

The logo for Optum, featuring the word "Optum" in a white, bold, sans-serif font. The letter "O" is significantly larger than the other letters. The logo is positioned on the left side of the slide, which has a solid orange background. A large white curved shape on the right side of the slide partially overlaps the orange background.

**Optum**

# **Network Provider Training**

FL SMMC (Medicaid) Implementation

Published January 2025

# Agenda

1

## **Welcome and introduction to UBH/Optum**

5 minutes

2

## **SMMC Overview**

Duration of section

3

## **ABA Providers**

Duration of section

4

## **UBH Level of Care Guidelines**

Duration of section

5

## **Claims Submission**

10 minutes

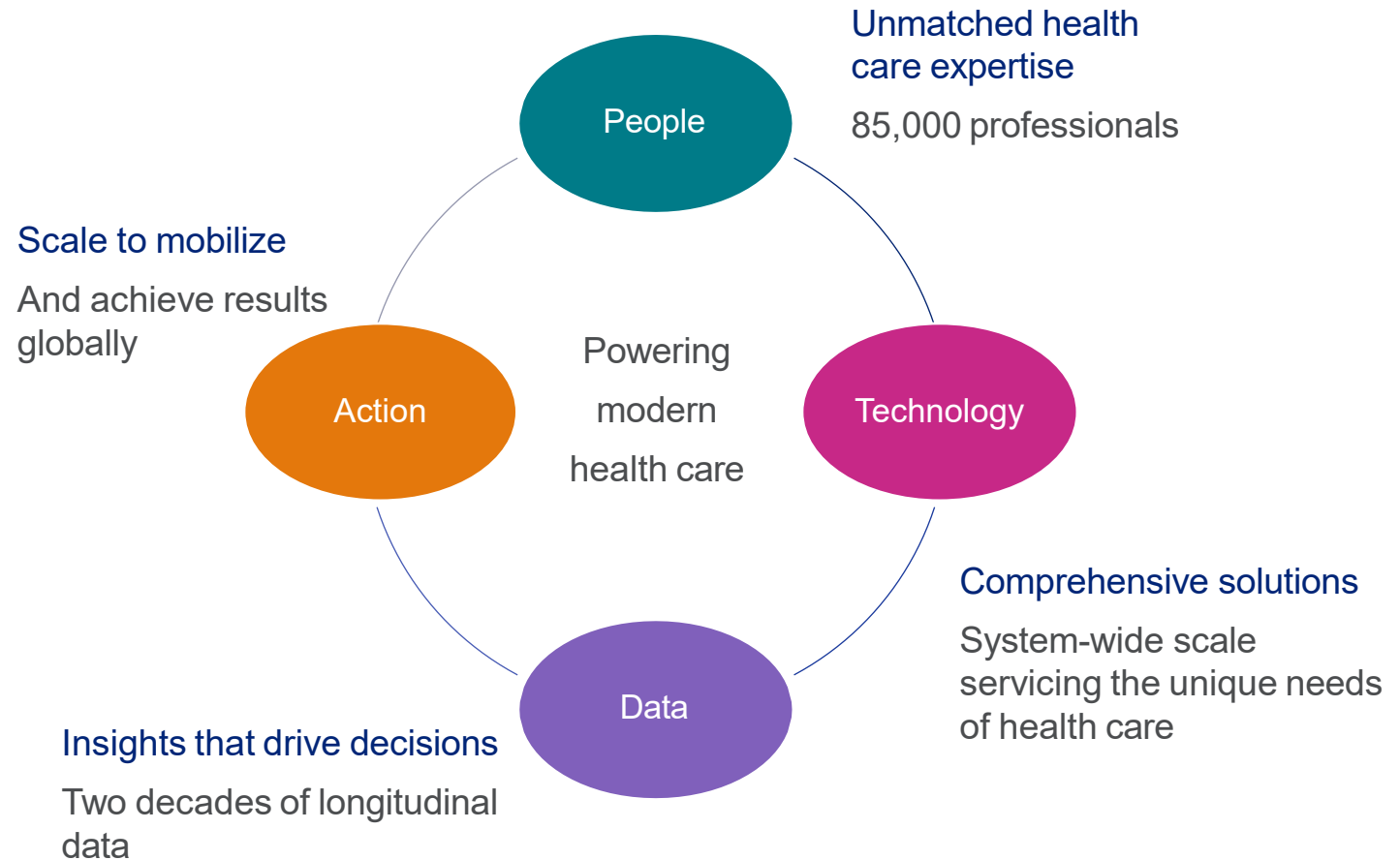
6

## **Provider Resources**

10 minutes

# Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the healthcare 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

# 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



# 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:**

- [NPES.cms.hhs.gov](https://npes.cms.hhs.gov)

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

- [IRS.gov](https://irs.gov)
- [Apply for an Employer Identification Number \(EIN\) Online | Internal Revenue Service \(IRS.gov\)](https://www.irs.gov/efile/applyforanemployeridentificationnumber)



# Provider Express



# ProviderExpress.com

## You can find:

- Clinical Criteria
- ABA Clinical Policy
- Optum Network Manual
- Contact Information
- Common Forms
- Verify Benefits and Eligibility
- Claims Status
- Claim Submission
- Authorization Status
- Demographic Updates



Please contact your Provider Service Line at 877-614-0484

# ProviderExpress.com


The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. A red arrow points to the 'Log In | First-time' link in the top right corner. Below the logo is a search bar. A dark navigation bar contains links for Home, Our Network, Clinical Resources (highlighted with a red box and a red arrow), Admin Resources, Video Channel, Training, About Us, and Contact Us. The main content area features a large banner with the text 'Working together to coordinate care.' and a 'MORE INFO' button. To the right of the banner is a 'Transactions' sidebar with a red border, listing links for Eligibility & Benefits, Claims, Authorization Inquiry, Appeals, My Practice Info, and and More.... Below the banner are several news and information sections: Admin News, ABA Information, Join Our Network, Other Optum Websites, National News, and State-Specific News. A 'Quick Links' sidebar is located on the bottom right, listing Behavioral Health Toolkits, Claim Tips, Add / Update Tax ID, Forms, Guidelines / Policies & Manuals, and MAUD / MOUD.

# 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 7 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.

 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: % + " & [ \ ] ^ ' { } < > # , / ; ( ) : \* = ~

