

The Optum logo is displayed in white text on an orange background. The word "Optum" is written in a bold, sans-serif font. The letter "O" is a solid white circle, while the remaining letters "ptum" are formed by white outlines. The logo is positioned on the left side of the slide, partially overlapping a large white circular shape that is cut off by the right edge of the frame.

# 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

The screenshot shows the Optum Provider Express website interface. At the top right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map', along with a search box. A navigation bar contains links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area features a large banner for 'Diversify Your Business While Providing Critical Care' with a 'Diversify Now' button. To the right is a 'Transactions' sidebar with links for 'Eligibility & Benefits', 'Claims', 'Authorization Inquiry', 'Appeals', 'My Practice Info', and 'and More...'. Below the banner are several news and information sections: 'National News', 'Join Our Network', 'State-Specific News', 'Quick Links', 'ABA Information', 'COVID 19 Provider Information', 'Product Specific News', and 'Working Together'. At the bottom, there are links for 'UHCprovider.com', 'liveandworkwell.com', 'Optum.com', and 'UHC.com'.

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



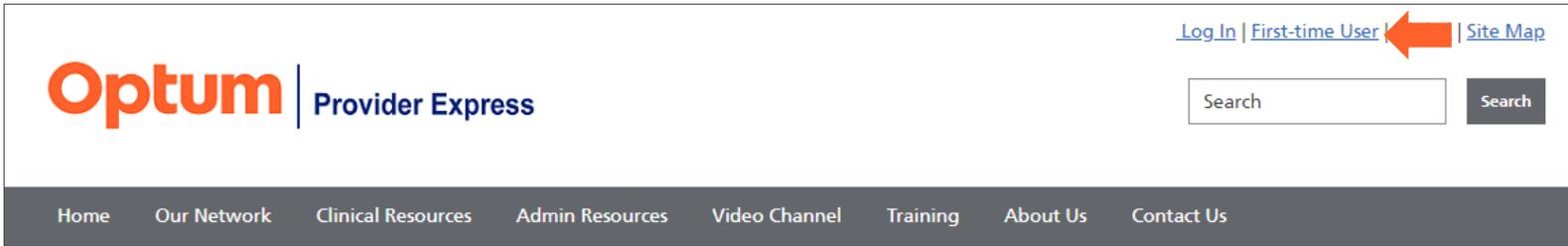
## Easily Update Your Practice Information

Overview for adding, deleting or revising practice information in the all-new My Practice 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

One Healthcare 

### Create One Healthcare ID

Already a User? [Sign In](#) \* **Required Fields**

First Name\*

Last Name\*

Year of Birth\*

Email Address\*

Create One Healthcare ID\* (Username)

Password\*

Confirm Password\*

Phone Number

# 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**

Transactions
🔒 Eligibility & Benefits
🔒 Claims
🔒 Authorization Inquiry
🔒 Appeals
🔒 My Practice Info
🔒 and More....

# Credentialing with Optum

# Link New Provider/Initiate the Credentialing Process – Individual Clinicians

The image displays three screenshots of a web application interface, illustrating the steps to link a new provider and initiate the credentialing process for individual clinicians.

**Screenshot 1 (Top Left):** Shows the user profile as "Group Practice - (In-Network)". The "Claims" dropdown menu is open, and the "Link New Provider" option is circled in red.

**Screenshot 2 (Middle):** Shows the user profile as "Provider (Out-of-Network)". The "My Network Status" dropdown menu is open, and the "Start Credentialing Application" option is circled in red.

**Screenshot 3 (Bottom Right):** Shows the user profile as "Provider - (In-Network)". The "My Network Status" dropdown menu is open, and the "Check Credentialing Status" option is circled in red.

# 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](https://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](https://Providerexpress.com)

## Provider Credentialing Status Toolbar

Great news! You can now easily track the status of your online submission as it moves along the approval process using the new [Credentialing Status Toolbar](#). Following up on valuable feedback we've heard from providers just like you, we've created an online tool that lets you see at-a-glance where you are in the credentialing process.

**OPTUM™** **OPTUMHealth™**  
Behavioral Solutions of California

**Network Participation Request Form**

Your application is currently under review with our Credentialing Department's Quality Assurance Team. This review ensures that all regulatory and NCQA standards have been met. Should the file not meet standards, it may be sent back to the Processing Team to address.

Submission | Review of Submission | Application Management | Primary Source Verification | Quality Assurance & Credentialing Committee | Credentialing Approved | Data Loading | Process Complete

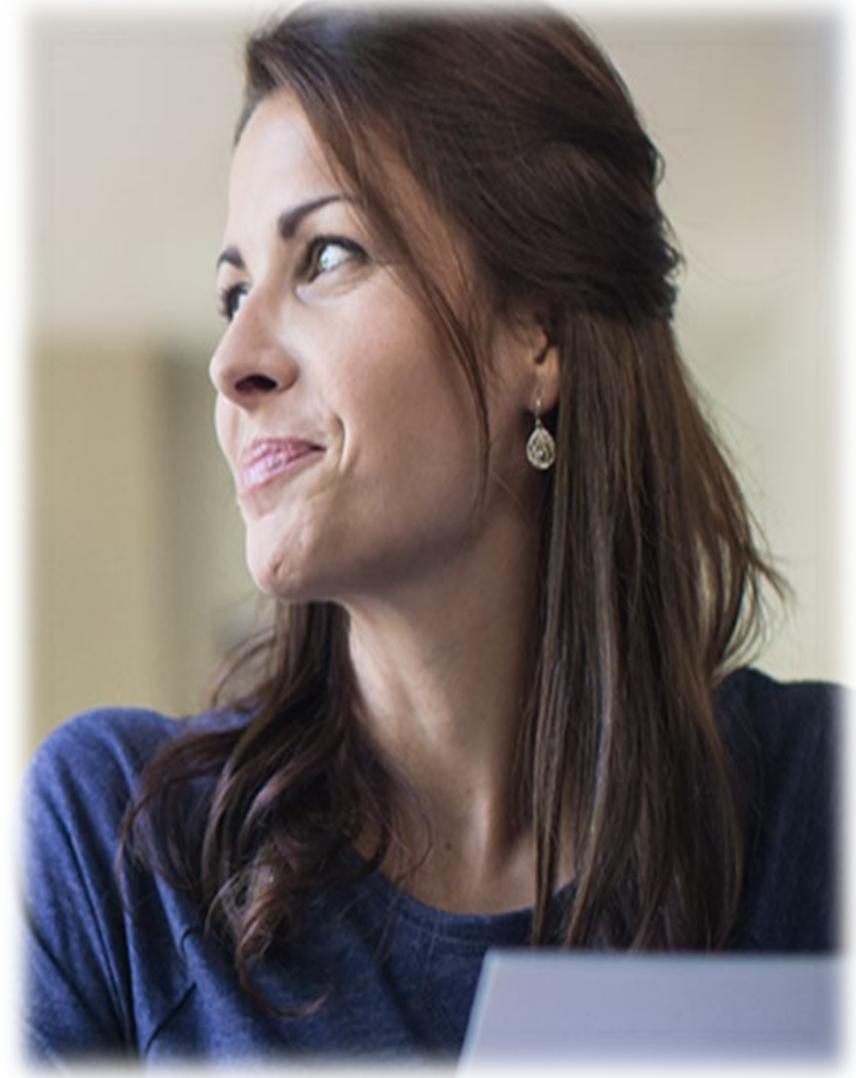
Network Management Team | Credentialing Team | Provider Data Maintenance Team

You may now close this window and check back at later date for the current status of your request. If you need further assistance, please contact the Optum Provider Line at (877) 614-0484.

