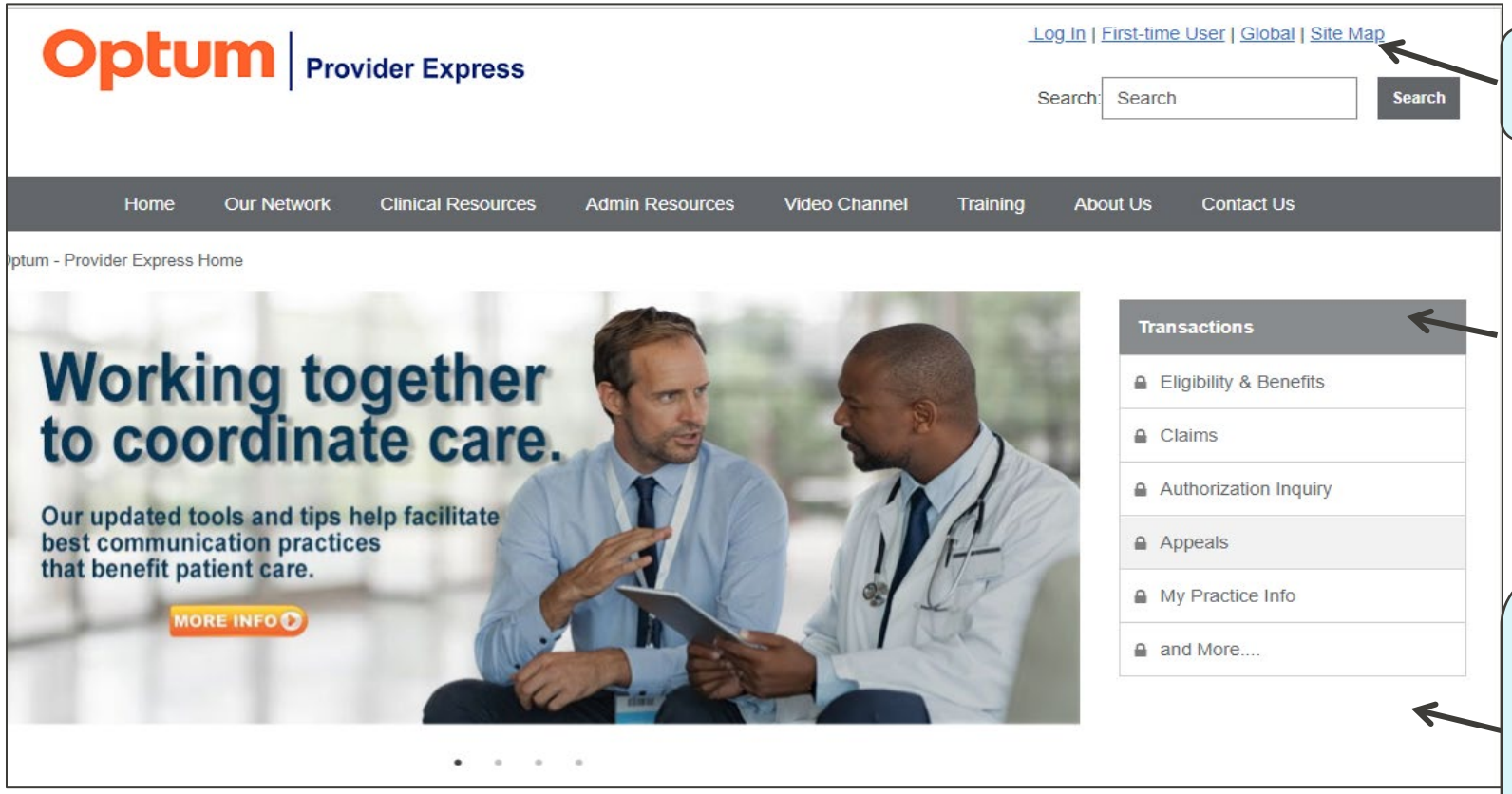
Optum

Claims and Billing

December 11, 2025

Provider Express: Secure Provider Portal



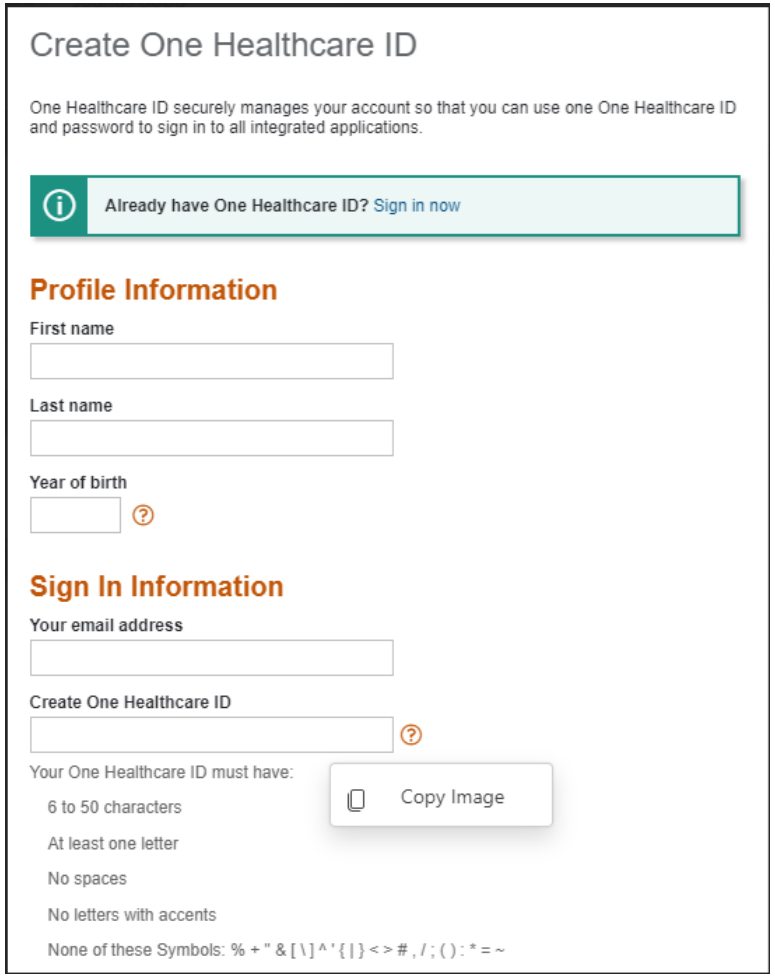
Secure pages require registration

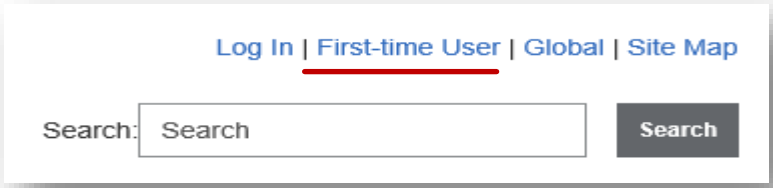
Secure "Transactions" gives you access to Member- and Provider-specific information

Quick Links give easy access to items providers commonly use

Provider Express: Secure Provider Portal

To register, select the “First-time User” link in the upper right-hand corner of the home page:





You will be prompted to create a One Healthcare ID

Provider Express

Provider Express, supports entry of outpatient behavioral health claims by a registered user. This time-saving and secure transaction feature is designed to streamline the claim submission process.
Here are some advantages to online claim submittal:

- Faster claim payment and disposition
- Reduced mailing time and expense
- Faster claim form completion
- More accurate claim information
- Higher level of auto-adjudication