# FL SMMC Plan

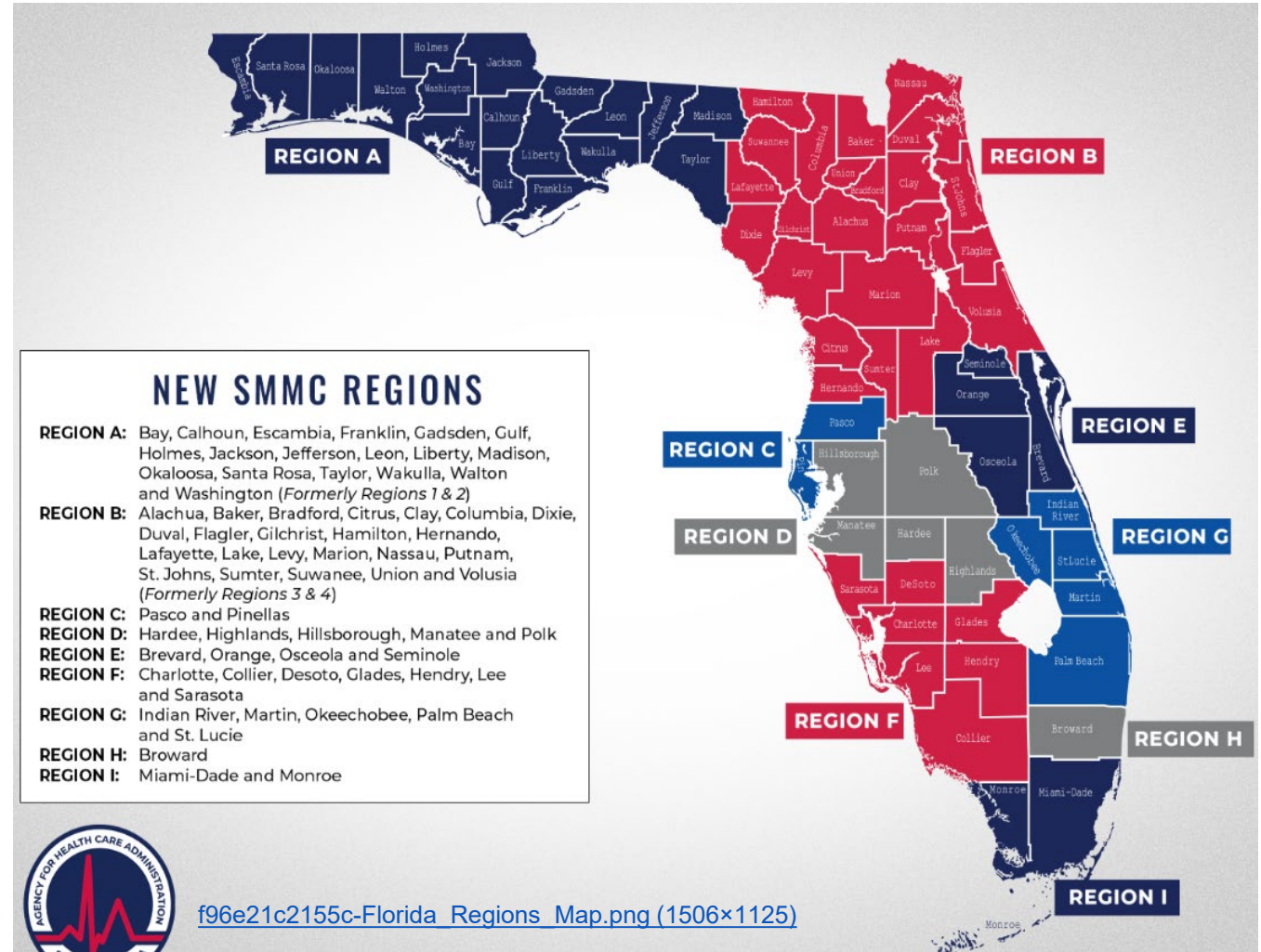
# FL Medicaid Regions Map



## United Healthcare SMMC Plan Covers

United Behavioral Health (UBH) operating under the brand Optum will provide behavioral health services for SMMC members in the following Regions: B, D, and I with the 2025 new Medicaid roll out.

- Region B – effective date 2/1/2025
- Region D – effective date 2/1/2025
- Region I – effective date 2/1/2025



[f96e21c2155c-Florida\\_Regions\\_Map.png \(1506x1125\)](#)

# Florida Providers: New Areas of Attested Expertise

## Please validate that your FL Provider profile for 2025 has been updated!

Optum has added new areas of expertise to our clinician expertise list. If any of these areas of expertise apply to your practice, your list of clinical expertise should be updated.

### New Areas of Attested Expertise

- Homebuilders (H)
- Motivational Interviewing (MI)
- Multisystemic Therapy (MST)
- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)
- Parents as Teachers (PAT)
- Brief Strategic Family Therapy (BSFT)
- Health Families (HF)
- Nurse Family Partnership (NFP)



How to update your provider profile Complete the Optum Specialty Attestation form to add the applicable expertise. Use the paper clip icon included in the link to attach the required supporting documents.

[Update profile now](#)

Once the attestation is submitted, the new areas of expertise will reflect in the provider's practice record and our provider directory. For assistance, please call Provider Relations at 1-877-614-0484.



