Provider Orientation:

Neighborhood Health Plan of Rhode Island

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Neighborhood Health Plan of Rhode Island

Go Live: January 1, 2019

Thank you so much for joining today!

We will be getting started momentarily.

Welcome to Optum

Webinar Topics

1. Introduction to Optum and Neighborhood of Rhode Island
2. Covered Members and Eligibility
3. Covered Services and Authorizations
4. Network
5. Clinical Overview
6. Claims / Billing
7. Contacting Optum
8. Online Resources

About Neighborhood

- Founded with the support of Rhode Island's Community Health Centers and began serving members in 1994
- More than 200,000 members (one in five Rhode Islanders)
- Over 500 diverse employees including nurses, social workers, customer service
- First community health center based health plan in the country to be rated "Excellent" by the National Committee for Quality Assurance for 18 consecutive years

Who is Optum?

Optum is a leading health services organization dedicated to making the system work better for everyone

Our core values:

Integrity | Compassion | Relationships | Innovation | Performance

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

UnitedHealth Group structure

UNITEDHEALTH GROUP®

UnitedHealthcare®

Making the health system work better for everyone

Information and technology-enabled health services:

- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Covered Members and Eligibility

Covered Members

- Neighborhood Health Plan of Rhode Island was contracted with Optum to manage the behavioral Health and Substance Abuse benefits for the following membership groups:
- Commercial
- Medicare/Medicaid (Integrity)
- Medicaid for adults and children

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Member Identification Card - Integrity (front)

Member Name: Cardholder Name
Member ID: Cardholder ID#
Health Plan (80840): 7104829339
Effective Date: Coverage Start Date

RxBIN: 004336
RxPCN: MEDDADV
RxGRP: RX2322

PCP Name: PCP Name
PCP Phone: PCP Phone

MEMBER CANNOT BE CHARGED
Copays: PCP/Specialist: $0 ER: $0 Rx: $0

H9576 001

SAMPLE

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Member Identification Card - Integrity (back)

In an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room.

Member Services:	1-844-812-6896 (TTY 711)
24-Hour Nurse Advice:	1-844-617-0563
Behavioral Health:	1-401-443-5995 (TTY 711)
Pharmacy Help Desk:	1-866-693-4620
Website:	www.nhpri.org/INTEGRITY
Send Claims To:	Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908
Provider Inquiry:	1-800-963-1001

SAMPLE

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Member Identification Card - Medicaid (front)

Neighborhood Health Plan OF RHODE ISLAND

Member ID #: 107765511
Plan: MED

Member: JOHN Q SAMPLE

PCP Name: KELVIN D GILLMAN
PCP Site: Childrens Healthcare
PCP Phone #: (401) 383-6776

Copays:
Office Visit: $0
Pharmacy/RX: $0
ER: $0

www.nhpri.org

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Member Identification Card - Medicaid (back)

Members: Bring this ID card whenever you go to the doctor or the pharmacy.

- **Member Services:** 1-401-459-6020 • 1-800-459-6019 (TTY/TDD: 711)
- **24-Hour Nurse Advice Line:** 1-844-617-0563
- **Mental Health and Substance Use:** 1-401-443-5997
- **In an emergency,** call 911 and ask for help or go directly to the nearest hospital emergency room.
- **Providers:** To verify eligibility/benefits go to: connect.navinet.net
- **Durable Medical Equipment:** 1-866-205-2122
- **Rx BIN/Rx PCN/Rx Group:** 004336/ADV/RX6437
- **Pharmacy Help Desk:** 1-800-364-6331

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Member Identification Card - Commercial (front)

Member ID#: 13503758600
Plan: 20003-01

Member: JOHN Q SAMPLE
PCP: LISA M MENARD-MANLOVE
PCP Site: Wood River HC
PCP Phone#: (401) 539-2461

Rx BIN / PCN / Group:
004336 / ADV / RX2323

***PCP/*Specialist:** 20%/20%
***Pharmacy:** $15/$40/$75/20%
***Urgent Care/*ER:** 20%/20%

***Deductibles apply:**
$5,600/$11,200

STANDARD S

Commercial • www.nhpri.org

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Member Identification Card - Commercial (back)

Bring this ID card whenever you go to the doctor or the pharmacy.
Member Services: 1-855-321-9244 (TTY/TDD: 711)
24-Hour Nurse Advice Line: 1-844-617-0563
Mental Health and Substance Use: 1-833-470-0578
In an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room.

- **Providers:** To verify eligibility/benefits go to: connect.navinet.net
- **Durable Medical Equipment:** 1-866-205-2122
- **Pharmacy Help Desk:** 1-800-364-6331

This card is for identification only and does not certify coverage

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved

Eligibility Verification

Member eligibility can be confirmed in 2 ways:

1. Calling into 800 #

Product	NHP of RI
INTEGRITY	1-401-443-5995
Medicaid	1-401-443-5997
Commercial	1-833-470-0578

2. Utilizing Provider Express

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – Provider Express…Where to Start

Eligibility & Benefits allow users to search for a Member's eligibility by using My Patients list, Member ID Search or the Name/DOB Search.

The My Patients list is also built using this transaction.

Home | Eligibility & Benefits | Auth Request | Auth Inquiry | Claim Entry | Claim Inquiry | EPS | ALERT | Provider Reports | My Provider Express | My Practice Info | Message Center | Contact Us

Eligibility & Benefits

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – Three Search Options

Eligibility & Benefits

Step 1: Member Search

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

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – *Member Search*

Provider Express offers three methods for searching eligibility:

1. Member ID
2. Name/DOB
3. My Patients (a list you build yourself)

Find Member Eligibility & Benefits

My Patients | Member ID Search | Name/DOB Search

Please complete the form below and click "Search"

* - indicates a required field

Member ID *

Group #

First Name *

Date of Birth / / MM/DD/YYYY

Date to Check Eligibility * 04 / 12 / 2016 MM/DD/YYYY

Provider Express recommends using the **minimum** search criteria of **Member ID** and **First Name only. Do not** enter a group number or a date of birth unless the systems prompts you via a specific message.