# Eligibility

# Eligibility

- Verify on secure portal of [Providerexpress.com](https://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

Public Home Group Practice - A

**Optum** | Provider Express Elig & Benefits ▾ Claims ▾ Auths ▾

Eligibility & Benefits

**Welcome!**

**Find Member Eligibility & Benefits**

My Patients | Member ID Search | Name / DOB Search

**Patient(s) \***

Please select one or more patients.  
4 records | 1 record selected Show 25 ▾ per page < Page 1 of 1 >

Clear All Filters

	First Name ^	Last Name ^	Member ID ^	Date Of Birth	State
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	12/29/2016	CA
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	09/30/1950	TX
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	03/13/1968	OH
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	09/15/1960	PA

Search Remove Patients

# Eligibility Results

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

**Optum** | Provider Express

Eligibility & Benefits | Elig & Benefits ▾ | Claims ▾ | Auths ▾ | Appeals ▾ | My Practice Info ▾ | More ▾

Eligibility & Benefits

**Eligibility Search Results**

[Need help? Chat now](#)  
Our chat hours are:  
Monday - Friday: 7:00 a.m. - 7:00 p.m. (CST)

Effective 03/01/2023 to Current (Still Active)

Relationship	Member ID	Alternate ID	Gender	Date Of Birth
Subscriber	[REDACTED]	N/A	Female	[REDACTED]
<b>Demographic Information</b>				
Address	Phone Number			
[REDACTED]	N/A			
<b>Plan Information</b>				
Group Number	Plan Name	Benefit Year	Plan Type	Product Type
[REDACTED]	N/A	N/A	N/A	N/A
<b>Member Language / Communication Needs</b>				
Verbal Preference	Written Preference	Text Presentation Type	Translation and ASL Services	
English	English	Standard Print	None	

[Search Again](#)

[Start Wellness Assessment](#) [View Benefits](#)

# Member Detail - Benefit Information

Eligibility & Benefits

### Benefit Information

**Need help? Chat now**  
Our chat hours are:  
Monday - Friday: 1:00 a.m. - 11:00 p.m. (CST)

**Disclaimer:** Inquiries of coverage through Provider Express are not a guarantee of benefits. Failure to obtain an authorization, when required, may result in reduced or no benefits.

**Rhonda Keaton** **Effective** 04/01/2023 to Current (Still Active)

<b>Relationship</b> Subscriber	<b>Member ID</b> Subscriber	<b>Alternate ID</b> [Redacted]	<b>Group Number</b> [Redacted]	<b>State</b> OH
<b>CA LAP</b> No	<b>Plan ID</b> [Redacted]	<b>Electronic Payer ID</b> 87726		

### Other Payer Information

<b>Start Date</b> 04/01/2024	<b>End Date</b> 12/31/9999	<b>Carrier Name</b> [Redacted]	<b>Policy Number</b> [Redacted]	<b>Group Indicator</b> P
<b>COB Indicator</b> Yes				

[Search Again](#) [Return to Eligibility Results](#)

[Start Wellness Assessment](#) [Print](#)

### Plan Deductibles and Maximums

[In Network](#) [Out of Network](#)

As of 08/09/2024

# Plan Information - Plan Deductibles and Maximums

Plan Deductibles and Maximums			
In Network		Out of Network	
As of 08/09/2024			
<b>Deductible<sup>①</sup></b>			
	Individual	Family	
Plan Amount	\$0.00	\$0.00	
Met Year To Date	N/A	N/A	
<b>Remaining Amount</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Out of Pocket<sup>①</sup></b>			
	Individual	Family	
Plan Amount	\$0.00	\$0.00	
Met Year To Date	N/A	N/A	
<b>Remaining Amount</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Out of Pocket 2<sup>①</sup></b>			
	Individual	Family	
Plan Amount	N/A	N/A	
Met Year To Date	N/A	N/A	
<b>Remaining Amount</b>	<b>N/A</b>	<b>N/A</b>	
<b>Copayment Maximum<sup>①</sup></b>			
	Individual	Family	
Plan Amount	N/A	N/A	
Met Year To Date	N/A	N/A	
<b>Remaining Amount</b>	<b>N/A</b>	<b>N/A</b>	

# Select Summary Benefits Tab

## Benefits Summary

This is only a summary, for detailed information on coverage and costs, see the medical policy. If there is difference between this summary and the policy, the terms of the policy apply.

### Benefits Search



Behavioral Health

Case Management

Emergency Room / Urgent Care

**Inpatient Services**

Observation

Outpatient Hospital Services

Rehabilitation Services

Skilled Nursing

Specialist Benefit

Substance Use Disorder

Virtual Visits

Search Results

### Benefit Information

<b>Description :</b>	Covered
<b>Network :</b>	Cost Share (Copayments, Coinsurance and/or deductibles), If Applicable: N/A
<b>Limitations :</b>	Benefit Limits, If Applicable: N/A
	Age and/or Gender Requirements or Restrictions: N/A

# Auth Request

# Prior Authorization – Individual Clinician and Group

## How to Request a Prior Authorization



### [Providerexpress.com](https://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

Public Home

**Optum** | Provider Express

Auth Request | Auth Inquiry | Level of Care | National Gold Card

### Authorization Request

Most plans do not require prior authorization for these routine outpatient services.

