



## Your Directory Data is Due for a Checkup!

Optum® is obligated to provide Members with Provider Directory information, and Providers (either directly or through their designated contact) are required to notify Optum® about any inaccurate information in the Provider Directories so that timely and appropriate corrections may be made. This requirement is documented in the Provider Handbook as an extension of the Provider Contract.

**Beginning Jan. 1, 2022**, providers are required to verify the demographic information of each clinician within this group entity for accuracy every 90 days. All health insurers are required to follow this new timeline to meet requirements of the Consolidated Appropriations Act of 2021.

**Why Verifying Your Data is Important:** Keeping your practice information up to date in our provider directories is one of the best ways to help ensure our members can find you. And, consistent with the Consolidated Appropriations Act, we may suppress providers from directory display in the absence of timely attestations.

**CA Providers:** Failure to respond to this notification may result in a delay of payment or reimbursement of a claim.

## Preferred Method for Routine Directory Attestations

1. Login to [ProviderExpress.com](https://ProviderExpress.com) → My Practice Profile.
2. Ensure group contact and practice info are correct on the 'Practice Profile' and 'Practice Information' tabs.
3. On the 'Roster' tab,

 Remove clinicians no longer with group

 View each clinician's practice information


If changes are required, submit updates

If/when information is confirmed as correct, submit attestation

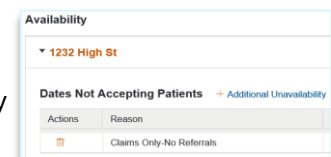
*Last attestation date will reflect the current date, and any directory suppressions will be removed immediately*

## Portal Navigation and Best Practices

[Detailed Instructions for Navigating Provider Express](#) → [My Practice Info](#): [CLICK HERE](#)

 **Clinician Attestation Date Alignment:** While not required, best practices for maintaining attestation cycles are to attest to all clinicians on the same day so that periodic attestations are synchronized going forward.

**Accepting New Patients:** It is *essential* to confirm whether a clinician is accepting new patients at *each* of their practice addresses. Simply change the Availability status of any address to an indefinite reason such as "Inpatient Only" or a temporary reason of "Practice Full". Availability status does not impact claims payment.



**On-Going Maintenance:** It is highly recommended that routine updates are submitted via Provider Express as they occur to ensure the highest level of directory and claims payment accuracy.

**Provider Express Technical Support:** For first time users, click 'First-Time Users' to register. For login issues or assistance with linking to practice information, contact the Provider Express Support Center via on-line chat or by calling (866) 209-9320. You may also contact your Optum Delegation Specialist directly.

## Alternate Method for Routine Directory Attestations

Submit a full roster file in Excel via Secure Email to [Group\\_PDV@Optum.com](mailto:Group_PDV@Optum.com) every 90-150 days with the minimally required data elements listed below. Ensure the data is prepared in a format that is favorable to being read for automation of data comparisons and system updates to ensure the most timely and accurate processing. A pre-populated roster can also be generated and provided by Optum upon request for use by the group to view, update, and return or to be used as a guide to our preferred Optum extract template.

### GROUP DATA

- Tax ID
- Group Name
- Group NPI (Type II)
- Website Address
- Remittance Address
- Email Address Approved for Directory Display (if avail.)

### CLINICIAN DATA

- NPI (Type I)
- Name (First/MI/Last)
- Gender
- License Type/State of Issue/Exp. Date
- Medicaid ID/State (if applicable)
- Medicare ID (if applicable)
- Email Address Approved for Directory Display (if avail.)

### PRACTICE INFORMATION FOR EACH CLINICIAN / ADDRESS

- Practice Address(es), with one Indicated as Primary
- Appointment Phone Number(s)
- Accepting New Patient Status (Y/N)
- If Not Accepting New Patients, Reason / Duration
- Virtual Visits Offered (Y/N)
- Wheelchair Accessibility (Y/N)
- Public Transportation Access (Y/N)
- Office Hours (Preferred)

## On-Going Clinician Adds, Clinician Terms, and Updates

New clinician adds, clinician terms, updates to existing clinician data, and changes to remittance addresses are highly recommended to be submitted via [providerexpress.com](http://providerexpress.com) as *they occur* to ensure the most timely and accurate transaction outcomes.

If your group is unable to use Provider Express, clinician adds/terms/updates should be submitted as they occur to [updatemyinfo@optum.com](mailto:updatemyinfo@optum.com).

## Other Issues or Questions?

If you are unable to process required system updates effectively, need to provide a different point of contact for these mailings, or having any other issues, please send an email to [group\\_pdv@optum.com](mailto:group_pdv@optum.com) and include your contact information, the Internal Optum ID noted at the top of this communication and a description of your issue or questions. Our validation team will reach out to you directly to assist. You may also contact the Provider Service Line at 1-877-614-0484.

Thank you for the continued commitment to the members we serve!