Search

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

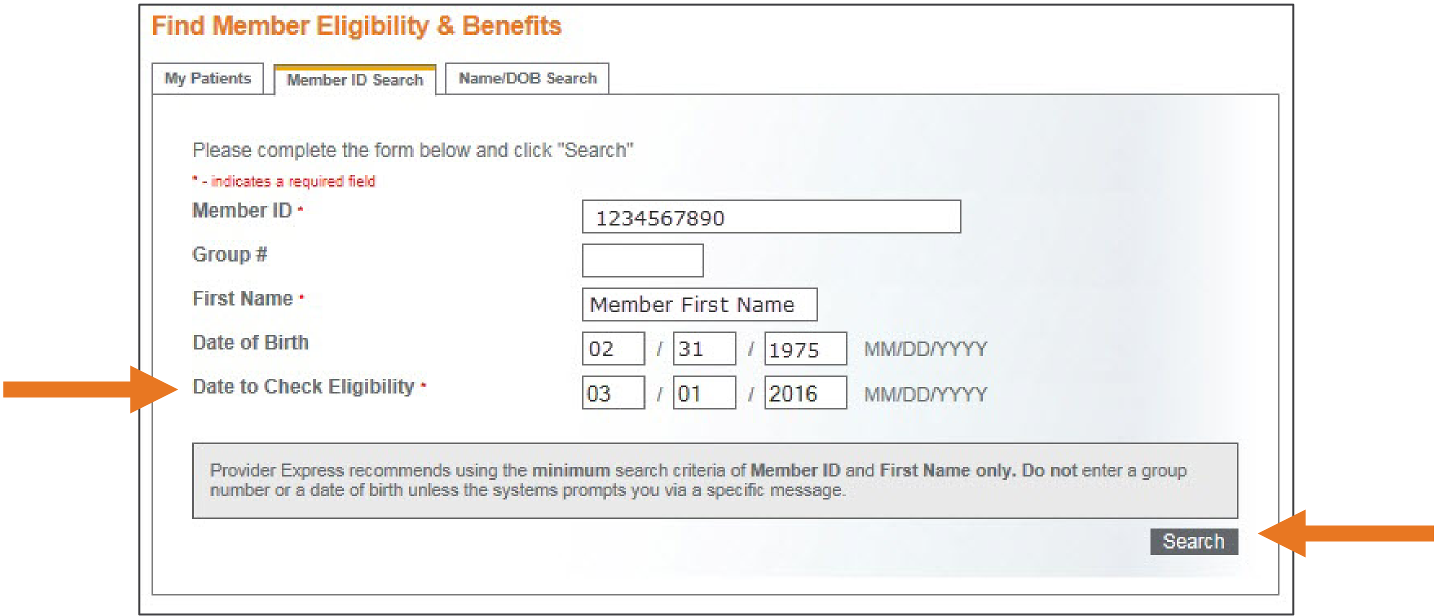
2018 Optum, Inc. All Rights Reserved

Eligibility & Benefits – *Member ID Search*

Using the Member ID Search tab, the user must provide required information indicated with an asterisk.

The Date to Check Eligibility will default to the current date, but this may be altered up to a year in the past.

When all the required information is provided, click the ***Search*** button to begin the Member search.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved

Eligibility & Benefits – *Eligibility Information*

Regardless of the search method, if a matching Member record is found, the eligibility information will display:

- Here you will find the group number, relationship, the most recent effective date of coverage, and the termination date (if applicable)

Eligibility and Benefits - Eligibility Information

Eligibility Information for Member XXXXX7890 **for** 03/01/2016

For benefit information, click on the member's name.

Due to recent Parity changes, please carefully review the member's benefit information to ensure authorization is required, before submitting an authorization request.

Members Covered Under Group: 99999

Member Name	Relationship	State	Member ID	Effective Date	Termination Date	Demographic Info
MEMBER NAME	Subscriber	US	XXXXX7890	07/01/2014	Still Active	View Info

Add to My Patients   Search Again

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – *Viewing Demographic Information*

Clicking on the ***View Info*** button will bring up a display of demographic information that is available for that Member.

Eligibility and Benefits - Eligibility Information

Eligibility Information for Member XXXXX7890 **for** 03/01/2016

For benefit information, click on the member's name.

Due to recent Parity changes, please carefully review the member's benefit information to ensure authorization is required, before submitting an authorization request.

Members Covered Under Group: 99999

Member Name	Relationship	State	Member ID	Effective Date	Termination Date	Demographic Info
MEMBER NAME	Subscriber	US	XXXXX7890	07/01/2014	Still Active	View Info

Add to My Patients   Search Again

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – *Benefits Information*

From the Eligibility Information page, you can click on the Member's name (which is an underlined link) to get to the benefits page.

Eligibility and Benefits - Eligibility Information

Eligibility Information for Member XXXXX7890 **for** 03/01/2016

For benefit information, click on the member's name.

Due to recent Parity changes, please carefully review the member's benefit information to ensure authorization is required, before submitting an authorization request.

Members Covered Under Group: 99999

Member Name	Relationship	State	Member ID	Effective Date	Termination Date	Demographic Info
MEMBER NAME	Subscriber	US	XXXXX7890	07/01/2014	Still Active	View Info

Add to My Patients   Search Again

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Eligibility & Benefits – *Benefits Information* *(continued)*

The benefit information page displays eligibility information, along with year-to-date accumulators for both deductible and out-of-pocket (if applicable) and benefit details.

Eligibility and Benefits - Benefit Information

View Eligibility Information

Member Name	Relationship	State	Member ID	Group Number	Effective Date	Termination Date
MEMBER NAME	Subscriber	US	XXXXX7890	99999	07/01/2014	Still Active

Network Family Deductible YTD	Network Individual Deductible YTD	Network Family Out-Of-Pocket YTD	Network Individual Out-Of-Pocket YTD
$156.23	$156.23	$156.23	$156.23

CA LAP Applies?
NA

You are viewing benefits for **Outpatient** only, to view another benefit category, please make a selection below.

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.

Benefit Category: Outpatient

Mental Health

In Network

Auth Rule : Auth Required
Copayment : Indv: $15.00, Grp: $15.00
OOP Annual : $6,350.00 Individual / $12,700.00 Family
Session Limit : MH Visits: 365

Non Network

Auth Rule : Auth Required
Copayment : Indv: 30% Per Visit, Deductible Applies, Grp: 30% Per Visit, Deductible Applies
Deductible Annual : $400.00 Individual
OOP Annual : $1,500.00 Individual / $3,000.00 Family

Employee Assistance Program

Auth Rule : Auth Required
Session Limit : Number of EAP visits: 3

Search Again

The Benefit Category drop-down list supports look up of other benefits such as deductibles, copays, etc.

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Covered Services and Authorizations

Understanding covered benefits

Coverage Determination Guidelines standardize the interpretation and application of terms of the Member's Benefit Plan including terms of coverage, exclusions and limitations

Coverage Determination Guidelines can be found on *Provider Express*

Optum Members have a variety of benefits available to them

Check a Member's benefits and eligibility on *Provider Express* through secure Transactions

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Covered Services - Higher Levels

Commercial

- Inpatient Mental Health and Substance Use inclusive of:
  - Residential Services Mental Health and Substance Use(does not include MHPRR)
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Integrity

- Inpatient Mental Health and Substance Use inclusive of:
  - Residential Services Mental Health and Substance Use (does not include MHPRR)
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Medicaid

- Inpatient Mental Health and Substance Use inclusive of:
  - Residential Services Mental Health and Substance Use (does not include MHPRR)
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Covered Services - Outpatient Levels

Commercial

- Intensive Outpatient Services
- Autism Services
- Standard therapeutic services
- Crisis Stabilization
- Electroconvulsive therapy
- Psychological testing
- Transcranial magnetic stimulation
- Medication Assisted Therapy
- Community Based Detox
- Enhanced Outpatient Services
- Day/Evening Treatment

Integrity

- Intensive Outpatient Services
- Standard therapeutic services
- Crisis Stabilization
- Electroconvulsive therapy
- Psychological testing
- Transcranial magnetic stimulation
- Medication Assisted Therapy
- Enhanced Outpatient Services
- Integrated Health Homes
- Peer Supports
- Assertive Community Treatment
- OTP Health Homes
- Clubhouse
- Community Based Detox
- Mental Health Psychiatric Rehabilitative Residence MHPRR*
- Sober Living
- Day/Evening treatment

Medicaid

- Intensive Outpatient Services
- Standard therapeutic services
- Crisis Stabilization
- Electroconvulsive therapy
- Psychological testing
- Transcranial magnetic stimulation
- Medication Assisted Therapy
- Enhanced Outpatient Services
- Integrated Health Homes
- Peer Supports
- Assertive Community Treatment
- Home based Therapeutic Services
- OTP Health Homes
- Personal Assistance Services and Supports (PASS)
- Clubhouse
- Respite
- Community Based Detox
- Mental Health Psychiatric Rehabilitative Residence MHPRR*
- Sober Living/Halfway House

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Authorization/Notification Requirements - Higher Levels of Care

