



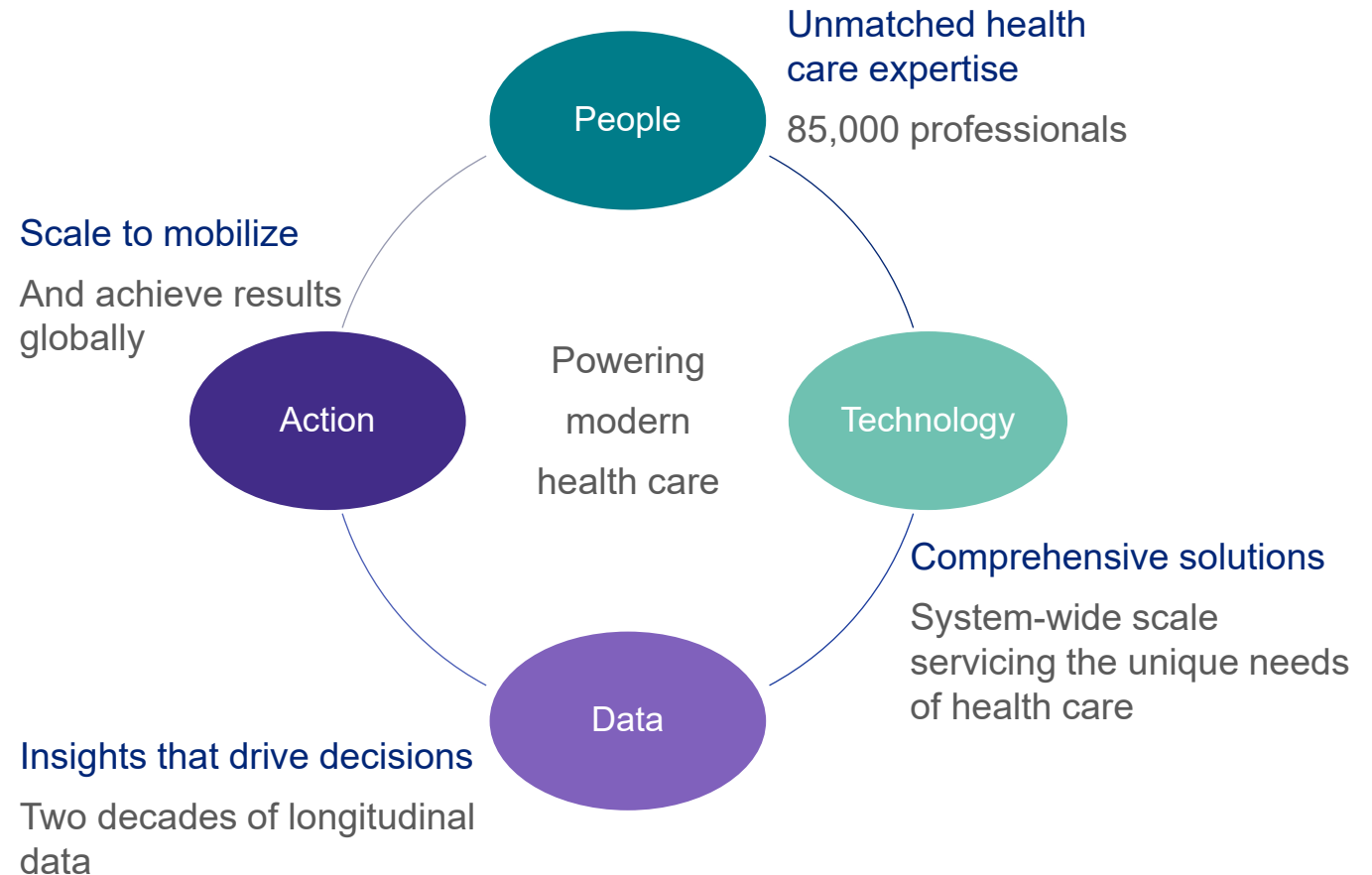
New Jersey Developmental Services

Optum with UnitedHealthcare
Community Plan New Jersey



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



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

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

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