**If you need authorization for a non-routine outpatient service, please select what you would like to do?**

- Request a new authorization
- View my Census

Select Service

- ABA Assessment
- ABA Treatment
- ECT
- Psych Testing
- TMS

[Privacy Policy](#) [Terms of Use](#)

# Prior Authorization - Facility

## How to Request a Prior Authorization



### [Providerexpress.com](https://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

The screenshot shows the Optum Provider Express web interface. At the top, there is a navigation bar with 'Public Home' on the left and 'Facility - Abbeville General Hospital (In-Network)', 'Contact Us', and 'Sign Out' on the right. Below this is the 'Optum Provider Express' logo and a secondary navigation menu with 'Elig & Benefits', 'Claims', 'Auths', 'Appeals', 'My Practice Info', and 'More'. A main navigation bar contains 'Review Online', 'Auth Inquiry', 'Level of Care', and 'National Gold Card', with 'Review Online' being the active tab. The page title is 'Review Online'. A 'Training Materials' link is visible in the top right. A message states: 'STAR training is required to access Review Online.' Below this is a box titled 'Important Notes:' containing three bullet points: 1) State of California: To ensure accurate processing related to any CARE Court (SB 1338) applicable service requests and avoid any delays or discrepancies, please do NOT submit your request via Provider Express. Please call Intake at 1-800-888-2998 to initiate a CARE Court case and submit a copy of the Court Order to the following email at CARECourtCA@optum.com or via fax at 844-897-6323. For any inquiries related to CARE Court matters, please direct your questions and concerns via telephone to 877-353-3754. 2) States of Maryland, Texas and Indiana requires Optum to make available a Uniform Treatment Plan. A pdf version with instructions on manual submission can be accessed on the Optum Forms page under the Clinical section. Should you choose to continue using our Review Online process, we will accept and process your automated request. 3) Some plans based in the State of Massachusetts do not require initial submission of a full clinical review for services related to substance abuse. Should you choose to continue using our Review Online process, we will accept and process your automated request. Below the notes, it says 'Please use this function for facility authorization requests.' Under the heading 'What would you like to do?\*', there are two radio button options: 'Request an initial authorization for admission' and 'View my Census'. A 'Continue' button is located below these options. On the right side, there is a 'Need help? Chat now' button. Below the button, the chat hours are listed: 'Monday - Friday: 1:00 a.m. - 11:00 p.m. (CST)'. A note states: 'For Review Online technical assistance, you may call the Provider Express Support Center at 866-209-9320 Option 1 from 7:00 a.m. to 7:00 p.m. (CST)'. At the bottom left, there is a 'Feedback' button. The footer contains the copyright notice: '© 2024 Optum, Inc. All rights reserved. Copyright & License Information Privacy Policy Terms of Use'.

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

**Optum** | Provider Express

Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My Practice Info ▾ More ▾

Review Online | Auth Inquiry | Level of Care | National Gold Card

### Review Online - Step 1 of 4

Please use this function for facility authorization requests.

[Training Materials](#)

My Patients | **Member ID Search** | Name / DOB Search

**\* Required**

**Member ID\*** **First Name\*** **Group Number**

**Date of Birth**

mm/dd/yyyy 

Search

[Feedback](#)

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

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

**Review Online - Step 2 of 4**

Please verify that you have found the correct member and this member has Mental Health/Substance use benefits. Mental Health benefits are required for an admit request.  
**Disclaimer:** Inquiries of coverage through Provider Express are not a guarantee of benefits. Failure to obtain a authorization, when required, may result in reduced or no benefits.

**Facility Address\***

**Level of Care\***

Member Name	Relat	Group Number	Effective Date	Termination Date
	Subs		01/01/2024	Still Active

CA LAP applies?  
NA

You are viewing benefits for Case Management only, to view another benefit category, please make

**Benefits Summary**

> **General Notes**

This is only a summary, for detailed information on coverage and costs, see the medical policy. If there is difference between this summary and the policy, the terms of the policy apply.

Outpatient | Emergency Room | Home Therapy | IOP | Inpatient | Med Checks | Detox | Outpatient ECT | Outpatient Psych Testing | Partial/Day | Residential | EWS/EAP

**Mental Health**

▼ **In Network**

Auth Rule	Auth Required
Copayment	Indv: 20%, Grp: 20%
OOP Annual	\$8,850.00 Individual
Session Limit	MH Visits: 365

**Notes**

# 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



## 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

The screenshot shows the 'Authorization Inquiry' page in the Optum Provider Express system. At the top, there are navigation tabs for 'Auth Request', 'Auth Inquiry', and 'Level of Care'. The 'Auth Inquiry' tab is selected. Below the tabs, there's a title 'Authorization Inquiry' and a note '\* Indicates required field'. A 'Select Provider' dropdown menu is set to 'All'. Below that, there are four search options: 'My Patients', 'Member ID Search', 'Name / DOB Search', and 'Authorization # Search'. The 'My Patients' option is highlighted with a red arrow. Below the search options, there's a 'Patient(s)' section with a note 'Please select one or more patients.' and '4 records'. To the right of this section, there are pagination controls: 'Show 25 per page', 'Page 1 of 1'. Below the patient list, there's a 'Clear All Filters' link. The patient list is a table with columns: First Name, Last Name, Member ID, Date Of Birth, and State. There are four rows of patient data, each with a checkbox in the first column. Below the table, there's a 'Dates of Service' section with four radio button options: 'Month / Year', 'Date Range', 'Previous 12 Months', and 'Previous 24 Months'. At the bottom, there's a 'Search' button.

	First Name ^	Last Name ^	Member ID ^	Date Of Birth	State
<input type="checkbox"/>				12/29/2016	CA
<input type="checkbox"/>				09/30/1950	TX
<input type="checkbox"/>				03/13/1968	OH
<input type="checkbox"/>				09/15/1960	PA

# 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

The screenshot displays the Optum Provider Express interface for an Authorization Inquiry. At the top, there are navigation tabs for 'Auth Request', 'Auth Inquiry', and 'Level of Care'. The 'Auth Inquiry' tab is active. Below the navigation, the title 'Authorization Inquiry' is shown, followed by a note: '\* Indicates required field'. A 'Select Provider' dropdown menu is set to 'All'. Below this, there are four search options: 'My Patients', 'Member ID Search', 'DOB Search', and 'Authorization # Search'. The 'Member ID Search' option is selected, and a red arrow points to it. The search fields are: 'Member ID\*' (containing '123456789'), 'First Name\*' (containing 'John'), and 'Group Number'. Below these fields, there are radio button options for 'Dates of Service': 'Month / Year', 'Date Range', 'Previous 12 Months', and 'Previous 24 Months'. A 'Search' button is located at the bottom left of the form area.