# Florida SMMC Provider Health Education OPTUM HEALTH EDUCATION

## Special Populations

- Medical Care for Individuals with Serious Mental Illness | Optum Health Education
- Social determinants of health considerations for behavioral care providers working with the Medicaid population
- Mental Health Disorders and Follow-up after Higher Levels of Care
- The Impact of Trauma on Children and Youth: A Paradigm Shift
- Understanding How Eating Disorders Impact Those in the Child Welfare System | Optum Health Education
- Understanding Human Trafficking in Children From the Child Welfare System
- A Firm Foundation: Partnerships in Child Welfare & Juvenile Justice

## Evidence Based Practices

- What Is Trauma-Informed Care and Why Is it Critical in Health Care Today?
- Dialectical behavior therapy (DBT): an introduction to the modules of DBT
- Dialectical behavior therapy: an introduction for behavioral health providers

## Health Equity

- HEALTH EQUITY FOUNDATIONS 2.0
- CARING FOR THE LGBTQ+ COMMUNITY: AN INTRODUCTION
- ACROSS THE SEXUAL ORIENTATION AND GENDER IDENTITY SPECTRUM: A CALL TO ACTION
- Healing Racial Trauma Through Somatic Anti-Racism Practices

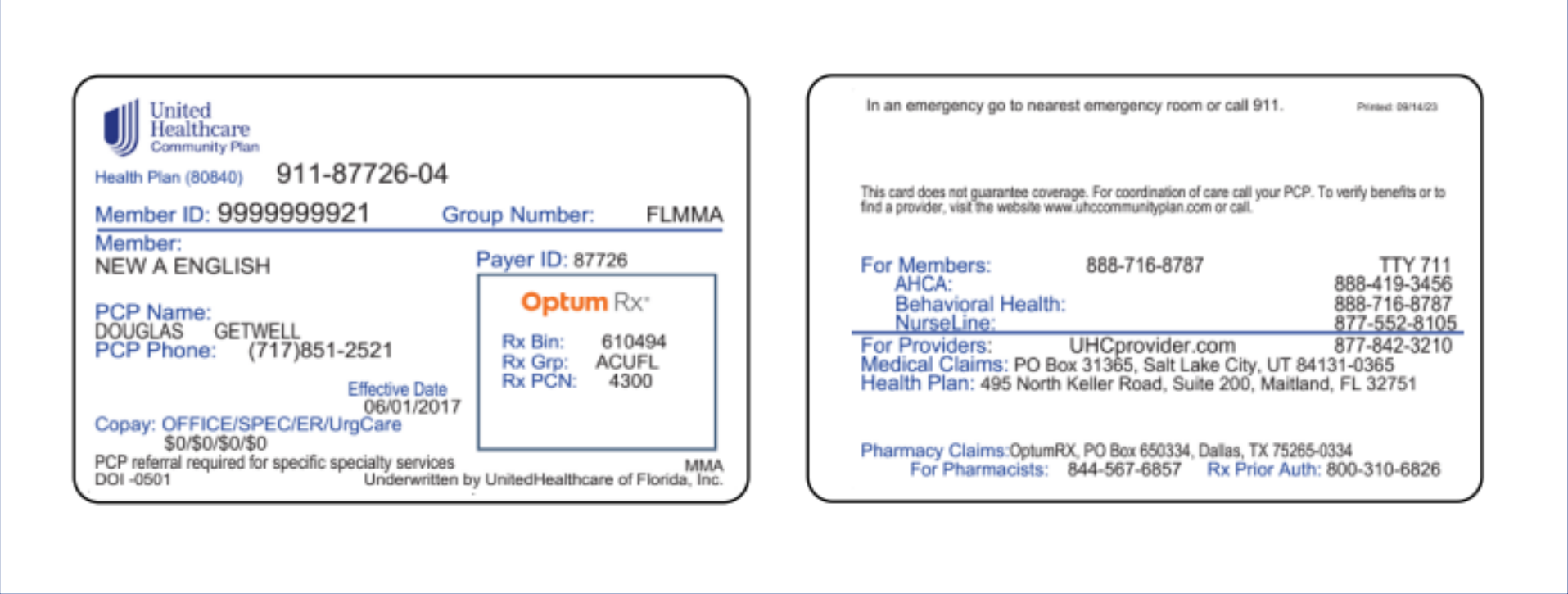
## Integration

- 1 + 1 = 3: The Value of Medical-Behavioral Integration in Whole-Person Health | Optum Health Education
- Behavioral Health Identification, Treatment and Referral in Primary Care-Part Two: Substance-Use Disorders in Primary 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 Rights and Responsibilities