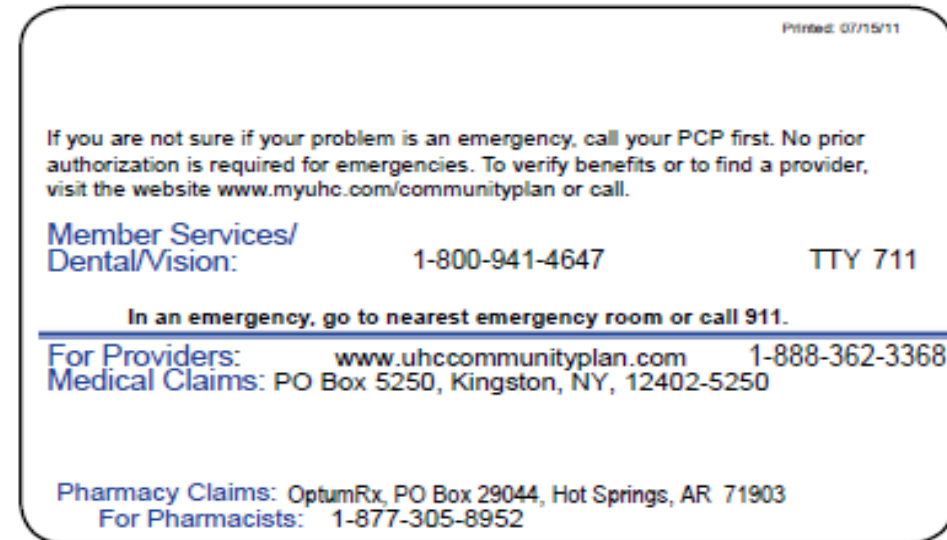
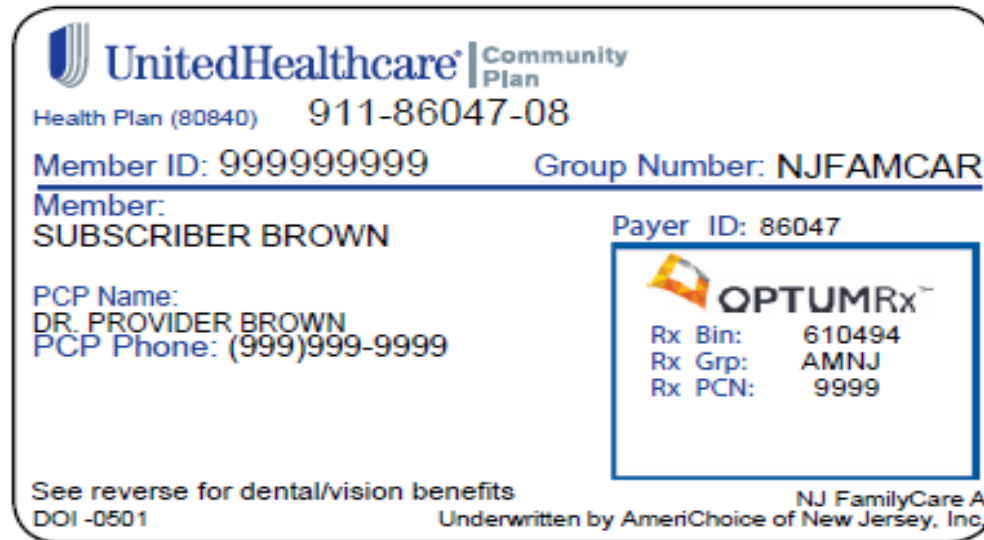
**Optum
Developmental Services
NJ Family Care
Medicaid Member
Information**

Optum



NJ Family Care 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
- Member Service Line: 1-800-941-4647
- Provider Service Line: 1-888-362-3368



Please note this image is for illustrative purposes only.

