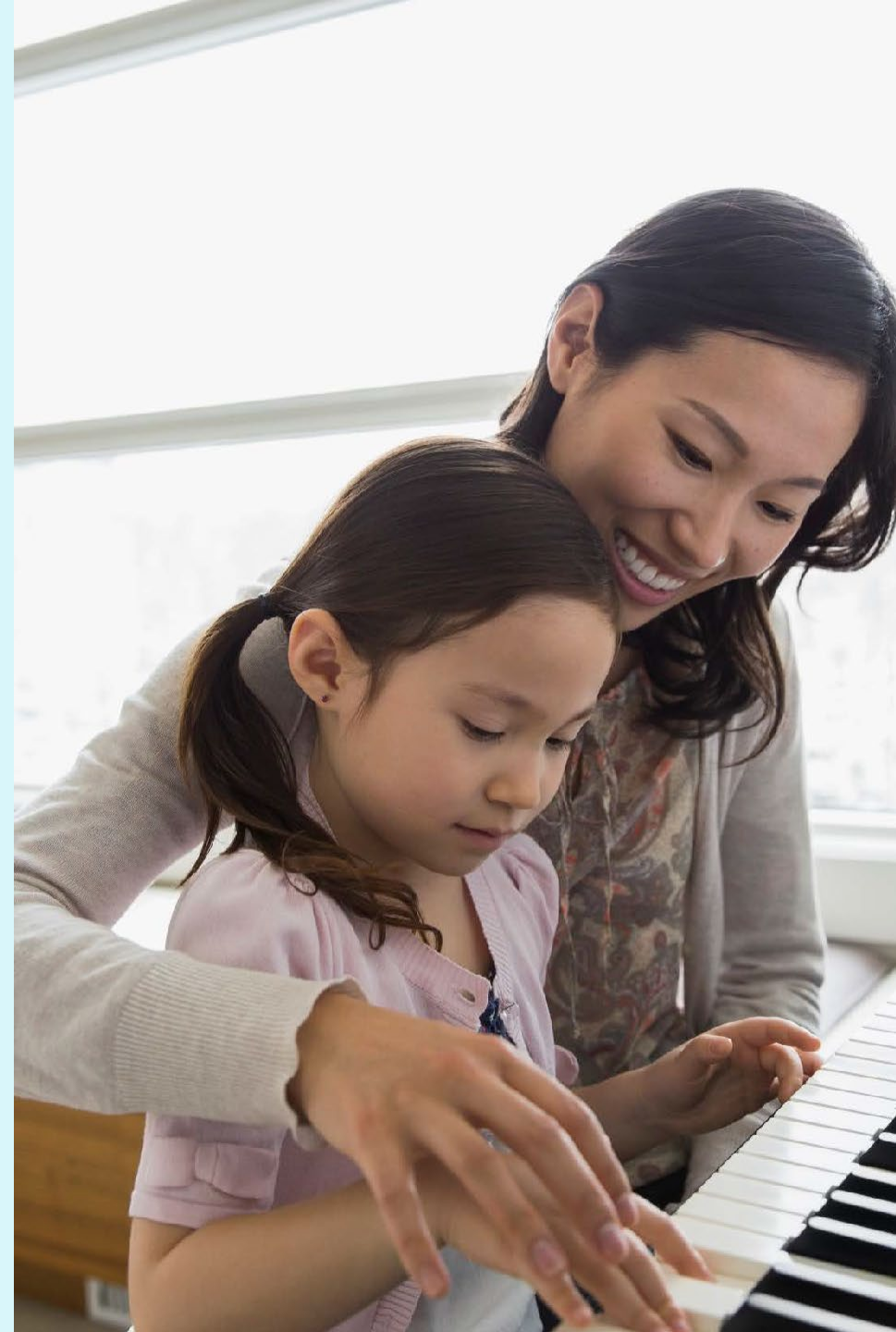
Quick Reference Guide

ID Card	
Clinician is Responsible for:	<p>Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card</p> <ul style="list-style-type: none"> Obtaining authorization as necessary Being familiar with the Network Manual located on our web site: providerexpress.com >Guidelines / Policies & Manuals> Network Manual Being familiar with EIDBI specific guidelines on our website: providerexpress.com > Autism/ABA Corner
ABA Clinical Policy	<p>EIDBI Clinical Policy can be found at providerexpress.com > Autism/ABA Corner > State Medicaid ABA Programs > MN Medicaid EIDBI Program, along with other resource materials.</p>
Prior Authorization	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either <ul style="list-style-type: none"> Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ Or via fax at 1-888-541-6691
Claims Paper Submission	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> Optum, P.O. Box 5270 Kingston, NY 12402-5270 All autism provider services must be billed on a Form 1500 Submission should occur within 6 months of date of service.
Electronic Submission	<p>Submit claims online through:</p> <ul style="list-style-type: none"> uhcprovider.com Payer ID for submitting claims is 87726 Electronic Remittance Advice (ERA) Payer ID 86047 EDI Support 1-800-210-8315 or email ac_edi_ops@uhc.com
Claim Status	<p>Claims status can be obtained by calling Customer Service Center.</p> <ul style="list-style-type: none"> Web portal at providerexpress.com or uhcprovider.com 1-877-440-9946
Claim Appeals	<p>Claim appeals process:</p> <ul style="list-style-type: none"> Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member Mailed to Optum, Appeals & Grievances P.O Box 31364 Salt Lake City, UT 84131-0364
Update Practice Info	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>

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Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Jeffrey Muench, Specialty Network Manager Email: Jeffrey.muench@optum.com

Appendix



Helpful websites

To get an NPI number:

- [NPPES \(hhs.gov\)](https://www.nppes.gov/)

To learn more about HIPAA:

- [HIPAA Home | HHS.gov](https://www.hhs.gov/hipaa/)

To learn more about Tax IDs or Employee IDs:

- [irs.gov](https://www.irs.gov/)

Optum provider website:

- providerexpress.com
- [Claim Tips](#): Provider Express > Quick Links > Claim Tips
- [Claim Forms](#): Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:

- [Advocate | Autism Speaks](https://www.autismvotes.com/)

Minnesota Department of Human Services

- mn.gov/dhs/



Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior authorization
- Signature on file
- DSM-5 diagnosis
- ICD-10 diagnosis code
- Subscriber ID or Member ID
- Dependent
- Policy or Group Number
- TIN or EIN
- Place of Service
- Diagnosis Pointer
- Fee schedule
- Par/Non-Par
- SPD/COC

Key Terms: Completing claim forms

- Type of plan box
- Patient name
- Dependent
- Subscriber ID or Member ID
- Signature on File
- Patient address
- Policy or Group Number
- Prior authorization
- DSM-5 diagnosis
- ICD-10 diagnosis code
- ICD indicator
- Dates of Service
- Place of Service
- Procedure Code
- Modifiers
- Diagnosis Pointer
- Charges (total)
- Units
- NPI and Provider ID
- TIN or EIN
- Accept assignment
- Total charge
- Amount paid by patient
- Balance due

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