



# Optum SLCO Provider Biller's Training

Updated June 15, 2017  
**Optum Salt Lake County**

# Overview

---

- Provider Connect
  - Search Window Enhancement
  - Discharge Form
  - MHER Updates
- Claim Submissions
  - Emergency indicator
  - Original Claim vs. Replacement claim vs. Voided claim

# Provider Connect – Client Search

The client search window in Provider Connect has been enhanced to include the option to search for only Medicaid ID.


Search Criteria	
Social Security Number:	<input type="text"/>
Medicaid ID:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M
Date of Birth:	<input type="text"/>

Effective 07/01/17, Medicaid ID is required when using the Add Client/New Client Search form.

*Tip: Be sure to include the leading zero.*

The search result window will display the corresponding client record.

Search Criteria	
Social Security Number:	<input type="text"/>
Medicaid ID:	0123456789 <input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M
Date of Birth:	<input type="text"/>

Search Results					
ID	Name	Social Security Number	Date Of Birth	Client's Address Street	Score
	SNOW MANN	123-45-6789	12/25/1900	111 Santa Clause Drive	90

# Provider Connect – Client Search con't

Search Criteria	
Social Security Number:	<input type="text"/>
Medicaid ID:	0987654321
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M
Date of Birth:	<input type="text"/>

**Search**

No clients found.

**Create Admission for New Client**

In the event that the client could not be found, please select the button 'Create Admission for New Client'.

Enter client demographic information into form, along with admission date and time.

Click 'Save Admission' at the bottom of the page.

Please Note: The Medicaid ID will populate from data entered in the search window.

Admission Information	
Sex <input checked="" type="radio"/> Female - F <input type="radio"/> Male - M	
Date of Birth 01/01/2000	Age 17
Admission Date 06/01/2011	Admission Time 12:00 PM <small>HH:MM AM/PM</small>
Program Outpatient	Admitting Practitioner - Please Choose One -
Attending Practitioner - Please Choose One -	Treatment Service ALL AGE GROUPS - 1
Type of Admission First Admission - 1	Social Security Number 000-00-0000

Demographics	
Client Last Name SHINE	Client Home Phone Number <input type="text"/>
Client First Name SUN	Client Work Number <input type="text"/>
Client Address Line 1 <input type="text"/>	Client Address Line 2 <input type="text"/>
Client Address - City <input type="text"/>	Client Address - State - Please Choose One -
Client Address - Zip Code <input type="text"/>	Client Address - County <input type="text"/>

# Provider Connect – Client Discharge

<b>Member ID</b>
52052
Demographic
Member Specific Information
Financial Eligibility
Authorizations
Treatment
Provider Admission
Attachments
<b>Client Discharge By Provider</b>
Mental Health Event Record Admit/Update
Suicide Severity Rating Scale

A discharge form has been added to Provider Connect for providers to report their clients have discharged from service.

The form can be found on the left navigation bar

<b>Client Name:</b> SHINE, SUN	
<b>Member ID:</b> 52052	
<b>SSN:</b> 000-00-0000	
<a href="#">Print</a>	
<b>Discharge</b>	
<b>Date of Discharge or Discontinuation of Service</b> <input type="text"/> <a href="#">Today</a> <a href="#">Yesterday</a>	
<b>Treatment completion at discontinuation</b> <input type="text"/>	<b>Referral at discontinuation or discharge</b> <input type="text"/>
<b>Living Arrangement</b> <input type="text"/>	<b>Is the client currently enrolled in an education program</b> <input type="text"/>
<b>Tobacco Use</b> <input type="text"/>	<b>Employment status</b> <input type="text"/>
<b>Comments</b> <input type="text"/>	
<a href="#">Save Changes</a>	<a href="#">Cancel Changes</a>

All active authorizations for the client will be updated to end on discharge date, during the monthly authorization evaluation processing.

# Provider Connect - Mental Health Event Record

All clients that are actively receiving MH services must have their mental health event record updated a minimum of every 90 days.