Member Rights and Responsibilities

Members have the right to be treated with respect and recognition of his or her dignity, the right to personal privacy, and the right to receive care that is considerate and respectful of his or her personal values and belief system

Members have the right to disability related access per the Americans with Disabilities Act

You will find a complete copy of Member Rights and Responsibilities in the Provider Network Manual

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



Member website

Behavioral Health: [Live and Work Well](#)

Physical Health: uhccommunityplan.com

makes it simple for members to:

- Identify network clinicians and facilities (BH & PH)
- Locate community resources (BH)
- Find articles on a variety of wellness and work topics (BH & PH)
- Take self-assessments (BH)

The search engines allow members and providers to locate in-network providers for Behavioral Health (including mental health and substance use disorder services) as well as Physical Health (physical, occupational and speech therapy providers)

- Providers can be located geographically, by specialty, license type and expertise.
- The website has an area designed to help members manage and take control of life challenges.



Who is eligible?

To be eligible for Developmental services, a client must meet the following criteria:

- Must be up 18 months - 21 years old
- Must be covered under NJ Family Care Medicaid Program*
- Must have Autism Diagnosis F84.0 through F84.9

*Developmental services are available to any NJ Family Care members 18 months – 21 years old with an ASD diagnosis, including in the specialized FamilyCare carve-out programs (FIDE SNP, MLTSS, DDD).



Behavioral Health: Credentialing Criteria NJ FamilyCare Medicaid Developmental Services Network



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://www.irs.gov/efile/apply-for-ein)



Credentialing criteria (1 of 2)

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Qualified individuals must be a NJFC Medicaid provider or work for a NJFC Medicaid provider
- Providers must be licensed by New Jersey and/or certified by a nationally accredited credentialing body or by a recognized provider of continuing education
- Providers must complete the Developmental Provider Enrollment Application which may be found on the www.njmmis.com website
- Licensed/credentialed disciplines include but are not limited to, a Licensed Clinical Social Worker (LSCW), a Licensed Professional Counselor (LPC), a Licensed Marriage and Family Therapist (LMFT), a Licensed Associate Counselor (LAC), a Licensed Social Worker (LSW) a Licensed Clinical Professional Counselor (LCPC), or a Certified Special Education teacher.
- Professionals with a Masters Degree or Baccalaureate degree may provide services under the supervision of a licensed or certified independent practitioner



Credentialing criteria (2 of 2)



Individual —Solo Practitioner

Developmental Model Credentialing Organizations		
Intervention Model		Credentialing Organizations
DIR	DIR/Floor time- Developmental, Individual Difference, Relationship- based intervention	<ul style="list-style-type: none"> ▪ Interdisciplinary Council on Development and Learning (ICDL) ▪ Profectum Foundation ▪ The PLAY Project ▪ Greenspan Floortime Approach
DRBI	RDI- Relationship Development Intervention	RDI Professional Training Program
	DMAI- Clinical, Developmental Models of Autism Intervention	<ul style="list-style-type: none"> ▪ Montclair State University Certificate of the Center for Autism and Early Childhood Mental Health
	Infant Mental Health Endorsements	<ul style="list-style-type: none"> ▪ NJAIMH- Level III and IV Infant Mental Health Endorsed – Alliance for IMH
NDBI	ESDM- Early Start Denver Model	ESDM Certified

Optum Physical Health

Optum



Contracting

OptumHealth Care Solutions, LLC (Optum) supplies UnitedHealthcare Community Plan of New Jersey with a contracted and credentialed physical health network to support NJ Developmental Services:

- Physical Therapist (PT)
- Occupational Therapists (OT)
- Speech Language Pathologists/Speech Therapists (SLP/ST)

Malpractice coverage of \$1,000,000 per incident and \$3,000,000 aggregate is required for participation.