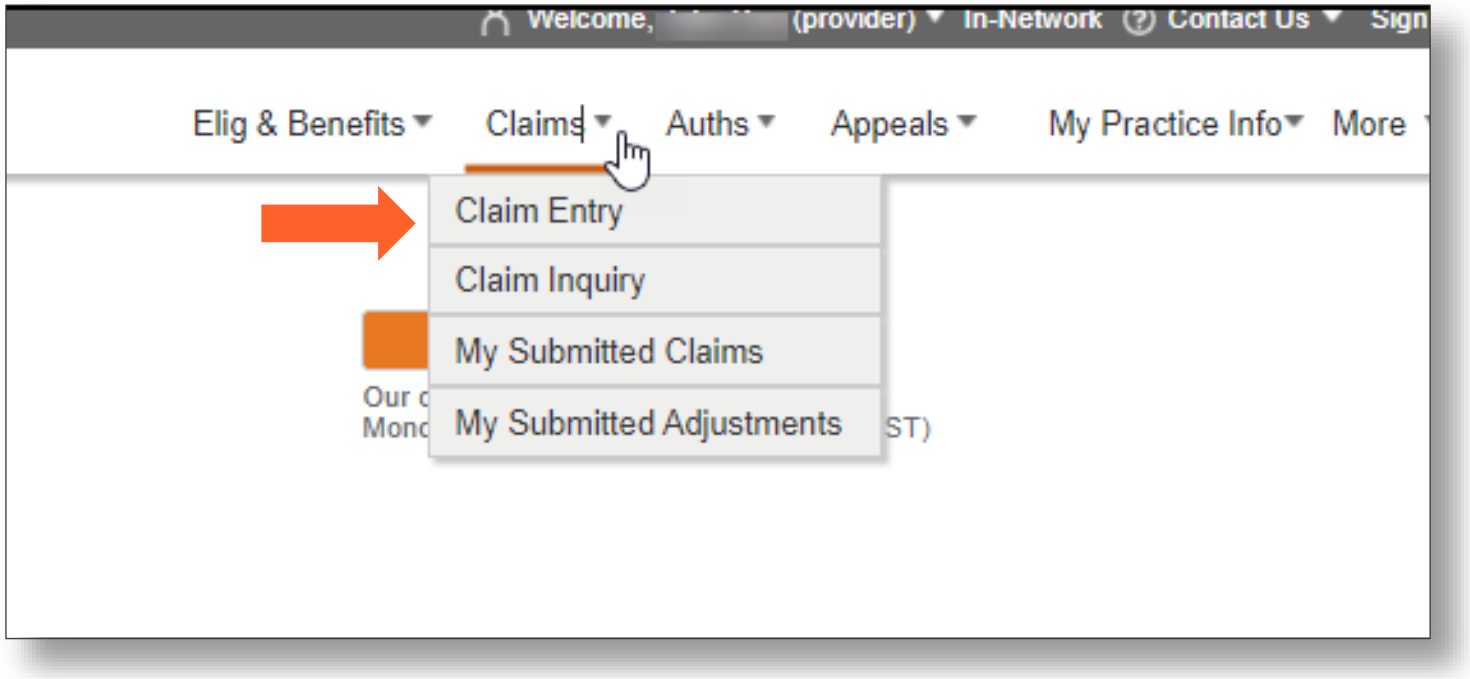
- Claims from a non-participating clinician

