

In This Issue

- Helpful Links
- Contact Information
- Claim Reconsideration and Appeal Process
- Keeping Your Practice Information Updated
- Training & Guides
- Provider Alerts & Health Plan News
- Group Contract Requirements

Helpful links

[Maine - Provider Express](#)

[National - Provider Express](#)

[Provider Express Support - Contact Us](#)

[ME Licensing Information](#)

[Provider Directory](#)

[ME Authorization Forms](#)

[Frequently Accessed Forms](#)

Claim Reconsideration and Appeal Process for Commercial and Medicare Advantage:

Providers will be able to request reconsideration review of a Commercial or Medicare Advantage claim before filing an appeal of an adverse coverage determination.

[Claims Reconsideration-Appeals Quick Reference Guide](#)

[Claim Reconsideration Request Form](#)

All registered users with access to Claim Inquiry can [sign in](#), look up the claim via the **Claim Inquiry** transaction, and file a **Claim Adjustment Request**

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 Services Line

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

- Credentialing/Recredentialing
- Contracting/Fee Schedules
- Network Status

The Provider Relations Team is here to help with your escalated issues. Please reach out to us at ma-nh-me-networkmanagement@optum.com

More Resources:

[ABA Network Contact](#)

VACCN Contact: Region 1: 888-901-7407

UMR: [Contact Us](#)

[UMR Provider Portal](#)

Surest Health Plan (formerly Bind) [Surest Health Plan](#)

[Student Resources Provider Page](#)

Keeping Your Practice Information Updated

Providers are required to verify their demographic information listed in the provider directory every 90 days, **including updating your area of expertise (AOE)**. Individually contracted providers can add or delete expertise as well as submit the required documentation for attested area of expertise.

[Area of Expertise \(AOE\) Updates Required](#)

[Updating Your Practice Information](#)

Note: If you are unable to submit update requests through Provider Express, you may submit to updatemyinfo@optum.com.

To change tax identification information or add another practice location with a different TIN, **access the online [Add / Update Form](#)**

Training and Guides

Billing Guidance: [Claim Billing Guide – Billing under Supervision](#)

Important: Please contact the EDI Support Desk at 1-800-842-1109 for assistance in setting up your system to submit your supervision claims electronically

Optum Health Education Spotlight:

[Women's Mental Health](#) (available for CEU credits until 03/01/2024)

[Gender Diversity in Mental Health and Substance Use](#) (available for CEU credits until 08/01/2024)

[Healing Racial Trauma Through Somatic Anti-Racism Practices](#) (available for CEU credits until 04/18/2025)

[Optum Health Education](#)

Provider Alerts and Health Plan News

- **Medicare Part B New License Types** effective Jan. 1, 2024 [Medicare Part B New License Types](#)
- **1099 Forms:** You will be able to retrieve 1099-MISC, 1099-NEC, and/or 1099-INT forms associated with your Tax Identification Number (TIN) from the 1099 On-line site. This includes any of these forms issued by UnitedHealth Group and its affiliates. [1099 Forms Online Site](#)

Group Contract Requirements

Group contracts are available under limited circumstances. Please note that your group must meet the below criteria to be considered for a group contract:

- All clinicians who are eligible, based on Optum Criteria, agree to participate.
- Claims are submitted under the practice TIN; individual practitioner is also identified on the claim.
- Must have a central intake and central billing.
- Must have capability for cross coverage and triage for urgent appointments.
- Requires a minimum of 5 providers who will be credentialed.
- Multi-disciplinary practices preferred.