To access the UnitedHealthcare Community Plan operations manual please visit: [uhcprovider.com](https://uhcprovider.com/NJCommunityPlan) /NJCommunityPlan > Care Provider Manuals > New Jersey > [View the UnitedHealthcare Community Plan of New Jersey Care Provider Manual](#)



Eligibility – fee schedule

Eligibility/Verifications Options

- Providers must verify member eligibility on the date services are provided. Eligibility can be verified by the following:
 - ❑ UHCprovider.com > Link > eligibilityLink
 - ❑ Provider Services: 1-888-362-3368

Fee Schedule

- Reimbursement is subject to UnitedHealthcare Community Plan Policies and provider's scope of practice, up to the fee schedule maximum per the UnitedHealthcare Community Plan New Jersey FamilyCare/Medicaid PT/OT/SLP fee schedule. For members under 18 years of age, refer to the UnitedHealthcare Community Plan New Jersey FamilyCare/Medicaid PT/OT/SLP Pediatric fee schedule. The fee schedules can be obtained at myoptumhealthphysicalhealth.com > Tools and Resources > Fee Schedules
- For more information about UnitedHealthcare Community Plan Reimbursement Policies, visit UHCprovider.com/NJCommunityPlan > Current Policies and Clinical Guidelines > View Current Reimbursement Policies.

Prior Authorization

DRBI/Developmental Services do not require prior authorization currently.

Effective 10/01/2021 all physical, occupational and speech therapy services require prior authorization. Prior to 10/1/21 only Speech Therapy CPT Codes 92507 and 92508 required authorization.

Prior Authorization requirements can be verified by the following:

- UHCprovider.com/NJCommunityPlan > Prior Authorization and Notification Resources > UnitedHealthcare Community Plan Prior Authorization Requirements New Jersey
- UHCprovider.com > Link > Prior Authorization and Notification > Check by Code
- Prior Authorization Phone: 1-866-604-3267

Prior Authorization Submissions can be done via:

- UHCprovider.com > Link > Prior Authorization and Notification
- Prior Authorization Phone: 1-866-604-3267

Demographics

Provider Status Changes

- Submit demographic changes (including relocation and TIN changes) to one of the following:

Web

- myoptumhealthphysicalhealth.com

Fax

- 1-888-626-1701

Mail

- OPTUM – Attn: BH Provider Demographic Updates
PO Box 30784
Salt Lake City, UT 84130

Network related questions can be directed to:

- Optum Network Development – Public Sector Email: netdevpubsec@optum.com

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:

F840	Autistic disorder
F842	Rett's syndrome
F843	Other childhood disintegrative disorder
F845	Asperger's syndrome
F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified

A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding.



NJ Developmental Services Medicaid fee schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
96156EP		Health behavior assessment or reassessment	Per Diem
96158EP		Health behavior intervention, initial 30 mins	30 min
96159EP		Health behavior intervention, each additional 15 mins	15 min
96164EP		Health behavior intervention, initial 30 mins	30 min
96165EP		Health behavior intervention, each additional 15 mins	15 min
96167EP		Health behavior intervention, family, initial 30 mins	30 min
96168EP		Health behavior intervention, family, each additional 15 mins	15 min
96170EP		Health behavior intervention, initial 30 mins	30 min
96171EP		Health behavior intervention, each additional 15 mins	15 min

Claims submission

All Developmental Service Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via UHCprovider.com using the Claim Entry transaction feature
- Submit electronically using an EDI clearinghouse
 - Physical Health payer ID 86047. Behavioral Health Payer ID 87726.
 - For EDI support contact: 1-800-210-8315
- Electronic Remittance Advice (ERA) Payer ID – 86047
 - Include appropriate taxonomy codes
 - Submitted within 180 days of date of service

Please send paper claims to:

UHC Community Plan Attn: Claims Dept.
P.O. Box 5250
Kingston, NY 12402

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

- Optum – 1-866-362-3368
- Logging into 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.)
 - Place of service (home or clinic)
 - 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.