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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

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

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

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These can also be found on the website: [ProviderExpress.com](https://www.ProviderExpress.com)

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

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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

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# Member Website

[UHCprovider.com](https://UHCprovider.com) makes it simple for members to:

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



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.



The website has an area designed to help members manage and take control of life challenges.

# ABA Resources

**Additional ABA Specific Provider Training content available in below link:**  
**<https://public.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/autismABA2/abaFL-medicaid.html>**

# Prior Authorization

# Requesting Prior Authorization



Submit a request online (simplest method): Tutorial [here](#)

[Sign in](#) to the Provider Express secure portal using your OneHealthcare ID

Need a OneHealthcare ID? [Register](#) now.



Submit a request by phone:

You'll need the following readily available

- Your agency Tax Identification or TIN
- Your agency's name and servicing address
- The ID number from the Insurance Card
- Member's name & DOB
- Member's address, city, state, and zip
- A description of the care plan [Clinical Requests](#)

# Community Based Behavioral Outpatient Services Prior Authorization Requirements



Beginning February 1, 2025, UnitedHealthcare SMMC Plan will require an online prior authorization process for the below outpatient community-based services

Providers will submit authorization requests through a portal located on the Provider Express website

- To access the request form, go to: [providerexpress.com](https://providerexpress.com) > Our Network > State-Specific Provider Information>Florida>FL Statewide Medicaid Managed Care > *Community Based Behavioral Outpatient Services Request Form*
- Authorizations will be required for both initial and continued stay requests for the below services

Service	Code
Community Based Wrap Around Services	H2022
Family Training for Child Development	T1027
First Episode Psychosis Program	H0037 HK
Multi-Systemic Therapy	H2033
Functional Family Therapy	H0036
Homebuilders	H0036 HK

# Community Based Behavioral Outpatient Services Prior Authorization Process



## The Submission process

- Complete the online request form
- Once submitted, you will receive a confirmation page display. A decision will be made within 4 calendar days of the online submission date

## The Review Process

- Submission information will be reviewed against our current [Florida Medicaid Supplemental Clinical Criteria](#) information
- If services are deemed medically necessary, the care provider will receive authorization information and providers can view authorization information via [uhcprovider.com](http://uhcprovider.com)
  - An authorization will be created based on the request or final determination
  - Once the authorized units are exhausted or authorization expires, additional units can be requested by completing another online submission
- If additional information is needed to make an authorization determination, a licensed Care Advocate may outreach the requesting provider if clarification is needed
- If medical necessity is in question or the case would benefit from a Psychologist or Medical Director input, the Care Advocate may refer to a peer reviewer
  - Peer Reviews can be either a live discussion or providers may request the determination be made based on the information given to the Care Advocate and/or in the online submission. If electing to complete a live review, a licensed clinician must complete the Peer Review
  - If a requested service is determined to not meet clinical criteria, determination will be communicated including appeals rights

# Claims



# Claims Submission update

## All Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at [providerexpress.com](https://providerexpress.com) using the Claims tool in the Provider Portal
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Include appropriate taxonomy codes

## Please send paper claims to:

- When submitting Claims by paper to affiliates and Optum, please mail claims to:  
P.O. Box 31348  
Salt Lake City, UT 84131

## Claims status can be obtained by calling the Claims Customer Service Line:

- Optum at 1-877-236-0826
- Logging into [providerexpress.com](https://providerexpress.com)



# Form 1500 - Claim Form

All billable services must be coded.