Commercial

- Inpatient Mental Health and Substance Use inclusive of :
  - Residential Services Mental Health and Substance Use
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Integrity

- Inpatient Mental Health and Substance Use inclusive of:
  - Residential Services Mental Health and Substance Use
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Medicaid

- Inpatient Mental Health and Substance Use inclusive of:
  - Residential Services Mental Health and Substance Use
  - Inpatient Substance Use Detox
  - Electroconvulsive therapy
- Partial Hospitalization Mental Health and Substance Use

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Authorization Requirements - Outpatient Levels

Commercial	Integrity	Medicaid
• Intensive Outpatient Services • Autism Services • Crisis Stabilization Unit/Observation • Electroconvulsive therapy • Psychological testing • Transcranial magnetic stimulation	• Assertive Community Treatment* • OTP Health Homes* • Mental Health Psychiatric Rehabilitative Residence MHPRR* • Integrated Health Homes*	• Intensive Outpatient Services • Crisis Stabilization Unit/Observation • Electroconvulsive therapy • Psychological testing • Transcranial magnetic stimulation • Integrated Health Homes* • Assertive Community Treatment* • OTP Health Homes* • Mental Health Psychiatric Rehabilitative Residence MHPRR* • Community Based Detox • Day/Evening Treatment

*Authorization must be obtained from Department of Behavioral Healthcare and Developmental Disabilities and Hospitals

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Important authorization information

Routine outpatient services do **not** require prior authorization. The following frequently-used procedure codes are considered routine services:

90791	90832	90834	90846	90847
90849	90853	99241	99242	99243

Non-routine services **do** require an authorization for Commercial and Medicaid

Use providerexpress.com to request authorization for the following:

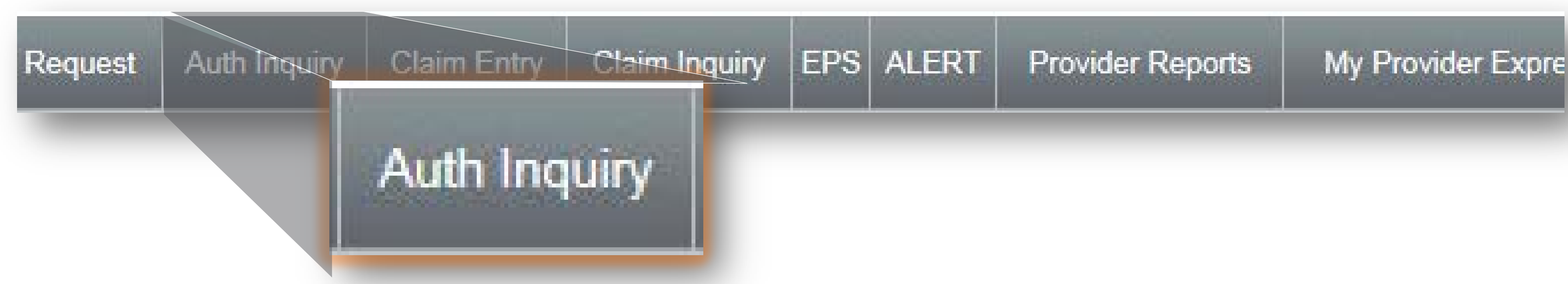
- Psychological Testing
- Transcranial Magnetic Stimulation (TMS)
- Applied Behavior Analysis

Login to *Provider Express*: Auth Request >> click appropriate link
OR without logging in: Clinical Resources >> Forms >> Clinical Forms

Please call the number on the back of the Member's ID card to authorize all other non-routine services

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Check authorization status online



Once you have obtained authorization for clinical services, you have the capability in the secure Transactions on *Provider Express* to:

- Look up authorizations, even if the authorization was not generated through *Provider Express*
- View authorization details

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Transition of Care Benefits

Neighborhood Health Plan of Rhode Island is working with Beacon to obtain a file of authorized services:

- Inpatient Services extending beyond January 1, 2019 will have an authorization entered into Optum’s clinical system to support clinical reviews and claims payment for dates of service greater than January 1, 2019

- Outpatient services that require authorization will be entered into Optum’s clinical system to support clinical reviews and claims payments

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Network

Types of Providers in the Behavioral Health Network

Licensed Mental Health Professionals

- Psychiatrist
- Advanced Psychiatric Nurse Practitioner
- Doctor of Osteopathic Medicine
- Licensed Behavior Analyst (Commercial ABA Network)
- Medical Doctor
- Physician Assistant
- Licensed Psychologist
- Licensed Independent Clinical Social Worker
- Licensed Clinical Mental Health Counselor
- Licensed Addiction Counselor
- Licensed Marriage and Family Therapist
- Licensed Chemical Dependency Professional
- Licensed Chemical Dependency Clinical Supervisor

Other Types of Providers

- Peer Support Specialist (Medicaid)
- Case Manager (Medicaid)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Types of Organizations in the Behavioral Health Network

- Federally Qualified Health Centers (FQHCs)
- Agencies and CMHC (Community Mental Health Centers
- Groups
- Free Standing Psychiatric Facilities

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Responsibilities

- Render services to Members in a non-discriminatory manner:
  - Maintain availability for a routine level of need for services
  - Offer routine non-urgent appointments within 10 days of the request for services
  - Provide after-hours coverage
  - Support Members in ways that are culturally and linguistically appropriate
- Determine if Members have benefits through other insurance coverage
- Advocate for Members as needed
- Notify us at providerexpress.com within ten (10) calendar days whenever you make changes to your office location, billing address, phone number, Tax ID number, entity name, or active status (e.g., close your business or retire); this includes roster management

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Join Our Network – Clinicians

- The participation process begins with submission of the provider application:
  - Clinicians contracting on an individual basis complete the CAQH universal application online at caqh.org
  - Providers complete Network Request form
  - Agencies pursuing group contracts complete the Optum Agency application
- Additional required application materials include:
  - Signed Optum Provider Agreement
  - State required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing Committee Credentialing requirements can be found at providerexpress.com under "Join Our Network"
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on providerexpress.com

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Join Our Network, (continued)

FQHCs, Agencies and Groups:

- For FQHC agencies that employ licensed professional staff to render services under the umbrella of the agency, Optum will execute group contracts with the agency as the contracting entity
- Agencies must submit the Optum agency application, indicating the services being provided and the licensed clinical professionals on the staff roster
- The individual licensed clinicians on staff do not need to submit CAQH applications or be individually credentialed when they work for the agency under an Optum group contract

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Recredentialing

- Recredentialing is completed every 36 months (3 years):
  - Time line is established by NCQA
- Several months prior to the recredentialing date, a recredentialing packet will be sent to the primary address on file for the provider
- Completion of the entire recredentialing packet is required for the recredentialing process to be completed
- Site audits will be completed for organizational providers as indicated by Optum policy
- Failure to complete the recredentialing paperwork or participate in the recredentialing site audit (when applicable) will impact the provider's status in the network

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Supervisory Protocol Addendum

The Supervisory Protocol addendum allows for non-credentialed clinicians to render services while under the supervision of an independently licensed clinician:

- Clinicians rendering psychotherapy services must have a minimum of a master's degree
- All services that are rendered must be within the scope of the clinician's training
- Supervision must:
  - Occur regularly on a one-to-one basis
  - Be documented
- Protocol is reflective of requirements outlined by the State for OTP HH, IHH and ACT oversight

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Attestation for Integrity

Welcome to the Optum Network!