The image shows the front side of the Health Insurance Claim Form (Form 1500). It is a complex form with multiple sections and fields. Key sections include:

- Header:** HEALTH INSURANCE CLAIM FORM, APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12.
- Carrier Information:** FEDCA, MEDICA, TRICARE, CHAMPVA, GROUP HEALTH PLAN, FECA, OTHER.
- Insured Information:** 1a. INSURED'S ID NUMBER, 1b. INSURED'S NAME, 1c. INSURED'S ADDRESS.
- Patient Information:** 2. PATIENT'S NAME, 3. PATIENT'S BIRTH DATE, 4. PATIENT'S ADDRESS, 5. PATIENT RELATIONSHIP TO INSURED.
- Other Insureds:** 3a. OTHER INSURED'S NAME, 3b. OTHER INSURED'S POLICY OR GROUP NUMBER.
- Employment and Accidents:** 4. EMPLOYMENT?, 5. AUTO ACCIDENT?, 6. OTHER ACCIDENT?.
- Insurance Plan:** 7. INSURANCE PLAN NAME OR PROGRAM NAME, 8. IS THERE ANOTHER HEALTH BENEFIT PLAN?
- Signature and Date:** 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE.
- Medical Details:** 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY, 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK, 17. NAME OF REFERRING PROVIDER, 18. HOSPITALIZATION DATES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB?
- Diagnosis and Nature of Illness:** 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY.
- Procedure and Service Details:** 24. A. DATES OF SERVICE, B. FACILITY, C. PROCEDURES, SERVICES, OR SUPPLIES, D. CHARGES.
- Provider Information:** 26. SIGNATURE OF PHYSICIAN OR SUPPLIER, 27. SERVICE FACILITY LOCATION INFORMATION, 28. BILLING PROVIDER INFO & PI #.
- Financial Information:** 25. FEDERAL TAX ID NUMBER, 26. PATIENT'S ACCOUNT NO., 27. ACCEPTANCE/ASSIGNMENT, 28. TOTAL CHARGE, 29. AMOUNT PAID, 30. Have for NUCC Use.

Claim Customer Service contact information

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

In the event you experience claim problems please contact the following:

- Optum: 1-866-362-3368

OR

- Log in to UHCprovider.com

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

CARRIER (Vertical label on the right side of the form)

PATIENT AND INSURED INFORMATION (Vertical label on the right side of the form)

PHYSICIAN OR SUPPLIER INFORMATION (Vertical label on the right side of the form)

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Champva) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)
 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M) (F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
 5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED (Self) (Spouse) (Child) (Other) 7. INSURED'S ADDRESS (No. Street)
 CITY STATE 8. RESERVED FOR NUCC USE CITY STATE
 ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)
 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: (Current or Previous) YES NO 11. INSURED'S POLICY GROUP OR FECA NUMBER
 4. OTHER INSURED'S POLICY OR GROUP NUMBER 6. EMPLOYMENT? (Current or Previous) YES NO 8. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M) (F)
 6. RESERVED FOR NUCC USE 8. AUTO ACCIDENT? (YES) (NO) PLACE (State) 8. OTHER CLAIM# (Designated by NUCC)
 6. RESERVED FOR NUCC USE 6. OTHER ACCIDENT? (YES) (NO) 6. INSURANCE PLAN NAME OR PROGRAM NAME
 6. INSURANCE PLAN NAME OR PROGRAM NAME 10. CLAIM CODES (Designated by NUCC) 4. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES) (NO) If yes, complete items 3, 9a, and 9b.
 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits, either to myself or to the party who accepts assignment, herein.)
 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
 SIGNED DATE SIGNED
 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 15. OTHER DATE (MM/DD/YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (NPI) 17a. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)
 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? (YES) (NO) \$ CHARGES
 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to service line below (2-6)) (ICD-9-CM) 22. SUBSCRIPTION ORIGINAL REF. NO.
 A. B. C. D. E. F. G. H. I. J. K. L.
 24. A. DATES OF SERVICE (FROM MM/DD/YY TO MM/DD/YY) B. FACILITY (SNF) C. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) D. MODIFIER E. POINTER F. \$ CHARGES G. LMS H. PMS I. PMS J. RENDRING PROVIDER #
 1 2 3 4 5 6
 25. FEDERAL TAX ID NUMBER (SSN/EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPTANCE/ASSIGNMENT? (YES) (NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rate for NUCC Use
 31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDIT BALANCE) (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #
 SIGNED DATE a. b. a. b.
 NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1107 FORM 1500 (02-12)

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

- Timely filing for NJ Medicaid is 180 days from date of service

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 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



Claims Tips (cont.)

