Optum

New Mexico Provider EXPO

Optum Behavioral Health

December 2024

BH00534-24-WEBP

Our Foundational Approach to Helping People

Addressing individual needs is our focal point. We do this by creating systems of care that include strategies that empower people to achieve their wellness goals in ways that work most effectively for them.

Person-Centered Care

A relationship-based approach to care that honors and respects the voice of individuals

Whole-Person Health

- A focus on a person's health and well-being by addressing their improving physical health, mental/psychological health and the mind-body connection
- Also considers a person's living environment (housing and work status) and access to community supports

Meeting Consumers Where They Are

Creating opportunities to help people access the knowledge, tools and services they need to achieve and maintain their well-being

Provider Express

Provider website designed for our behavioral health providers for Optum and its affiliates

Our goal at Optum is to make health care better for everyone we serve.

Provider Express has one single-minded goal: To make your experience with Optum better.

Benefits of Provider Express:

- The digital tools you'll find on Provider Express are built to drive efficiency, reduce costs and make the overall experience of working with Optum a highly satisfactory aspect of your workflow.
- Clinicians who use Provider Express consistently rate the portal best in class.
- Provider Express also garners such high satisfaction scores because it makes secure transactions like eligibility and benefit inquiries **fast, efficient and easy**
- It can be accessed at any time because it is available 24/7.

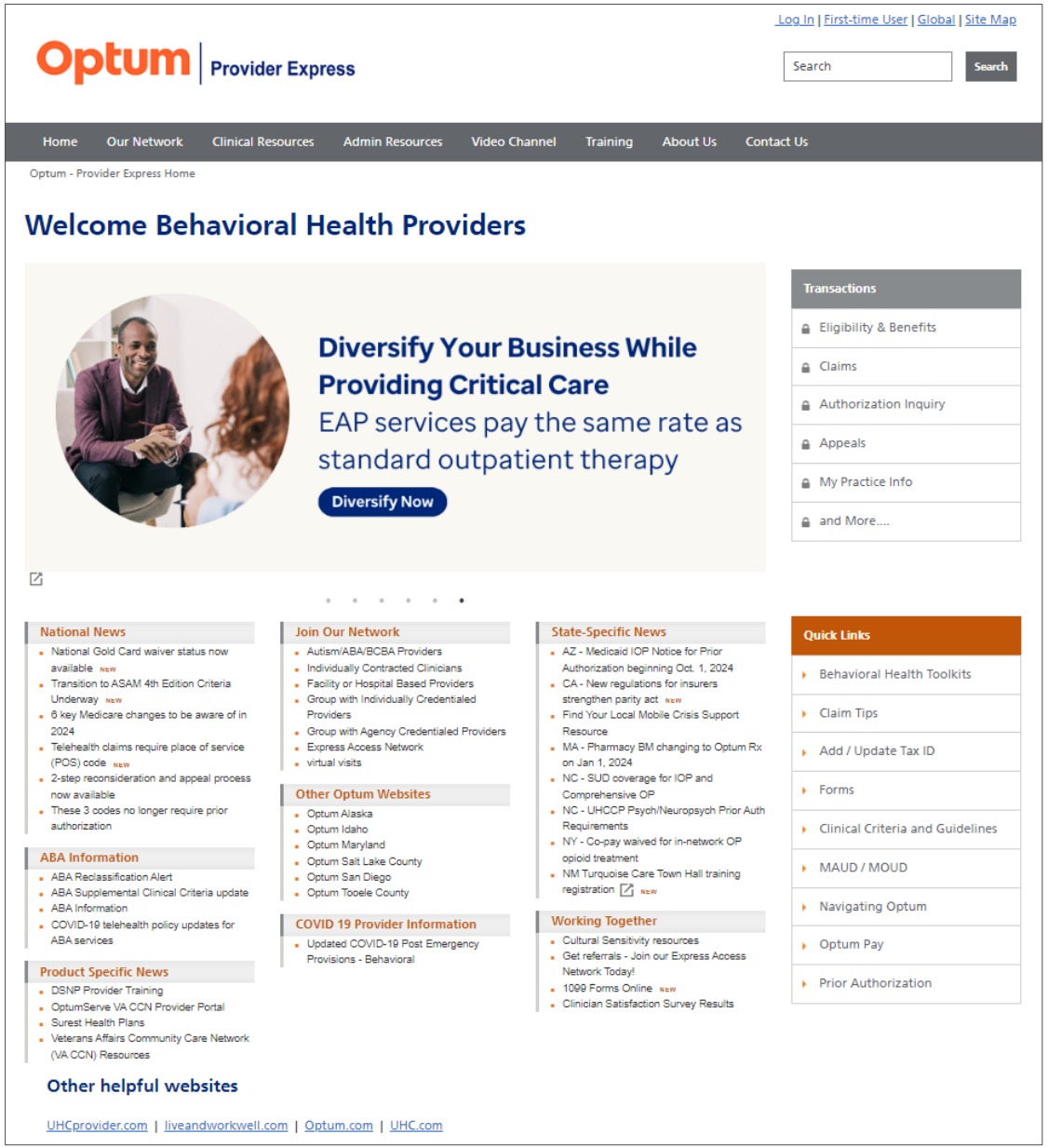
Sign up today by clicking on the following link:
Registration | One Healthcare ID

Provider Express Public Pages

Public Pages

- Public pages include general updates and useful information
- Secure pages require registration
- The password-protected secure “Transactions” gives you access to Member and Provider specific information
- Both in-network providers and out-of-network providers can register to use the secure pages
- In-network providers will have access to more tools in the secure pages

Important Sections



Searching for something specific? Use the global search box.

Links used most often (Secure portal and public pages)

Navigation Tabs for important categories of information

Navigation Tabs: Clinical Resources

Guidelines and Policies
- Clinical Criteria and Guidelines
- Reimbursement Policies
- Clinical Practice Guidelines

Behavioral Health Toolkits
- Behavioral Health Toolkit for Medical Providers
- Clinical and Quality Measures Toolkit for Behavioral Providers
- Foster Care Toolkit
- Intellectual and Developmental Disabilities (I/DD) Toolkit
- Military and Veterans - Behavioral Health Tool Kit for Providers
- Recovery & Resiliency Toolkit

Provider Training Materials
- Cultural Sensitivity Trainings
- Government Agencies
- Professional Organizations
- OptumHealth Education

Network Provider Manuals
- National Network Manual
- California Behavioral Health Network Manual
- State-Specific Manuals and Addendums

Prior Authorization
- Services that require prior authorization
- The Gold Card Program

Resources for Patient Care
- Applied Behavior Analysis Information
- Complex Case Management Program
- Consumer Self-Help Organizations
- Coordination of Care
- Mobile Crisis Support by State
- Perinatal Mental Health Toolkit
- Psychiatric Disability Management Program, Opens In New Window
- Self Care by AbleTo
- Telemental Health
- The Wellness Assessment

Medication Resources
- Position statement on evidence-based treatment adopted by the Federation of State Medical Boards in April 2024
- Genoa Medication Management
- Long-Acting Injectable (LAI) Medication
- Long-Acting Naltrexone for AUD
- Medications for Alcohol and Opioid Use Disorder (MAUD / MOUD)
- Spravato FAQs
- Spravato FAQs – Harvard Pilgrim Specific
- Spravato Overview and FAQs – Western Health Advantage

Administrative Resources
- Express Access Network
- Frequently Accessed Forms
- Network Newsletters
- Outpatient Psychotherapy and Community Based Services

Navigation Tabs: Administrative Resources

We help make the administration of your practice easier and more efficient

Working with Optum Behavioral Health

- California Language Assistance Program
- Claim Tips
- Emotional Wellbeing Solutions (formerly Employee Assistance Program)
- Fraud, Waste, Abuse, Error and Payment Integrity
- Platinum Recognition
- Frequently Accessed Optum Forms
- Prior Authorizations and Notifications

Provider Express Secure Portal Resources

- Updating Your Practice Information
- Where to find Provider Remittance Advice (PRA) statements

Health Plan Information

- Surest Health Plans (formerly Bind)
- UnitedHealthcare Exchange Plans

Navigation Tabs: Administrative Resources – Claim Tips

Claim Tips detail

- Claim Entry Through Provider Express
- Claims Correction or Resubmission
- Claim Submission Hints
- EAP Claims
- Electronic Claims Submission (EDI)
- Optum Pay™
- Improve the Speed of Processing
- Facility Claims
- Outpatient Claims
- Where to Submit Your Optum Claim

Training Links and Guided Tours

Training

- Webinar/Training Resources
- DSNP Provider Training
- My Practice Info Navigation for Groups
- Behavioral Health Tool Kits
- Review Online: Training Resources are available within **Review Online** in the secure portal
- New Authorization Request Option (known as STAR) is available in **Review Online** in the secure portal Guided Tour
- Veterans Affairs Community Care Network (VA CCN) Resources

Guided Tours

- Auth Inquiry
- Claim Entry
- Claim Inquiry and Claim Adjustment Request
- Contact Us
- Eligibility & Benefits
- First-Time Users Registering on Provider Express
- My Practice Info
- Message Center (see also FAQs)
- Provider Express Technical Guide

Provider Express Video Channel

A variety of helpful information is covered in brief, step-by-step videos.

See these and other video topics:

Employee Assistance Program (EAP) Overview
A brief overview that introduces you to EAP and answers frequent questions, such as reimbursements. Runtime: 2:33

Optum Authorization Inquiry
Quick overview for checking the status of an Authorization for Optum through our online provider portal, Provider Express. Runtime: 3:52

Navigating Optum Webinar
Get up and running quickly with this informative on-demand webinar. Runtime: 30:37

Eligibility & Benefits
Brief overview covers many of the time-saving enhancements newly incorporated in to the Benefits & Eligibility section. Runtime: 4:20

Best way to contact Optum
Contacting Optum through the Provider Express website. Runtime: 1:34

Claim Entry on Provider Express
Submitting claims using both the short form and the long form. Runtime: 8:15

Meaningful Use Requirements
Cloud-based Electronic Medical Records and Practice Management applications. Runtime: 2:07

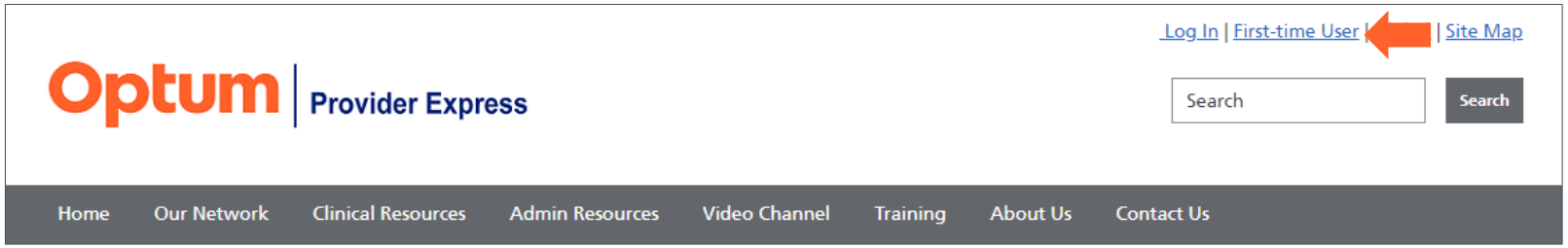
Become a Telemental Health Provider
As an Optum Telemental Health Provider, you can broaden your reach and potentially increase your referral base. Runtime: 4:58

Easily Update Your Practice Information
Overview for adding, deleting or revising practice information in the all-new My Pratice Info for individual providers. Runtime: 4:52

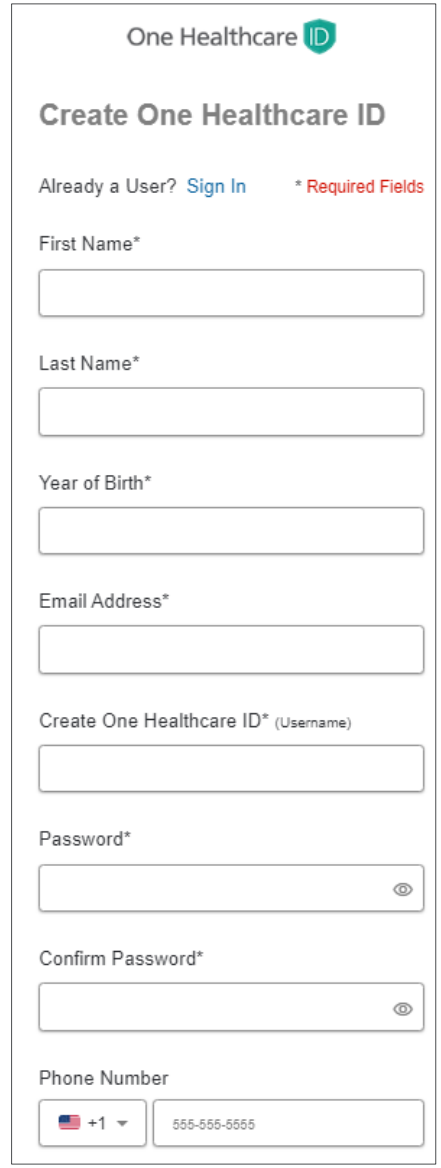
Provider Express Secure Portal

Register for Access

Select the “First-time User” link in the upper right-hand corner of the home page



Once you click on “First Time User” you will be prompted to create a One Healthcare ID

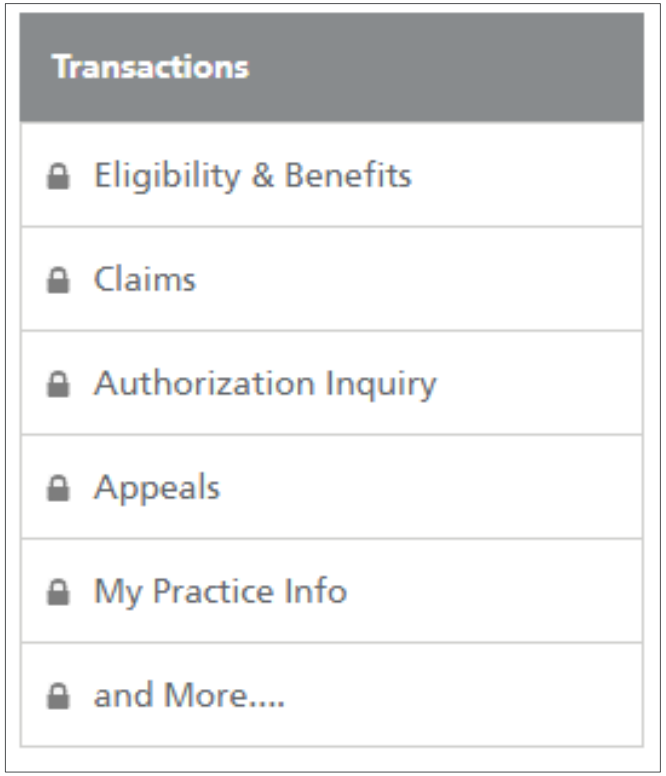


Navigation to Secure Transactions

Find it on the right side of the home page:

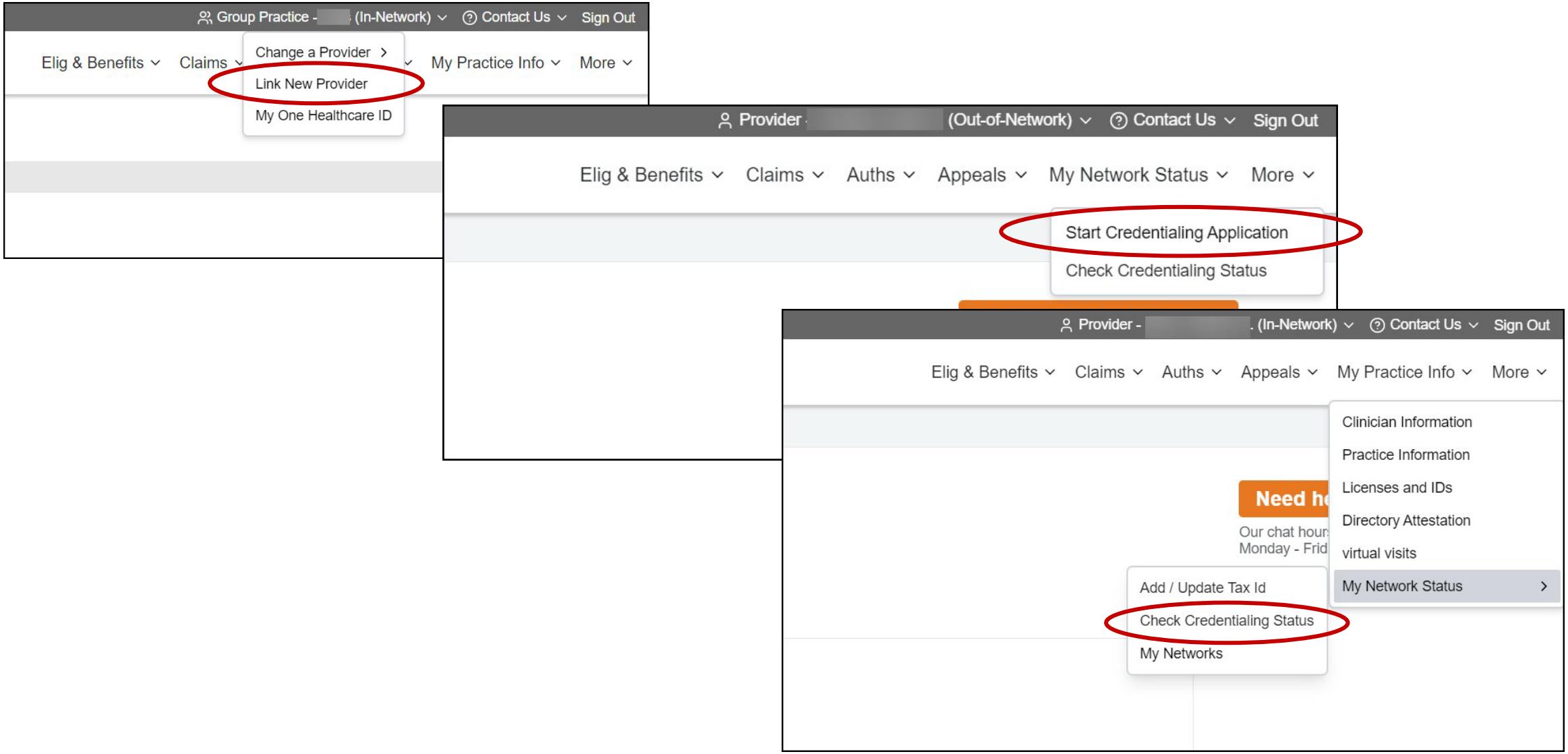
- Check eligibility and authorizations or notification of benefits requirements
- Obtain authorization or complete notification for higher levels of care
- Create and maintain My Patients list
- Submit professional claims and view claim status
- Make claim adjustment requests
- Register for Optum Pay, including Electronic Funds Transfer (EFT)
- Update practice Information

Many of these topics have trainings on the Video Channel or Guided Tours under Training



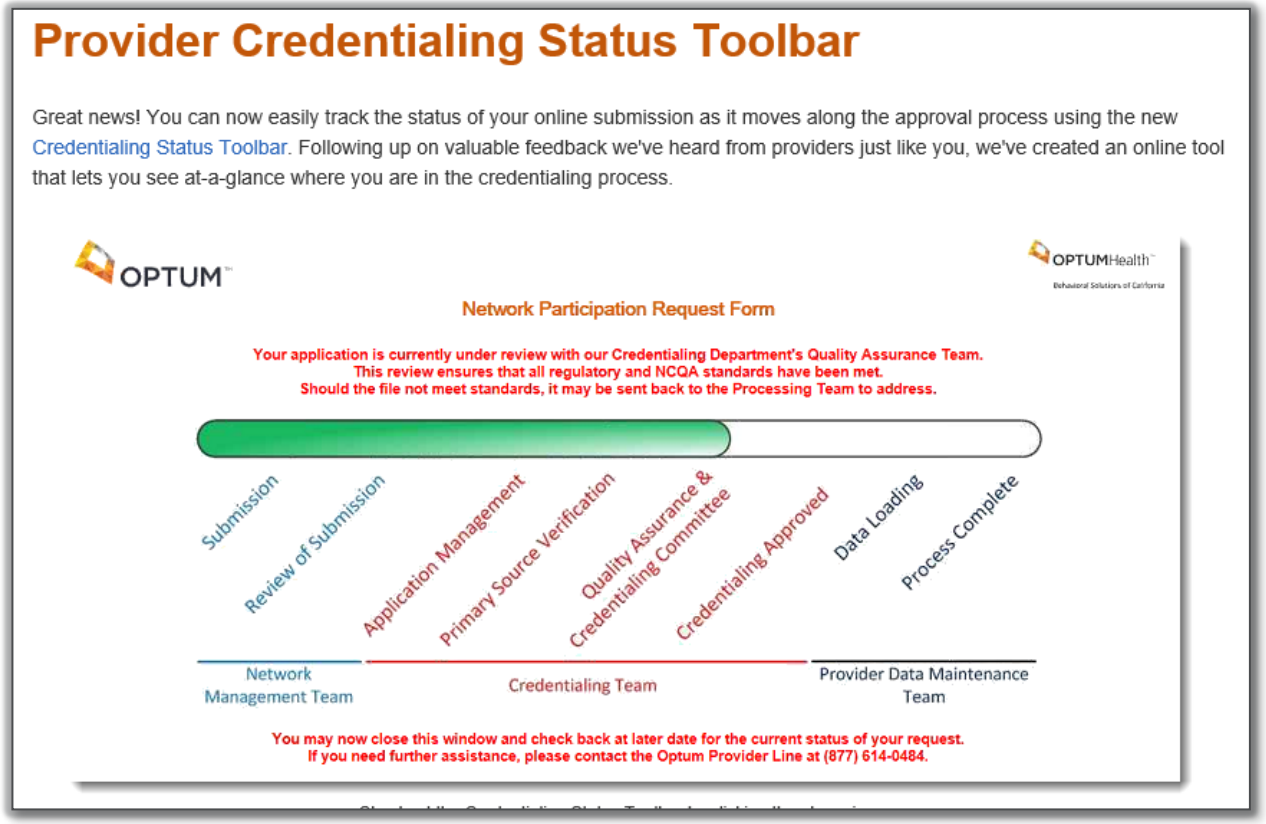
Credentialing with Optum

Link New Provider/Initiate the Credentialing Process – Individual Clinicians



Improve the Speed of Processing - Tips for Applying to the Network

- Ensure your CAQH is accurate and up-to-date. You will need to enter your CAQH ID # on the credentialing application. If you need to update your CAQH profile, please contact CAQH.org.
- Missing documents from Optum are sent out via DocuSign. Sign and return as quickly as possible.
- Check the status of your application with the Credentialing Status Toolbar, available at Providerexpress.com