# 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

The screenshot shows the Optum Provider Express interface. At the top, there is a navigation bar with 'Public Home', the Optum logo, 'Provider Express', and 'Elig & Be'. Below this is a secondary navigation bar with tabs: 'Review Online', 'Auth Inquiry', 'Level of Care', and 'National Gold Card'. The main content area is titled 'Authorization Inquiry' and includes a note: '\* Indicates required field'. There are four tabs: 'My Patients', 'Member ID Search', 'Name / DOB Search', and 'Auth # Search'. An orange arrow points to the 'Auth # Search' tab. The 'Name / DOB Search' tab is active and contains three input fields: 'First Name\*', 'Last Name\*', and 'Date of Birth\*'. The 'Date of Birth' field has a placeholder 'mm/dd/yyyy' and a calendar icon. Below these fields are radio button options for 'Dates of Service': 'Month / Year', 'Date Range', 'Previous 12 Months', and 'Previous 24 Months'. A 'Search' button is located at the bottom left of the form area. At the very bottom of the page, there is a footer with copyright information: '© 2024 Optum, Inc. All rights reserved. Copyright & License Information Privacy Policy Terms of Use'.

# 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

The screenshot shows the Optum Provider Express interface. At the top, there is a 'Public Home' link and the Optum logo. Below the logo, the text 'Provider Express' is displayed. A navigation bar contains four tabs: 'Review Online', 'Auth Inquiry', 'Level of Care', and 'National Gold Card'. The 'Auth Inquiry' tab is active, and within it, the 'Authorization Inquiry' section is highlighted. Below this, a legend indicates that an asterisk (\*) denotes a required field. A sub-navigation bar offers four search options: 'My Patients', 'Member ID Search', 'Name / DOB Search', and 'Authorization # Search'. The 'Authorization # Search' option is selected, and a red arrow points to it. Below the search options, there is a text input field labeled 'Authorization Number \*'. A 'Search' button is positioned below the input field. At the bottom of the page, a footer contains the copyright notice '© 2024 Optum, Inc. All rights reserved.' and links for 'Copyright & License Information', 'Privacy Policy', and 'Terms of Use'.

# 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"

**Optum** Provider Express

Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My Practice Info ▾

Auth Request | Auth Inquiry | Level of Care

### Authorization Summary

Authorizations for Members between 08/09/2022 to 08/09/2024

\* For detailed information, click on the Auth Number  
6 records

Show 25 per page Page 1 of 1

Clear All Filters

Auth Number	Member Name	Member ID	Start Date	End Date	Requested Day/Session
31			08/01/2022	12/23/2022	32
437			12/24/2022	06/24/2023	480
BJ			12/24/2022	06/24/2023	2080
DH			12/24/2022	06/24/2023	32
GY			08/01/2022	12/23/2022	1680
Y1			08/01/2022	12/23/2022	400

New Inquiry

# Authorization Inquiry Detail

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

Auth Request | Auth Inquiry | Level of Care

**Authorization Detail** [← Return to Auth Summary](#)

Authorization Number - 31

**Member Information**

Member Name	Date of Birth	Gender	Member ID
	12/29/2016	Male	
Group Number			
-0001			

**Provider Information**

Provider Name	TIN	NPI	Practice Address

**Authorization Information**

3112TY Start Date: 08/01/2022 End Date: 12/23/2022

Auth Number	Units Requested	Start Date	Expiration Date
31	32	08/01/2022	12/23/2022
Units Approved	ABD Reason	Auth Comments	
Authorization Type	Service Requested		
97151-ABA Behavior Identification Assessments	97151,97152		

Please take a screen shot of this page with the patient's authorization approval in order to save or download it to a patient's file or electronic medical record, or to print, fax or email to a facility that requests or requires a copy of the approval.

# 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:

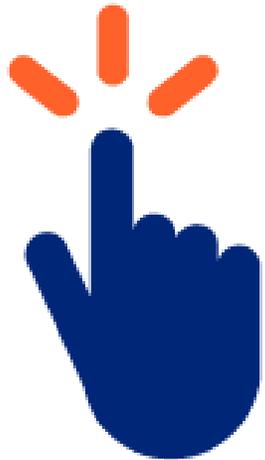
## **Required Claim Forms (if not submitting electronically)**

- 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

The image shows the front side of the Health Insurance Claim Form (Form 1500). It is a complex form with multiple sections and fields. Key sections include:

- Header:** HEALTH INSURANCE CLAIM FORM, APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
- Section 1:** MEDICARE, MEDICAID, TRICARE, CHAMPVA, GROUP HEALTH PLAN, FECA, SECLING, OTHER
- Section 2:** PATIENT'S NAME (Last Name, First Name, Middle Initial)
- Section 3:** PATIENT'S BIRTH DATE, SEX
- Section 4:** PATIENT'S ADDRESS (No., Street), CITY, STATE, ZIP CODE, TELEPHONE
- Section 5:** OTHER INSURED'S NAME, OTHER INSURED'S POLICY OR GROUP NUMBER
- Section 6:** INSURED'S NAME, INSURED'S ADDRESS, INSURED'S POLICY GROUP OR FECA NUMBER
- Section 7:** PATIENT'S OCCUPATION, EMPLOYMENT, AUTO ACCIDENT, OTHER ACCIDENT, CLAIM CODES
- Section 8:** INSURED'S DATE OF BIRTH, SEX, OTHER CLAIM, INSURANCE PLAN NAME
- Section 9:** READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM, PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, DATE
- Section 10:** DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY, OR DATE, NAME OF REFERRING PROVIDER OR OTHER SOURCE, ADDITIONAL CLAIM INFORMATION
- Section 11:** HOSPITALIZATION DATES RELATED TO CURRENT SERVICES, OUTSIDE LAB, CHARGES
- Section 12:** DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, REFERENCE TO SERVICE LINE BELOW (I-4), ORIGINAL REF. NO., PRIOR AUTHORIZATION NUMBER
- Section 13:** DATES OF SERVICE, PLACE OF SERVICE, PROCEDURES, SERVICES, OR SUPPLIES, CHARGES, DEDUCTIBLE, COINSURANCE, TOTAL CHARGE, AMOUNT PAID, REMITTING PROVIDER ID #
- Section 14:** FEDERAL TAX ID NUMBER, PATIENT'S ACCOUNT NO., ACCEPT ASSIGNMENT?, SIGNATURE OF PHYSICIAN OR SUPPLIER, SERVICE FACILITY LOCATION INFORMATION, BILLING PROVIDER BPO & PH #

# 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

The image shows a portion of the HCFA 1500 Claim Form. The following fields are highlighted in yellow:

- 17b: NAME OF REFERRING PROVIDER OR OTHER SOURCE
- 17b: NPI
- 24A: DATE(S) OF SERVICE (From, To, MM, DD, YY)
- 24A: PLACE OF SERVICE
- 24A: EMG
- 24A: CPT/HCPCS
- 24A: MODIFIER
- 24A: DIAGNOSIS POINTER
- 24J: NPI
- 32A: SERVICE FACILITY LOCATION INFORMATION
- 32A: NPI
- 33A: BILLING PROVIDER INFO & PH#

Other visible fields include: 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP); 15. OTHER DATE; 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION; 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES; 19. ADDITIONAL CLAIM INFORMATION; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY; 22. RESUBMISSION CODE; 23. PRIOR AUTHORIZATION NUMBER; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 33. BILLING PROVIDER INFO & PH#.