Coordination of Benefits:

- By law, the Medicaid program is the payer of last resort. If another insurer or program has the responsibility to pay for medical costs incurred by a Medicaid-eligible individual, that entity is generally required to pay all or part of the cost of the claim prior to Medicaid making any payment.
- Please be aware that if a member has another primary insurance, those claims must be sent and either paid or denied by the primary insurer first, and then the EOBs from the primary insurer must be sent to us with each of the member's claims. Please also be aware that if you are billing us for a member that has a primary insurer, these claims can be sent to us via paper claim submission or electronic submission
- EOBs can be attached to electronic claims – there is an IT contact that can advise on how to upload the EOB or PRA to the claim submission. The number to call if you have an issue submitting electronically is our technical support at 1-866-842-3278. The technical support team can assist with getting providers registered, logging in, submitting claims and they do trainings as needed.
- UHC Medicaid paper claims address:
UHC Community Plan Attn: Claims Dept.
P.O. Box 5250
Kingston, NY 12402

Claims Tips (cont.)

Corrected Claim Submission – via electronic submission:

- When you login to the portal, you should have a selection of “**View Status of Submitted Claim**” where you will be able to enter in selections and pull up your claim history. Once you have the claim history pulled up, you should be able to select a claim and have the option to “resubmit” the claim.
- Corrected claims can be submitted electronically as an EDI 837 transaction with the appropriate frequency code. For more details, go to uhcprovider.com > Corrected Claims.
- Check Claims on Link to resubmit corrected claims that have been paid or denied.
- If you received a letter asking for additional information, submit your response using Claims on Link.
- When correcting or submitting late charges on a 1500 professional claim, use the following frequency code in Box 22 and use left justified to enter the code. Include the 12-digit original claim number under the Original Reference Number in this box:
 - Frequency code 7 Replacement of Prior Claim: Corrects a previously submitted claim.
 - Frequency code 8 Void/Cancel of Prior Claim: Indicates this bill is an exact duplicate of an incorrect bill previously submitted. This code will void the original submitted claims

Claims Tips (cont.)

Corrected Claim Submission – via paper submission:

- On the HCFA forms make sure in box 22 you add in the resubmission code. For corrected claims the resubmission code is 7, and also in box 22 where it says “Original ref. No” please add in the original claim number that you received on these claims. That way the claims dept. who is receiving them knows that these are corrected claims and not an initial submission. I would also consider sending these via certified mail so you can track them.
- At the top of the HCFA form please also write in “Corrected Claim”
- UHC Medicaid paper claims address:
UHC Community Plan Attn: Claims Dept.
P.O. Box 5250
Kingston, NY 12402

Claims Tips (cont.)

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.)



Denials

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

- Denial Codes:

- Ineligible

- Over limit

- No out-of-network benefits

Non-Coverage Determination (NCD)

Appeals



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: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](#)



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 ABA 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



Optum Provider Express

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

Search: 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

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.

i 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

Optum



UHCprovider.com provider website

The screenshot displays the UHCprovider.com website interface. At the top left is a 'MENU' icon. Next to it is the UnitedHealthcare logo. A search bar contains the text 'What can we help you find?' with a magnifying glass icon. To the right are navigation links: MEMBERS, FIND DR., LINK, NEW USER, and SIGN IN. Below the search bar is the text 'Resources for physicians, administrators and healthcare professionals'. The main content area features a large banner with a smiling woman's face. Text in the banner includes 'Hello!', 'Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.', and a 'Learn More About Site Features' button. Callout arrows point to the MENU, search bar, LINK, and a blue feedback tab on the right. Below the banner are four colored tiles: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile has a 'Learn More' or 'View Current' button. Below the tiles is a section titled 'Latest UnitedHealthcare Provider News' with two news items, both titled 'Claim Submission Is Coming To Link'. A vertical 'Feedback' button is on the right side of the page.