Eligibility

Eligibility

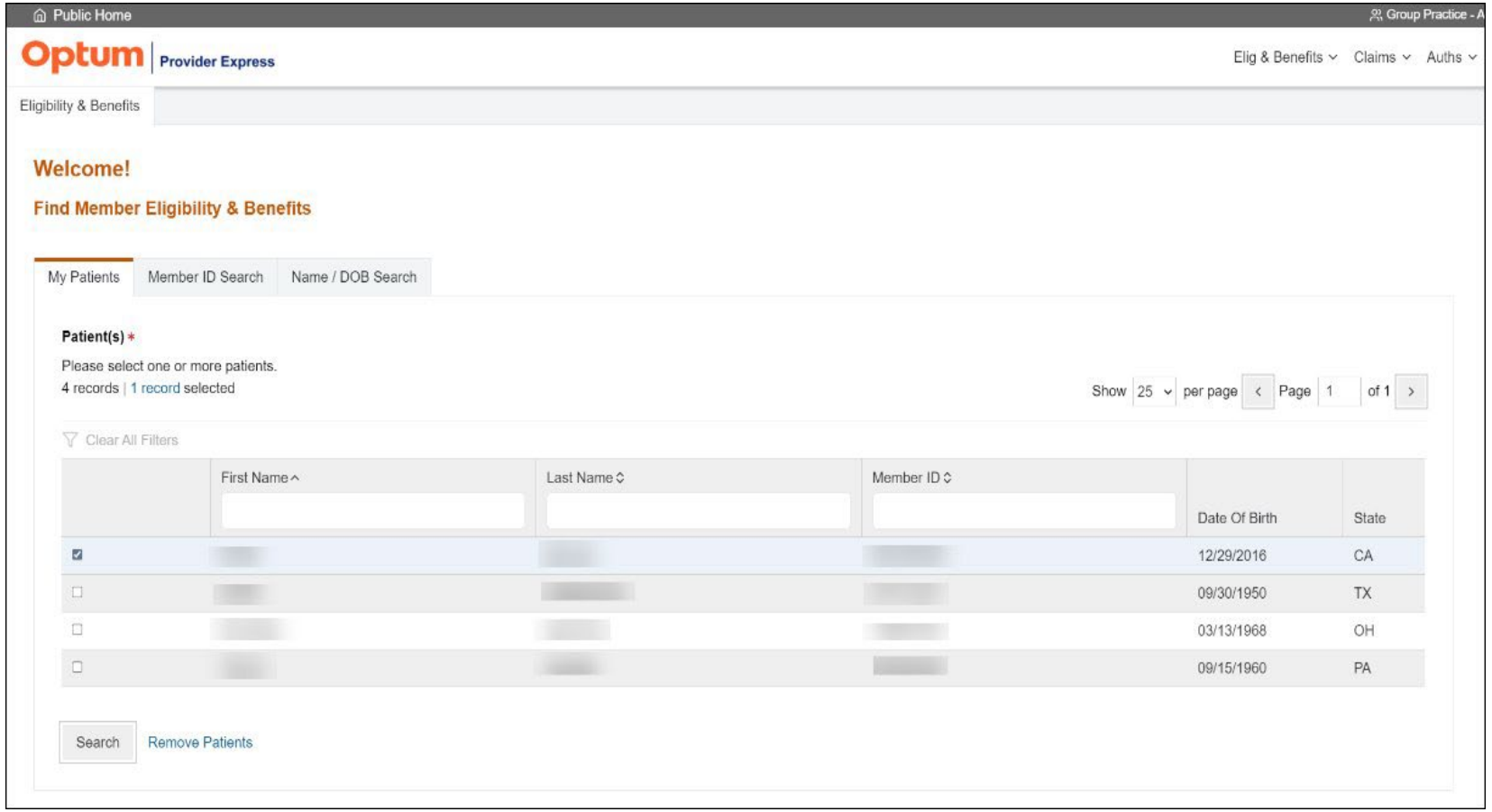
- Verify on secure portal of Providerexpress.com
- Call the number on the back of the Member's insurance card to see if Member is eligible for your services
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the Member's insurance card.
- Make sure all services **receive prior approval before beginning services**
- When calling the Optum Care Advocate you must have:
  - Member's Name
  - ID#
  - Date Of Birth
  - Address

Verify Eligibility

This is the first page you will see after logging into Secure Transactions.

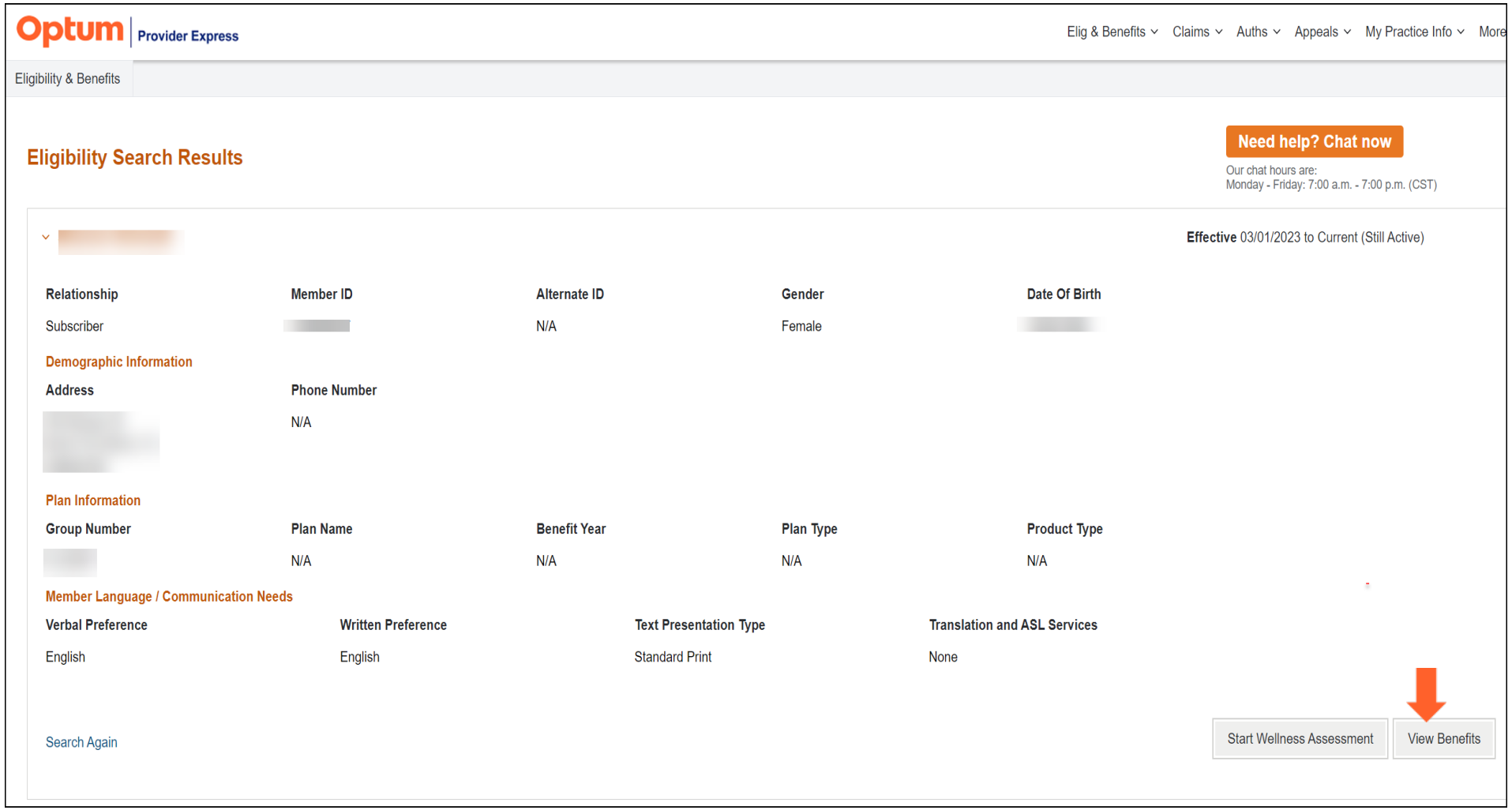
Here, you can check the eligibility and benefits for members by searching in one of three ways:

- Search under My Patients
- Member ID Search
- Name/DOB Search

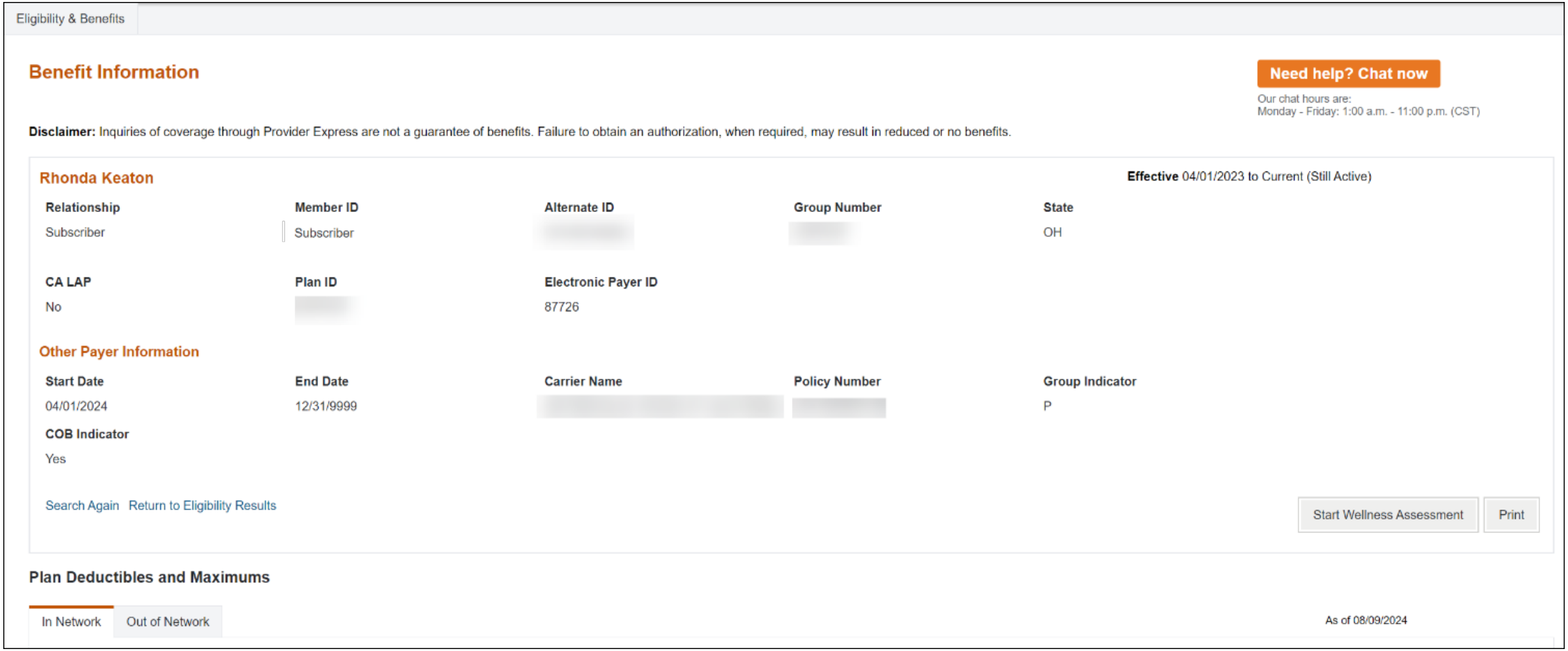


Eligibility Results

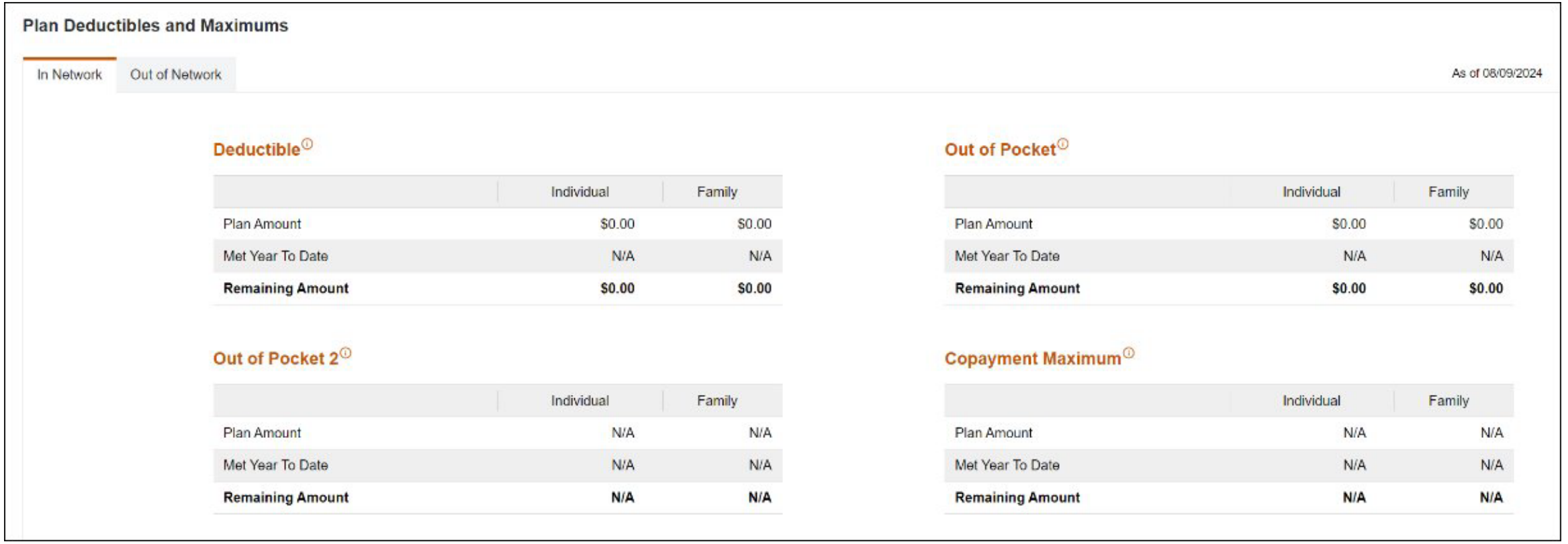
Select **View Benefits** to see the next screen



Member Detail - Benefit Information



Plan Information - Plan Deductibles and Maximums



Plan Deductibles and Maximums

In Network | Out of Network

As of 08/09/2024

Deductible

	Individual	Family
Plan Amount	$0.00	$0.00
Met Year To Date	N/A	N/A
Remaining Amount	**$0.00**	**$0.00**

Out of Pocket

	Individual	Family
Plan Amount	$0.00	$0.00
Met Year To Date	N/A	N/A
Remaining Amount	**$0.00**	**$0.00**

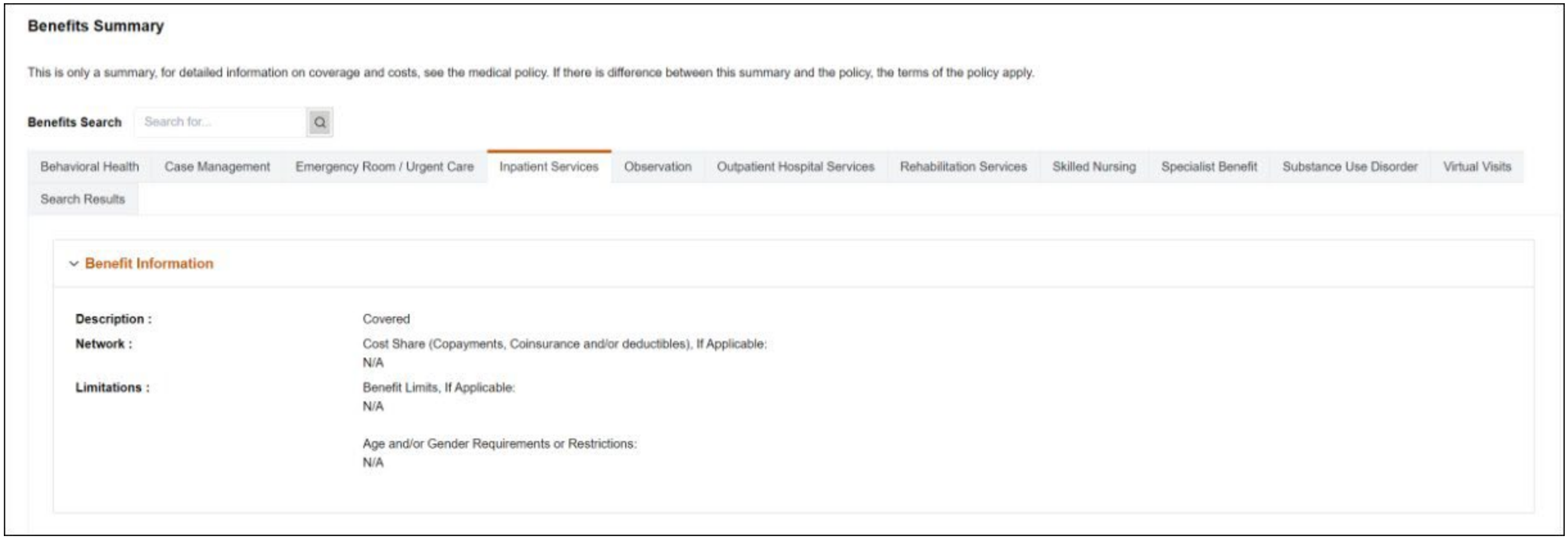
Out of Pocket 2

	Individual	Family
Plan Amount	N/A	N/A
Met Year To Date	N/A	N/A
Remaining Amount	**N/A**	**N/A**

Copayment Maximum

	Individual	Family
Plan Amount	N/A	N/A
Met Year To Date	N/A	N/A
Remaining Amount	**N/A**	**N/A**

Select Summary Benefits Tab



Auth Request

Prior Authorization – Individual Clinician and Group

How to Request a Prior Authorization

Providerexpress.com:

- Go to Auth Request page
- Click on Request New Authorization
- Choose service that you want
- Follow instructions

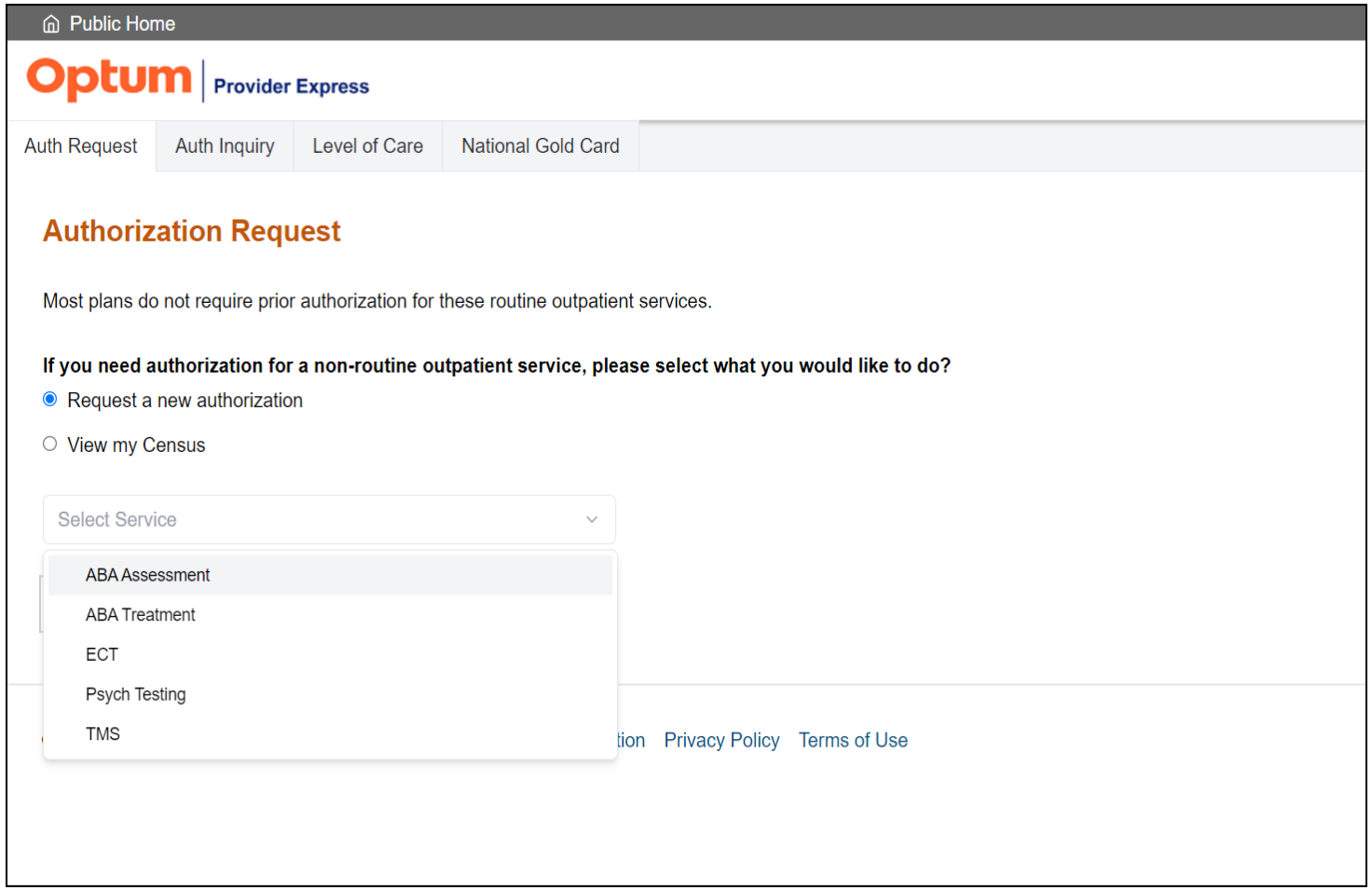
NOTE: Frequently used non-routine services where an authorization can be requested online include: Psych Testing, ABA Assessment and ABA Treatment, Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS)

