



FAQ for Optum Facility Representatives/Providers: Optimizing your Experience

Q1. Why are we changing our precertification/customer service line process?

A1. In order to serve our provider community with a more efficient and seamless experience, we will now be providing higher level of care authorizations (Inpatient, Residential, and Partial level of care) with a **dedicated Care Advocate** issuing determinations within contractual turnaround times through a call back process. We believe these changes will result in reduced wait times, less transfers, and a better overall experience.

Q2. What is the new process?

A2. Facility Representatives/Providers will follow the same process as they do today with the exception that they will receive their authorization through a call back process by one of our Care Advocates who has been assigned to work with you and your facility. Please continue to provide all pertinent clinical information by phone which will be used to determine medical necessity.

The Optum BH Care Advocate will follow assigned cases within your facility from admission through discharge. We believe this will provide a streamlined experience by coordination with one Care Advocate.

Facility Representatives/Providers should continue to outreach Optum BH using the same telephonic contact number as you do today on the back of the Member's insurance card.

Q3. What can our BH Optum Care Advocates do to assist you?

A3. Our BH Optum Care Advocates look forward to assisting your team with discharge planning, arranging virtual visits for members upon discharge, and ensuring the member has access to all their benefits.

Q4. Are there other options for obtaining higher level of care authorizations?

A4. Submit your Commercial and Medicare requests online at: providerexpress.com
Submit your Medicaid requests online at: uhcprovider.com