Claims Not Supported by Provider Express Claim Entry

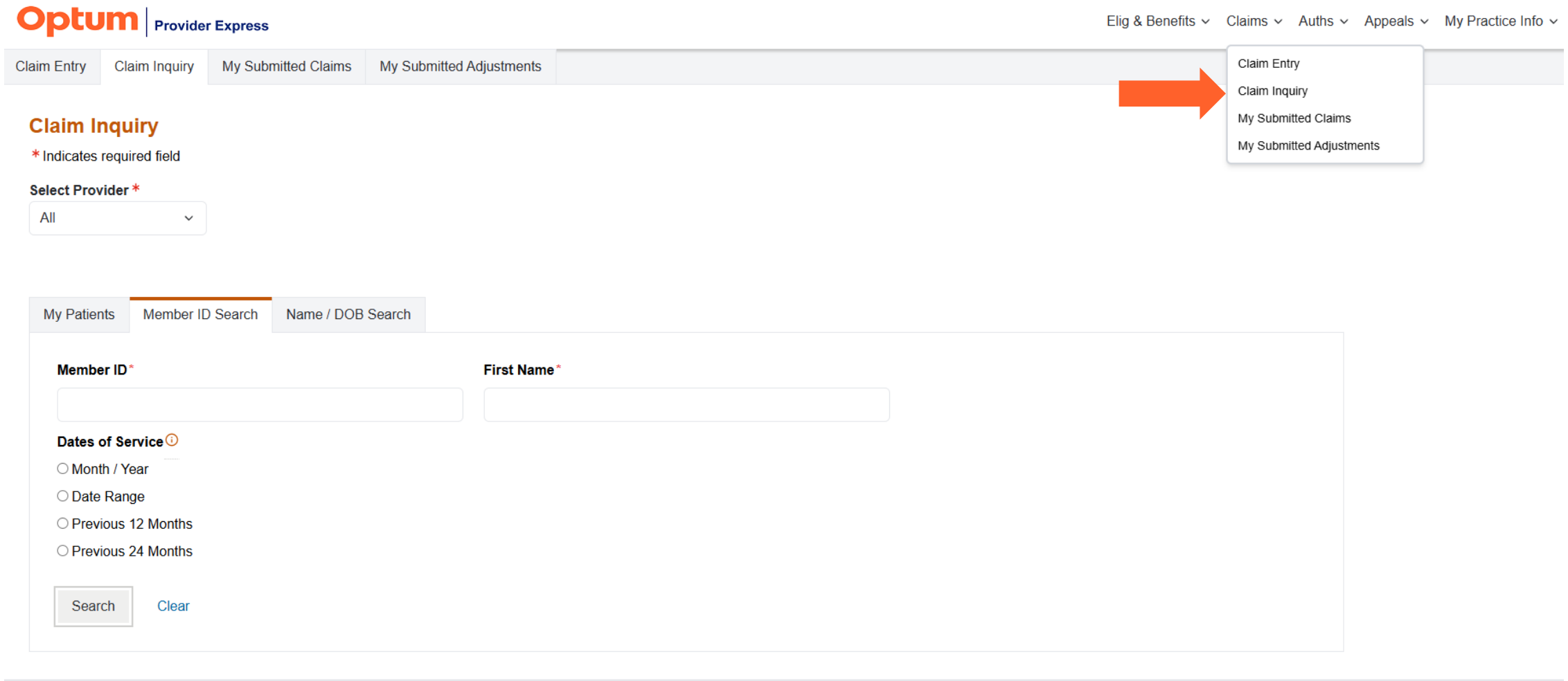
- Claims from clinicians in some specialized arrangement status with Provider Express (e.g., clinicians who only see patients from a specific employer group, or Autism claims)
- Claims for services administered on external claims systems
- Claims for any facility-based behavioral health service (such as residential, inpatient, partial hospitalization, or intensive outpatient treatment)

Provider Express – Claim Entry

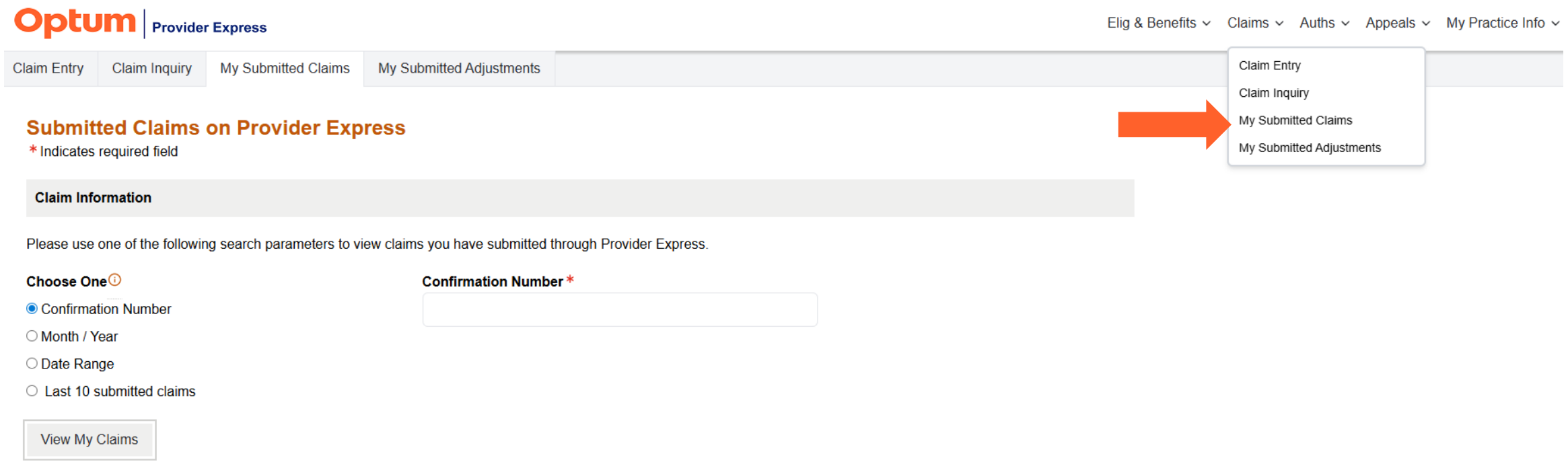
In the secure section of Provider Express, network clinicians and group practices can perform claim submission and other transactions electronically, in real-time.