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.

New Jersey Medicaid Developmental Services Program provider QRG



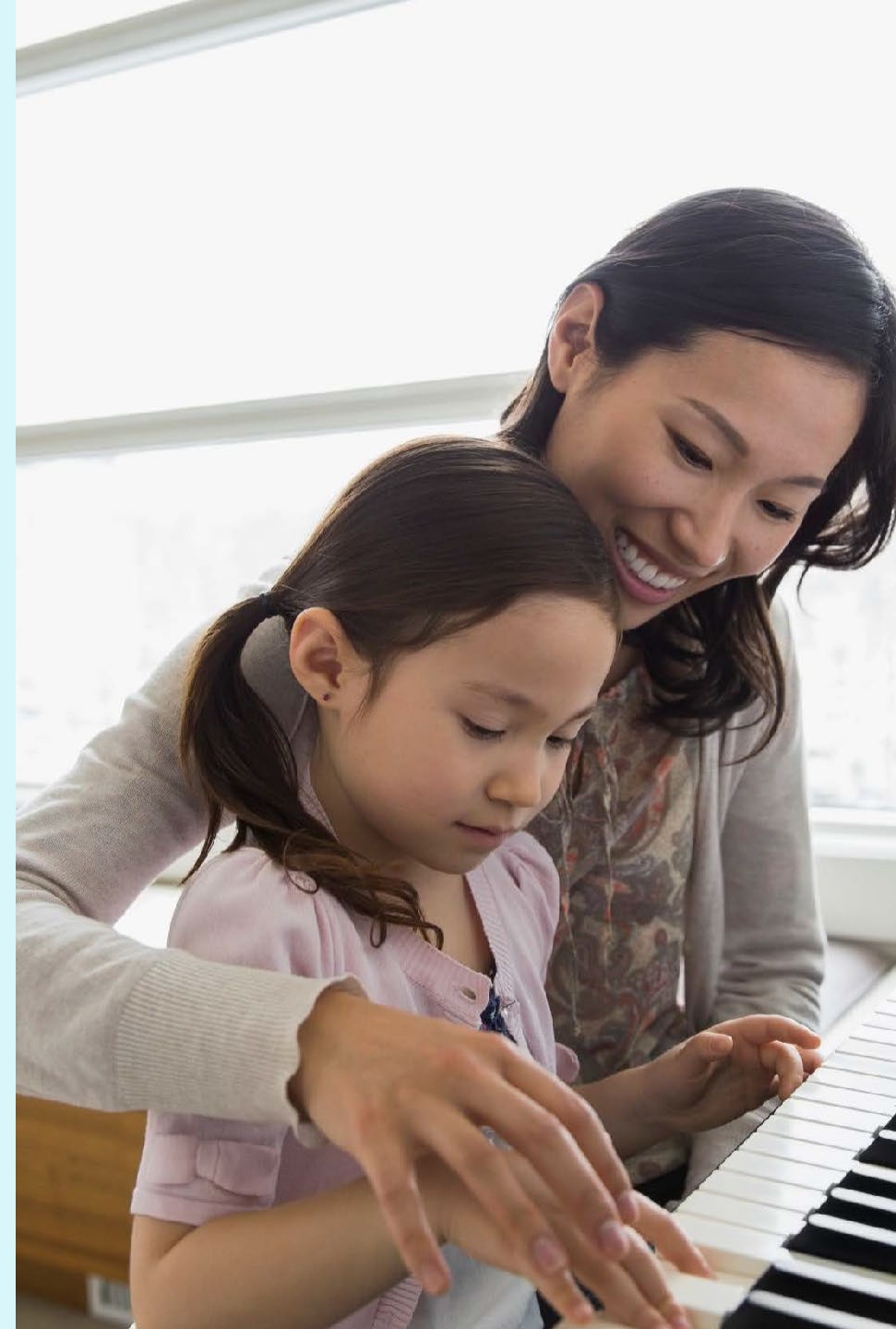
New Jersey Developmental Services Provider Quick Reference Guide