→ Race codes have been expanded to further clarify categories

Question	Allowable Response	Special Instructions
Race	<ul style="list-style-type: none"> <li>Alaskan Native</li> <li>American Indian</li> <li>Asian</li> <li>Black</li> <li>Native Hawaiian or Pacific Islander</li> <li>White</li> <li>Two or more races</li> <li>Other single race</li> </ul>	<p><b>Alaska Native:</b> Aleut, Eskimo, Indian (origins in any of the original people of Alaska).</p> <p><b>American Indian:</b> Does not include Alaska Native. Origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community Attachment.</p> <p><b>Asian:</b> Origins in any of the original people of the Far East, the Indian subcontinent or Southeast Asia including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam</p> <p><b>Black African American:</b> Origins in any of the black racial groups of Africa.</p> <p><b>Native Hawaiian or Other Pacific Islander:</b> Including Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><b>White:</b> Origins in any of the original people of Europe, North Africa or the Middle East. Clients of Hispanic ethnicity are typically coded as 'white'.</p> <p><b>Two or More Races:</b> Use this code when individual identifies with more than one of the above categories.</p> <p><b>Other Single Race:</b> Used when a client is not classified in any other category or whose origin group, because of are custom, is regarded as a racial class distinct from the above categories. Please Note: Do NOT use this category for clients indicating multiple races.</p>

→ Tobacco question enhanced to include e-cigarettes/vaping.

Question	Allowable Response	Special Instructions
Tobacco Use	<ul style="list-style-type: none"> <li>Never smoked/Vaped</li> <li>Former smoker/E-Cig User</li> <li>Current some-day smoker/E-Cig User (Occasional User)</li> <li>Current every-day smoker/E-Cig User</li> <li>Smokeless tobacco only (In last 30 days)</li> </ul>	<p>This field is used to track the nicotine (cigarettes, e-cigarettes and smokeless tobacco products) usage. If client uses cigarettes/e-cig AND smokeless tobacco, only keep track of the frequency of cigarette/e-cig use.</p> <p><b>This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.</b></p>

# Provider Connect - Mental Health Event Record con't

→ Compelled for treatment and Compelled and justice risk changes

Question	Allowable Response	Special Instructions		
<p>Criminal Court Compelled for Treatment</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>This required variable is to indicate if a client has been court compelled for treatment by a criminal court. This includes:</p> <table border="0"> <tr> <td data-bbox="1070 525 1503 611"> <ul style="list-style-type: none"> <li>• Plea in Abeyance (Including Drug Court)</li> <li>• Diversion Programs</li> <li>• Probation/Parole Condition (including DORA)</li> </ul> </td> <td data-bbox="1503 525 1827 611"> <ul style="list-style-type: none"> <li>• Criminal Court Order</li> <li>• Release from jail condition</li> <li>• Sentence</li> </ul> </td> </tr> </table> <p><b>Please Note:</b> If a Probation/Parole Officer "suggests" they go into treatment, and expects them to comply with the suggestion, then it is compelled.</p> <p><b>This variable needs to be updated anytime it changes or at least every 90 days</b></p>	<ul style="list-style-type: none"> <li>• Plea in Abeyance (Including Drug Court)</li> <li>• Diversion Programs</li> <li>• Probation/Parole Condition (including DORA)</li> </ul>	<ul style="list-style-type: none"> <li>• Criminal Court Order</li> <li>• Release from jail condition</li> <li>• Sentence</li> </ul>
<ul style="list-style-type: none"> <li>• Plea in Abeyance (Including Drug Court)</li> <li>• Diversion Programs</li> <li>• Probation/Parole Condition (including DORA)</li> </ul>	<ul style="list-style-type: none"> <li>• Criminal Court Order</li> <li>• Release from jail condition</li> <li>• Sentence</li> </ul>			
<p>Criminogenic Risk Level</p>	<ul style="list-style-type: none"> <li>• Low Risk</li> <li>• Not Low Risk (moderate/high risk)</li> <li>• Not collected</li> </ul>	<p>This variable is determined by the validated tool approved in your Justice Certification Plan. It is required for all clients that are reported as compelled to treatment.</p>		

# Claim Submissions – Emergency Services

---

*All services (claim lines) where the service meets emergency criteria defined on previous page should be coded as 'Y' in the emergency indicator field.*

## **An emergency service is defined as:**

*An hourly service provided on an immediate or unscheduled basis and deals with a psychological emergency of a patient. These activities are available on a 24-hour basis, including during regular work hours.*

*Routine informational calls handled by crisis staff are not to be reported as crisis/emergency only those calls involving counseling. This activity should also not be confused with a crisis intervention approach, which may span several sessions and be reported as one of the scheduled outpatient activities.*

*Examples of behaviors targeted by crisis/emergency services are:*

- *Suicide attempts*
- *Violent family fights*
- *Panic attacks*
- *Uncontrollable behavior*
- *Behaviors that are a threat to self or others.*

*Emergency services may include telephone counseling and referral services. Face-to-face assessments or evaluations for crisis should also be included here.*



# Claim Submissions – Emergency Services con't

## Paper Claims

- Field 24C on CMS1500.
- Populate 'Y' if service is emergency.