# 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

UB04 (1450) claim type image

The form includes the following sections and fields:

- 1** - Patient Name
- 2** - Patient Address
- 3** - Patient Address (continued)
- 4** - Patient Address (continued)
- 5** - Patient Address (continued)
- 6** - Patient Address (continued)
- 7** - Patient Address (continued)
- 8** - Patient Name
- 9** - Patient Address
- 10** - Birthdate
- 11** - Sex
- 12** - Date of Birth
- 13** - Admission Date
- 14** - Admission Type
- 15** - Admission Type
- 16** - Admission Type
- 17** - Admission Type
- 18-28** - Occurrence Dates
- 29** - Occurrence Date
- 30** - Occurrence Date
- 31-34** - Occurrence Dates
- 35-36** - Occurrence Dates
- 39-41** - Occurrence Dates
- 42-49** - Occurrence Dates
- 50** - Occurrence Date
- 51** - Occurrence Date
- 52** - Occurrence Date
- 53** - Occurrence Date
- 54** - Occurrence Date
- 55** - Occurrence Date
- 56** - Occurrence Date
- 57** - Occurrence Date
- 58** - Occurrence Date
- 59** - Occurrence Date
- 60** - Occurrence Date
- 61** - Occurrence Date
- 62** - Occurrence Date
- 63** - Occurrence Date
- 64** - Occurrence Date
- 65** - Occurrence Date
- 66** - Occurrence Date
- 67** - Occurrence Date
- 68** - Occurrence Date
- 69** - Occurrence Date
- 70** - Occurrence Date
- 71** - Occurrence Date
- 72** - Occurrence Date
- 73** - Occurrence Date
- 74** - Occurrence Date
- 75** - Occurrence Date
- 76** - Occurrence Date
- 77** - Occurrence Date
- 78-79** - Occurrence Dates

# 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).*

## How to complete the UB04 (1450) claim form

**Box 1:** Provider Name and Address

**Box 2:** Pay-To Name and Address—if different than Box 1

**Box 3a/b:** Patient Control Number, Medical Record Number

**Box 4:** Bill Type

**Box 5:** Facility Tax ID

**Box 6:** Statement Covers Period—DOS

**Box 7:** Administrative Necessary Days

### Member validation

**Box 8a-b:** Patient Name

**Box 9a-d:** Patient Address

**Box 10:** Patient DOB

**Box 11:** Patient Gender

### Admission information

**Box 12:** Admission Date

**Box 13:** Admission Hour

**Box 14:** Admit Type—Reason for Admission

**Box 15:** Source of Admission

**Box 16:** Discharge Hour

**Box 17:** Patient Discharge Status

**Box 18-28:** Condition Codes

**Box 29:** Accident State—State in which accident occurred

**Box 30:** Accident Date

**Box 31-34:** Occurrence Codes and Dates

**Box 35-36:** Occurrence Span

**Box 39-41:** Value Codes

### Line items

**Box 42-49:** Contain the claim lines with information on services and charges provided

**Box 56:** Facility NPI

### Patient insured information:

**Box 58-62:** This could have additional information as far as External ID listed that can be used to validate the member

**Box 67 A-Q:** Diagnosis Codes

### Other providers

**Box 76:** Attending (Admitting) Name

**Box 77:** Operating ID

**Box 78-79:** Other Provider ID

[Click here](#) for additional information regarding completing and processing the Form CMS-1450 Data Set.



# Provider Express - Claim Entry step 1 of 4

Public Home Group Practice

**Optum** | Provider Express Elig & Benefits | Claims | Auths | Appeals | My

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Entry Step 1 of 4

*\*Required*

**Federal Tax ID\***   
**Select Provider\***

**Supervisory Protocol**  
If the rendering provider was supervised click Yes  
 Yes  
 No

**Types of Claim\***  
 Mental Health / Substance Use Disorder / ABA  
 EWS / EAP

**Will the claim include any of these?\***  
 Yes - COB details  
 Yes - Claim Notes / Paperwork attachments  
 No - Date Span Billing

**Copy previous claim for the member?\***  
 Yes  
 No

**Feedback**

My Patients | Member ID Search | Name / DOB Search | Authorization Number

5 records Show 25 per page < Page 1 of 1 >

Select One	First Name ^	Last Name ↕	Member ID	Date of Birth	State
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

# Claim Entry step 2 of 4 top of page

**Optum** | Provider Express Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My Practice Info ▾ More ▾

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Entry Step 2 of 4

[← Return to step 1](#)

**\*Required**

Patient Information				Insured Information			
Patient Name	DOB	Address	Telephone	Id Number	Insure Name	Address	Telephone
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Relationship to Insured				Group Number	Insurance Plan Name	Employer Group Name	
Self - 01				10530-0001	United Behavioral Health	[Redacted]	

### Supervising Provider

First Name	Last Name	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient	Provider
Patient Control Number ⓘ <input type="text"/>	Federal Tax ID [Redacted]
Signature* On File ▾ <small>Patient or Authorized Person's signature to authorize release of medical or other information necessary to process this claim and to pay any benefits according to the assignment listed on this claim</small>	Accept Assignment? <input checked="" type="radio"/> Yes <input type="radio"/> No
Signature* On File ▾ <small>Insured or Authorized Person's signature to authorize payment of benefits to the undersign provider of services on this claim.</small>	Rendering Provider NPI* [Redacted]
	Service Address* ⓘ [Redacted] ▾ <a href="#">+ Add Address</a>
	Rendering Provider Taxonomy [Redacted]
	Pay to Provider Aces [Redacted]
	Billing NPI* [Redacted]
	Billing Taxonomy [Redacted]

Facebook

# Claim Entry step 2 of 4 bottom of page

### Service Information

**Claim Frequency** ⓘ 
**Diagnosis code or nature of illness or injury\***  
 1.  2.  3.  4.  5.  6.   
[+ More Than 6?](#)