OR

Call the number on the back of the member's ID card

Prior Authorization - Individual Clinician and Group

How to Request a Prior Authorization



Prior Authorization - Facility

How to Request a Prior Authorization

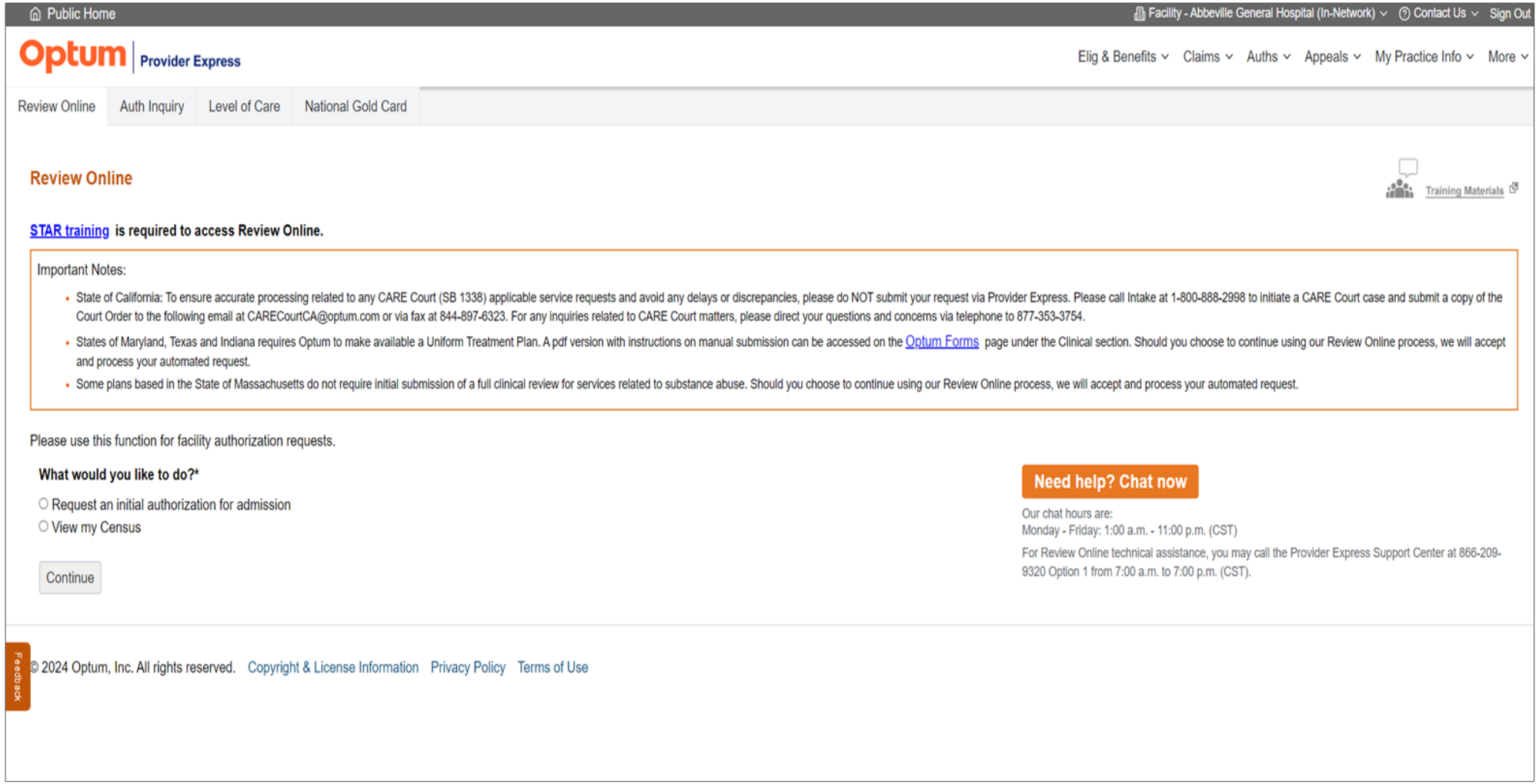
Providerexpress.com:

- Go to Review Online
- Request an initial authorization for admission
- Select member
- Choose Facility address
- Select service that is being requested
- Proceed to Step 3 and follow instructions

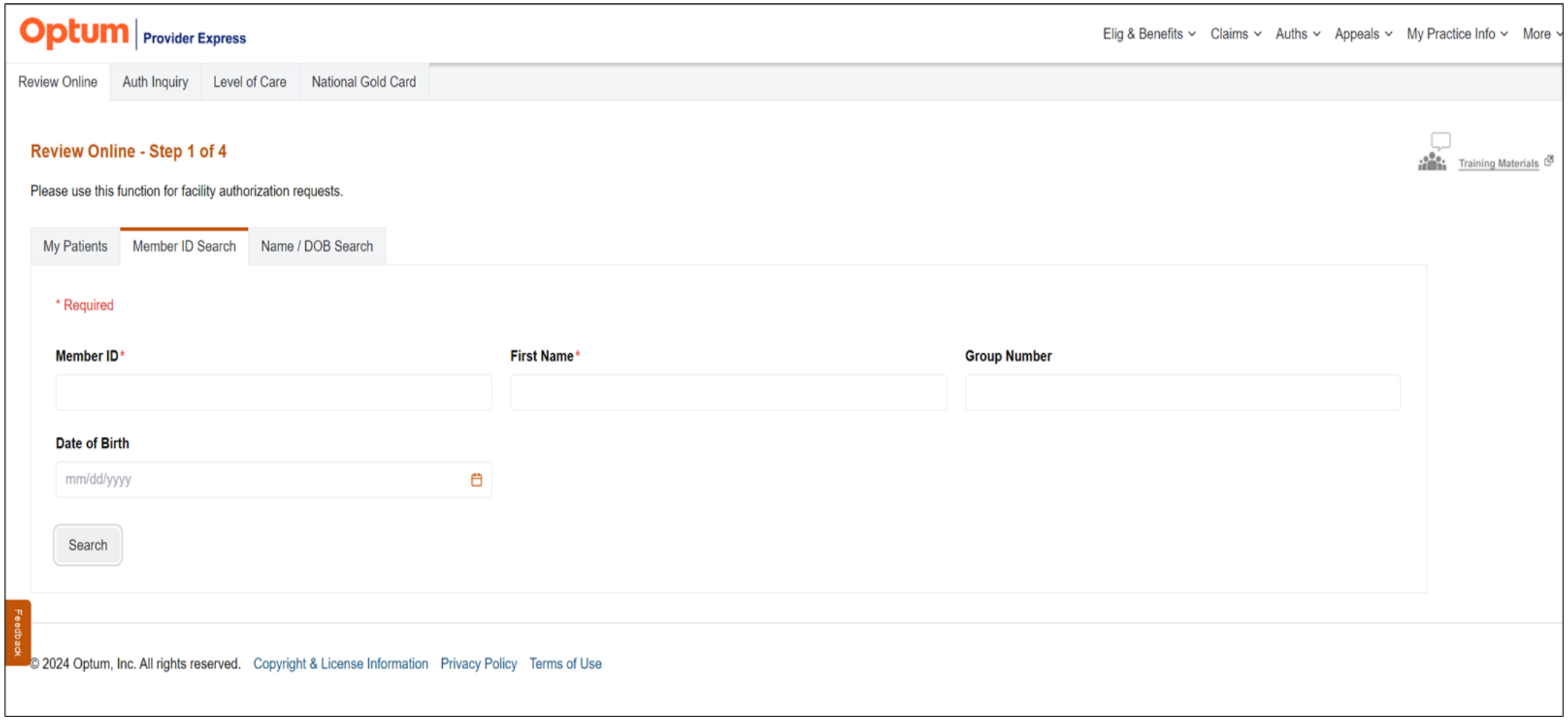
OR

Call the number on the back of the member's ID card

Prior Authorization – Facility – Review Online

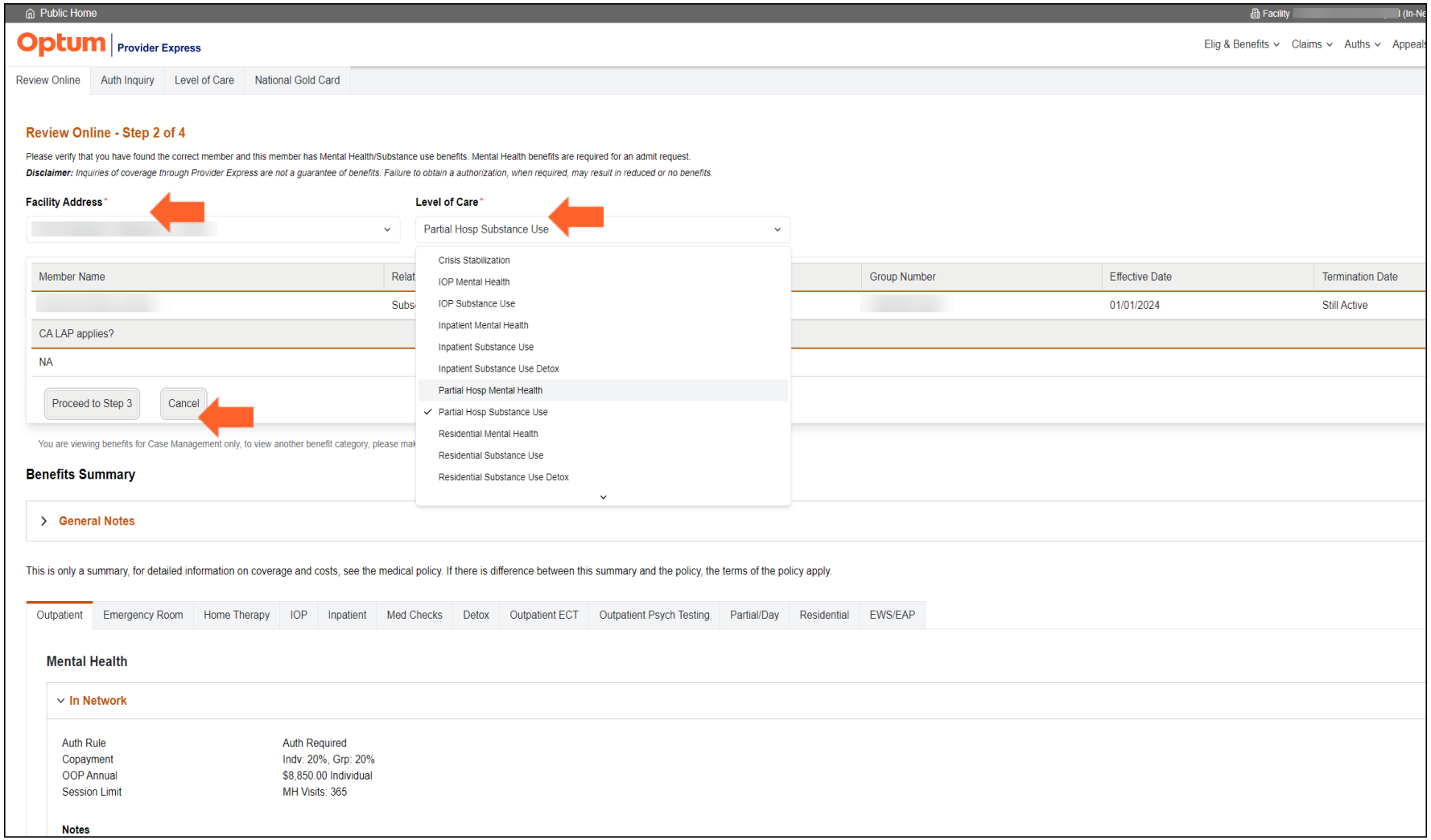


Prior Authorization – Facility – Review Online – step 1 of 4



Prior Authorization – Facility – Review Online – step 2 of 4

Choose Facility Address and Level of Care and select **Proceed to Step 3** button



New Mexico Authorization Forms

Plans administered by Optum Behavioral do not require prior authorization for routine outpatient services

Optum administers a wide range of benefits. See these links for more information on Provider Express:

- Checking a Member's eligibility and benefits to confirm member specific eligibility and benefits: this requires log-in (located in upper right corner)
  If you do not have an account, you can create one by clicking on First-Time user.
- How and when to authorize planned services to determine when a prior authorization request is required, as well as any pre-service requirements or required documentation.
- Clinical Criteria and Guidelines to review Clinical Review Criteria used to evaluate prior authorization requests.

New Mexico Uniform Prior Authorization Form

- New Mexico Uniform Prior Authorization Request Form - electronic submission
- New Mexico Uniform Prior Authorization Form - PDF version

Prior Authorizations and Authorizations- Review the code lists for details

[Prior Authorizations and Notifications page]

Prior Authorizations and Notifications

Plans administered by Optum Behavioral Health require authorization or notification for specialty outpatient services and most inpatient services

Review the code lists for details

UnitedHealthcare Community Plans	Individual and Family (Exchange)	Commercial Member Plans	Medicare Advantage Plans (Coming soon)

Reminder – Check member benefit plans at each visit

The Provider Express secure portal makes it easy to review a member's benefit plan and verify what services require authorization or notification. You can also use the secure portal to quickly submit authorization requests and check the status of requests in process.

Learn More

Prior Authorizations and Notifications

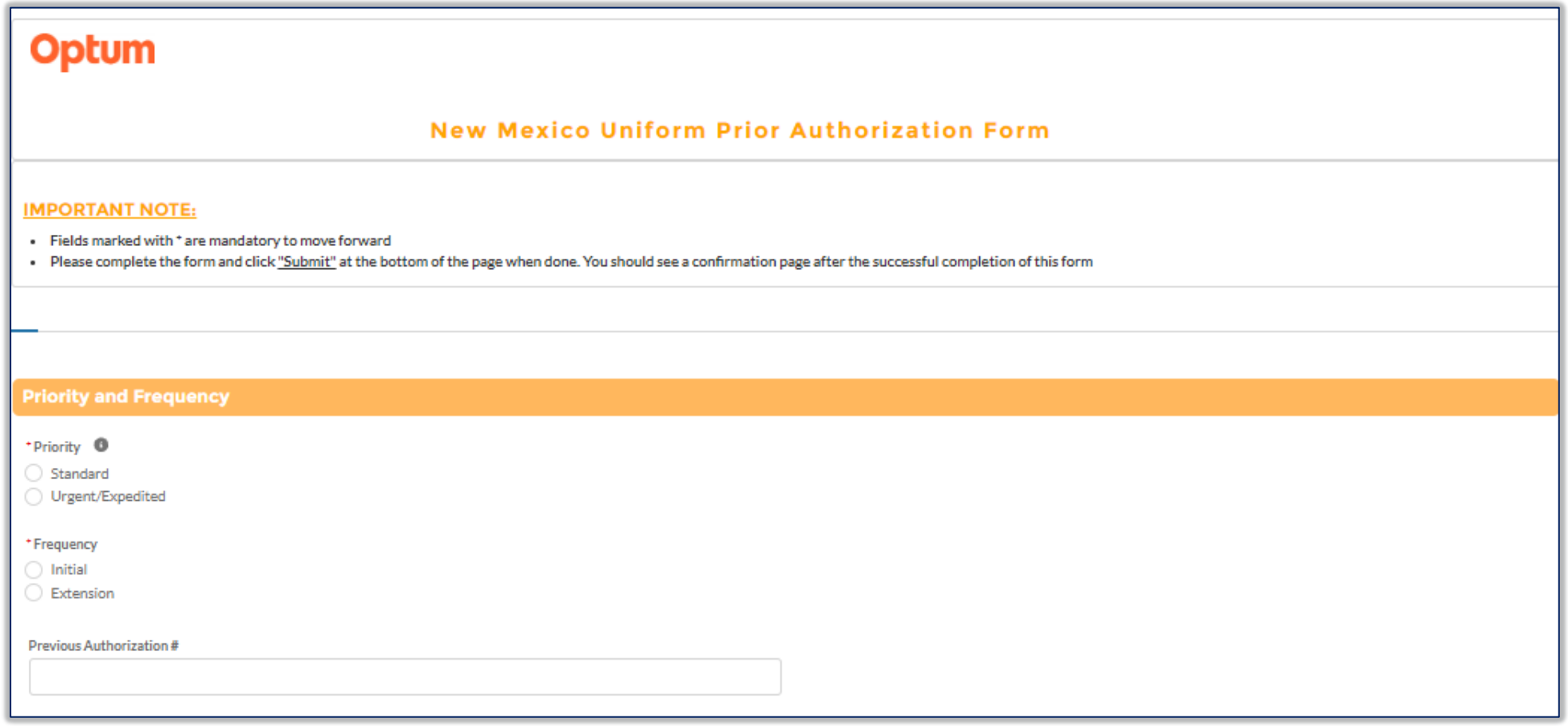
Plans administered by Optum Behavioral Health require authorization or notification for specialty outpatient services and most inpatient services. Review the code lists for details.

Individual and Family (Exchange)	Commercial Member Plans

Prior Authorization Code by State

- UnitedHealthcare Exchange Plan - New Mexico
- Commercial

On-Line Prior Authorization Form



Optum

New Mexico Uniform Prior Authorization Form

IMPORTANT NOTE:

- Fields marked with * are mandatory to move forward
- Please complete the form and click "Submit" at the bottom of the page when done. You should see a confirmation page after the successful completion of this form

Priority and Frequency

*Priority

Standard

Urgent/Expedited

*Frequency

Initial

Extension

Previous Authorization #

Authorization Inquiry

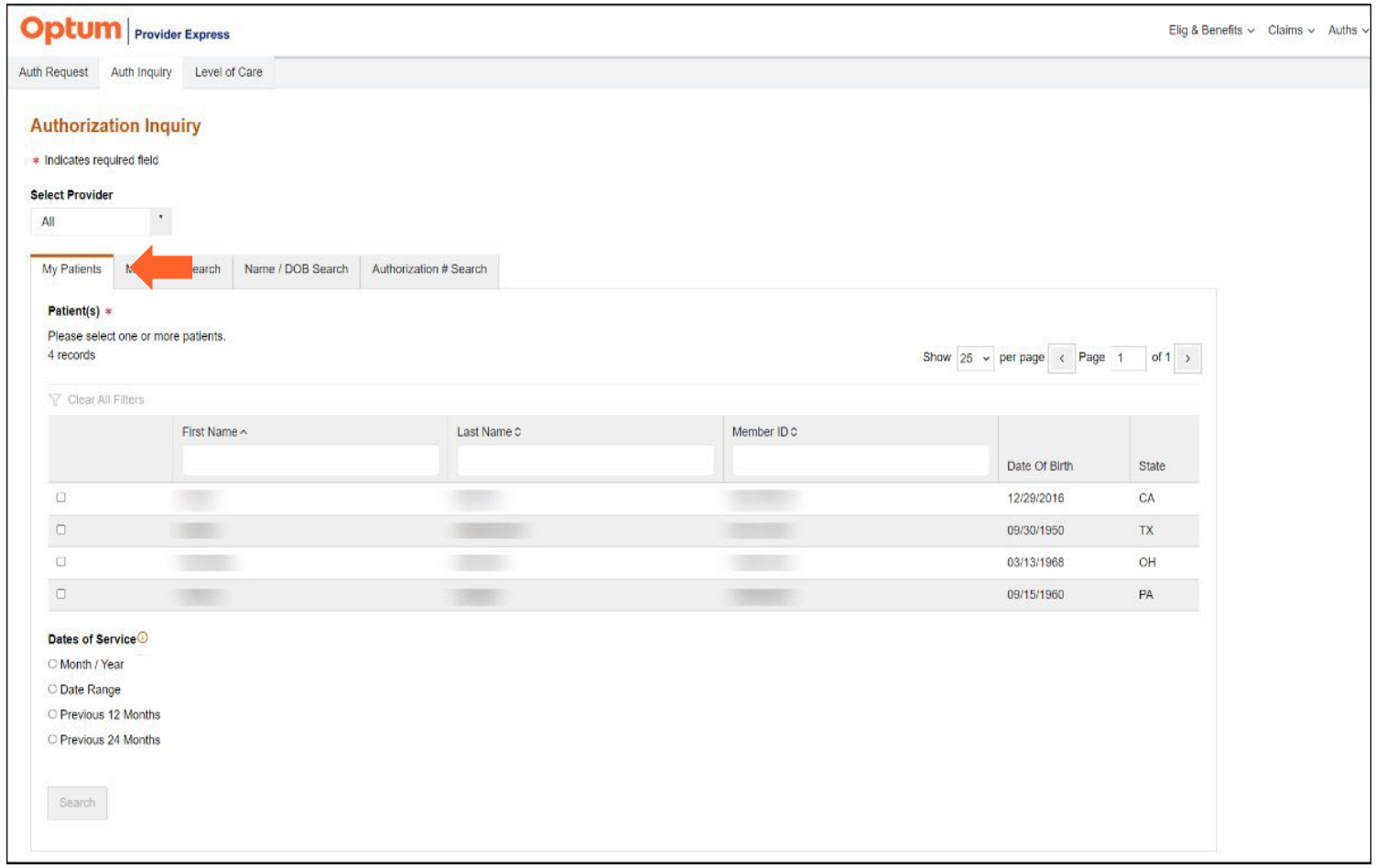
Authorization Inquiry - Search Options

There are several member search options available for this feature:

- **My Patients**
- Member ID Search
- Name / Date of Birth Search
- Authorization Search

Authorization Inquiry searches for active authorizations within the past 180 days, but you can choose a more specific date range to search as well.

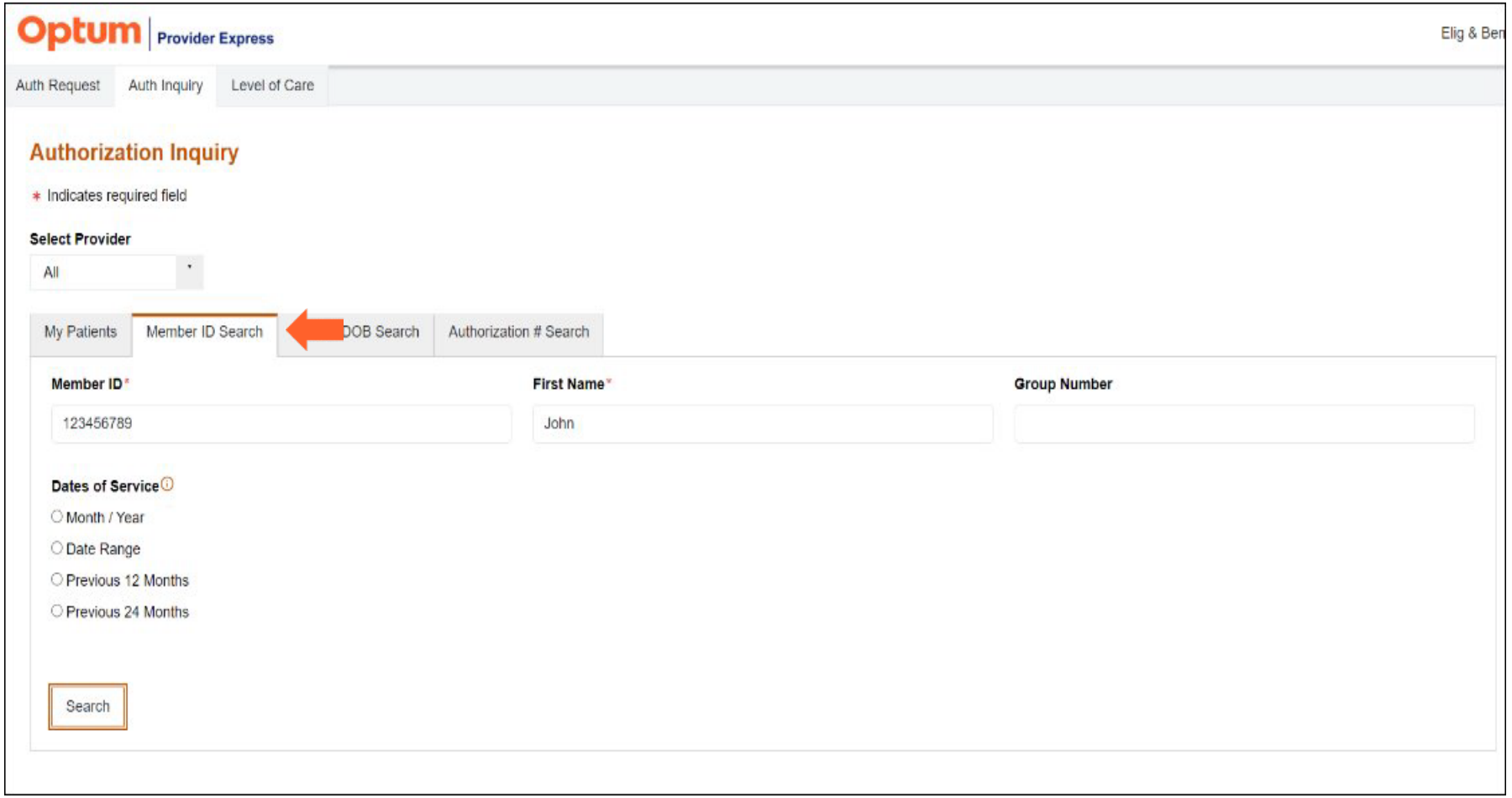
NOTE: All of these search options will render the same viewable authorization detail information



Authorization Inquiry – Member ID Search Option

This example displays Authorization Inquiry using the **Member ID Search** option.

