

New Provider Get Started Checklist - Medica

Overview

Review the Get Started Checklist below for information on our Provider Express secure portal, provider website and resources that will make your job easier from Day 1. Check the box after you've explored and/or taken action on each item.

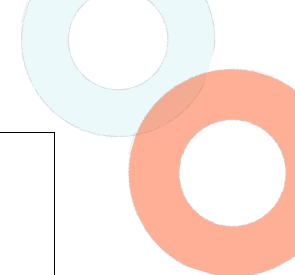
Need additional help?

- [Key information and resources for working with Medica Behavioral Health](#)
- Connect with our AI Virtual Assistant 24/7. Simply, [log in to the Provider Express secure portal](#) with your One Healthcare ID.
- Call Medica Behavioral Health Provider Services at **1-800-848-8327**, Monday – Friday, 8 a.m. – 5 p.m. CT

Step	What to do	Status
1	Review your executed Participation Agreement: From Optum's Contracting Team, it outlines the health plans (products) you're contracted for and the associated fee/reimbursement schedule. • Explore the network provider manual(s): An extension of your Participation Agreement, the manuals detail network, treatment and reimbursement requirements, core processes and deadlines, member rights and more. Check out the National Network Manual.	☐
2	Check your directory listing: Confirm the information is accurate and submit any corrections within 10 business days. • Go to Liveandworkwell.com • Scroll to the footer, select Find a provider under Resources • Answer the question to be guided to the provider directory • Choose your plan type • Add the zip code of your location • Enter your name to view your listing To update your Directory information: • Log In to the Provider Express secure portal with your One Healthcare ID and password • Select My Practice Info. Then choose Clinician Information. • Use the edit pencil to make edits. If you see a 'view only' icon, please contact your group administrator to make updates. • Save your changes and attest if needed. You'll receive a confirmation number for your records. Your updates are generally viewable the next business day.	☐

3	Work electronically with us: Using the Provider Express secure portal is the fastest, easiest way to: • Check member eligibility and benefits, request prior authorizations, submit claims and check claim status, and much more • Find patient- and provider-specific information • Access our AI Virtual Assistant for 24/7 support and answers to your most common questions Ensure every staff member/third-party vendor has secure portal access: Anyone who provides administrative support needs their own One Healthcare ID and access to the secure portal. Your practice may provide portal access to an unlimited number of staff/vendors. Explore our Training page for portal resources including: • Guide to Creating a One Healthcare ID • Guide to Identify Verification during Portal Registration Once registered, most portal access is immediate. In some cases, it can take up to 10 business days after registration to gain access.	☐
4	Determine how you'll submit claims: Optum accepts claims electronically via Electronic Data Interchange (EDI) and through the Claim Entry tool in the Provider Express secure portal. You may also mail paper claims. To ensure submission accuracy in any method, check out our Claim Tips and Reimbursement Policies.	☐
5	Set up Optum Pay® claim payments: Payments are deposited directly into your bank account as soon as possible. Optum Pay also provides 835 files for health care providers and facilities. Learn more.	☐
6	Explore Providerexpress.com: Our public website just for providers. No registration or password needed. Find clinical criteria, manuals, reimbursement policies, state-specific information, news and resources. It's also where you log in to the Provider Express secure portal. • Check out your state webpage: Get state Medicaid and plan-specific information. Find the state-specific selection tool on the right side of the Providerexpress.com main page.	☐
7	Subscribe to the Top of Mind Monthly Provider Newsletter: Get one email, once a month for all the news, updates and changes you need to know. Get it at your preferred email – and have your entire staff subscribe (no sign-up limits).	

8	Stay up to date on authorization requirements and processes: We're continually working to ease prior authorization requirements where we can. Because of that, it's important to keep an eye out for changes that may eliminate the need for prior authorization requests. Right now, please note the following prior authorization and notification requirements for network providers: Prior authorization required Inpatient and Residential Services including: • Mental Health Residential treatment included eating disorder treatment • Psychiatric Residential Treatment Facility • Early Intensive Developmental & Behavioral Intervention ○ Fax Individual Treatment Plan (ITP) and Comprehensive Multi-Disciplinary Evaluation (MDE) authorizations to 855-454-8155 Submit prior authorization requests through the Provider Express secure portal enhanced prior authorization process. Log in to the secure portal and select Auths from the top menu to get started. Notification upon admission required • Psychiatric Inpatient • Substance Use Disorder Residential • Intensive Residential Treatment Services • Crisis Residential • Behavioral Health Homes for enhanced rate, first 6 months of services No prior authorization or notification needed • Most outpatient services: Medica Behavioral Health does not require network providers to submit prior authorization requests or notifications for most outpatient services including: ○ Partial Hospitalization ○ Intensive Outpatient Note: Medica Behavioral Health will enforce Minnesota Department of Human Services benefit limits for Adult Rehabilitative Mental Health Services (ARHMS), we will outreach to impacted providers. For more information on prior authorizations, please call the Medica Behavioral Health Care Advocacy Center at 1-800-850-6141.	☐
10	Start off with these best practices: To welcome Optum members to your practice, you may want to make the following standard practice:	☐



	• Adhere to required appointment standards: Wait times vary by service and health plan (Commercial, Medicaid, etc.). Review the requirements in Optum's Behavioral Health Services National Provider Network Manual. • Verify member insurance information at each appointment: This helps ensure up-to-date information before you submit claims. • Keep your practice information current: You are contractually obligated to update information within 10 days of a change. To prevent member frustration, directory accuracy including whether you're accepting new patients, seeing patients at different office locations, etc. is vital. • Watch for required 90-day data attestation emails: The Consolidated Appropriations Act requires you attest to the accuracy of your practice information every 90 days. If you do not respond to these requests, Optum may remove you from our network directory. • Discuss all treatment options with enrollees: Review risks/benefits even if they're not covered under the benefit plan.	
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