**Authorization Number** 
**Related hospitalization dates**  
**From:**  **To:**

Action		Dates of Service* (mm/dd/yyyy)	Place of Service*	Procedure Code* <span>ⓘ</span>	Modifiers <span>ⓘ</span>				Diagnosis Codes						Charges*	Units*
Copy	Clear				1	2	3	4	1	2	3	4	5	6		
<input type="button" value="🗑"/>	<input type="button" value="✕"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value="1"/>					
<input type="button" value="🗑"/>	<input type="button" value="✕"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value="1"/>					
<input type="button" value="🗑"/>	<input type="button" value="✕"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value="1"/>					
<input type="button" value="🗑"/>	<input type="button" value="✕"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value="1"/>					
<input type="button" value="🗑"/>	<input type="button" value="✕"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value="1"/>					

**Total Claim Charge** 
**Patient Paid Amount**

# Claim Entry step 3 of 4

Claim Entry Claim Inquiry My Submitted Claims My Submitted Adjustments

## Claim Entry Step 3 of 4

### Provider Information

TaxId NPI Rendering Taxonomy

### Diagnosis Information

F34.1

### Patient Information

Relationship to Insured  
Self-01

### Insurer Information

ID Number  
100-100000

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)	Charges	Units
09/02/2024	11	90837		100.00	1

### Date Submitted

09/17/2024

### Total Claim Charge

\$100.00

Submit [Return to Claim Entry](#)

Print

# Claim Entry Step 4 of 4

Confirmation # displayed

The screenshot displays the Optum Provider Express interface for claim entry. A green notification box at the top center, circled in red, contains the text: "The claim was successfully submitted with Confirmation Number 162475241E." Below this, the "Claim Entry Step 4 of 4" section is visible, divided into "Provider Information" and "Diagnosis Information". The "Provider Information" section includes fields for Taxid, NPI, and Rendering Taxonomy. The "Diagnosis Information" section includes a field for F20.0. Below these are "Patient Information" and "Insurer Information" sections. A table shows the service details for 08/06/2024, with a procedure code of 90839, a charge of 250.00, and 1 unit. At the bottom, the "Date Submitted" is 08/09/2024 and the "Total Claim Charge" is \$250.00. There are buttons for "Enter Another Claim" and "Print".

Date(s) of Service	Place of Service	Procedure Code(s)	Modifier(s)	Charges	Units
08/06/2024	12	90839		250.00	1

Date Submitted: 08/09/2024  
Total Claim Charge: \$250.00

# Claim Inquiry

**Optum** | Provider Express Elig & Benefits ▾ | Claim

Claim Entry | **Claim Inquiry** | My Submitted Claims | My Submitted Adjustments

### Claim Inquiry

\* Indicates required field

Select Provider \*  
All ▾

My Patients | Member ID Search | Name / DOB Search

**Patient(s) \***  
Please select one or more patients.  
5 records Show 25 ▾ per page < Page 1 of 1 >

Clear All Filters

	First Name *	Last Name *	Member ID *	Date of Birth	State
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NY
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CA
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TX
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	OH
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PA

**Dates of Service** ⓘ

- Month / Year
- Date Range
- Previous 12 Months
- Previous 24 Months

Search

# 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 Summary**

Claims between 10/01/2022 to 11/01/2022  
9 records

Show 25 per page Page 1 of 1

Clear All Filters | Export (CSV)

Claim Number	Member Name	Dates of Service	Claim Status	Claim Amount	Paid Amount	Provider/Practice Name	Appeals	Adjustment Request
<a href="#">2</a>		10/03/2022-10/31/2022	Finalized	\$2,871.99	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/03/2022-10/31/2022	Finalized	\$2,871.99	\$2,871.99		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/06/2022-10/06/2022	Finalized Revised	\$85.40	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/08/2022-10/08/2022	Finalized Revised	\$0.00	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/06/2022-10/06/2022	Finalized	\$85.40	\$85.40		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/28/2022-10/28/2022	Finalized Revised	\$85.40	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/28/2022-10/28/2022	Finalized Revised	\$0.00	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		10/28/2022-10/28/2022	Finalized	\$85.40	\$85.40		<input type="checkbox"/>	<input type="button" value="Enter"/>
<a href="#">[redacted]</a>		11/01/2022-11/01/2022	Finalized Revised	\$165.84	\$0.00		<input type="checkbox"/>	<input type="button" value="Enter"/>

# Claim Inquiry – Claim Detail


Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My

Claim Entry
Claim Inquiry
My Submitted Claims
My Submitted Adjustments

## Claim Detail

[← Return to Claim Summary](#)

<b>Member Name</b>	<b>Member ID</b>	<b>Provider</b>	
[REDACTED]	[REDACTED]	[REDACTED]	

▾ **Claim Information**

<b>Claim Number</b>	<b>Date(s) of Service</b>	<b>Diagnosis Code(s)</b>	<b>Authorization Number</b>
[REDACTED] 400	09/25/2024 - 09/25/2024	F411	0
<b>Status</b>	<b>Received Date</b>	<b>Date Paid</b>	
Finalized	09/27/2024	10/01/2024	

▾ **Billing Summary**

<b>Claim Amount</b>	<b>Allowed Amount</b>	<b>Disallowed Amount</b>	<b>Deductible Amount</b>
\$200.00	\$156.57	\$43.43	\$0.00
<b>Copay/Co-Insurance</b>	<b>Patient Responsibility</b>	<b>Adjustment Request</b>	
\$10.00	\$10.00	<input type="text" value="Enter"/>	
<b>Paid Amount</b>	<b>Date Paid</b>	<b>Check Number</b>	
\$146.57	10/01/2024	0	
<b>Remit Address</b>	[REDACTED]		

# Claim Inquiry – Claim Detail

## Claim Line Details

**Optum** | Provider Express Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My Prac

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

**Claim Detail** [← Return to Claim Summary](#)

Member Name: [REDACTED]      Member ID: [REDACTED]      Provider: [REDACTED]

▾ **Claim Information**

<b>Claim Number</b>	<b>Date(s) of Service</b>	<b>Diagnosis Code(s)</b>	<b>Authorization Number</b>
[REDACTED] 34400	09/25/2024 - 09/25/2024	F411	0
<b>Status</b>	<b>Received Date</b>	<b>Date Paid</b>	
Finalized	09/27/2024	10/01/2024	

> **Billing Summary**

▾ **Claim Line Details** 

▾ **Line 1: 09/25/2024 - 09/25/2024 - 90791GT**

<b>Date(s) of Service</b>	<b>Place of Service</b>	<b>Procedure Code</b>	<b>Units</b>
09/25/2024 - 09/25/2024	10 - TELEHEALTH PROVIDED IN PATIENT'S HOME	[REDACTED]	1
<b>Billed Amount</b>	<b>Allowed Amount</b>	<b>Disallowed Amount</b>	<b>Deductible</b>
\$200.00	\$156.57	\$43.43	\$0.00
<b>Copay/Co-Insurance</b>	<b>Paid Amount</b>		
\$10.00	\$146.57		