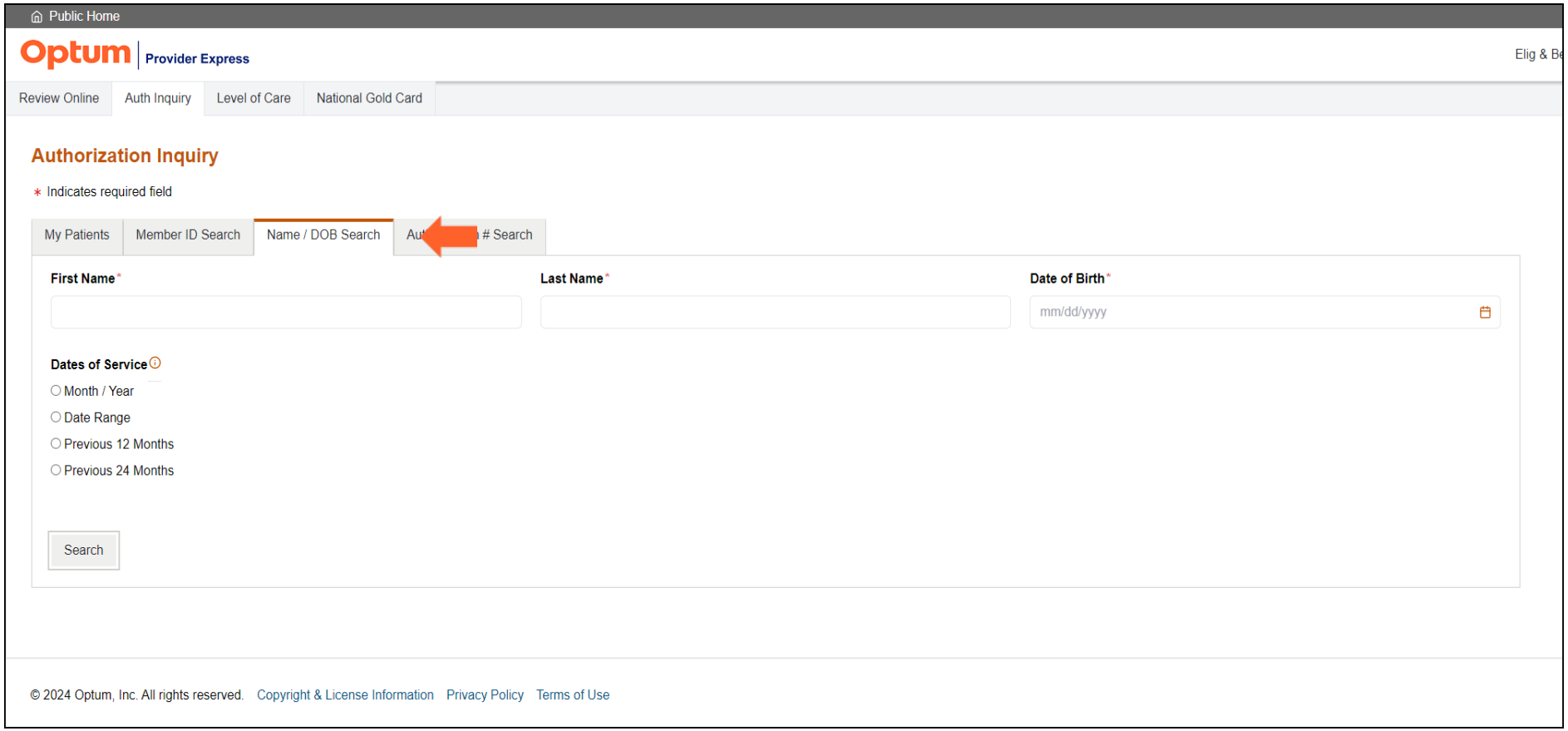
Click the Search button on the bottom of the screen after the selected option is completed



Authorization Inquiry – Name/DOB Search Option

This example displays Authorization Inquiry using the **Name / DOB Search** option.

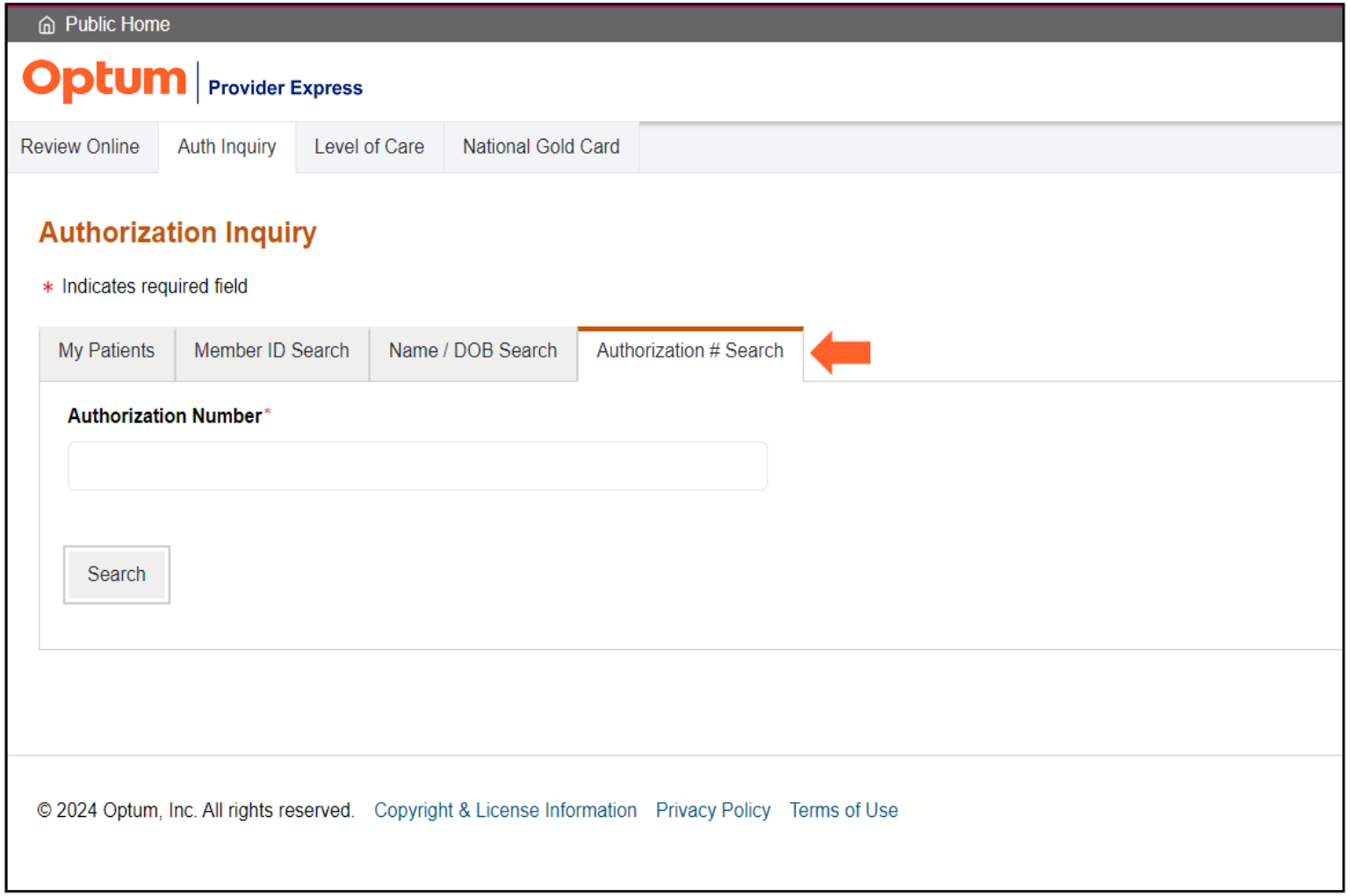
Click the Search button on the bottom of the screen after the selected option is completed



Authorization Inquiry – Authorization # Search Option

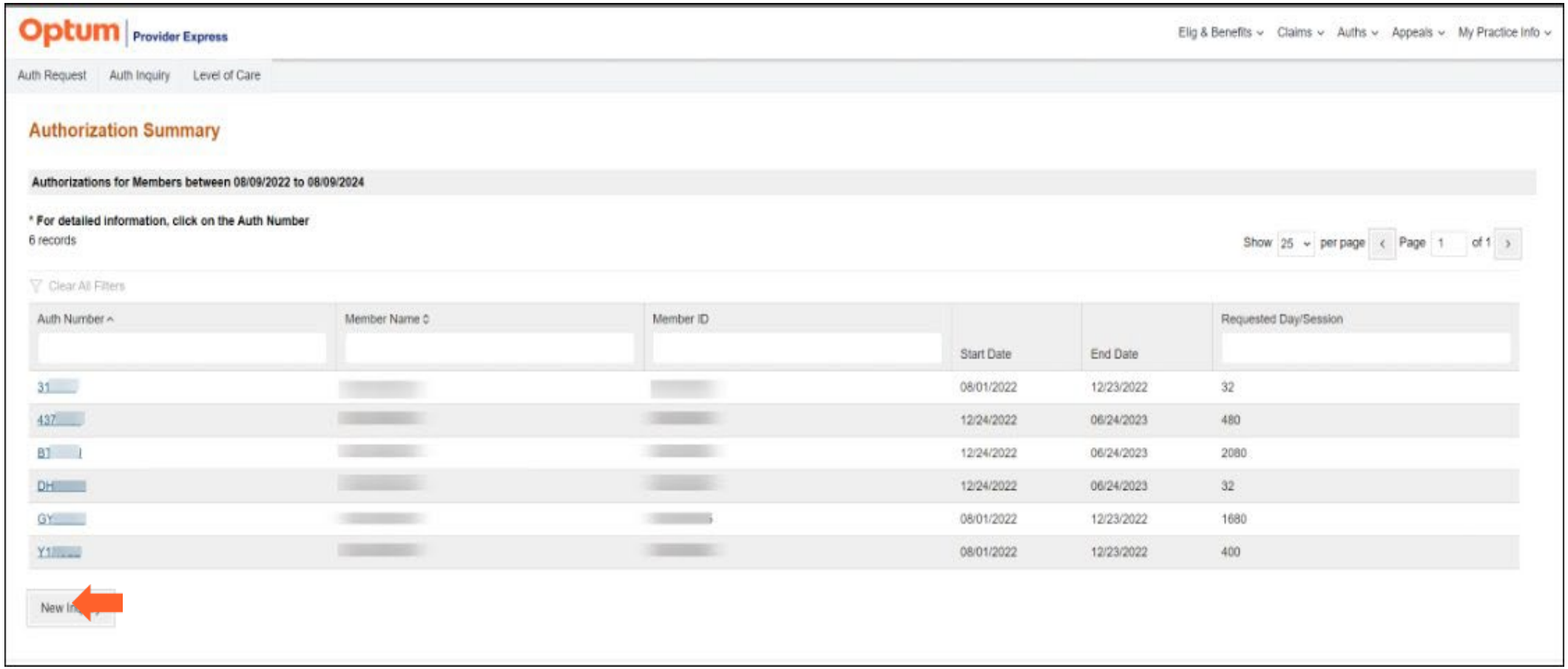
This example displays Authorization Inquiry using the **Authorization # Search** option.

Click the Search button on the bottom of the screen after the selected option is completed



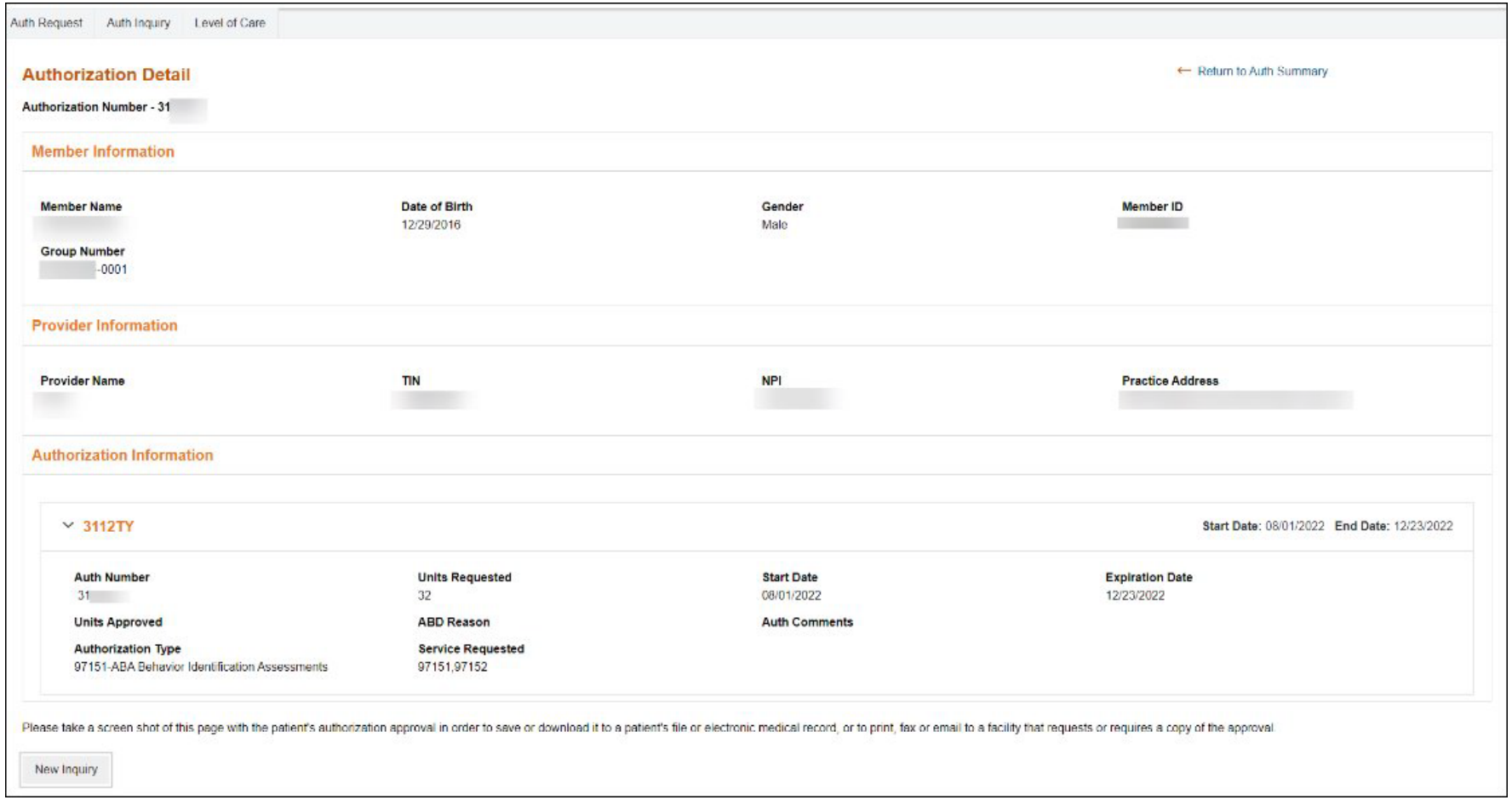
Authorization Summary

If active authorizations are on file for this member, a summary of these authorizations will display. To view details of a single authorization, click on the member's name. To search on a different member, click on "New Inquiry"



Authorization Inquiry Detail

Authorization Detail will give additional information such as: provider name, authorization type, allowable billing codes.



Claims, Billing and Reimbursement

Electronic Data Interchange (EDI) – Claim Submission

Optum uses two primary sources for electronic transactions from clinicians:

- **Provider Express** - the secure section of Provider Express allows network clinicians and group practices to perform claim submission and other transactions electronically, in real-time, 24/7 and free to Optum in-network clinicians.

- **EDI** - electronic data interchange (EDI) transactions are conducted through a clearinghouse vendor. EDI is ideal for submitting batches of claims electronically right out of your practice management system software and for tracking responses back from the payer(s). EDI transactions can be configured for either single-payer or multi-payer needs.

Be advised that some clearinghouse vendors may charge a fee per transaction or per month depending on your needs.

Claim Submission

Electronic Claims Payer ID: 87726

Additional information regarding EDI is available on:

providerexpress.com > About Us > Navigating Optum > Billing and Claims > Electronic Data Interchange (EDI)

Claims/Customer Service # :

- Call the number on the back of the member's insurance card. If you do not have a copy of the member's ID card, the main Optum customer service numbers are listed below:

Required Claim Forms (if not submitting electronically)

- Form 1500 (CMS-1500 form)

Paper Claims:

When submitting behavioral Claims by paper, please mail claims to the address on the back of the member's insurance card.

Claims Tips

To ensure "clean claims" remember:

- An NPI number is required on **all** claims
- A complete diagnosis is also required on **all** claims

Claims filing deadline

- Providers should refer to their contract with UnitedHealthcare/Optum to identify the timely filing deadline that applies

Claims processing

- Clean claims, including adjustments, will be adjudicated within 14 days of receipt

Balance billing

- The Member cannot be balance billed for behavioral services covered under the contractual agreement

Claims Tips (continued)

Member Eligibility

- Provider is responsible to verify Member eligibility through DHS website

Coding Issues

Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:

- Submitting claims with codes that are not covered services
- Required data elements missing, (e.g., number of units)

Provider information missing/incorrect

- Example: provider information has not been completely entered on the claim form or place of service

Prior Authorization Required

- Prior Authorization when required

Non-Independent Licensed Providers

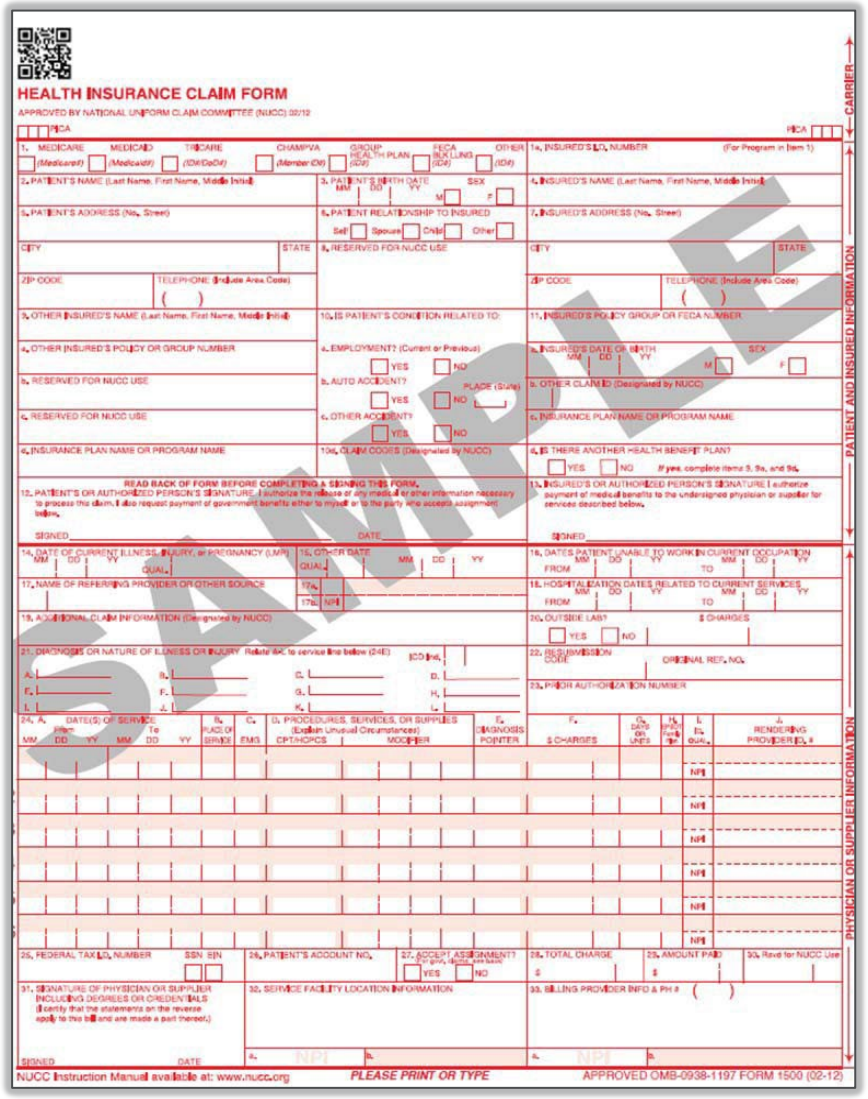
Reimbursement For Non-Licensed Clinicians

- New Mexico Turquoise Care Medicaid allows non-independent licensed provider, who meet the state guidelines to submit claims for services they provide to members.
- Unlicensed practitioners must be supervised by a licensed clinician who meets New Mexico requirements for training, licensing, and credentialing. In addition, the organization, group practice or facility that employs or oversees the unlicensed practitioner and supervising clinician must also meet state requirements.
- NILS are not allowed to render services to UBH Commercial or Medicare Members.