- Coding can be dependent on several factors:
  - ❑ Type of service (CPT code)
  - ❑ Rate per unit
  - ❑ Place of Service
  - ❑ Duration of Service
  - ❑ One Date of Service per line

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

Claims Tips on Provider Express:

<https://public.providerexpress.com/content/open-provexpr/us/en/admin-resources/claim-tips.html>

The image shows the front side of the Health Insurance Claim Form (Form 1500). It is a complex form with multiple sections and fields. At the top left, there is a QR code and the title "HEALTH INSURANCE CLAIM FORM". Below the title, it says "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12". The form is divided into several main sections:
 

- Carrier Information:** Includes fields for PICA, MEDICARE, TRICARE, CHAMPVA, GROUP HEALTH PLAN, HEALTH PLAN, and OTHER.
- Patient and Insured Information:** Contains fields for patient and insured names, birth dates, addresses, and relationships.
- Insurance Details:** Includes fields for insured's policy group or FECA number, insurance plan name, and dates of service.
- Diagnosis and Procedure Information:** Features a table for coding with columns for diagnosis codes (ICD-10) and procedure codes (CPT/HCPCS).
- Provider Information:** Includes fields for the provider's name, address, and signature.
- Financial Information:** Contains fields for total charge, amount paid, and federal tax ID number.

 The form also includes a "SIGNATURE" section at the bottom and a footer with the NUCC instruction manual URL and the form's OMB number (0938-1107).

# Provider Resources

# Resources Available on [www.providerexpress.com](http://www.providerexpress.com)

Site: [www.providerexpress.com](http://www.providerexpress.com)

Key Materials and Information

## **Clinical**

[Clinical Criteria and Guidelines](#)

- *ASAM , State/Contract Specific, National BH Clinical, Mental Health Parity*

[Clinical Practice Guidelines](#)

- *AACAP, AAPC, APA, ASAM, SAMHSA, VA/DoD*

[Foster Care Toolkit](#)

- *Trauma informed Care, Assessments, Resources*

[Intellectual and Developmental Disabilities \(I/DD\) Toolkit](#)

- *Identifying the Health Needs of Individuals with I/DD*

[Cultural Sensitivity Trainings](#)

- *Health equity advancement*

## **Administrative**

[National Network Manual](#)

- *National Network & State-Specific Manuals and Addendums*

[MMA Information/Training](#)

- *New SMMC Program, Information for Providers - FL Agency for ACA, 2024 Care Provider Manual, FL statewide Managed Care Prior Authorization listing, Optum Clinical Criteria and Guidelines*

[Contact Us](#)

# Other Helpful Website Resources

Website	Key Materials and Information
<a href="https://www.hhs.gov/nppes/">NPPES (hhs.gov)</a>	<ul style="list-style-type: none"><li>• <i>Locate an NPI number</i></li></ul>
<a href="https://www.hhs.gov/hipaa/">HIPAA Home   hhs.gov</a>	<ul style="list-style-type: none"><li>• <i>Learn more about HIPAA</i></li></ul>
<a href="https://www.irs.gov/">irs.gov</a>	<ul style="list-style-type: none"><li>• <i>Learn more about Tax IDs or Employee IDs</i></li></ul>
<a href="https://www.autismspeaks.org/advocate">Advocate   Autism Speaks</a>	<ul style="list-style-type: none"><li>• <i>Claims Autism Votes website</i></li></ul>
<a href="https://www.abacodes.org/">abacodes.org</a>	<ul style="list-style-type: none"><li>• <i>ABA Codes</i></li></ul>

## Provider Service Line

- Demographic change confirmation
  - Contract questions
  - Fee schedule requests
- Termination requests
  - Claim issues
  - TaxID changes

**Call Provider Service Line at 877-614-0484**

The Provider Service Line is available from 7 a.m. – 7 p.m. CT Monday through Friday, and can assist and/or triage on the following issues/questions you may have

# Q&A

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Duration of segment