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY *Relate A-C to service line below (24E)* ICD Inc.

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_  
 E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_  
 I. \_\_\_\_\_ J. \_\_\_\_\_ K. \_\_\_\_\_ L. \_\_\_\_\_

	24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER						
1										
2										
3										
4										
5										
6										

25. FEDERAL TAX ID, NUMBER      SSN EIN      26. PATIENT'S ACCOUNT NO.      27. ACCEPT ASSIGNMENT? (if or gov't claim, see back)      28. \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS      32. SERVICE FACILITY LOCATION INFORMATION      33.

1. MEDICARE    MEDICAID    TRICARE    CHAMPVA    OTHER PLANS    OTHER    2. EMPLOYER'S I.D. NUMBER (for Program in Box 1)

3. PATIENT'S NAME (Last, First, Middle Initial)    4. PATIENT'S DATE OF BIRTH    5. PATIENT'S SEX (M, F, O)    6. PATIENT'S HOME ADDRESS (Street)    7. PATIENT'S HOME CITY    8. PATIENT'S HOME STATE

9. PATIENT'S ADDRESS (Institution)    10. PATIENT'S CITY    11. PATIENT'S STATE

12. ICD-9-CM CODE    13. ICD-9-CM CODE    14. ICD-9-CM CODE    15. ICD-9-CM CODE

16. ICD-9-CM CODE    17. ICD-9-CM CODE    18. ICD-9-CM CODE    19. ICD-9-CM CODE

20. ICD-9-CM CODE    21. ICD-9-CM CODE    22. ICD-9-CM CODE    23. ICD-9-CM CODE

24. ICD-9-CM CODE    25. ICD-9-CM CODE    26. ICD-9-CM CODE    27. ICD-9-CM CODE

28. ICD-9-CM CODE    29. ICD-9-CM CODE    30. ICD-9-CM CODE    31. ICD-9-CM CODE

32. ICD-9-CM CODE    33. ICD-9-CM CODE    34. ICD-9-CM CODE    35. ICD-9-CM CODE

36. ICD-9-CM CODE    37. ICD-9-CM CODE    38. ICD-9-CM CODE    39. ICD-9-CM CODE

40. ICD-9-CM CODE    41. ICD-9-CM CODE    42. ICD-9-CM CODE    43. ICD-9-CM CODE

44. ICD-9-CM CODE    45. ICD-9-CM CODE    46. ICD-9-CM CODE    47. ICD-9-CM CODE

48. ICD-9-CM CODE    49. ICD-9-CM CODE    50. ICD-9-CM CODE    51. ICD-9-CM CODE

52. ICD-9-CM CODE    53. ICD-9-CM CODE    54. ICD-9-CM CODE    55. ICD-9-CM CODE

56. ICD-9-CM CODE    57. ICD-9-CM CODE    58. ICD-9-CM CODE    59. ICD-9-CM CODE

60. ICD-9-CM CODE    61. ICD-9-CM CODE    62. ICD-9-CM CODE    63. ICD-9-CM CODE

64. ICD-9-CM CODE    65. ICD-9-CM CODE    66. ICD-9-CM CODE    67. ICD-9-CM CODE

68. ICD-9-CM CODE    69. ICD-9-CM CODE    70. ICD-9-CM CODE    71. ICD-9-CM CODE

72. ICD-9-CM CODE    73. ICD-9-CM CODE    74. ICD-9-CM CODE    75. ICD-9-CM CODE

76. ICD-9-CM CODE    77. ICD-9-CM CODE    78. ICD-9-CM CODE    79. ICD-9-CM CODE

80. ICD-9-CM CODE    81. ICD-9-CM CODE    82. ICD-9-CM CODE    83. ICD-9-CM CODE

84. ICD-9-CM CODE    85. ICD-9-CM CODE    86. ICD-9-CM CODE    87. ICD-9-CM CODE

88. ICD-9-CM CODE    89. ICD-9-CM CODE    90. ICD-9-CM CODE    91. ICD-9-CM CODE

92. ICD-9-CM CODE    93. ICD-9-CM CODE    94. ICD-9-CM CODE    95. ICD-9-CM CODE

96. ICD-9-CM CODE    97. ICD-9-CM CODE    98. ICD-9-CM CODE    99. ICD-9-CM CODE

100. ICD-9-CM CODE

# Claim Submissions – Emergency Services con't

## 837 (EDI) transactions

- Loop 2400, Segment SV109
- See page 34 of 837P Professional companion guide

HIPAA 837 Professional Claims Companion Guide						
356	2400	SV1	2	Line Item Charge Amount	R	Follow Implementation Guide for this data element.
357	2400	SV1	3	Unit or Basis for Measurement Code	R	Follow Implementation Guide for this data element.
357	2400	SV1	4	Service Unit Count	R	Follow Implementation Guide for this data element.