Call Center/Claims Customer Service	1-888-362-3368
Websites & What's Available	<p>All Developmental Service Providers: uhcprovider.com</p> <ul style="list-style-type: none"> State-specific health plan information Check member eligibility Check claim status & payments Claims Reconsideration Electronic Data Interchange (EDI) information Tools & Resources Tutorials Prior Authorization Requirements Prior Authorization Submission <p>Physical Health Providers: myoptumhealthphysicalhealth.com</p> <ul style="list-style-type: none"> PT/OT/ST Plan Summaries PT/OT/ST Fee Schedules Demographic Change Form Additional Therapist Credentialing Form <p>Behavioral Health Providers: providerexpress.com</p> <ul style="list-style-type: none"> New Provider Orientation "Navigating Optum" viewable on demand Network Manual Demographic Updates Guidelines/Policies Administrative Resources Recovery & Resiliency Toolkit Video Channel Best Practices Guidelines Webinars/Training Resources

Provider is Responsible For:	<ul style="list-style-type: none"> Verifying enrollee eligibility & benefits Being familiar with Developmental Services specific guidelines on our website <p>Outpatient Physical and Occupational Therapy: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/nj/outpatient-physical-occupational-therapy-nj-cs.pdf</p> <p>Speech Language Pathology Services: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/nj/speech-language-pathology-services-nj-cs.pdf</p> <p>Behavioral Health Providers:</p> <ul style="list-style-type: none"> New Jersey Medicaid Supplement Being familiar with the OHBS-NJ Network Manual located on our website: provider.express.com > Guidelines / Policies & Manuals
How to Verify Benefits	<ul style="list-style-type: none"> Verify benefits either online or call the number on the member's ID card
Claims Submission	<p>Paper Claim submission: UHC Community Plan Attn: Claims Dept. P.O. Box 5250 Kingston, NY 12402</p> <p><input type="checkbox"/> Claims must be submitted within 180 days from the date of service, unless otherwise allowed by law. Claims submitted late may be denied.</p>
EDI	<p>Physical Health Claims Payer ID: 86047 Behavioral Health Claims Payer ID: 87726 Electronic Remittance Advice (ERA) Payer ID: 86047 EDI Support: 1-800-210-8315 or email ac_edi_ops@uhc.com</p>
Electronic Payments & Statements (EPS)	<p>It's quick and easy, go to uhcprovider.com > Claims & Payments > Electronic Payments & Statements</p> <p>Questions: 1-866-842-3278, option 5</p>

Clinical Appeals	<p>NJ FamilyCare (Behavioral Health): Optum Appeals & Grievances P.O. Box 30512 Salt Lake City, UT 84130-0512</p> <p>NJ FamilyCare (PT/OT/ST): UnitedHealthcare Community Plan Attn: UM Appeals Coordinator P.O. Box 31364 Salt Lake City, UT 84131</p>
Developmental Services Clinical Policy	<p>Outpatient Physical and Occupational Therapy: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/nj/outpatient-physical-occupational-therapy-nj-cs.pdf</p> <p>Speech Language Pathology Services: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/nj/speech-language-pathology-services-nj-cs.pdf</p> <p>Behavioral Health Providers: New Jersey Medicaid Supplemental Clinical Criteria</p>
Developmental Services Network Management Contact	<p>Behavioral Health: Provider Service Line: 1-877-614-0484 Caitly Wadsworth, Network Manager: Catherine.Wadsworth@optum.com</p> <p>Optum Physical Health: Optum Provider Services (PT/OT/SLP): 1-800-873-4575 Optum Network Development, netdevpubsec@optum.com</p>
Member ID Card	

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)

ICDL DIR Certification

- [icdl.com](https://www.icdl.com)

Profectum DIR certification

- [profectum.org](https://www.profectum.org)



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

Optum

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