1500 Claim Form

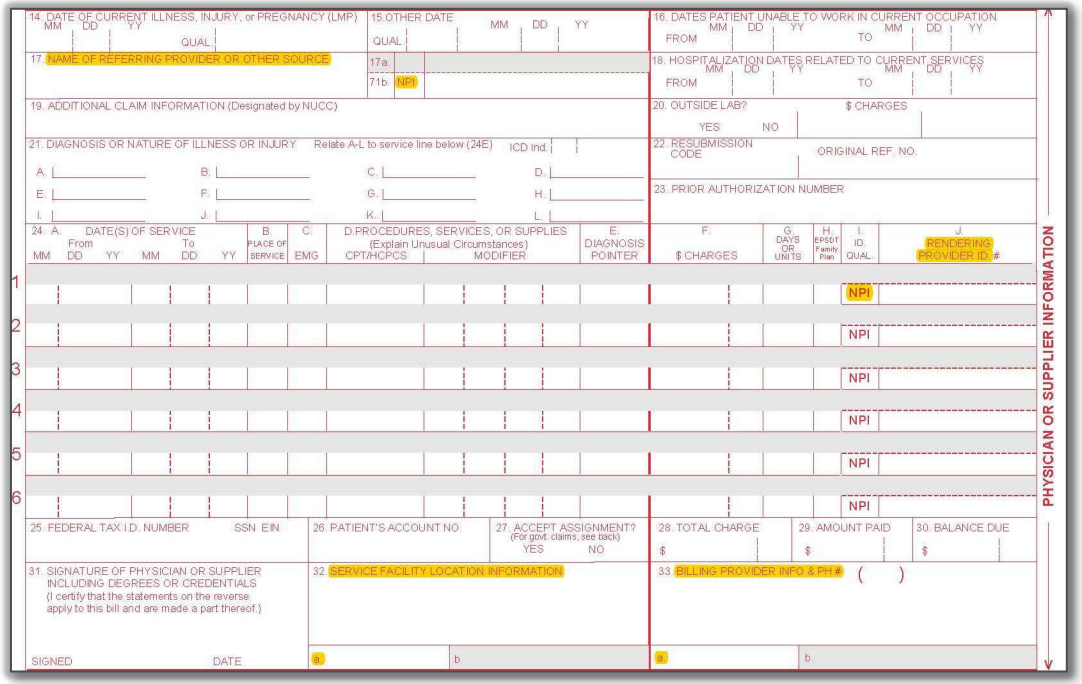
All billable services must be coded. Coding is dependent on several factors:

- Type of service (assessment, treatment, etc.)
- Use appropriate modifier for specific provider type
- Rate per unit
- Place of service (home or clinic)
- Duration of therapy (1 hr vs. 15 min)
- One DOS per line



1500 Claim Form (continued)

- ❑ The HCFA 1500 Form has 4 sections where provider information is stored, they have been highlighted for easy reference.
- ❑ The CRE Edit will review each section when a provider name and NPI number is populated.
  - 17b – Referring, Prescribing physician and NPI number
  - 24J – Rendering physician and NPI number
  - 32A – Service location and NPI number
  - 33A – Billing provider and NPI number



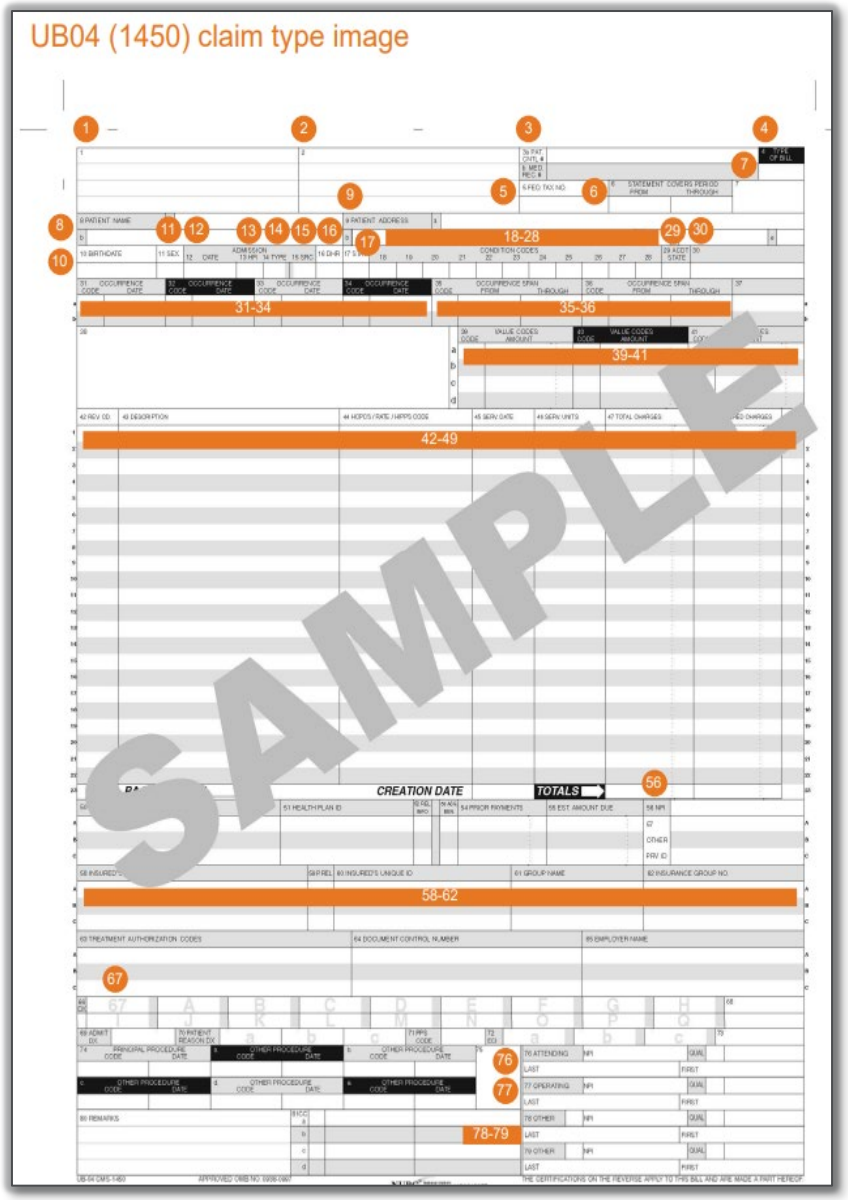
UB04 Claim Form

Inpatient claims are bills submitted for program level (facility-based) services such as:

- Inpatient Services
- Residential Services
- Day Treatment Services (Partial Hospitalization Services)
- Structured/Intensive Outpatient Services (IOP)

Additionally, facilities may submit bills for:

- Behavioral Health Assessment in the Emergency Room,
- Observation Services, and
- Crisis Services

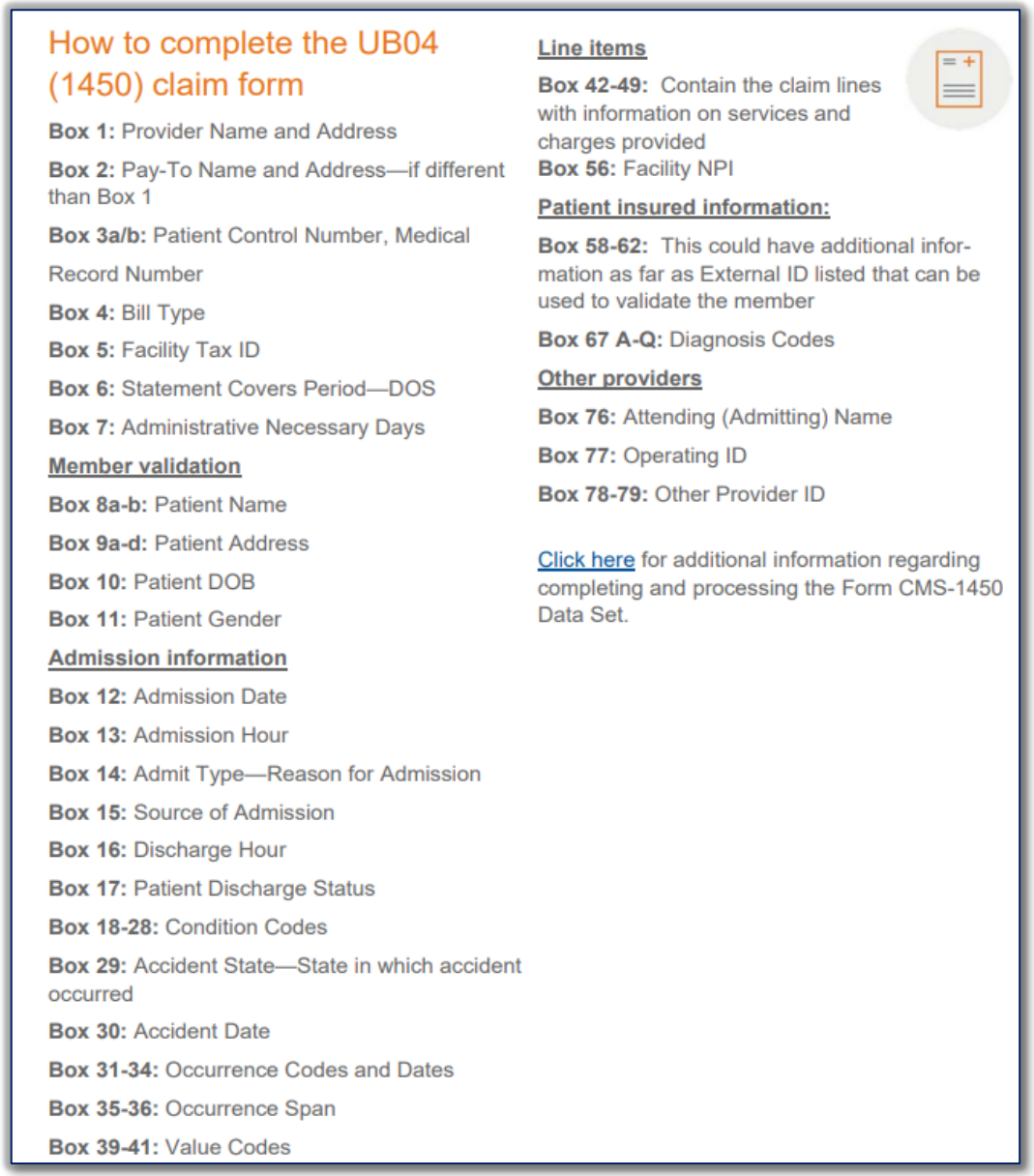


How to complete the UB04 Claim Form

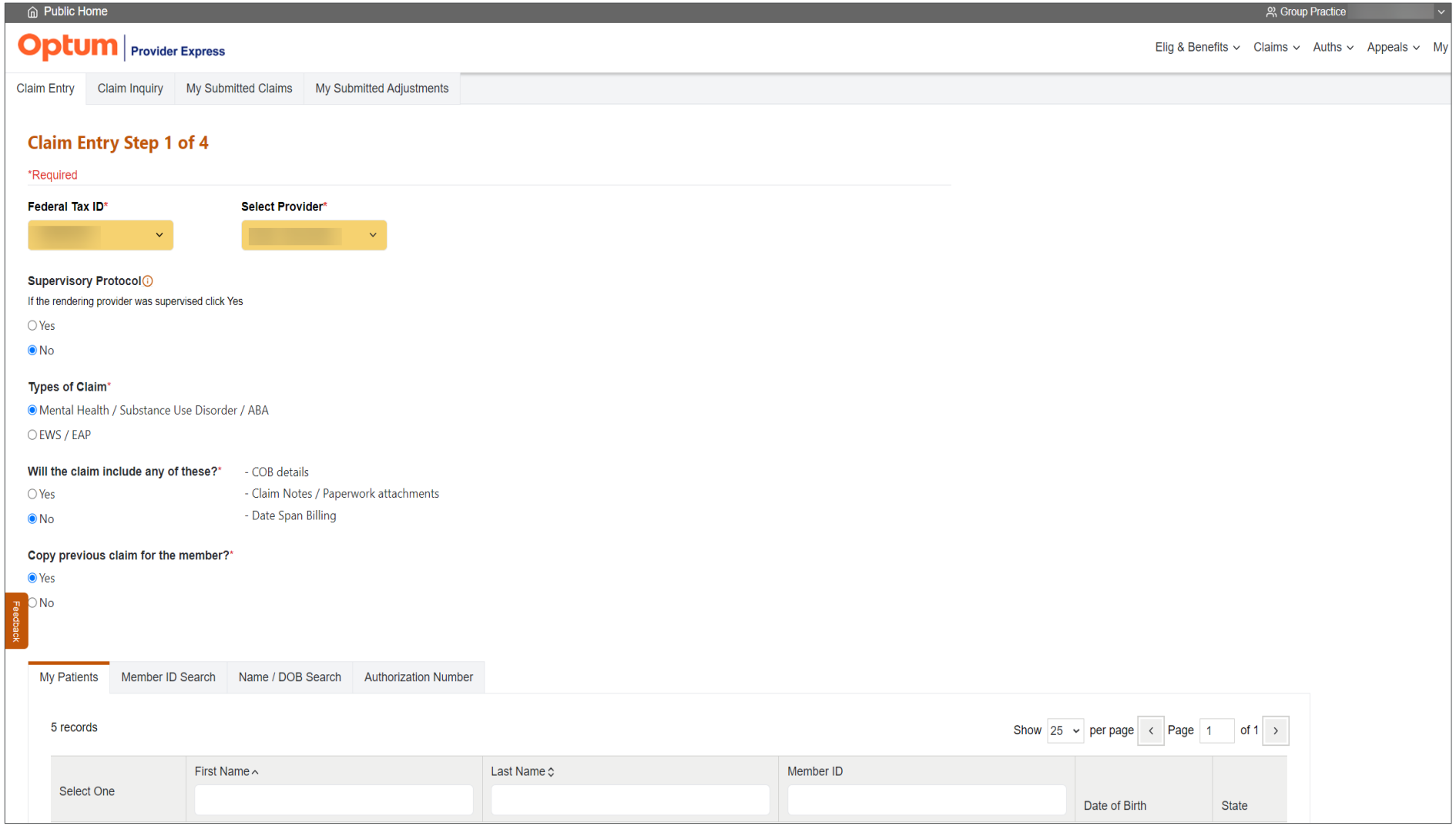
These claims are submitted on a UB-04 claim form using industry-standard, contracted revenue codes.

Each UB-04 must be accompanied by a complete itemization for all services.

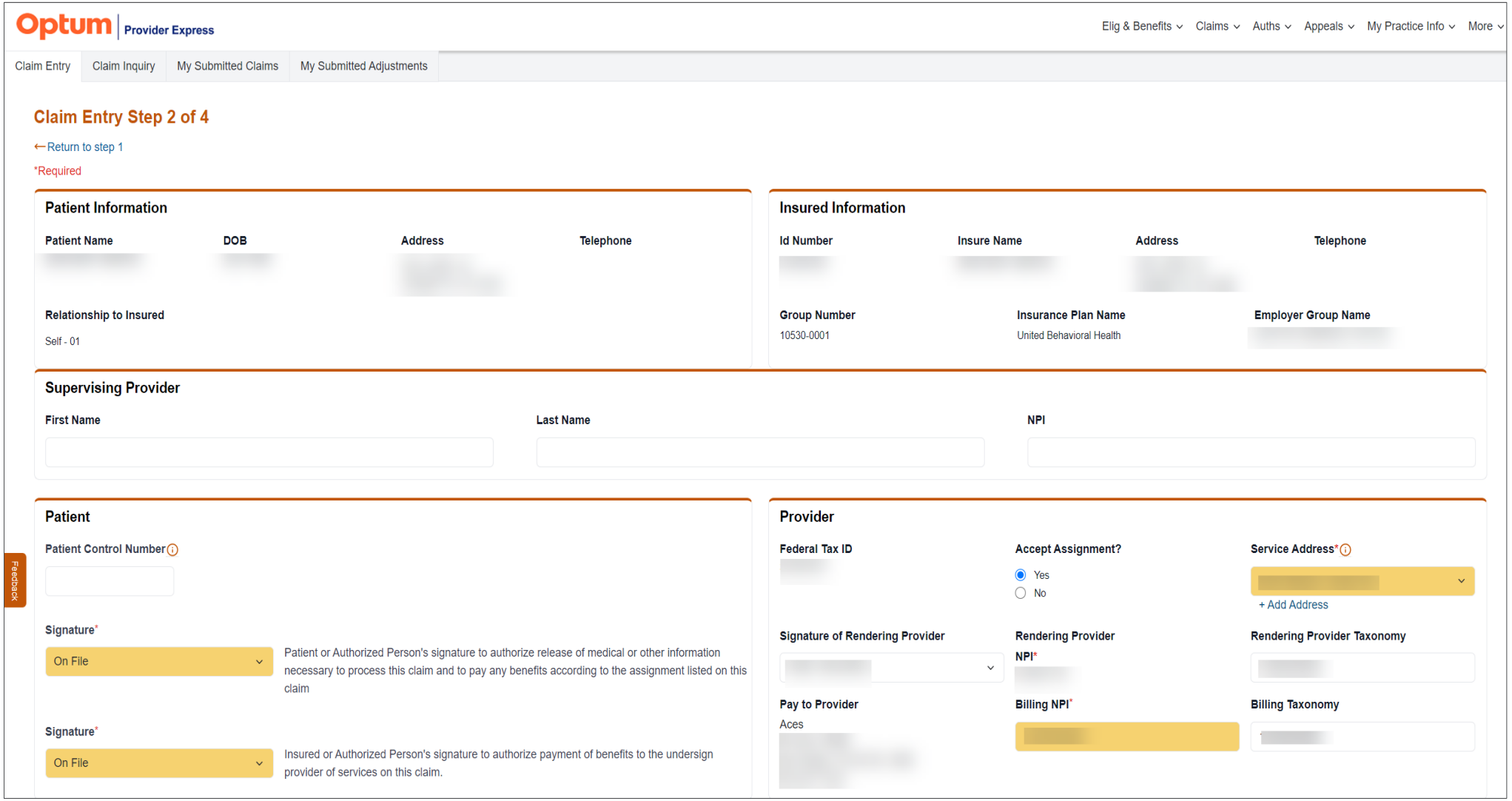
If you are a participating provider, it is important that you utilize the codes reflected on your agreement, or risk denial of claim payment(s).



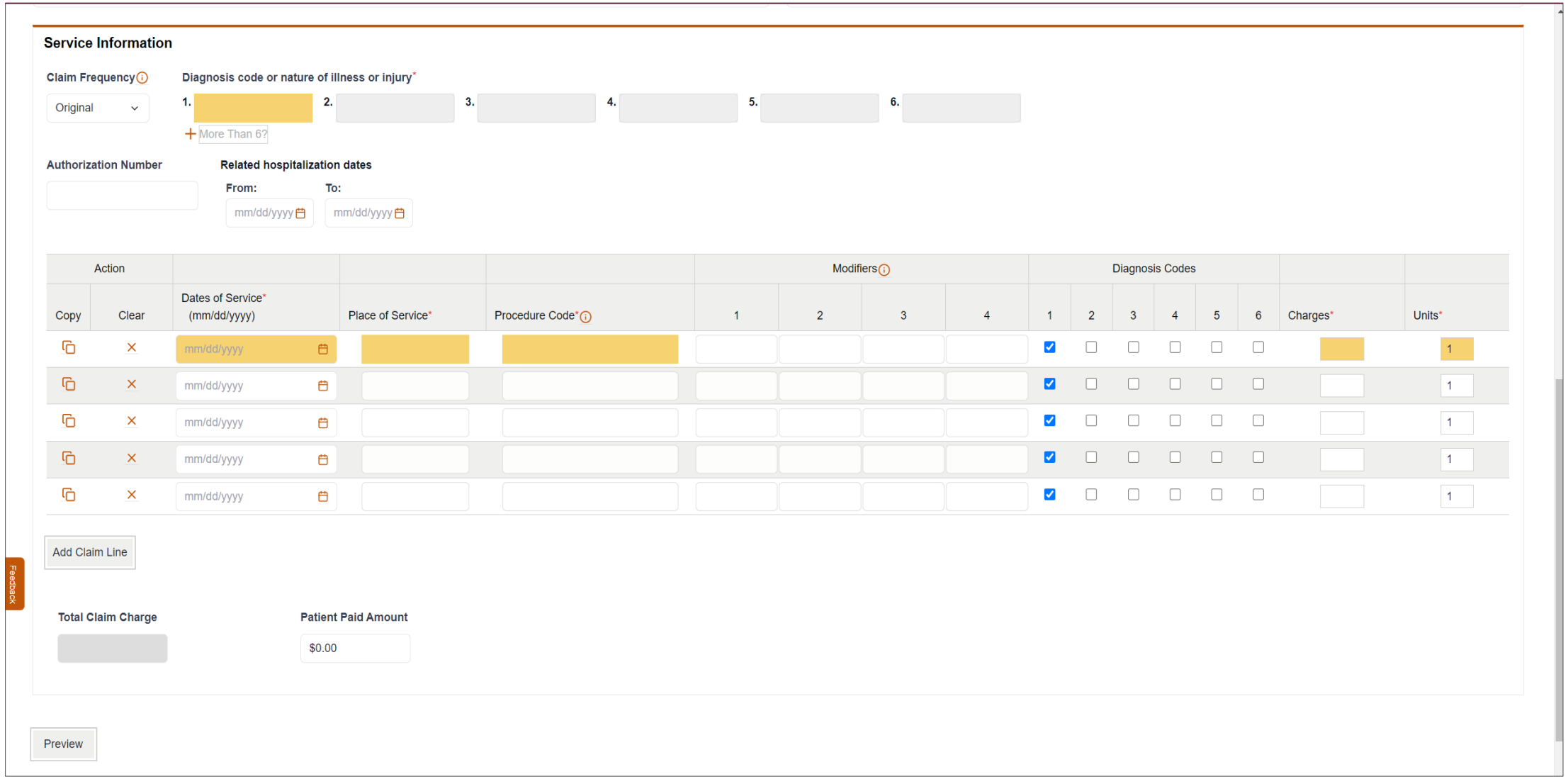
Provider Express - Claim Entry step 1 of 4