357	2400	SV1	05	Place of Service Code	S	Please provide for county/state reporting. Follow Implementation Guide for this data element.
358	2400	SV1	07-1	Composite Diagnosis Code Pointer	R	
358	2400	SV1	07-1	Diagnosis Code Pointer	R	Follow Implementation Guide for this data element.
358	2400	SV1	07-2	Diagnosis Code Pointer	S	Follow Implementation Guide for this data element.
358	2400	SV1	07-3	Diagnosis Code Pointer	S	Follow Implementation Guide for this data element.
358	2400	SV1	07-4	Diagnosis Code Pointer	S	Follow Implementation Guide for this data element.
359	2400	SV1	09	Emergency Indicator	S	Required when the service is known to be an emergency by the provider.

# Claim Submissions – Original, Replacement, Void

---

**Optum SLCo allows for the submission of replacement and void claims via 837.**

- All original claims (freq code 1) are subject to 90-day timely filing rule.
  - 90-days is calculated from date of service or date eligibility granted, whichever is later.
- Replacement claims (freq code 7) allow for 365-day clean up.
  - Allows for the correction of a service that was previously submitted.
  - 365-days is calculated from date of service to claim submission date.
  - Ensures that clean-up/replacement claim is not inappropriately denied for 90-day timely filing.
- Void claims (freq code 8) allow for 365-day clean up.
  - Allows for a provider to electronically communicate to Optum SLCO that a service should not have been approved.

*Please Note: Claims that were originally denied for exceeding 90-day timely filing, are not eligible for 365-day clean up.*

# Claim Submissions – Original, Replacement, Void con't

---

A claim can only be replaced once. Therefore, if a claim was denied multiple times, each replacement claim must reference the claim that immediately preceded it.

For example:

Claim #1: “Original” claim submitted. Claim denied because service was not authorized. Payer claim control number 000001.

Claim #2: “Replacement” claim submitted. Claim denied because the client does not have SLC Medicaid eligibility. Payer claim control number 000002.

Claim #3: “Replacement” claim submitted. Claim approved because client paid spend down and now has eligibility. Payer claim control number 000003.

In the example above, claim #2 is replacing claim #1... and claim #3 is replacing claim #2. So logistically, when submitting #3, the payer claim control number from #2 is required as this tells the system what claim is being replaced.

# Claim Submissions – Original, Replacement, Void con't

Optum SLCo allows for the submission or replacement claims via 837 submission.

- Loop 2300, Segment CLM.
- Element 05-3

Loop ID	Segment ID	Element ID	Segment or Element Name	Required=R Situational=S	OH Salt Lake County Instructions
2300	CLM	05-3	Claim Frequency Code	R	<p>For original submissions use value: "1" – Original</p> <p>OptumHealth will allow for submission of electronic corrections or voids to a previously paid claim. Acceptable Values:</p> <p>"7" – Replacement "8" – Void</p> <p>PLEASE NOTE: The OptumHealth SLCo Claim Number assigned to the claim that is being voided ("8") or replaced ("7") must be reported in the associated 2300 ORIGINAL REFERENCE NUMBER REF02.</p>



**Questions?**



# Thank you!

## **Contract and Provider Connect Questions**

Optum SLCo Network

877-370-8953 prompt #5

[saltlakecounty.networkbox@optum.com](mailto:saltlakecounty.networkbox@optum.com)