Rhode Island Provider Resources

Optum Network Manual

- Network Manual

Level of Care Guidelines

- LOC Guidelines

Best Practice Guidelines

- BP Guidelines

Algorithms for Effective Reporting and Treatment (ALERT)

- Intro to ALERT
- ALERT Resources

Coordination of Care (COC)

- COC Flyer
- COC Checklist

Additional information and forms are available, including psych/neuropsych testing guidelines, credentialing plans, and Disability Solutions Manual, on the Provider Express Guidelines/Policies & Manuals and Optum Forms pages.

Rhode Island Medicaid-Specific Resources

General Information

Neighborhood Health Plan of Rhode Island

NHP of RI training information

We are providing links to support required training for providers serving Neighborhood Health Plan of Rhode Island (NHP of RI) INTEGRITY members.

Click here for to learn about training and attestation requirements and to access links to training provided by NHP of RI.

After completing the trainings, you will be asked to attest to having completed those and, at that time, will also be asked to attest to information related to these topics:

- Standards of Conduct, Compliance Policies, and Compliance Information
- Fraud, Waste and Abuse Training
- Reporting Fraud, Waste, Abuse and Compliance Issues
- OIG and GSA Exclusion Screening

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Attestation for Integrity (continued)

Rhode Island Neighborhood Health Plan Provider Training

Medicare Training and Attestation Information

Attestation Requirements

In order to serve Neighborhood Health Plan of Rhode Island (NHP) Members, you and/or your organization must complete the following attestations:

1. Standards of Conduct, Compliance Policies, and Compliance Information
2. Fraud, Waste and Abuse Training
3. Reporting Fraud, Waste, Abuse and Compliance Issues
4. OIG and GSA Exclusion Screening
5. Completion of Neighborhood Health Plan of Rhode Island's INTEGRITY Medicare Medicaid Plan (MMP) Training

Training Links for NHP INTEGRITY MMP

NHP and Optum must ensure that First Tier, Downstream and Related Entities (FDRs) and Affiliates that we contract with are in compliance with applicable state and federal regulations and meet Neighborhood's requirements for training. The required trainings are as follows:

1. Introduction to INTEGRITY
2. Enrollee Rights and Protections
3. Culture Competence, Disability Literacy and the ADA
4. Model of Care, Assessment and Care Planning
5. Putting Cultural and Disability Competence into Practice
6. Integration of Behavioral Health and Long Term Services and Supports

Action Steps to Complete All Requirements

1. Complete each of the 6 NHP INTEGRITY MMP trainings
2. Complete all required attestations here (*coming soon*)

Rhode Island Neighborhood Health Plan Provider Training

Register Now

After completing registration, you will receive emailed instructions for joining the meeting

November Webinars

- Wednesday, November 14, 2018 - 8:30 a.m., EST
- Friday, November 16, 2018 11:00 a.m., EST
- Tuesday, November 27, 2018 8:30 a.m., EST
- Thursday, November 29, 2018 3:00 p.m., EST

December Webinars

- Monday, December 3, 2018 - 2:30 p.m., EST
- Friday, December 7, 2018 - 11:00 a.m., EST
- Tuesday, December 11, 2018 - 8:30 a.m., EST
- Wednesday, December 12, 2018 - 4:00 p.m., EST
- Monday, December 17, 2018 - 8:00 a.m., EST
- Wednesday, December 19, 2018 - 10:00 a.m., EST

January Webinars

- Tuesday, January 8, 2019 - 8:30 a.m., EST
- Friday, January 11, 2019 - 11:00 a.m., EST

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Importance and Value of Cultural Competence

- Service settings and approaches should be culturally sensitive to engage individuals from diverse backgrounds to access services
- Promoting open discussions about mental health or substance abuse issues is an important step to reduce the stigma many individuals experience
- Emphasizing individualized goals and self-sufficiency encourages Members to live their lives to the fullest

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved

Cultural Competency

As a health care provider, it is important for you to remember to be culturally sensitive to the diverse population you serve:

- All services should be conducted in accordance with Title VI of the Civil Rights Act of 1964 and should be provided in a manner that respects the Member's cultural heritage and appropriately utilizes natural supports in the Member's community
- Providers are required to deliver services in a culturally competent manner to all Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, and to provide for interpreters in accordance with 42 CFR §438.206
- All providers shall comply with any state or federal law which mandates that all persons, regardless of race, creed, color, religion, sex, age, income, sexual orientation, gender identity, national origin, political affiliation, or disability, shall have equal access to employment opportunities, and all other applicable federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Cultural Competency, (continued)

- Some cultural preferences to remember include:
  - Ask what language the Member prefers to help eliminate communication barriers and, when necessary, use the interpretation services available to you
  - Understand the Member's religious and health care beliefs
  - Understand the role of the Member's family and their decision-making process
- Providers should collect Member demographic data, including, but not limited to ethnicity, race, gender, sexual orientation, religion, and social class:
  - Members must be given the opportunity to voluntarily provide this information, it cannot be required

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Cultural Competency, (continued)

Some additional resources for information on Cultural Competency are:

- www.cms.hhs.gov/ocr – Office of Civil Rights
- www.LEP.gov – Promotes importance of language access to federal programs and federally assisted programs
- www.diversityrx.org – Promotes language and cultural competency to improve the quality of health care for minorities
- www.ncihc.org – Organization to promote culturally competent health care

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved

Clinical Overview

Behavioral Health Clinical Model

Six key principles behind the Behavioral Health Clinical Model center on a change from traditional to integrated care:

1. Moving from a disease-centric model to a Member-Driven, Medical-Behavioral-Social Health Model by operating with a collaborative team approach to deliver care using a standardized protocol
2. Treating Members in a holistic manner by using a single Member driven treatment plan, including helping the Member access their natural community supports based on their strengths and preferences
3. Use of clinical systems and claims platforms that allow for a seamless coordination across inter-disciplinary care teams of the Member's needs
4. Focused on multimorbidities in patients with chronic clinical conditions to improve health outcomes and affordability
5. Improved screening and treatment of Mental Health and Substance Use Disorder diagnoses
6. Treating individuals at the point of care where they are comfortable

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Utilization Management Statement

Care Management decision-making is based only on the appropriateness of care as defined by:

- Optum Level of Care Guidelines
- Optum Psychological and Neuropsychological Testing Guidelines
- Behavioral Health Clinical Policies
- American Society of Addiction Medicine (ASAM) Criteria

Level of Care Guidelines can be found at providerexpress.com

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Behavioral and Medical Integration

Our Goal: Increase medical and behavioral health care integration

- Providers are asked to refer Members with known or suspected and untreated physical health problems or disorders to their Primary Care Physician for examination and treatment

Our Goal: Increase integration of treatment for mental health and substance use disorder conditions

- Our care management program assists Members with complex medical and/or behavioral health needs in the coordination of their care
- All Members are expected to be treated from a holistic standpoint, including high-risk, high-service utilizers with complex needs

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Discharge Planning

- Effective discharge planning addresses how a Member's needs are met during a level of care transition or change to a different treating provider
- Discharge planning begins at the onset of care and should be documented and reviewed over the course of treatment
- Discharge planning will focus on achieving and maintaining a desirable level of functioning after the completion of the current episode of care
- Discharge instructions should be specific, clearly documented and provided to the Member prior to discharge:
  - Members discharged from an acute inpatient program must have a follow-up appointment scheduled prior to discharge for a date that is within **seven (7) days of the date of discharge**
- Throughout the treatment and discharge planning process, it is essential that Members be educated regarding:
  - The importance of enlisting community support services
  - Communicating treatment recommendations to all treating professionals
  - Adhering to follow-up care