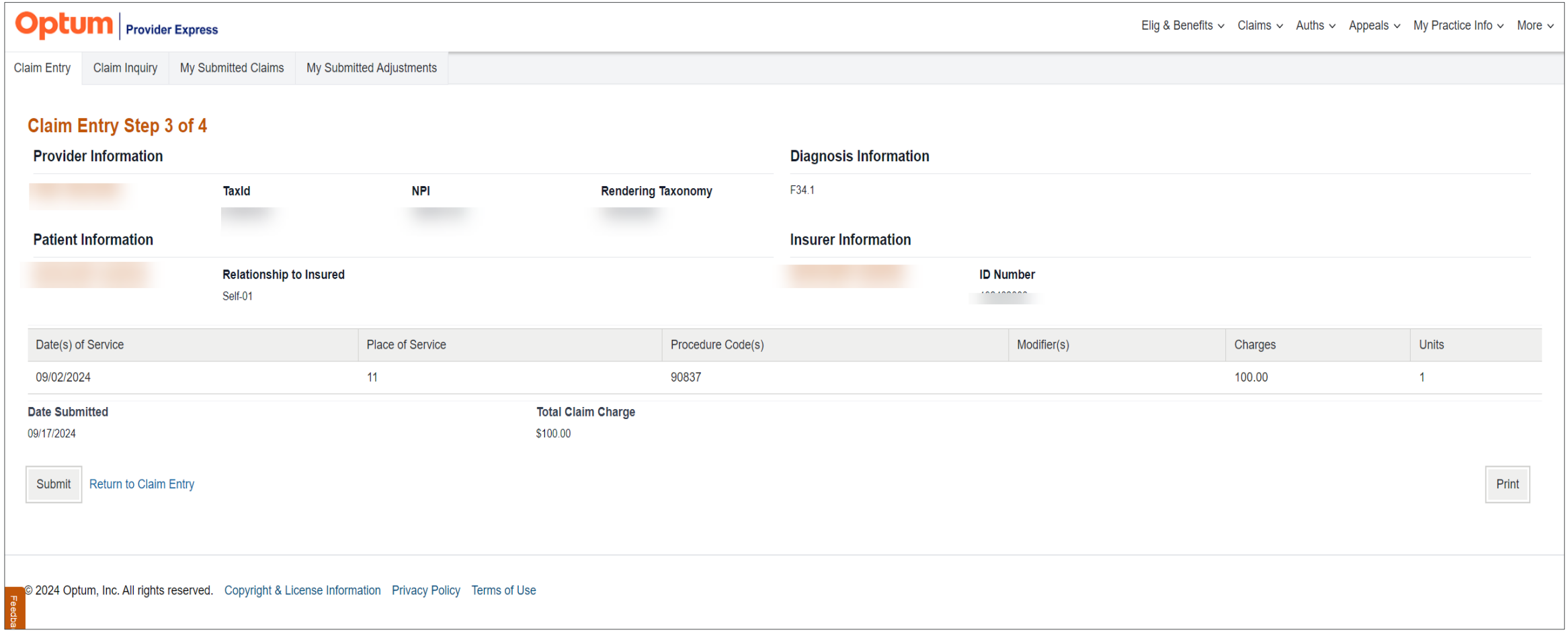
Claim Entry step 2 of 4 top of page



Claim Entry step 2 of 4 bottom of page

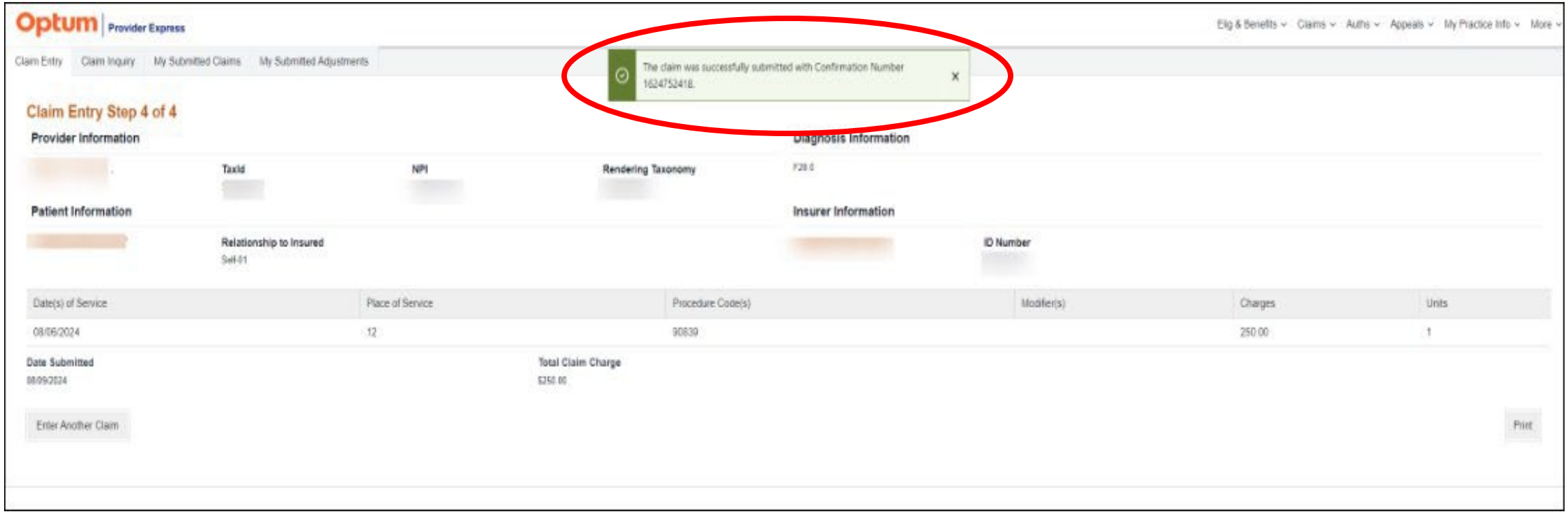


Claim Entry step 3 of 4

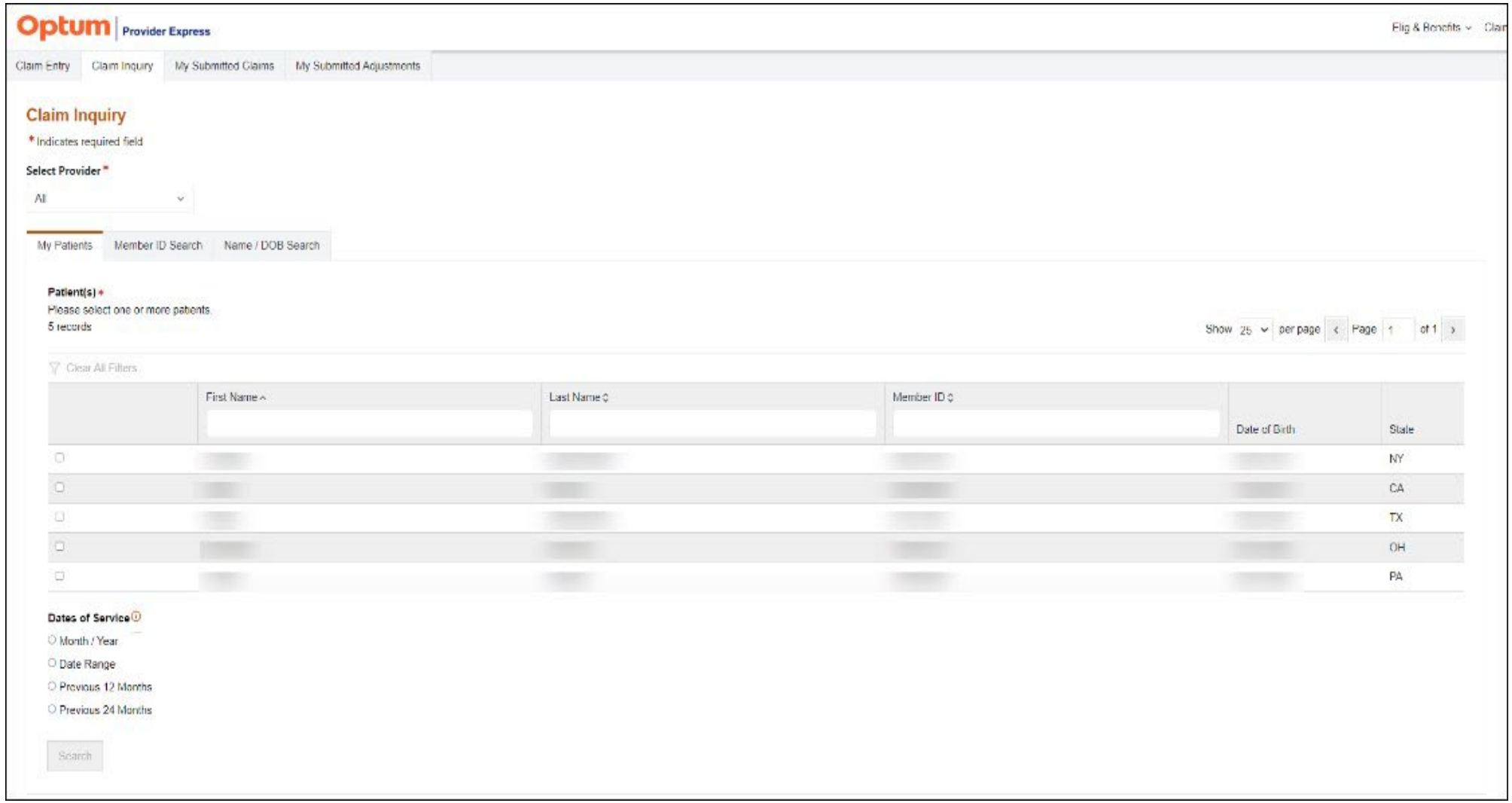


Claim Entry Step 4 of 4

Confirmation # displayed



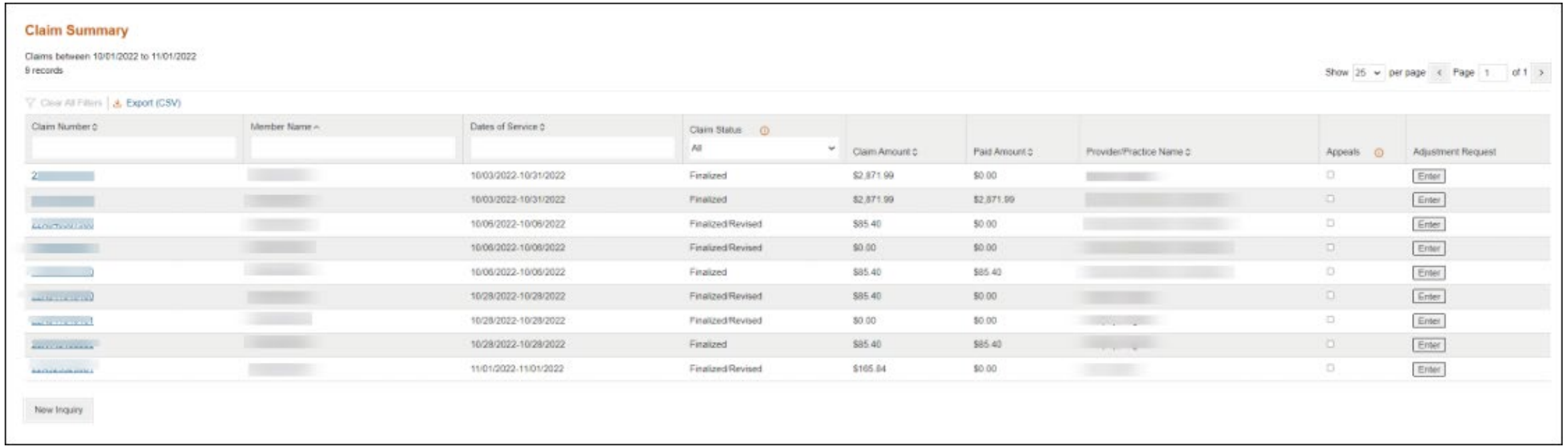
Claim Inquiry



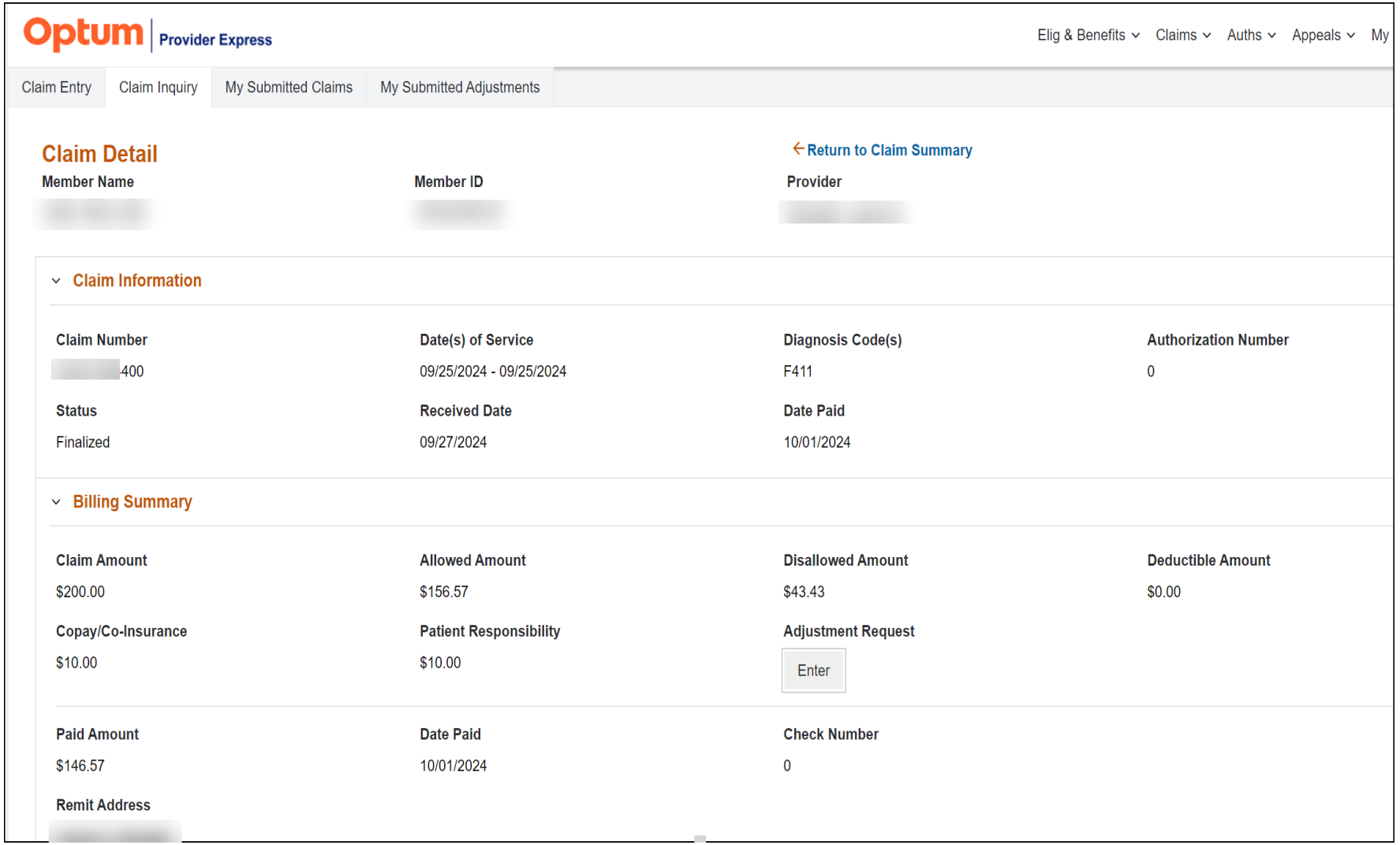
Claim Inquiry – Claim Detail Search

Claims will display within the parameters of the search criteria entered.

Users have the option to click on the claim # to display a detailed list of that claim.

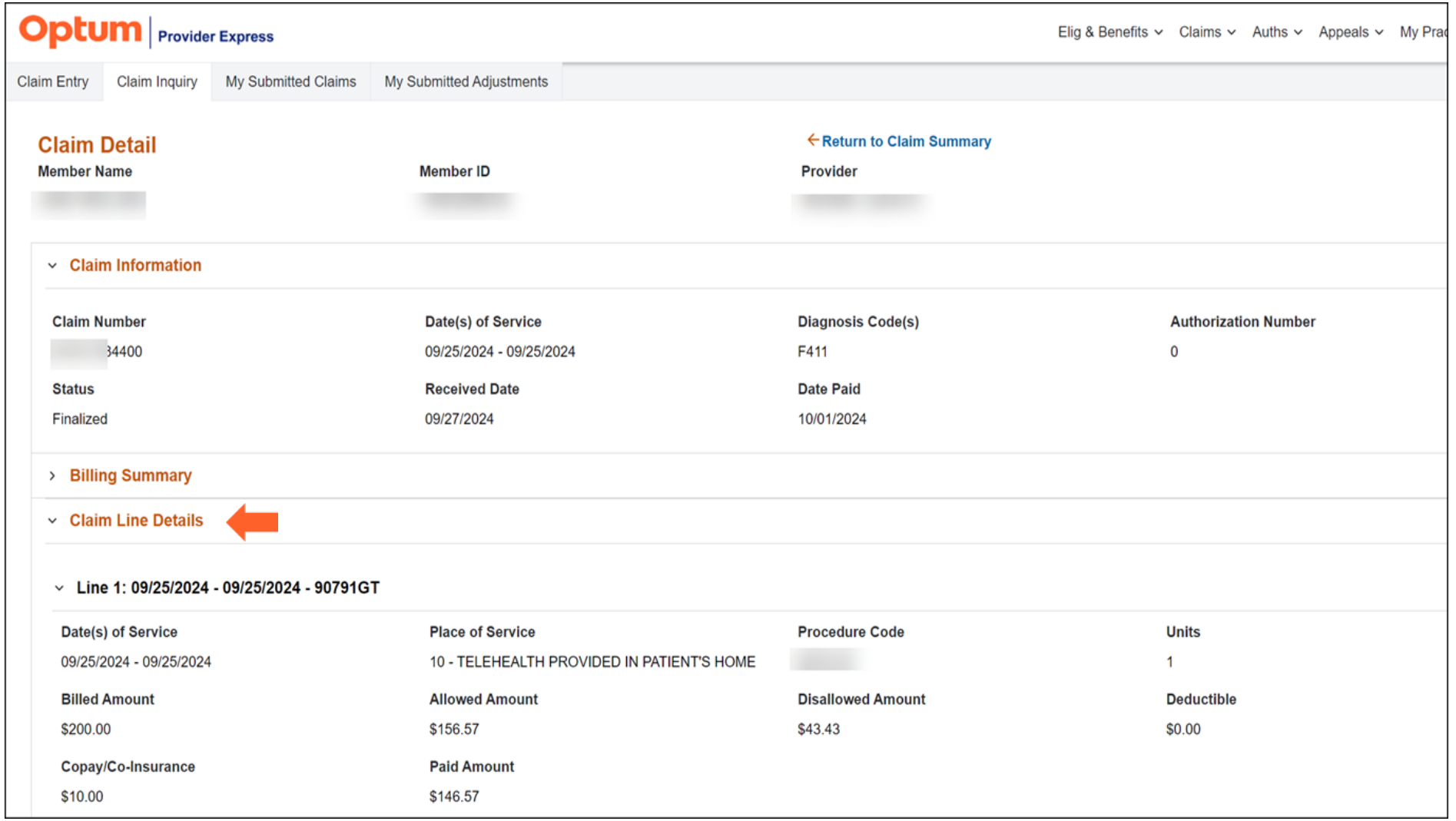


Claim Inquiry – Claim Detail



Claim Inquiry – Claim Detail

Claim Line Details



Claim Corrections and Resubmission

Two Types of the Most Common Claim Issues:

1) Claim submitted with incorrect/inaccurate information.
    - Log in > Claim Entry > file corrected or void a claim via claim entry (claim frequency code option).
    - Complete Form 1500 claim and write corrected claim or void claim on top of form and complete form with corrected information (include copy of original statement).

2) Claim was processed incorrectly.
    - Log in > Claim Entry > Claim Adjustment Request.

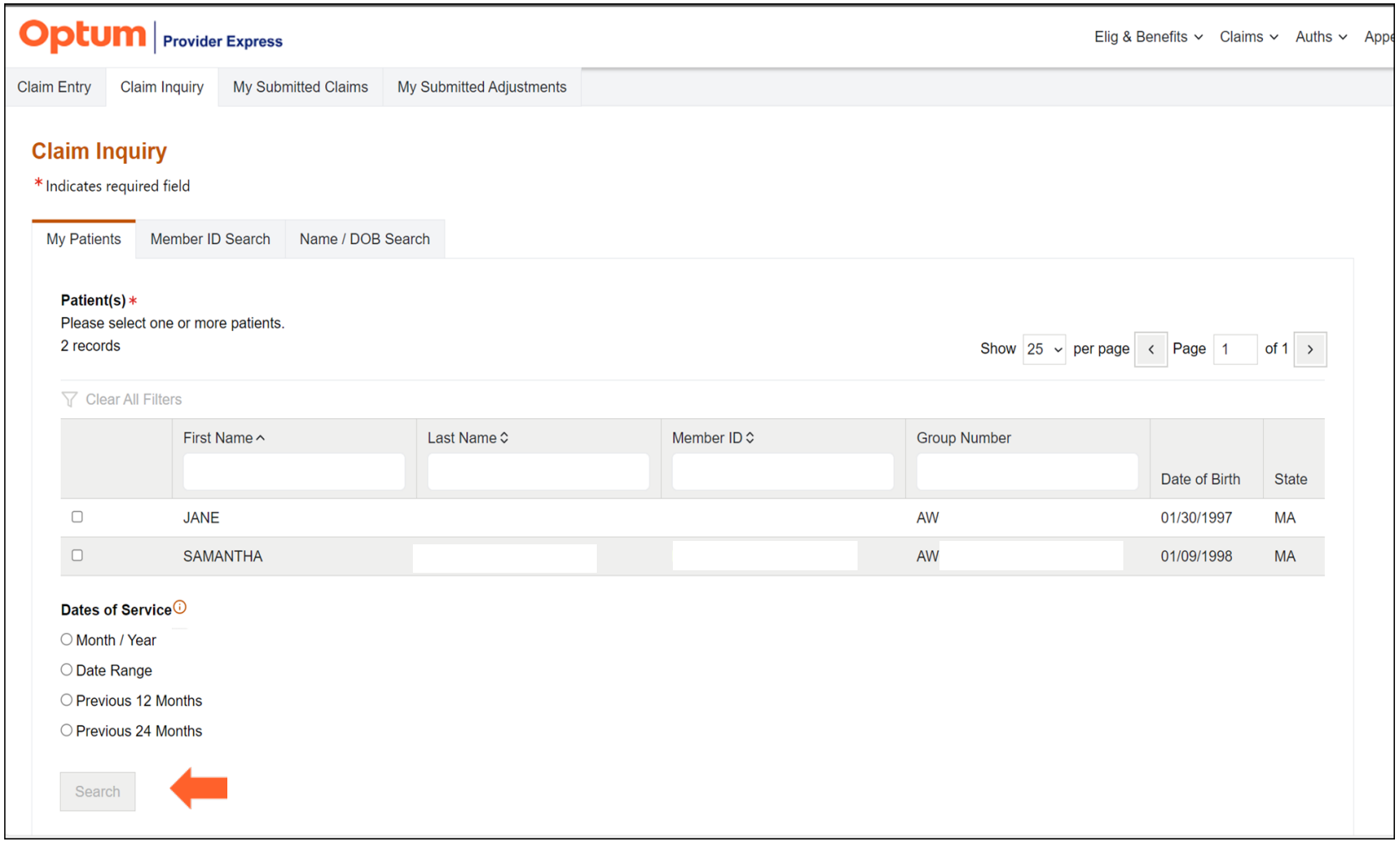
Claim Inquiries and Adjustments

There are several options available to begin a claim search:

- My Patients (personalized list created through the Eligibility & Benefits tab)
- Member ID Search
- Name / Date of Birth Search

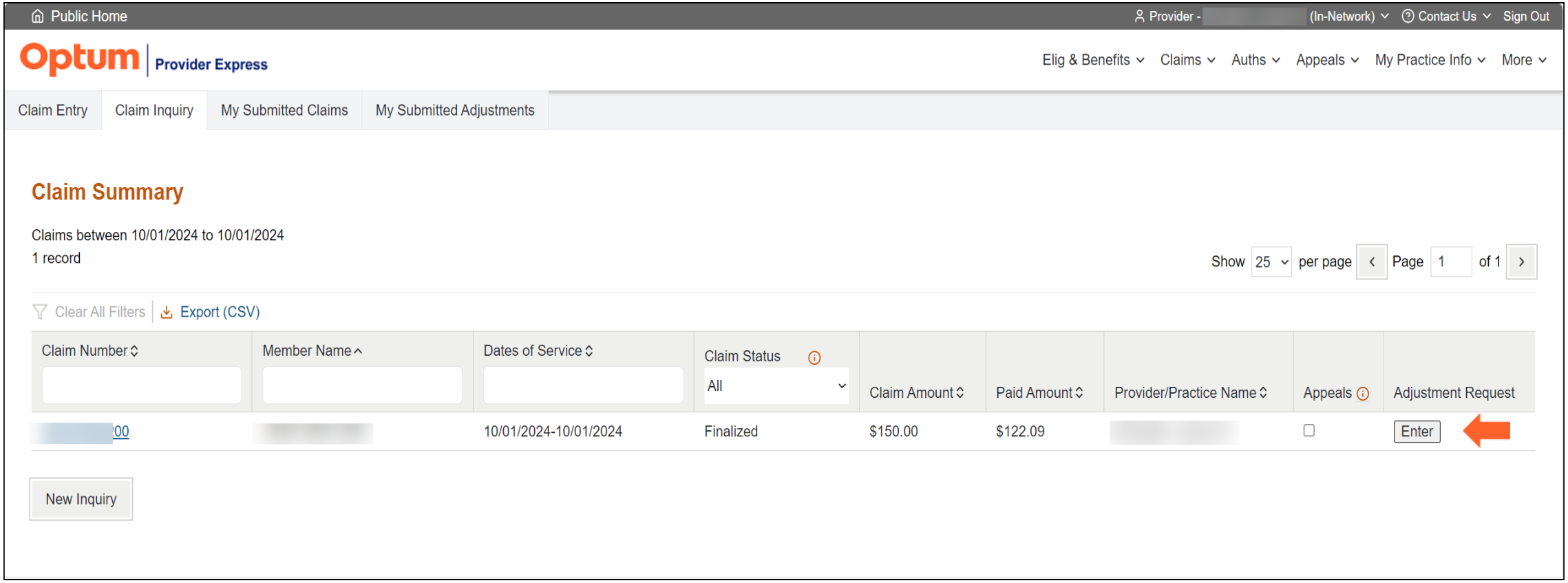
Search dates (Dates of Service) can be adjusted depending on the history stored for previous dates of service up to two years.