# 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.

**Optum** | Provider Express

Elig & Benefits ▾ Claims ▾ Auths ▾ App

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Inquiry

\* Indicates required field

My Patients | Member ID Search | Name / DOB Search

**Patient(s) \***  
Please select one or more patients.  
2 records

Show 25 ▾ per page < Page 1 of 1 >

Clear All Filters

	First Name ^	Last Name ⇅	Member ID ⇅	Group Number	Date of Birth	State
<input type="checkbox"/>	JANE			AW	01/30/1997	MA
<input type="checkbox"/>	SAMANTHA			AW	01/09/1998	MA

**Dates of Service** ⓘ

Month / Year

Date Range

Previous 12 Months

Previous 24 Months

Search 

# Claim Inquiries and Adjustments

After typing in information click “Enter”

Public Home Provider - (In-Network) Contact Us Sign Out

**Optum** | Provider Express Elig & Benefits Claims Auths Appeals My Practice Info More

Claim Entry Claim Inquiry My Submitted Claims My Submitted Adjustments

### Claim Summary

Claims between 10/01/2024 to 10/01/2024  
1 record

Show 25 per page Page 1 of 1

Clear All Filters Export (CSV)

Claim Number	Member Name	Dates of Service	Claim Status	Claim Amount	Paid Amount	Provider/Practice Name	Appeals	Adjustment Request
00		10/01/2024-10/01/2024	Finalized	\$150.00	\$122.09		<input type="checkbox"/>	Enter

New Inquiry

# Claim Inquiries and Adjustments

Claim Adjustment page after clicking “Enter”

Public Home Provider

**Optum** | Provider Express Elig & Benefits ▾ Claims ▾

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

## Claim Adjustment [← Return to Claim Summary](#)

Member ID: [Redacted]-00      Provider: [Redacted]

<b>Claim Number</b> [Redacted]00	<b>Date(s) of Service</b> 10/01/2024-10/01/2024	<b>Date Paid</b> 10/05/2024	
<b>Claim Amount</b> \$150.00	<b>Copay Amount</b> \$10.00	<b>Disallowed Amount</b> \$17.91	<b>Paid Amount</b> \$122.09

**Reason**       **Comments**   
250 characters remaining

# Reconsideration and Appeal process

 <p><b>By mail:</b></p> <p>Complete a <b>reconsideration request form</b> to outline the reason you disagree with our decision.</p> <p>Then mail the form and supporting documentation to:</p> <p>Optum Behavioral Health Solutions P.O. Box 30757 Salt Lake City, UT 84123</p>	 <p><b>Online</b> via the <i>Provider Express</i> secure portal:</p> <ol style="list-style-type: none"><li>1. Go to <b>Providerexpress.com</b> and click Log In (located in the upper right corner). Then, sign in to the secure portal with your One Healthcare ID and password.</li><li>2. In the secure portal, click Appeals, then click Appeals Summary &amp; Submission</li><li>3. In the Appeals Submission section of the page, select Submit Claim Appeal to start the process. Be sure to include:<ul style="list-style-type: none"><li>• The factual or legal basis for appeal</li><li>• Any additional information, clinical records or documentation that will help in the review of your request</li></ul></li></ol>
--	---

# 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.

Public Home | Provider - (In-Network) | Contact Us | Sign Out

**Optum** | Provider Express | Elig & Benefits | Claims | Auths | Appeals | My Practice Info | More

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

### Claim Summary

Claims between 10/01/2024 to 10/01/2024  
1 record

Show 25 per page | Page 1 of 1

Clear All Filters | Export (CSV)

Claim Number	Member Name	Dates of Service	Claim Status	Claim Amount	Paid Amount	Provider/Practice Name	Appeals	Adjustment Request
00		10/01/2024-10/01/2024	Finalized	\$150.00	\$122.09		<input type="checkbox"/> Enter	

New Inquiry

# 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** Provider Express

Elig & Benefits ▾ Claims ▾ Auths ▾ Appeals ▾ My Practice Info ▾ More ▾

Appeals Summary & Submission

**Appeal Submission** ←

\* Required

**Provider Name**

Member First Name Member Last Name Member ID Member Date Of Birth

Add New Appeal Row

Actions	Claim	Start Date *	End Date *	Claim Amount	Units *	Procedures *
No records to display						

**Reason for Appeal \***

Helper text 300 characters remaining

**Upload Files** **Clinical Denial Issued \***

To attach supporting documentation, replace or clear uploaded files, click the Select  Yes  No button.

Select

Preview Cancel

Feedback

# 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

The screenshot displays a user interface for a provider. At the top, a dark grey header bar contains a user profile icon, the text "Welcome, John Doe (provider)", a dropdown arrow, "In-Network", a help icon, "Contact Us", a dropdown arrow, and "Sign Out". Below this is a navigation bar with several menu items: "Elig & Benefits", "Claims", "Auths", "Appeals", "My Practice Info", and "More". The "My Practice Info" menu item is highlighted with an orange underline, and a dropdown menu is open below it. The dropdown menu contains the following items: "Clinician Information", "Practice Information", "Licenses and IDs", "Directory Attestation", "virtual visits", and "My Network Status".

# Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

## Directory Attestation

Public Home Welcome, John Doe (provider) In-Network Contact Us Sign Out

**Optum** | Provider Express Elig & Benefits Claims Auths Appeals My Practice Info More

Clinician Information Practice Information Licenses and IDs **Directory Attestation** virtual visits My Networks

### Directory Attestation

All providers are required to verify their demographic information for accuracy every 90 days or may be suppressed from directory display. All health insurers are required to follow this new timeline to meet requirements of the Consolidated Appropriations Act of 2021. 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.

Next Attestation Required: **Oct 03 2024**  
Last Time Attested: Jul 05 2024

Name	Gender	License Type
Doe, John A	Male	ANP - Advanced Nurse Practitioner MD - Medical Doctor

### Areas of Clinical Expertise

- Adoption Issues
- Infant Mental Health
- LGBTQ Supportive
- Serious Mental Illness

Feedback

# Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

Directory Attestation continued

▼ Tax ID: 999999999

<b>General Communications Email</b> johndoe@gmail.com	<b>Public Directory Email</b> johndoe@intake.com	<b>Website Address</b> www.JohnHelp.com	
<b>Practice Address</b> 2171 ONeal Ln, Baton Rouge, LA, 70816-3206	<b>Accepting New Patients?</b> Yes	<b>Practice Phone</b> 555-567-3333	<b>Secure Fax</b> 555-567-3334
<b>Practice Address</b> 1234 Bourbon St, New Orleans, LA, 70116-2521	<b>Accepting New Patients?</b> Yes	<b>Practice Phone</b> 555-123-4567	<b>Secure Fax</b> 555-765-4321

The information listed above is correct. I will also review and update as needed, data on all other tabs to ensure 100% member appointment success rate.