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Documentation Standards

- Information regarding **documentation standards** for behavioral health providers can be located in 3 places:
  - Optum National Network Manual (located on providerexpress.com): from the home page, choose Clinical Resources > Guidelines/Policies & Manuals > National Network Manual
  - Rhode Island Provider Manual (located on providerexpress.com): from the home page choose Clinical Resources > Guidelines/Policies & Manuals > Manuals > State-Specific Manuals and Addendums
  - Audit tools

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Documentation Standards, (continued)

Highlights of documentation standards:

- A psychiatric history, including the presenting problem, is documented
- A medical history, including the presenting problem, is documented
- Risk assessments (initial and on-going), including safety planning when applicable are present
- A substance abuse screening is completed
- For children and adolescents, a complete developmental history is documented

Documentation Standards, (continued)

- Treatment planning documentation includes:
  - Short-term and long-term goals that are objective and measurable
  - Time frames for goal attainment
  - Updates to the plan when goals are achieved or new issues are identified
  - Modifications to goals if goals are not achieved
- For Members that are prescribed medications documentation includes:
  - The date of the prescription, along with dosage and frequency
  - Rationale for medication adjustments
  - Informed consent for medications
  - Education regarding the risks/benefits/side-effects/alternatives

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Documentation Standards, (continued)

- Discharge planning should be on-going and a discharge summary is documented when services are completed
- Record must be legible
- All entries must be signed by the rendering provider
- Entries must include the start and stop time or length of time spent in the session (for timed sessions)
- Medical necessity for services that are rendered is clearly documented

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Documentation Standards, (continued)

Reminders: Release of Information (42 CFR §431.306):

- Providers must have criteria outlining the conditions for release of information about Members
- Providers must have a signed release of information to respond to an outside request for information
- All staff members within the provider agency/group are subject to the same confidentiality requirements
- A release of information should be obtained to allow communication and collaboration with other treating providers (including previous treating providers)

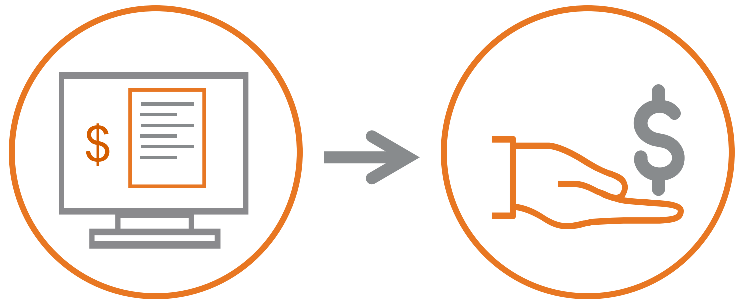
Optum expects that all state and federal guidelines related to confidentiality are followed. For more information regarding documentation and storage of records, refer to the Optum National Network Manual.

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Claim Overview

Claims filing made easy

File your claim electronically for a fast, secure and convenient claims experience



- **It's fast** - eliminates mail and paper processing delays
- **It's convenient** - easy set-up and intuitive process
- **It's secure** - data security is higher than with paper-based claims
- **It's efficient** - electronic processing helps prevent errors
- **It's cost-efficient** - eliminates mailing costs and the solutions are free or low-cost
- **It's complete** - receive feedback that your claim was received by the payer; provides claim error reports for claims that fail submission

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Claims Submission - Option 1 – **Online**

Entry through providerexpress.com:

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500
- Allows claims to be paid quickly and accurately
- Submission of claims via this option is free to providers

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free **1-866-842-3278**

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Quick and accurate electronic claim entry

Our network clinicians report the highest level of satisfaction when they submit claims online through *Provider Express:*

- Free
- Available 24/7
- Intuitive and easy-to-use
- Real-time, quick claims processing
- Available to clinicians and groups
- Outpatient behavioral and EAP claims

Get started today with your Optum ID:

- Register for an Optum ID today by clicking this First-time User link
- Need help registering for an Optum ID? Watch this quick video

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Claims Submission Option 2 – **EDI/Electronically**

Electronic Data Interchange (EDI) is an exchange of information:

- You may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims is **87726**
- Additional information regarding EDI is available on: uhcprovider.com/en/resource-library/edi/edi-companion-guides.html.

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

What to know about Electronic Data Interchange (EDI)

Submit batches of claims electronically, right out your practice management system software:

- Ideal for high volume providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee

To learn more about EDI, visit *Provider Express*. From the Home Page, select Admin Resources > Claim Tips > EDI/Electronic Claims

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Tips for timely and accurate payment

Filing electronically can help prevent these common errors:

Missing or incomplete information	Member demographic info has errors	Unclear or illegible information
Provider Express "Claim Entry" prevents the submission of claim if required fields are blank *Examples*: NPI number, ICD10 diagnosis code	Member information is auto-populated when you use *"Claim Entry"* on *Provider Express* *Examples:* Name, DOB, ID number	The Claim Entry form on *Provider Express* ensures legibility *Examples*: Provider or Member information illegible, diagnosis code unclear

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Filing paper claims

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original 02/12 - Form 1500 claim form (no photocopies)
- Type information to ensure legibility
- Use a ICD-10 code for primary
- Complete all required fields (including ICD indicator and NPI number)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Claims Submission Option 3 – **Paper**

Use the Form 1500 claim form:

- Claim elements include but are not limited to diagnosis (**ICD10**)
- Member name, Member date of birth, Member identification number, dates of service, type and duration of service, name of clinician (e.g., individual who actually provided the service), provider credentials, tax ID and NPI numbers
- Paper claims submitted via U.S. Postal Service should be mailed to:

United Behavioral Health

PO Box 30760

Salt Lake City, Utah 84130-0760

Institutional claims must be submitted using the UB-04 claim form

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Receive payments faster

Benefits of Electronic Payments and Statements (EPS):

- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for EPS is easy!

- Login to *Provider Express* with your Optum ID
- Select "EPS" under the "More" heading and follow the prompts to enroll
- Contact Optum Financial Services for assistance: **1-877-620-6194**

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Electronic Payment & Statements (EPS)

With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your Provider Remittance Advice (PRA) is delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through EPS you need to enroll at myservices.optumhealthpaymentservices.com. Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS for Neighborhood Health Plan of Rhode Island

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Timely filing of claims

- Providers contracted with Optum are required to submit claims for services rendered to Optum Members within 90 days of the date of service
- Corrected claims can be submit up to 365 days from the denial
- Services that span 2018-2019 dates of service must be split with dates of service prior to and including December 31, 2018 submitted to Beacon, and those post January 1, 2019 submitted to Optum

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Medicaid Claim Submission for HBTS, IHH, OTP and ACT Services

The following services only must be billed referencing the group/agency name and the organization NPI # in order to ensure proper processing. Please work directly with your EDI clearinghouse to ensure they are aware of the distinction between the billing of these services and the remaining codes contained within your fee schedule.