Click the “Search” button on the bottom of the screen to begin the member search after entering information in the required fields.



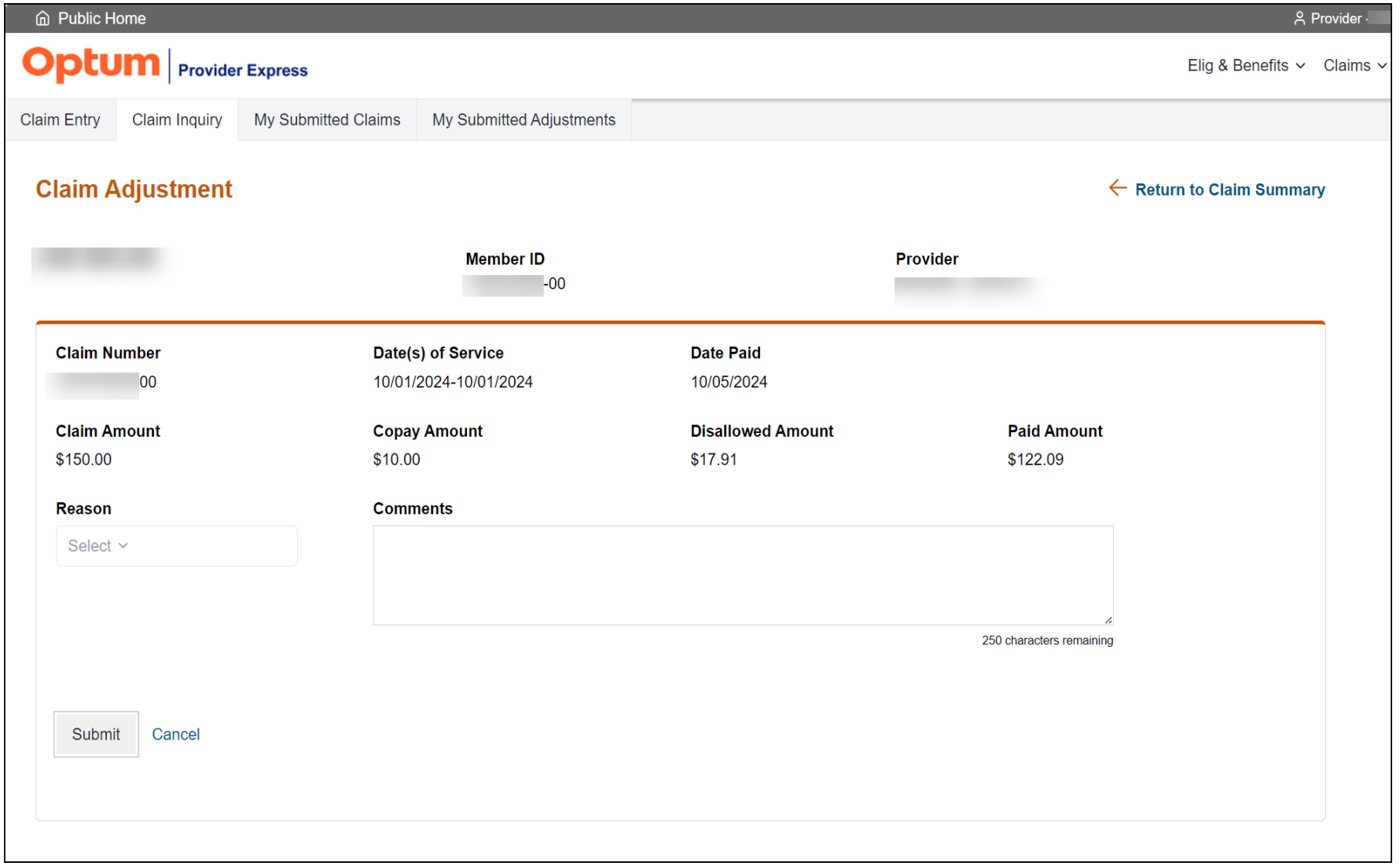
Claim Inquiries and Adjustments

After typing in information click “Enter”



Claim Inquiries and Adjustments

Claim Adjustment page after clicking “Enter”



Reconsideration and Appeal process

By mail:

Complete a reconsideration request form to outline the reason you disagree with our decision.

Then mail the form and supporting documentation to:

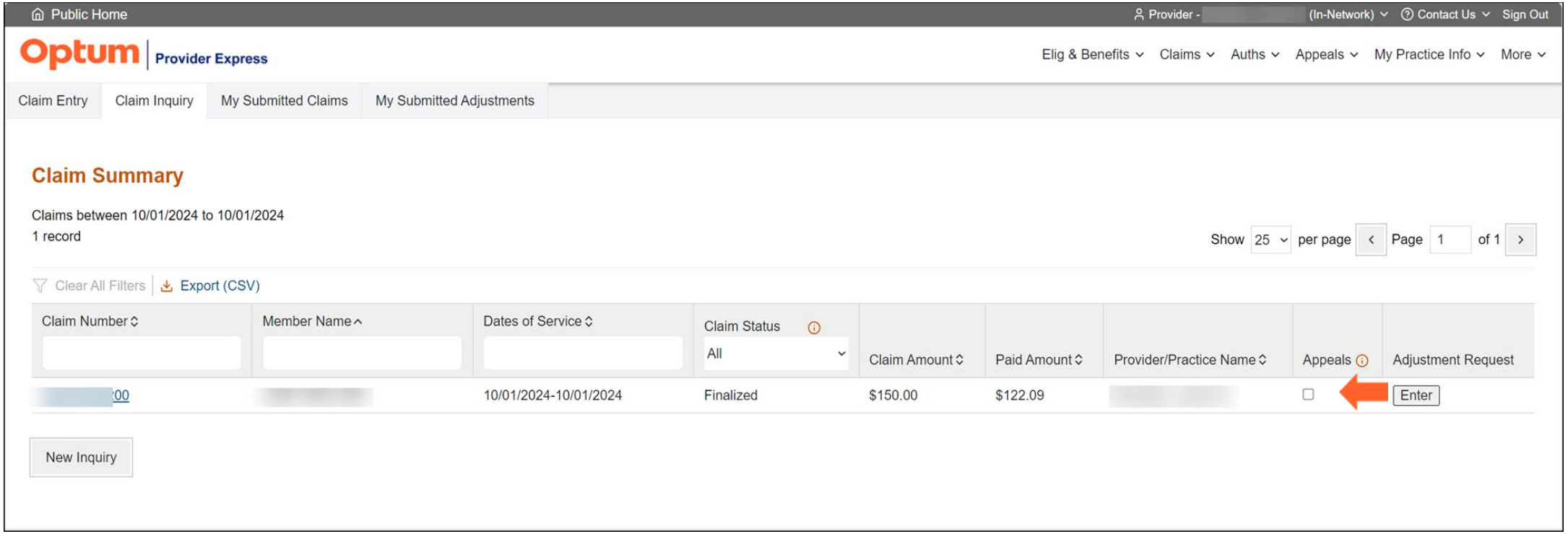
Optum Behavioral Health Solutions
P.O. Box 30757
Salt Lake City, UT 84123

Online via the *Provider Express* secure portal:

1. Go to **Providerexpress.com** and click Log In (located in the upper right corner). Then, sign in to the secure portal with your One Healthcare ID and password.
2. In the secure portal, click Appeals, then click Appeals Summary & Submission
3. In the Appeals Submission section of the page, select Submit Claim Appeal to start the process. Be sure to include:
   - The factual or legal basis for appeal
   - Any additional information, clinical records or documentation that will help in the review of your request

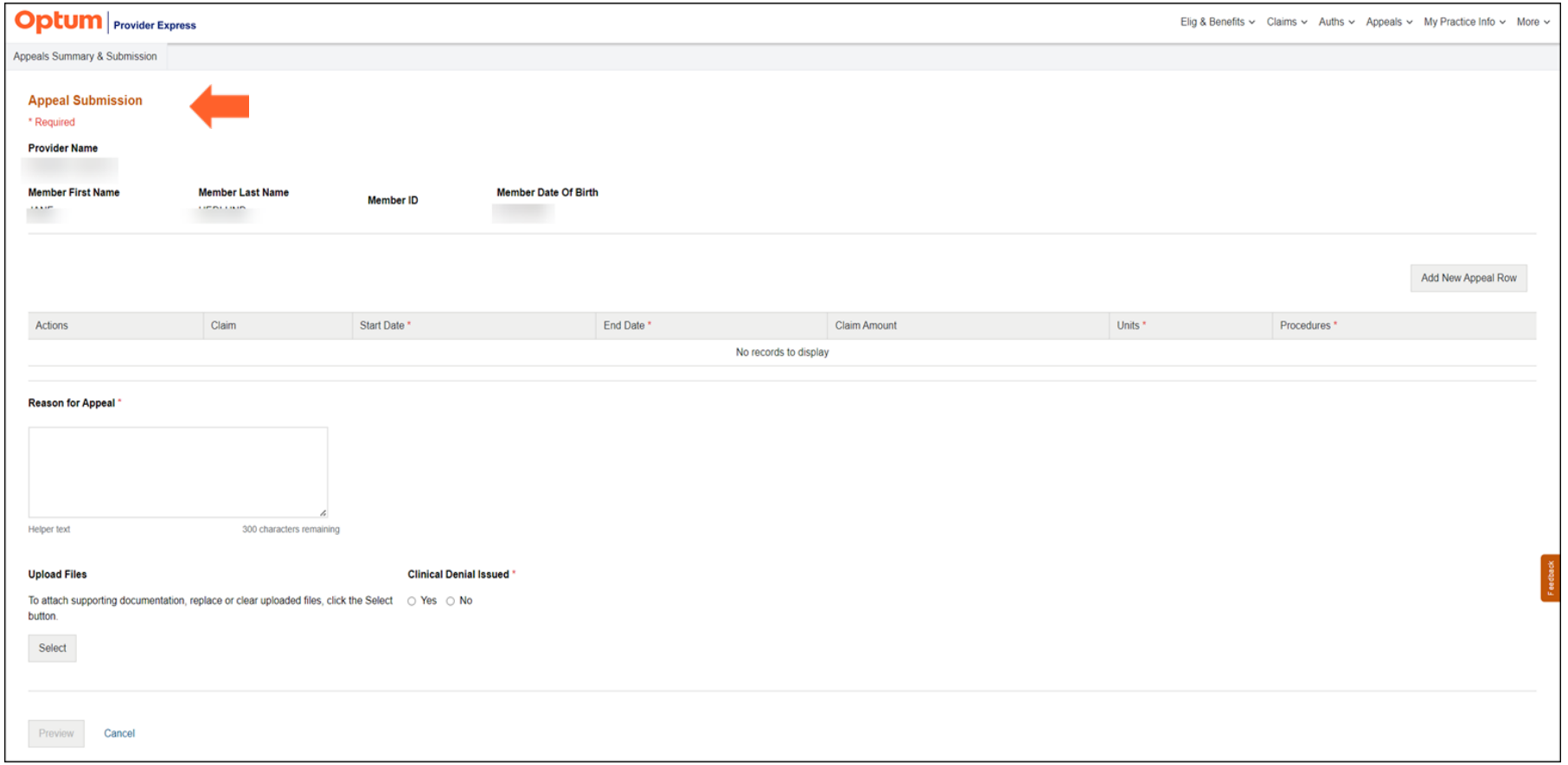
Claim Inquiries and Adjustments - Appeals

Claims Summary page with check box for “Appeals” to start that process. Providers can start an appeal from here or from the Appeals Submission page.



Claim Inquiries and Adjustments - Appeals

You will need to search for your member and claim(s) to begin the appeal.
Then you will need to enter the practice information on the next screen.
You are now ready to enter the appeal information on the Appeal Submission page.



Optum Pay: Formally known as Electronic Payment & Statement (EPS)

Enroll in Optum Financial Service

Please go to Providerexpress.com > Admin Resources > Optum Pay and click the **Enroll Today** link on that page. You will be taken to Optum Pay's website, where you will be guided through enrollment.

With Optum Pay, claim* payments are deposited directly into your bank account as soon as possible. That shortens your revenue cycle, which can make running a successful business a whole lot easier.

*At this time, all claims except older PBH claims are eligible for Optum Pay.

Provider Responsibilities

Access to Service

Non-urgent Behavioral Health care, the request-to-appointment time for an initial assessment shall be no more than seven **(7) Calendar Days**, unless the Member requests a later time.

The request-to-appointment time for Behavioral Health care **following an initial assessment** shall be no more than seven **(7) Calendar Days**, unless the Member requests a later time.

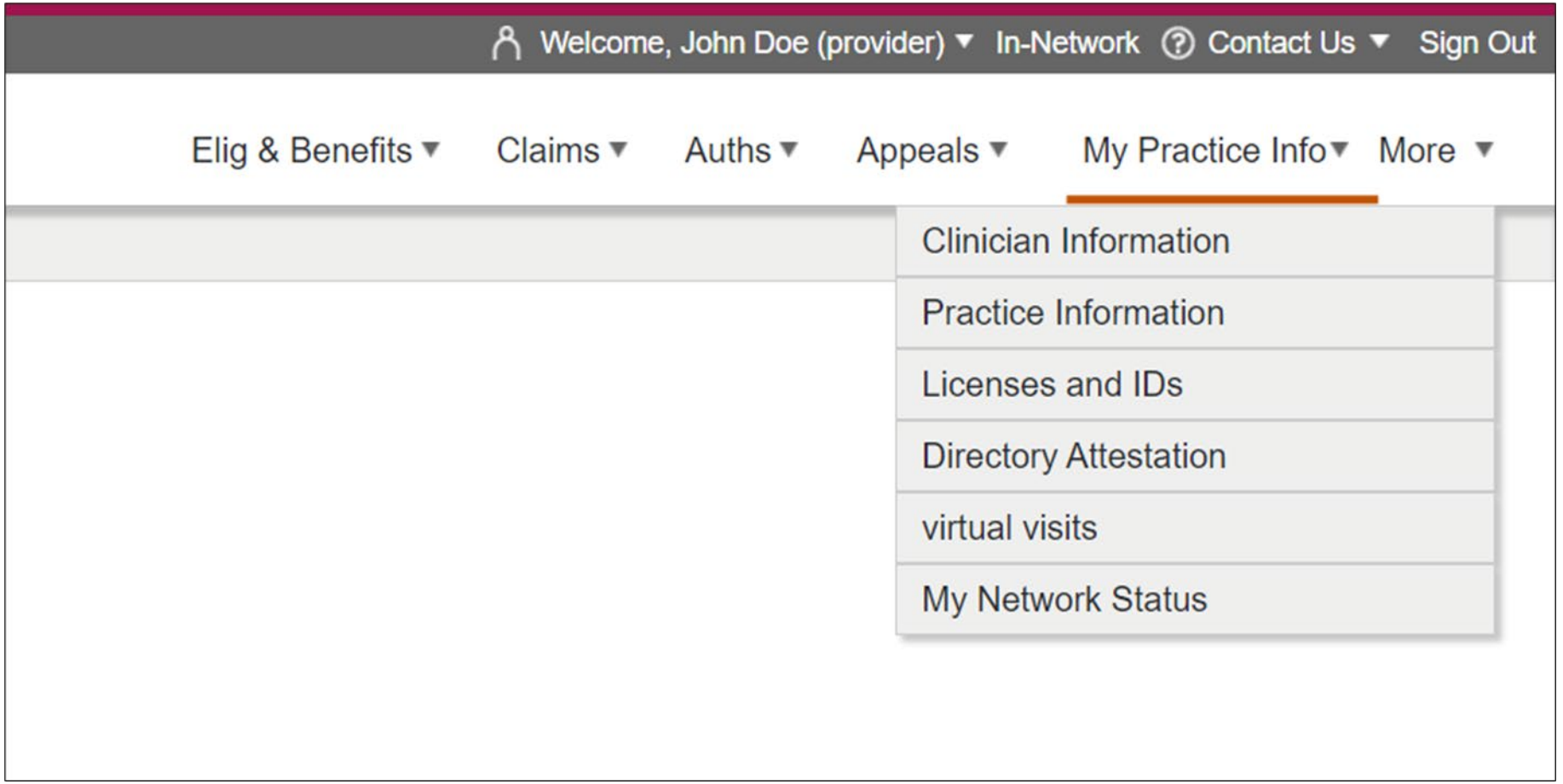
Non-urgent Behavioral Health care follow-up appointment shall be available within thirty **(30) calendar Days** of the request.

Outpatient appointments for **urgent conditions** shall be available within **twenty-four (24) hours.**

Crisis services, face-to-face appointments shall be available within **ninety (90) minutes of the request.**

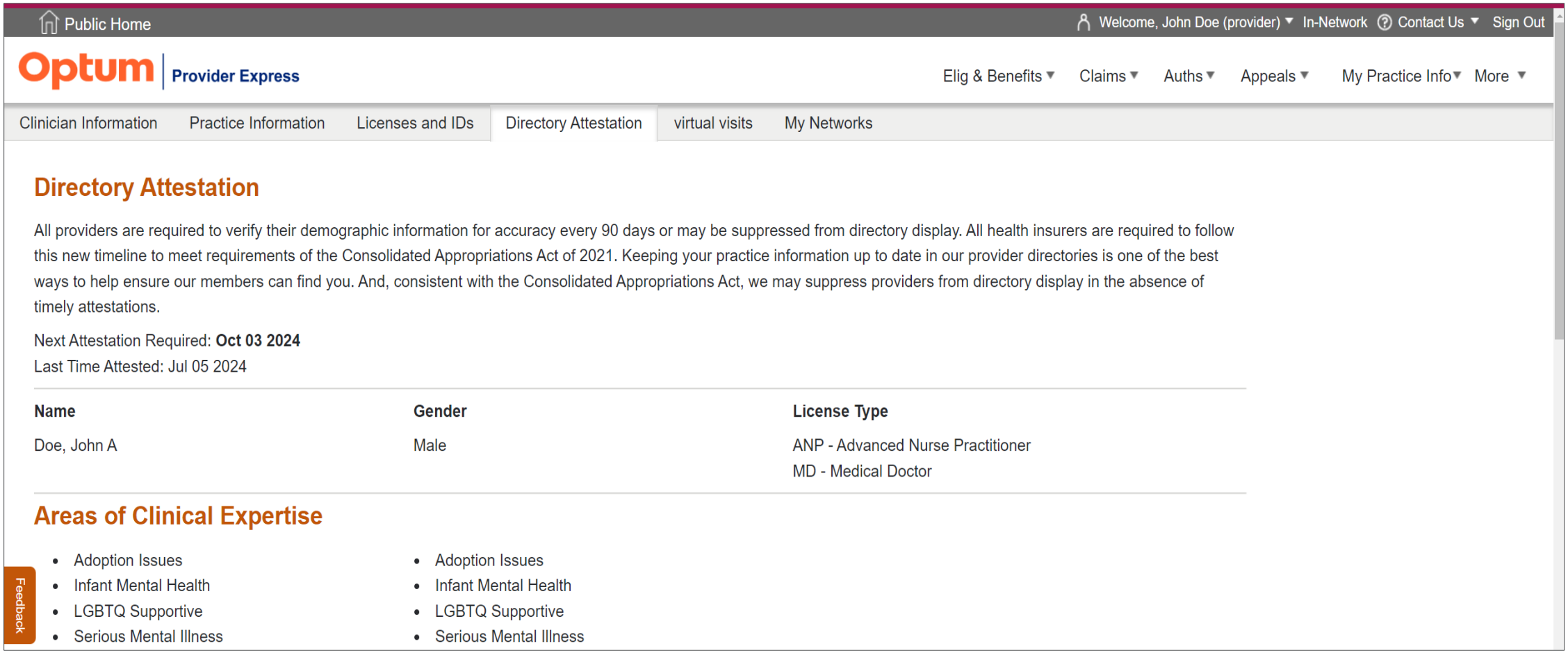
Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