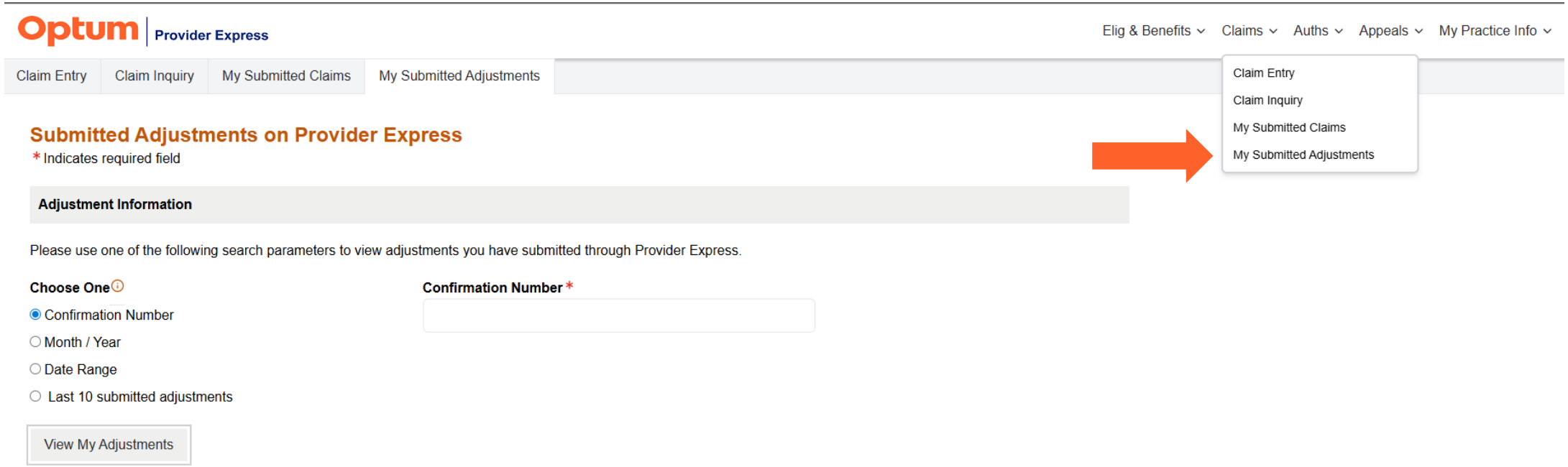
Provider Express – Claim Inquiry



Provider Express – Claim Status



Provider Express – Claim Adjustments



Submitting Corrected Claims

Corrected claims can be submitted up to 365 days from the denial.

1. **To resolve a claim issue where the claim was submitted with incorrect/inaccurate information, the following options are available:**
   - In-network clinicians and groups can log in log-in and file a Corrected or Void claim via the ***Claim Entry*** transaction, by choosing "Corrected" or "Void" as the Claim Frequency Code option and entering the claim number of the original claim (claims must be in a finalized status in order to correct or void them).

2. **To resolve a claim issue where the claim was processed incorrectly, the following options are available:**
   - In-network clinicians and groups can log-in, look up the claim via the ***Claim Inquiry*** transaction, and file a **Claim Adjustment Request.** Access the Claim Inquiry/Adjustment Request Form and mail it to the address listed on the EOB/PRA form.