Code	Service Description
H0001	Alcohol and / or drug assessment
H0005	SA Group Counseling by Clinician
H0014	SA Ambulatory Detox Per diem
H0020	Methadone Treatment Program
H0032	MH Service Plan Development by Non-Physician
H0036	Community Psychiatric Services per 15 minute EOS Level
H0036 HN	Integrated Dual Diagnosis Treatment (15 minutes - max 4 units)
H0037	Integrated Health Home Services for Adults
H0038	MH Self Help Peer Svc Per 15 min
H0038 HQ	MH Self Help Peer Group Svc Per 15 min
H0040	Assertive Community Treatment
H0046	Mental Health Services, Not Otherwise Specified (60 Min)
H0046 HO	HBTS- Clinical Supervision – Master's level
H0046 HP	HBTS - Clinical Supervision – Doctoral Level Clinician
H0047	OTP Health Homes
H2011 U1	Crisis Intervention (15 minutes - max 4 units)
H2012	Behavioral Health Day Treatment, per Hour - Child/Adolescent
H2014 HO	Skills Training and Development (15 Min) Master Level Clinician
H2014 HP	Skills Training and Development (15 Min) Doctoral Clinician
H2016	PASS - Service Plan Implementation/Day

Code	Service Description
H2017	Psychiatric Rehabilitation (15 minutes)
H2019	Therapeutic Behavioral Services (15 Min)
H2021	In-Home Intervention/Community-Based Wrap Around Services
H2023	Supported Employment
H2024	Intensive Psychiatric Support Services
H2031	Mental Health Clubhouse services, per diem
T1005	Respite (Under age 21)
T1005 UN	Respite (Under age 21)
T1005 UP	Respite (Under age 21)
T1016	Case Management (15 Min)
T1016 U1	Case Management, each 15 minutes formerly known as Service Plan Implementation - Direction Coordination
T1019	PASS - Direct Services, Personal Care Services
T1019 TF	PASS - Direct Services, Personal Care Services
T1019 TG	PASS - Direct Services, Personal Care Services
T1023 U1	PASS - Assessment and Service Plan Development
T1024	HBTS - Home Based – Treatment Support/specialized treatment
T1027	PASS - Clinical Consultation
T2024	Respite (Under age 21) Service assessment

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Example of Date Span Billing for Health Home-IHH services Billed on a Form 1500

Line 2 – Encounter Code Associated with Line 1
24A – single date
24D – billing code
24F – 0.00 (not a billable code)
24G - # of units

Line 3 – Encounter Code Associated with Line 1
24A – single date
24D – billing code
24F – 0.00 (not a billable code)
24G - # of units

Line 4 – Encounter Code Associated with Line 1
24A – single date
24D – billing code
24F – 0.00 (not a billable code)
24G - # of units

Line 5 – Encounter Code Associated with Line 1
24A – single date
24D – billing code
24F – 0.00 (not a billable code)
24G - # of units

Line 6 – Encounter Code Associated with Line 1
24A – single date
24D – billing code
24F – 0.00 (not a billable code)
24G - # of units

Line 1 - IHH Date Span
24A - date span
24D – billing code
24F – total charges (daily rate x # of units)
24G - # of units

Line	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	02	01	17	02	28	17			H0037			386 96	28		NPI	
2	02	01	17	02	01	17			H0036			0 00	1		NPI	
3	02	02	17	02	02	17			H0046			0 00	3		NPI	
4	02	03	17	02	03	17			H0036			0 00	1		NPI	
5	02	05	17	02	05	17			H0046			0 00	2		NPI	
6	02	07	17	02	07	17			H0036			0 00	2		NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # ( )
a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Box 33a: Enter Group/Agency Organization NPI

Box 33: Enter Group/Agency Name and Billing Address

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Billing for all other Outpatient service codes (not HBTS, IHH, OTP and ACT Services)

All other service codes bill under individual clinician, include 24 J Rendering Provider information

Box 24J: Enter Rendering Provider NPI

Box 31: Enter Rendering Provider Name

Box 33a: Enter Group/Agency NPI

Box 33: Enter Group/Agency Name and Billing Address

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1					NPI	
2					NPI	
3					NPI	
4					NPI	
5						
6						

PHYSICIAN OR SUPPLIER INFORMATION

25. FED...

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CH... $ ... $ ...d for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved

BH1733_11/2018

United Behavioral Health operating under the brand Optum

Clean claims

Required Fields

Field Number	Notes	Examples
1. Claim Receiver Type	Optum requires you check “Other”	Other (ID)
1a. Insured’s ID #	Typically the number is on the Member’s ID card, usually 9 digits in length, and consisting of an alternate ID or the subscriber’s SSN, note it may begin with a letter	123456789
2. Patient’s Name	Last name, First name, Middle Initial Last name must be at least 2 characters	Doe, John, J
3. Patient’s DOB Patient’s Sex	Enter DOB as 8 digits: MM | DD | YYYY Check box to indicate Male or Female	01 | 01 |1901 M [x] F [ ]
4. Insured’s Name	Last name, First name, Middle Initial The insured is the person who holds the policy	Doe, Jane J
5. Patient Address	First line is for the street address Second line is for city and state Third line is for the zip code Do not include punctuation (periods or commas)	321 E Elm St Anytown, NY 55555
6. Relationship to Insured	Must choose one to reflect the patient’s relationship to the insured: Self, Spouse, Child or Other	Self [ ] Spouse [x] Child [ ] Other [ ]

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Clean claims

Required Fields

Field Number	Notes	Examples
11. Insured's Policy, Group or FECA number	Enter the number as it appears on the card, including zeros, if number is less than 5 digits, add leading zeros	00123
13. Insured's or Authorized Person's Signature	Must either have the legal signature or note that signature is on file meaning that the provider has authorization on file authorizing payment of medical benefits	Signature on File or SOF
21. Diagnosis	ICD-10 diagnostic billing codes are typically alpha-numeric and 5-6 digits in length	Major depressive disorder, recurrent, severe is: F332
24A. Date of Service	Enter date span of service: single day or consecutive days of service	Example: client received services daily from Feb 1 through Feb 7, 2018: 02| 01|18 to 02| 07|18
24B. Place of Service	Enter the industry standard Place of Service (POS) code based on where care is delivered	Community Mental Health Centers POS is: 53

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Clean claims

Required Fields

Field Number	Notes	Examples
24D. Procedures/ Services	Must be a valid CPT or HCPCS Code and include industry standard modifiers as indicated by the service provided	**Example Code**: H0046 **Possible Modifiers**: HN, HO or HP (use as indicated)
24E. Diagnosis Pointer	Enter the line letter(s) from Field 21 (A-L) that relate to the reason services were provided, may enter up to 4 letters	Alpha character A would "point" to the first/primary diagnosis list
24F. Charges	Enter the charge amount for each listed service; no dollar signs, enter 00 to the right of the line if charges are a whole number	Enter fee without dollar signs, for example a charge amount of $50 would be entered: 50|00
24J. Rendering Provider	Enter the 10-digit NPI number of person or organization providing (As required by service rendered)	Example: 1234567890
24G. Days/Units	Enter the number of units/days of service for each service line; the number of days should correspond to date spans listed in 24A for each line of service	Example: If 24A has date span 02|01|18 to 02|28|18, then 24G would be 28

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Clean claims

Required Fields

Field Number	Notes	Examples
25. Federal TIN, SSN or EIN	Enter the Tax ID number (SSN or EIN) of the billing provider as listed in Field 33; put an "X" in the SSN or EIN box indicating which your are reporting	Enter without hyphens, for example: 987654321 SSN ☐ EIN ☒
31. Clinical Signature Date	Enter legal name with degree or credential (As required by service)	First Name Last Name MD 02/07/18
33. Billing Provider	Enter the Address in this way: 1st Line: Billing Provider Name 2nd Line: Address 3rd Line: City, State and Zip Code	Billing Agency/Provider Name 123 Main Street Anytown, RI 11111-1111
33a. Billing Provider's NPI	Billing Provider/Agency NPI	Example: 1234567890

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Corrected claim submission

Corrected claims are typically submitted when the original claim had an error in data supplied

When submitting a corrected claim, enter “7” to indicate “Replacement of prior claim”