My Practice Info



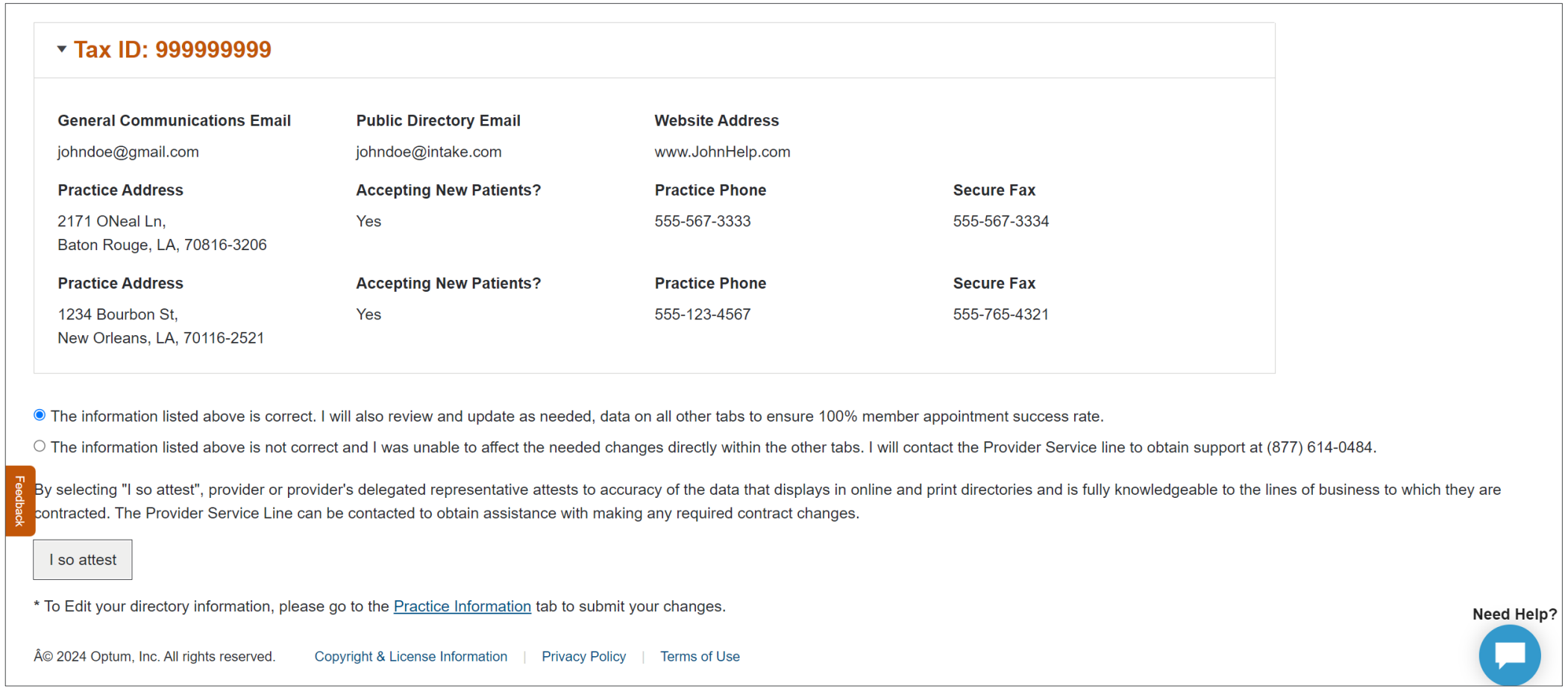
Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

Directory Attestation



Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

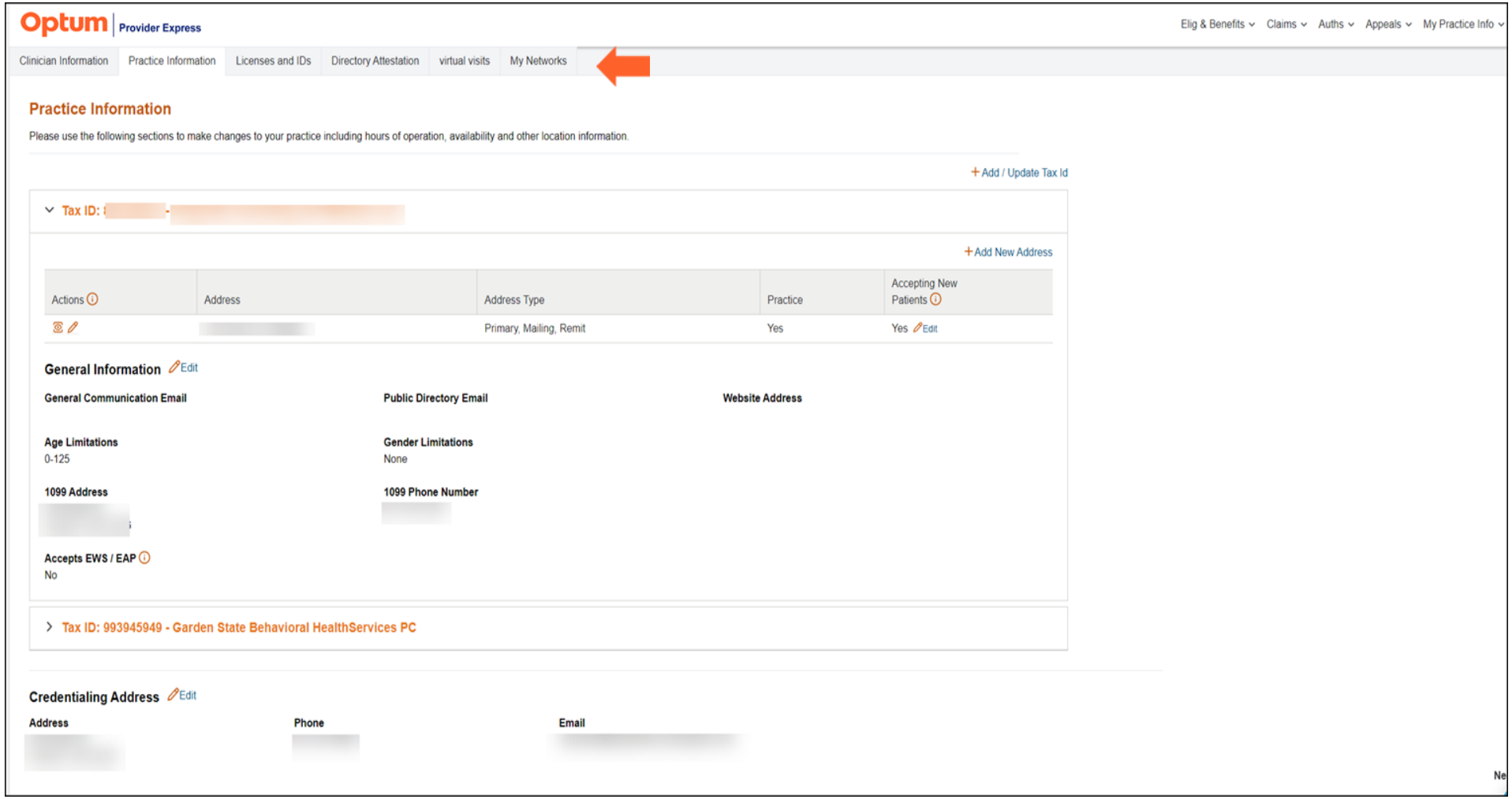
Directory Attestation continued



Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

Directory Attestation continued.

There are 6 pages under this section.



Conduent: Medicaid Management Information System

Maintain NM Medicaid Web Provider:

- Provider Enrollment
- Contracted with Medical Assistance Division to process fee-for-service claims
- Eligibility

Council for Affordable Quality Healthcare, Inc. CAQH

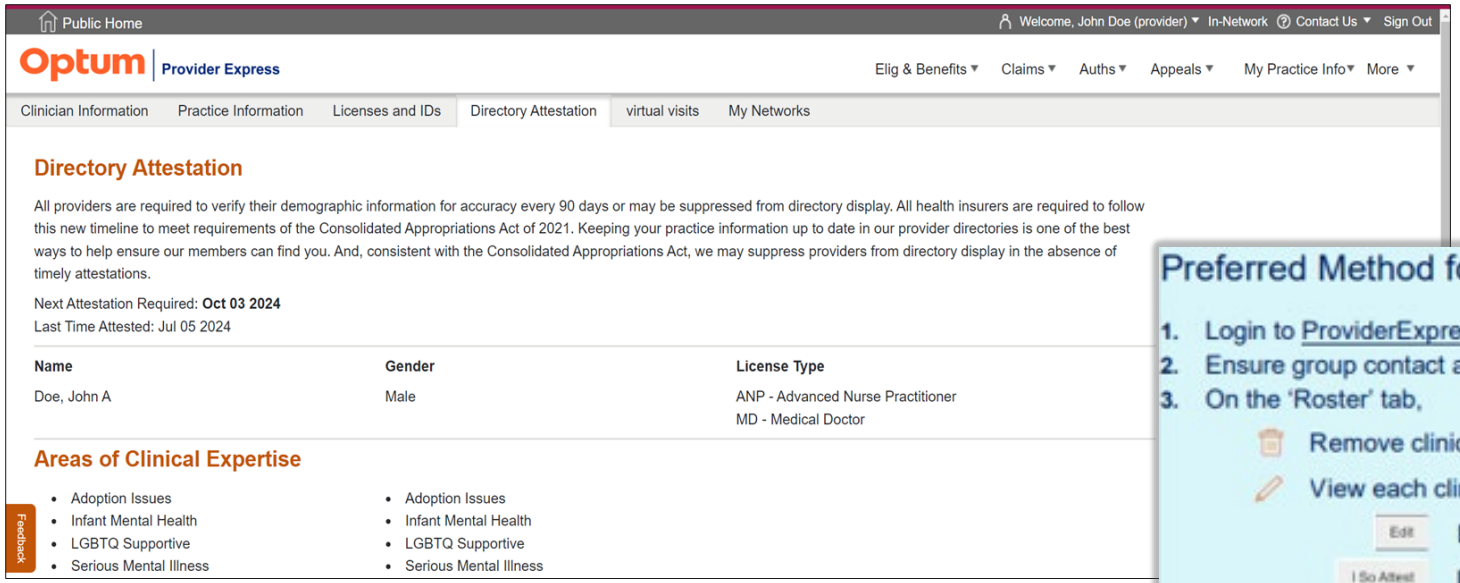
CAQH Participation is required for credentialing in this State. If you do not have a CAQH ID #, please go to CAQH.org to register and obtain the required number before starting your credentialing application.

Category	Issues	Requirement
CAQH	• Your CAQH profile status is incomplete or expired • Your group information including but not limited to primary and practice locations listed on your UBH Network Participation form does not match what you have listed on your CAQH profile • We do not have authorization to access your CAQH application (log into the CAQH ProView Provider portal, go to the user account setting menu and review the Authorization section to update your preferences to authorize United Behavioral Health/US Behavioral Health Plan) • Information in your completed CAQH profile needs to be updated (Examples include Practice Information, Credentialing Contact information, License and Professional Liability Insurance effective and expiration dates)	The information on CAQH must match the information you provide on the Optum NPRF form.

Consolidated Appropriations Act of 2021

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.

And, consistent with the Consolidated Appropriations Act, **we may suppress providers from directory display** in the absence of timely attestations



Quick Link Forms

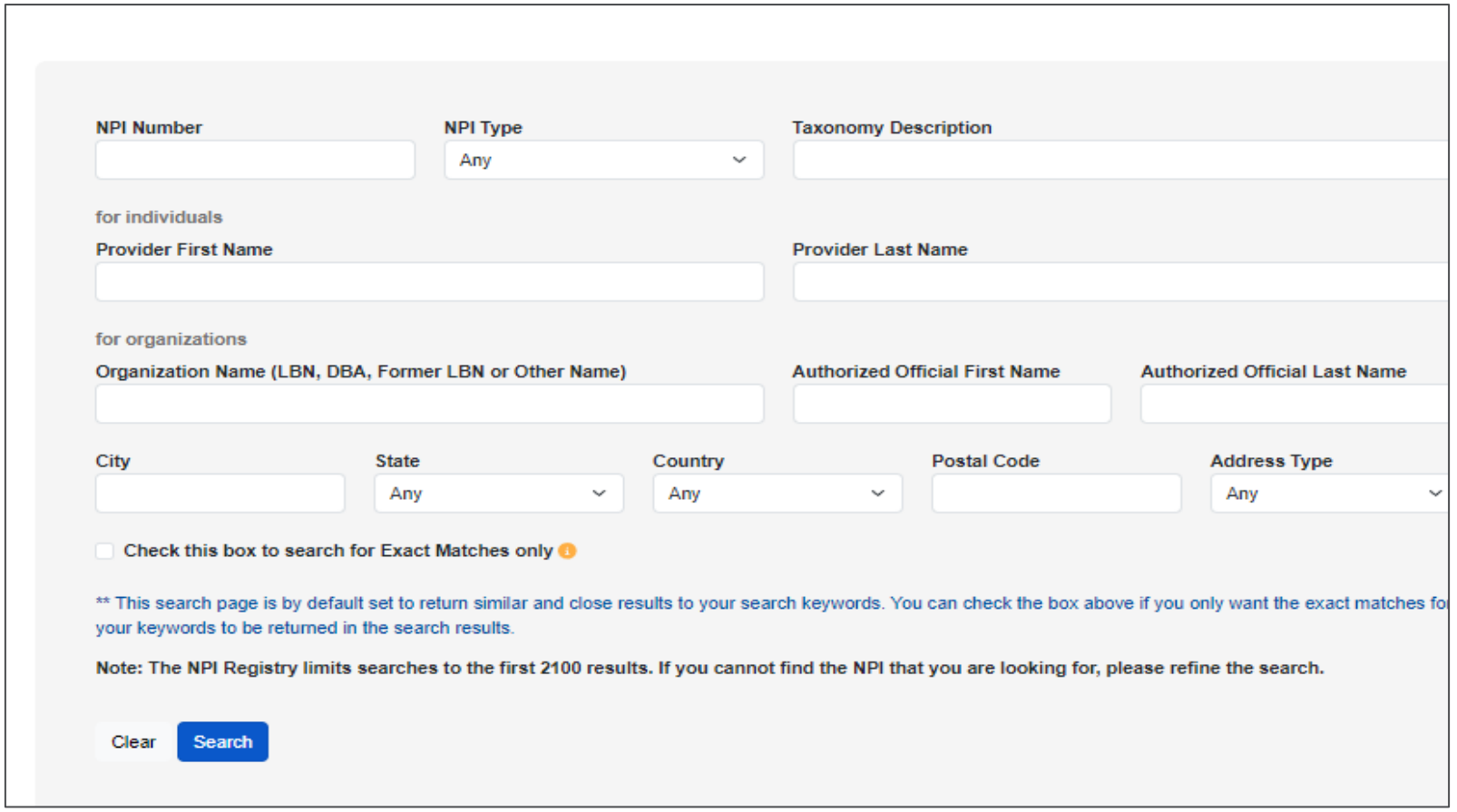
Providers must give notice at least 10 days in advance of any provider changes such as:

- Provider Terms
- Provider Adds/Updates
- Tax ID Changes

Updates should be made online at Providerexpress.com under “Quick Links”

FREQUENTLY ACCESSED FORMS	
Clinician Tax ID – Add/Update - TennCare Medicaid Network only	Click Here
Optum Psych Testing Form *(For KanCare and Unison Psych Forms, Click Here)*	Click Here
Wellness Assessment Form (Adult, English)	Click Here
Individual Provider Disclosure of Ownership Form	Click Here
Agency Specialty Attestation Form	Click Here

NPPES: National Plan and Provider Enumeration System



The National Provider Identifier (NPI) is the standard identifier for all HIPAA-covered entities (health care providers).

Optum Health Education: CEUs

THE IMPACT OF TRAUMA ON CHILDREN AND YOUTH: A PARADIGM SHIFT

OVERVIEW | FACULTY AND PLANNERS | ACCREDITATION | REGISTER/CONTINUE

ACTIVITY DESCRIPTION

Early childhood ruptured attachments, adversity and trauma experiences have significant impacts on health, development and well-being throughout the lifespan. Understanding these impacts and learning care strategies that can enhance professionals' and caregivers' abilities to prevent or mitigate these impacts can reduce the incidence of health crises and improve overall well-being and quality of life. Participants will learn the fundamentals of attachment patterns, developmental trauma and associated behaviors and will discuss strategies for working with traumatized children and supporting parents and caregivers. This on-demand webcast will provide an essential foundation for understanding the need to implement new care practices and will advance participants' knowledge of cutting-edge attachment and trauma-response care in their professional and personal lives.

ACTIVITY SUMMARY

Available credit:

2.00 AMA - Physicians
2.00 ANCC - Nurses
2.00 APA - Psychologists
2.00 Attendance - General Attendance
2.00 ASWB - Social Workers

Activity opens: 01/22/2024

Activity expires: 01/22/2027

Rating:

$0

Free CEUs

Access to content is free of charge and available to all

Behavioral Health Tool Kits: Supporting Physicians and encouraging deeper Collaborative Care

We designed the Behavioral Health Toolkit for physicians and other medical professionals with useful tools and best-practice guidance around the management of behavioral health conditions commonly seen in the Primary Care setting.

- **Substance Use and Mental Health** screening tools are located on left side of page under twirl-down buttons separated by age
- **Older Adult, Early Childhood, and Comorbid with Chronic Pain** resources are also located on the left side of the page under twirl-down buttons, and we have a link to our new Intellectual and Developmental Disabilities (I/DD) Toolkit
- Additional resources are located on the right and cover a range of topics that help inform and direct behavioral health care and referrals

Behavorial Health Toolkits

- Behavioral Health Toolkit for Medical Providers
- Clinical and Quality Measures Toolkit for Behavioral Providers
- Eating Disorder Recovery Record App
- Foster Care Toolkit
- Intellectual and Developmental Disabilities (I/DD) Toolkit
- Military and Veterans - Behavioral Health Tool Kit for Providers
- Recovery & Resiliency Toolkit

Assessment Screening Tools

Behavioral Health Toolkit Resources on Provider Express

- ✓ Adult - Behavioral Health Toolkit - Adult -
- ✓ Child and Adolescent -Behavioral Health Toolkit - Child and Adolescent –
- ✓ Older Adults - Behavioral Health Toolkit – Older Adult

Pediatric Symptom Checklist-17 (PSC-17)

Child ID#: _____ Child age _____

Caregiver: _____ Date: _____

Pediatric Symptom Checklist-17 (PSC-17)

INSTRUCTIONS: Emotional and physical health go together in children. Because caregivers are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

	Please mark under the heading that best fits your child			For Office Use		
Does your child:	Never	Sometimes	Often	I	A	E
1. Feel sad.	☐	☐	☐			
2. Feel hopeless.	☐	☐	☐			
3. Feel down on him/herself.	☐	☐	☐			
4. Worry a lot.	☐	☐	☐			
5. Seem to be having less fun.	☐	☐	☐			
6. Fidget, is unable to sit still.	☐	☐	☐			
7. Daydream too much.	☐	☐	☐			
8. Distract easily.	☐	☐	☐			
9. Have trouble concentrating.	☐	☐	☐			
10. Act as if driven by a motor.	☐	☐	☐			
11. Fight with other children.	☐	☐	☐			
12. Not listen to rules.	☐	☐	☐			
13. Not understand other people's feelings.	☐	☐	☐			
14. Tease others.	☐	☐	☐			
15. Blame others for his/her troubles.	☐	☐	☐			
16. Refuse to share.	☐	☐	☐			
17. Take things that do not belong to him her.	☐	☐	☐			
TOTAL						

To Score:

Fill in the unshaded box on the right: "Never" = 0, "Sometimes" = 1, "Often" = 2.

Sum the columns.

PSC17-Internalizing score is the sum of column I.

PSC17-Attention is the sum of column A

PSC17-Externalizing is the sum of column E.

PSC-17 Total Score is the sum of PSC17-I + PSC17-A + PSC17-E.

Positive Scores:

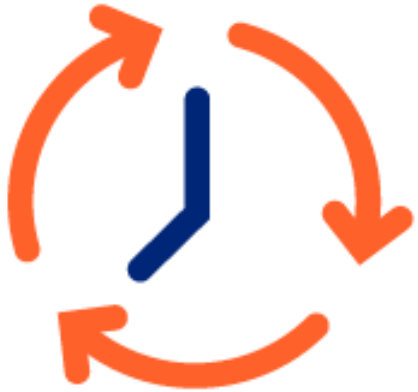
PSC17-I	≥ 5
PSC17-A	≥ 7
PSC17-E	≥ 7
Total Score	≥ 15

PSC 17 Gardner W, Murphy M, Childs G et al. (1999)

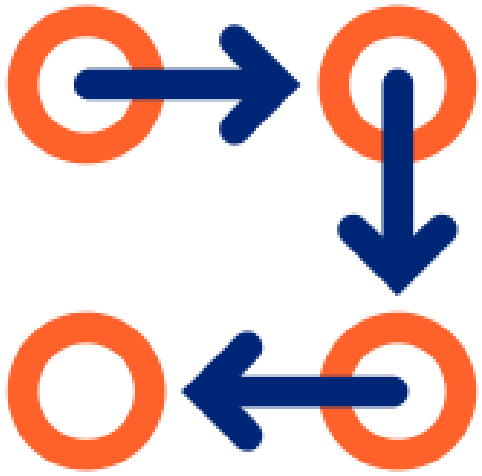
Serious Incident Report (SIR)

Providers are required to report critical incidents within 24 hours of knowledge of the occurrence to:

- MCO and/or :
  - Adult Protective Services (APS)
  - Child Protective Services (CPS)
  - Other regulating, licensing, or accrediting organizations, as necessary
  - Agencies licensed and certified by CYFD must report pursuant to licensing and certification regulatory requirements:
    - Optum Providers call Provider Services at 1-888-702-2202
    - Utilized the State's portal for HSD Critical Incident Reporting: Login (state.nm.us)



Electronic Health Information Exchange



We encourage providers to participate in SYNCRONYS, New Mexico's Health Information Exchange (HIE).

- HIE enables the electronic exchange of patient health information among different and unrelated healthcare organizations to provide timely access to a patient's information in one centralized record.
- For more information, including onboarding and training materials, please see the state's vendor: **SYNCRONYS – Better Data. Better Health**

Additional State Medicaid Requirements

Core Service Agencies (CSA)

CSAs provide:

- ❑ 24 hours a day / 7 days a week crisis intervention
- ❑ Behavioral Health Services
- ❑ Access to psychiatric evaluations
- ❑ Access to medication management
- ❑ BH out-of-home assessments & service planning
- ❑ Care coordination to Members with SMI and/or SED
- ❑ Access to range of other clinical BH services
- ❑ Access to CCSS (Comprehensive Community Service Workers)

Coordinated Comprehensive Behavioral HealthCare (CCBHC)

CCBHC Services

CCBHCs must provide the following **nine required services** either directly or through a formal relationship with a designated collaborating organization:

- Crisis Services
- Treatment Planning
- Screening, Assessment, Diagnosis & Risk Assessment
- Outpatient Mental Health & Substance Use Services
- Targeted Case Management
- Outpatient Primary Care Screening & Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support & Counselor Services
- Psychiatric Rehabilitation Services

Federally Qualified Health Clinic (FQHC)

- Most Services Billed on UB Rev code 919 at the FQHC per diem rate.
- Specialized Behavioral Health Services CPT/HCPCs bill on Form 1500 at the OP rate.
- If there is more than one BH service on the same day. Use CPT/HCPCs modifiers below:
  - ❑ XE - A service that is distinct because it occurred during a separate encounter
  - ❑ XP - A service that is distinct because it was performed by a separate practitioner
  - ❑ PPS - specialized services

Contact Us

Customer Service / Intake

Optum Behavioral Health has call centers and teams dedicated to supporting the customers, accounts and health plans we 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:

- Patient Eligibility
- Plan Funding Type
- Benefit Information
- Authorizations
- Claims

Optum Pay Customer Support

Optum Pay Customer Support is **1-877-620-6194**, who can best assist you with inquiries related to:

- Enrollment in Optum Pay for electronic payments
- Registration or access to the Optum Pay website
- Access to your electronic payment remittance advice (PRA) statements

Provider Services Line

The Provider Services Line for behavioral health providers is **1-877-614-0484**. You can also select one of the state options below for additional contact information for Network Management for your specific state. This department can best assist you with inquiries related to:

- Credentialing/Recredentialing
- Contracting/Fee Schedules
- Network Status
- Provider Demographic Changes

Provider Express Technical Support

- For questions about using the site, issues with requesting a user ID and password, or for technical issues, call the Provider Express Support Center at **1-866-209-9320** or use CHAT feature