The information listed above is not correct and I was unable to affect the needed changes directly within the other tabs. I will contact the Provider Service line to obtain support at (877) 614-0484.

Feedback By selecting "I so attest", provider or provider's delegated representative attests to accuracy of the data that displays in online and print directories and is fully knowledgeable to the lines of business to which they are contracted. The Provider Service Line can be contacted to obtain assistance with making any required contract changes.

\* To Edit your directory information, please go to the [Practice Information](#) tab to submit your changes.

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Need Help? 

# Reporting Provider Changes/Updates – Individual Clinicians and Rostered Clinicians

Directory Attestation continued.

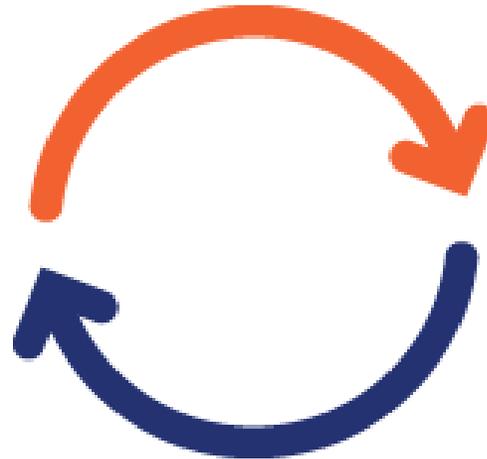
There are 6 pages under this section.

The screenshot shows the Optum Provider Express interface. At the top, there is a navigation bar with tabs: Clinician Information, Practice Information, Licenses and IDs, Directory Attestation, virtual visits, and My Networks. A red arrow points to the 'My Networks' tab. Below the navigation bar, the 'Practice Information' section is active, with a sub-header 'Practice Information' and a note: 'Please use the following sections to make changes to your practice including hours of operation, availability and other location information.' There are two '+ Add / Update Tax Id' buttons. Below this is a table with columns: Actions, Address, Address Type, Practice, and Accepting New Patients. The table contains one row with a 'Primary Mailing, Remit' address type and 'Yes' for 'Practice' and 'Accepting New Patients'. Below the table is the 'General Information' section with fields for 'General Communication Email', 'Public Directory Email', 'Website Address', 'Age Limitations' (0-125), 'Gender Limitations' (None), '1099 Address', '1099 Phone Number', and 'Accepts EWS / EAP' (No). At the bottom, there is a link for 'Tax ID: 993945949 - Garden State Behavioral HealthServices PC' and a 'Credentialing Address' section with fields for 'Address', 'Phone', and 'Email'.

# 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](https://www.caqh.org) to register and obtain the required number before starting your credentialing application.

Category	Issues	Requirement
CAQH	<ul style="list-style-type: none"><li>• Your CAQH profile status is incomplete or expired</li><li>• 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</li><li>• 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)</li><li>• 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)</li></ul>	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

**Directory Attestation**

All providers are required to verify their demographic information for accuracy every 90 days or may be suppressed from directory display. All health insurers are required to follow this new timeline to meet requirements of the Consolidated Appropriations Act of 2021. 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.

Next Attestation Required: **Oct 03 2024**  
Last Time Attested: Jul 05 2024

Name	Gender	License Type
Doe, John A	Male	ANP - Advanced Nurse Practitioner MD - Medical Doctor

**Areas of Clinical Expertise**

- Adoption Issues
- Infant Mental Health
- LGBTQ Supportive
- Serious Mental Illness

### Preferred Method for Routine Directory Attestations

1. Login to [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*

# 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](https://Providerexpress.com) under “Quick Links”

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



Quick Links
▶ Behavioral Health Toolkits
▶ Claim Tips
▶ Forms
▶ Clinical Criteria and Guidelines
▶ MAUD / MOUD
▶ Navigating Optum
▶ Optum Pay
▶ Prior Authorization

# NPES: National Plan and Provider Enumeration System

**NPI Number**  **NPI Type**  **Taxonomy Description**

for individuals  
**Provider First Name**  **Provider Last Name**

for organizations  
**Organization Name (LBN, DBA, Former LBN or Other Name)**  **Authorized Official First Name**  **Authorized Official Last Name**

**City**  **State**  **Country**  **Postal Code**  **Address Type**

Check this box to search for Exact Matches only ⓘ

\*\* This search page is by default set to return similar and close results to your search keywords. You can check the box above if you only want the exact matches for your keywords to be returned in the search results.

**Note:** The NPI Registry limits searches to the first 2100 results. If you cannot find the NPI that you are looking for, please refine the search.

**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

<b>Available credit:</b>	
2.00	AMA - Physicians
2.00	ANCC - Nurses
2.00	APA - Psychologists
2.00	Attendance - General Attendance
2.00	ASWB - Social Workers
<b>Activity opens:</b>	01/22/2024
<b>Activity expires:</b>	01/22/2027
<b>Rating:</b>	★★★★★



**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



## Behavioral 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.

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

**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.

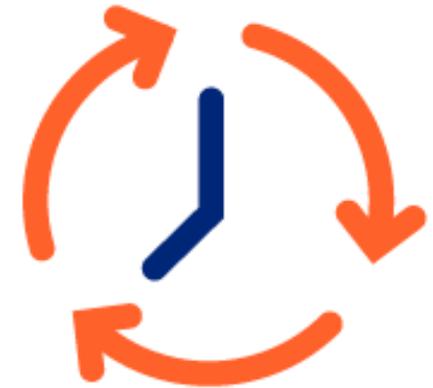
**Positive Scores:**  
 PSC17-I ≥ 5  
 PSC17-A ≥ 7  
 PSC17-E ≥ 7  
 Total Score ≥ 15

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

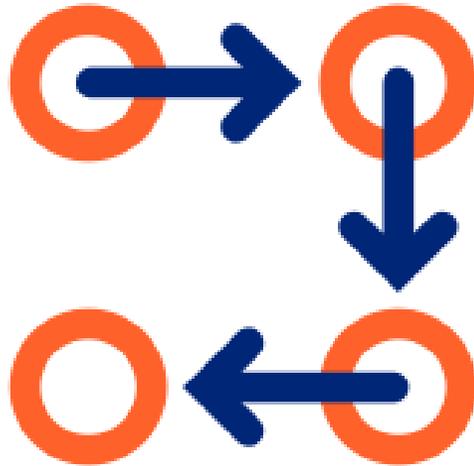
# Serious Incident Report (SIR)

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](https://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



# Optum

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