Paper Form 1500

- Enter “7” in Field 22 (highlighted)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM | DD | YY TO MM | DD | YY

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM | DD | YY TO MM | DD | YY

20. OUTSIDE LAB? YES NO $ CHARGES

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

Electronic/EDI Transaction

- Enter “7” in Box 12A

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Claims Payment Timelines

EFT funding is 2x per week (Tuesday and Saturday)

Paper checks are cut on a daily basis (Tuesday through Saturday)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Oversight Programs

Optum Program & Network Integrity (PNI) Department

- A dedicated group responsible for working with providers to prevent, detect, investigate and ultimately resolve potential issues of fraud, waste, abuse and error (FWAE)
- Skilled and trained investigators, clinicians, data analysts and medical coding personnel

The department consists of three main investigative pathways:

Prospective (Pre-Pay)

- Analyze member, provider and claims data
- Identify trends, current/ upcoming schemes or unusual behavior
- Stop potentially fraudulent or defective claims from being paid

Retrospective (Post Pay)

- Analyze Member, provider and claims data
- Identify trends, schemes or unusual behavior, then investigate
- Work with state and federal agencies to stop fraud, waste and abuse consistently across the industry

Intelligence

- Anonymous TIP line
- Email / PO Box
- Internal and external training
- Provider Education

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

What PNI (FWAE) looks for…

Inconsistent coding patterns within a group practice	Coding at high levels for Evaluation and Management (E&M) Services	Services not rendered due to no records submitted, incorrect name of Member, incorrect date of service or illegible records	Unbundling of procedures and services	Diagnosis concerns - - does diagnosis make sense to documentation studied?
Inadequate documentation -- missing pages, no Member name on every page submitted, dates of service are missing or appear altered	Misrepresentation of rendering provider -- different provider then billing provider	Misrepresentation of non-covered services as covered	Double billing	Improper use of modifiers

(Medical Record Auditor, AMA 3rd Edition, 2011)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

FWAE market research and collaboration

General Market Research (all markets)

Prospective Flagging & Retro Investigations

- Identification of “hot spot” trends in claims data on nationwide, state-by-state, or plan basis
- Specific analytics are created from research trends, pooling potential FWAE providers & Members
- Provider flags / tips placed based on outcome of provider and Member reviews, thereby requiring the provider submit additional documentation
- Projects revamped on periodic basis to adjust for current trends and market asks

Algorithms and Analytics

- Specific activities identified by policy or code that should not occur are placed into an algorithm to either prospectively prevent such actions from occurring, or retrospectively identify and recoup
- These actions do not require additional records, as they are a strict deny or recoup activity

Customer Collaboration

- Program and Network Integrity works alongside of the customer to assist in identifying potential FWAE activity in schemes or trends that may be specific to the market
- Insight and referrals from the customer are put through our due diligence process to validate and identify if actual FWAE potential exists
- A PNI specific point of contact will be given for all FWAE concerns and questions, should any arise at any point

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

ALERT Program

Member identification	Licensed care advocate reach out telephonically to treating provider to:	Potential outcome of review:
• Claims data • Service combinations • Frequency and/or duration that is higher than expected	• Review eligibility for the service(s) • Review the treatment plan/plan of care • Review the case against applicable medical necessity guidelines	• Close case (Member is eligible, treatment plan/plan of care is appropriate, care is medically necessary) • Modification to plan (e.g., current care is not evidence- based but there is agreement to correct) • Referral to Peer Review (e.g., Member appears ineligible for service; treatment does not appear to be evidence based; duration/frequency of care does not appear to be medically necessary)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Practice Management Program

As an alternative to requiring precertification for routine and community-based outpatient services, we will provide oversight of service provision through our practice management program.

Program Components

- Regular and comprehensive analysis of claims data by provider/provider group
  - Service/diagnostic/age distribution
  - Proper application of eligibility criteria
  - Appropriate frequency of service/duration of service
- Outreach to provider group when appropriate to discuss any potential concerns that arose from the claims analysis
- Potential outcomes from discussion:
  - No additional action necessary
  - Program audit including record review
  - Corrective Action Plan (CAP)
  - Targeted precertification as part of CAP

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

2018 Optum, Inc. All Rights Reserved

Provider Quality Audits

Provider audits are completed for a variety of reasons:

- At the time of Credentialing and Recredentialing for organizational providers without a national accreditation (for example, The Joint Commission or CARF)
- Quality of Care (QOC) and Sentinel Event investigations
- Investigation of Member complaints regarding the physical environment of an office or agency

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Quality Audits, (continued)

Elements reviewed during audits:

- Physical environment
- Policies and procedures
- Member treatment records
- Personnel files

Scoring of audits:

- 85% and higher is passing
- Scores between 80 – 84% require a Corrective Action Plan (CAP)
- Scores below 79% require a CAP and re-audit

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Quality Audits, (continued)

Feedback to providers:

- Feedback is provided verbally at the conclusion of the audit
- A written feedback letter is mailed within 30 days for routine audits; for Quality of Care audits, the feedback letter is mailed after the requesting committee reviews the audit results
- When a Corrective Action Plan is required, it must be submitted within 30 days of the request
- Re-audits are completed within 3-6 months of acceptance of the Corrective Action Plan

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Audit Tools

There are four (4) audit tools for Medicaid:

1. Organizational Provider Site Tool
2. Case Management Record Audit Tool
3. Psychosocial Rehab Record Audit Tool
4. Treatment Record Audit Tool

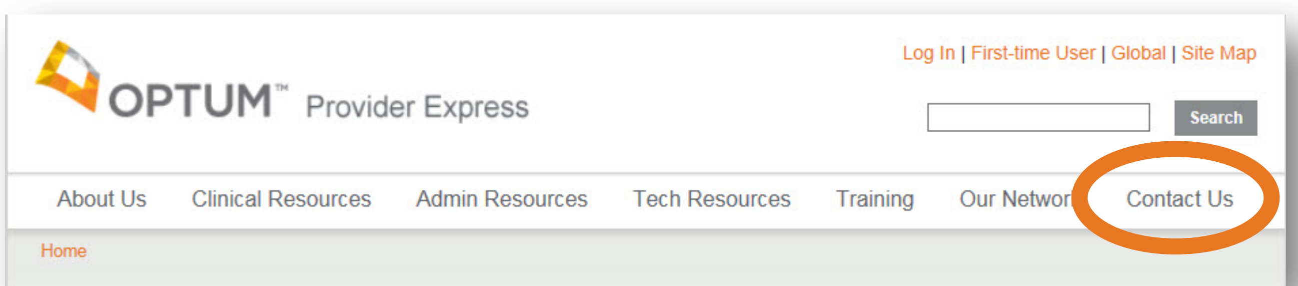
The audit tools are posted to providerexpress.com: from the home page, choose Our Network > Welcome to the Network

2018 Optum, Inc. All Rights Reserved

Contacting Optum

Best way to contact Optum

Go to *Provider Express* and click on "Contact Us"



From the "*Contact Us*" page you can get help with claims, Network Management or website support

Check out our brief *Contact Us* video

Need help? Chat now

Our normal chat hours are:

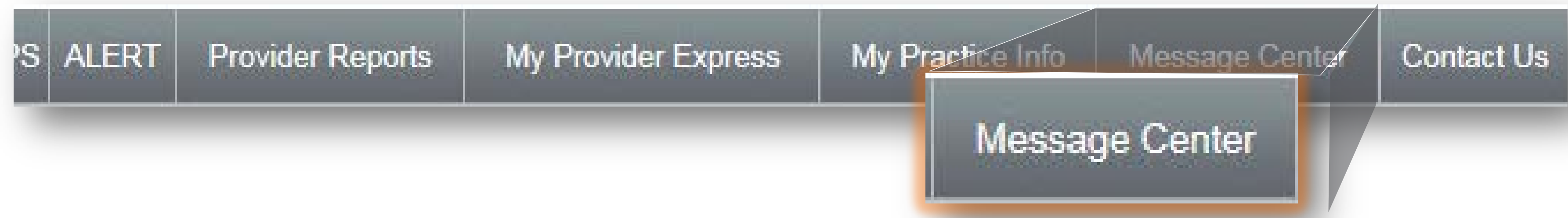
Monday–Friday:

9:00 a.m.–6:00 p.m. (EST)

Live Chat is available for website technical support

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

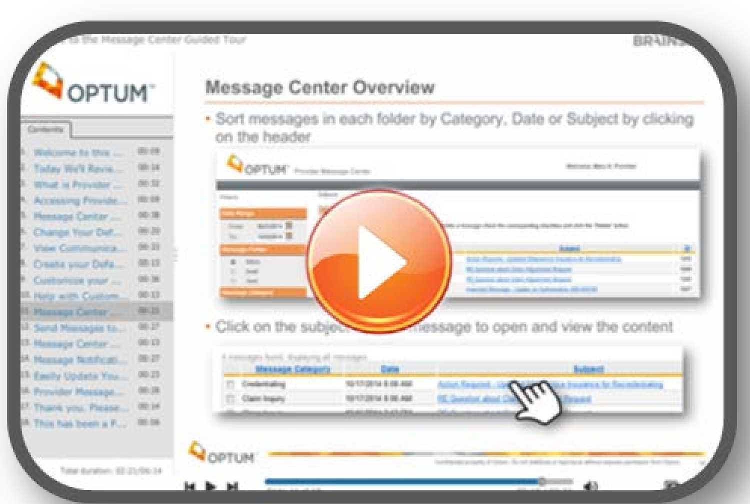
Send secure communications on *“Message Center”*



- “*Message Center”* is an online tool that enables you and Optum staff to communicate with one another within a secure channel
- The “*Message Center”* is located within the secure Transactions area

Message Center Categories

- ❑ Authorizations/Notifications
- ❑ Previously submitted claims
- ❑ Your contract
- ❑ Previously submitted demographic changes/Tax ID number changes
- ❑ Credentialing status
- ❑ Member Eligibility and/or benefits
- ❑ Inquires for Network Management
- ❑ Use of the Provider Express Web portal



Check out our brief Message Center video

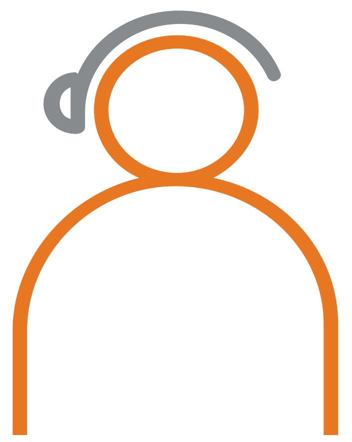
Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Your Network Manager is here to help

As a new Provider to the network, your Network Manager is your local guide to Navigating Optum

Your Network Manager can:

- Act as your Optum liaison
- Answer important questions
- Facilitate ongoing process improvement
- Keep you abreast of changes that impact your practice
- Provide useful tools and resources



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Optum Contacts

Wendy Hamel Sherzer
Network Manager
Phone: 1-401-732-7120
Email: wendy.hamel.sherzer@optum.com

Alec Ward
Associate Director Provider Service
Phone: 1-781-419-8321
Email: alec.ward@optum.com

Colleen Chesney
Regional Vice President Provider Services
Phone: 1-612-1632-5069
Email: colleen.chesney@optum.com

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Optum and Neighborhood Escalation Process

	Issue Type	Issue Type(s) Examples	Contact	Response
1	Standard Inquires	• Claims payments no more than 30 days for electronic claims • Credentialing of new Providers up to 45 days • Claims reprocessing post phone call 7-10 business days	INTEGRITY 1-401-443-5995 Medicaid 1-401-443-5997 Commercial 1-833-470-0578	On Call
2	Non-Standard Inquiries	• Single claims issue impacting greater than 25 claims • Delayed claims payments (greater than 30 days for electronic submissions or 40 days for paper) • Credentialing applications greater than 45 days	Network Manager: Wendy Hamel-Sherzer 1-401-732-7120 Email: wendy.hamel.sherzer@optum.com	Within 48 hours
3	Unresolved Issues	• Issue remains unresolved after engaging contacts for standard and non-standard inquiries	Optum Executive Director Dee Tavares 1-763-595-3480 Email: dolores.tavares@optum.com	Within 24 hours
4	NHPRI Escalation	• Contact the NHPRI Ombudsman for issues that are not resolved after working through previous 3 resolution channels	NHPRI Ombudsman	Within 24 hours

* At each step of the escalation process providers will be supplied with an estimated resolution timeframe, which if not met moves the provider to the next stage of escalation

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Provider Resources

Member Website and Resources

www.nhpri.org makes it simple for Members to:

- Identify participating providers:
  - Geographic location
  - Provider specialty type/areas of expertise
  - License type

- Locate community resources
- Find articles on a variety of wellness and work topics
- Complete self-assessments

The website has an area designed to help Members manage and take control of life challenges

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Optum Provider Website

providerexpress.com

- **Secure transactions for Medicaid include:**
  - Check eligibility and authorization or notification of benefits requirements
  - Submit professional claims and view claim status
  - Make claim adjustment requests
  - Register for Electronic Payments and Statements (EPS)
  - To request a user ID to the secure transactions on the providerexpress.com select “First-time User” from the Home Page; you may obtain additional information through the Help Desk at **1-866-842-3278**
- Customer Service for website support: **1-866-209-9320**

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Resources

Provider Express - providerexpress.com

Our industry-leading provider website includes both public and secure pages for behavioral health providers. Public pages include general updates and useful information. Secure pages require registration and are available only to network providers. The password-protected “secure transactions” provides **Neighborhood Health Plan of RI** providers access to provider-specific information.

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Resources, (continued)

Public Pages include general updates and other useful information:

- Download standard forms (e.g., provider demographic updates, authorization forms, psych testing authorization forms)
- Find network contacts
- Review clinical guidelines
- Access archived issues of Network Notes, the provider newsletter
- Level of Care Guidelines
- Training/Webinar offerings
- Rhode Island page (from the Home Page, choose Our Network > Welcome to the Network > Rhode Island)

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018

Provider Resources, (continued)

- Secure pages are available only to Optum in-network providers and require registration
- Providers will be able to update their practice information using the “My Practice Info” feature
- To request a User ID, select the “First-time User” link in the upper right corner of the home page
- If you need assistance or have questions about the registration process, call the Provider Express Support Center at **1-866-209-9320** (toll-free) from 8 a.m. to 10 p.m. Eastern time, or chat with a tech support representative online

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved
BH1733_11/2018
United Behavioral Health operating under the brand Optum

Provider Express Home Page – Log In

Log In | First-time User | Global | Site Map

Search

About Us   Clinical Resources   Admin Resources   Tech Resources   Training   Our Network   Contact Us

Home

Provide a better experience for clients.
Update your provider directory information.

More >>

Transactions

- Eligibility & Benefits
- Auth Request & ReviewOnline
- Auth Inquiry
- Claim Entry
- Claim Inquiry
- My Provider Express
- My Practice Info

Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.
2018 Optum, Inc. All Rights Reserved

Thank you.