   - Contact a claims representative via Provider Express's Live Chat (for registered users) by logging in and going to Claim Inquiry (or My Submitted Claims, if the claim was submitted online).

     - Locate the claim and towards the upper right on either "detail" page (above the member's ID #), click the link "Have questions about claim status?" to access Claims Live Chat.

     - If you cannot locate the claim, then click the "Can't find claim status online?" link on the main Claim Inquiry page

Claims Appeals

Optum has a formal process for handling practitioner/facility disputes that is compliant with the standards and regulations set forth by National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) and state/federal regulations. These standards and regulations serve as guidelines to ensure that:

- Review turnaround time requirements are met;
- Appropriately qualified professionals are involved in the review of practitioner/facility disputes;
- Relevant clinical/administrative information is consistently gathered and reviewed as part of the investigation;
- Practitioners/facilities are informed of the rationale for disputes that are upheld, in whole or in part.

One (1) level of internal dispute review is available through Optum, unless required by state law or contractual requirement.

Claims Appeals

Non-Urgent (Standard)

- MassHealth (Medicaid): must be requested within 60 calendar days from receipt of the notice of adverse determination and mailed to:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

- Commercial or Medicare Advantage: Network providers must follow a 2-step process if you disagree with the outcome of a clinical prior authorization request or claim processing decision. This process is outlined on pages 78 and 70 of the National Network Manual
- Optum will make an appeal determination and notify the in writing within 30 calendar days of receipt of request.

Urgent (Expedited)

- Practitioner/facilities can file an urgent appeal on behalf of a member
- Must be requested as soon as possible after the adverse determination
- Optum will make a reasonable effort to contact you prior to a determination on the appeal. If Optum is unsuccessful in reaching you, an urgent appeal determination will be made based on the information available to Optum at that time
- Notification will occur as expeditiously as the member's health condition requires, not exceeding 72 hours of the receipt of the request.

Understanding the Service Model

Customer Service / Intake

Optum Behavioral Health has call centers and teams dedicated to supporting members and providers serve. For the best experience to resolve an inquiry related to one of your patients, **please call the Customer Service number on the back of the member's insurance card** for inquiries related to:

- Claims
- Patient Eligibility
- Benefit Information
- Authorizations
- ASO Funding Information

Provider Service Line

The Provider Service Line for behavioral health providers is **1-877-614-0484**.This department can best assist you with inquiries related to:

- Credentialing/Recredentialing
- Contracting/Fee Schedules - To obtain a copy of your contract/fee schedule or request a change in fees schedules, please call Provider Services at 1-877-614-0484 or email your request to us.
- Network Status

Provider Relations

A Provider Relations Advocate is available to assist with escalated concerns. Call Provider Service at 1-877-614-0484 and request that a case be opened and routed to a Provider Relations Advocate (PRA). Your issue will be timestamped, documented, and assigned to an appropriate PRA.

Understanding the Service Model

Provider Express secure portal technical support

Call the Provider Express help desk at 1-866-209-9320 for assistance with troubleshooting your secure portal account.

Member-specific inquiries

Call the number on the back of the member's insurance card for: Eligibility and benefits, ASO funding, claims and payments and more.

Helpful links

Massachusetts - Provider Express

National - Provider Express

Provider Express Support - Contact Us

Surest Health Plan (formerly Bind) Surest Health Plan

Student Resources Provider Page

ABA Network Contact

VACCN Contact: Region 1: **1-888-901-7407**

UMR Provider Portal

UMR: Contact Us

Optum Pay Support Team **1-877-620-6194**

Optum Health Education

Optum Health Education is a nationally accredited provider of continuing education (CE) for the health care team. This website houses Optum Health Education accredited CME/CE and health education resources.

Access is free of charge and available to all! Visit Optum Health Education and create an account to get started Create an account

Click here to see the latest on demand training for Behavioral Health clinicians Behavioral Health | Optum Health Education

Top of Mind Newsletter

Top of Mind and Optum Behavioral Health news will be delivered right to your inbox the first Tuesday of every month. Change your mind? Unsubscribe at any time.

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Thank You