



UnitedHealthcare Community Plan of Minnesota Families and Children and MinnesotaCare

UnitedHealthcare Community Plan

United
Healthcare®





Housekeeping Reminders

Please remember to keep yourself on mute during the presentation

The chat feature in Teams is available to submit questions during the presentation

Please do not include any confidential information or PHI when asking questions verbally or in the chat

There will be time at the end of the presentation to ask questions (unmute yourself via the Mic button in the top right corner)

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Agenda

1. Introduction
2. Provider Responsibilities
3. Coordination of Care
4. Coding, Billing and Reimbursement
5. Appeals and Disputes
6. State Enrollment / Provider Disclosure of Ownership
7. Resources





Introduction



UnitedHealth Group Structure



Helping make the health system work better for everyone

Information and technology-enabled health services:

- Behavioral Health
- 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
- Military & Veterans
- Global



UnitedHealthcare Community Plan of Minnesota Medicaid and MinnesotaCare Metro Map

8 County Area:

Anoka

Carver

Dakota

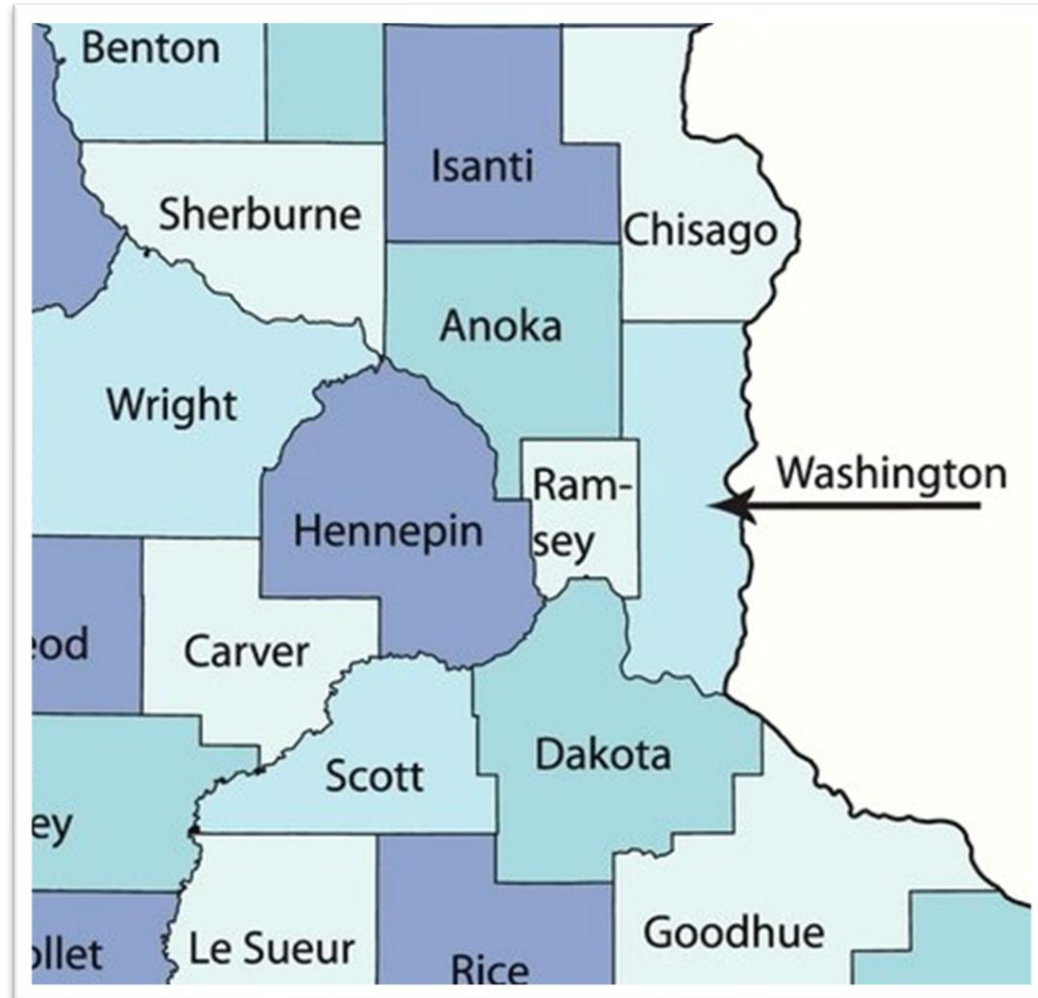
Hennepin

Ramsey

Scott

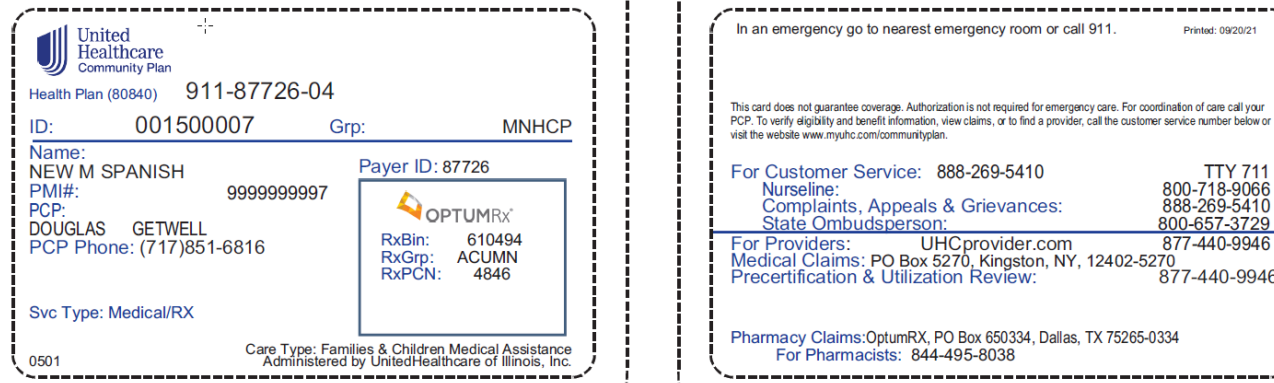
Washington

St. Louis



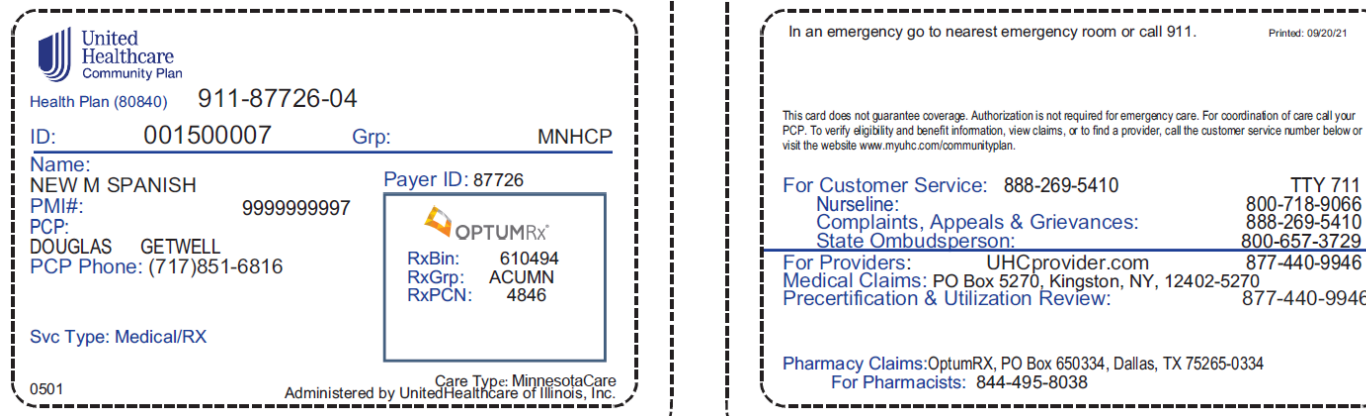
Member ID Cards – Medicaid

- UHCCP MN Families and Children members receive an ID card with information to help you submit claims accurately and completely.
- Be sure to check the member's ID card at each visit and copy both sides of the ID card for your files.
- Member ID cards can also be viewed online using the Eligibility & Benefits tool on UHCprovider.com.
- Sample ID Card Image:



Member ID Cards - MinnesotaCare

- UHCCP MN MinnesotaCare members receive an ID card with information to help you submit claims accurately and completely.
- Be sure to check the member's ID card at each visit and copy both sides of the ID card for your files.
- Member ID cards can also be viewed online using the Eligibility & Benefits tool on UHCprovider.com.
- Sample ID Card Image:





Provider Responsibilities and Authorization Information

Eligibility

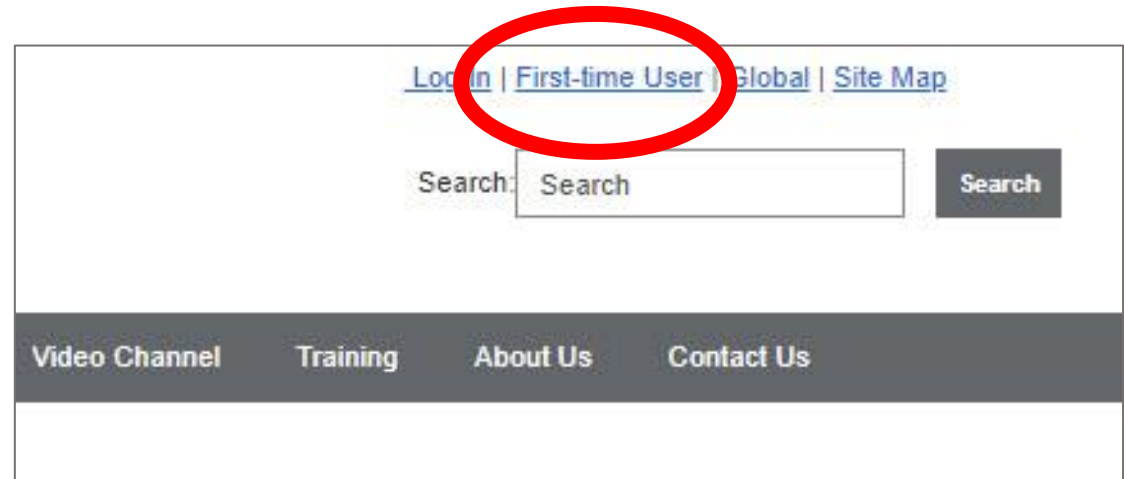
- To verify eligibility and benefit information call 877-440-9946 or verify on provider portal providerexpress.com
- It is the providers responsibility to verify member eligibility as well as their own network eligibility prior to rendering services to a member.
- When calling the Optum Care Advocate you must have:
 - Member's Name
 - ID#
 - Date of Birth
 - Address



Reporting Provider Changes/Updates

Providers are required to notify us in writing within 10 calendar days of any provider changes such as:

- Provider Terms
- Provider Adds/Updates
- Tax ID Changes
- Change of address



Updates should be made online at providerexpress.com within the secure transactions area. You will need to create your OneHealthcare ID prior to logging in. Please click on First-Time user in the upper left of any Provider Express page.



Notification Timeframes

Notification must include all items and services needed for appropriate care during a participating hospital stay, including room and board, nursing care, medical supplies and all diagnostic and therapeutic services.

Notification Timeframes:

- **Emergency/Urgent Admission:** Within 72 hours of the admission.
- Observation does not require notification, but if the member's level of care is adjusted to inpatient, notification is required.

To notify us of a hospital admission:

- Electronic Data Interchange (EDI) 278N admission notification
- Phone: 877-440-9946

If notification timeframes are not followed, claims may be denied.



Prior Authorization Requirements

- Members shall be able to access most routine behavioral health outpatient services (mental health and substance use) without an authorization.
- Chemical Dependency Assessments (H0001):
 - Although these do not require prior authorization, if the result of the assessment indicates chemical dependency services are recommended then the completed assessments & summary must be submitted with the service authorization request.
- When an authorization is required, request can be made by phone at 877-440-9946
 - Authorization request for TMS can be made online. ECT Prior Authorization requirement was removed as of 11/1/23
Additional information about codes that require Prior Authorization can be found here: [Welcome Minnesota \(providerexpress.com\)](https://www.providerexpress.com) Under the United Healthcare Community Plan of Minnesota Tab
- Treatment that typically require a prior authorization
 - Inpatient Mental Health and Substance Use Services (includes Detoxification, Residential treatment, Children's Mental Health Residential Treatment, IRTS, CRS and PRTF)
 - Partial Hospitalization
 - Transcranial Magnetic Stimulation (TMS), and EIDBI for ASD or related condition.



Early Intensive Developmental and Behavioral Intervention (EIDBI) Prior Authorization Requirements

- UnitedHealthcare Community Plan of Minnesota began requiring prior authorization via an online submission for EIDBI services on January 1, 2022
- Authorization requests must now be submitted through a portal located on the Provider Express website

- To access the request form:

- Navigate to www.providerexpress.com
- Choose United States
- Under Autism/ABA corner, click Autism/ABA Information
- Choose MN Medicaid EIDBI Program
- Click on Treatment Request Form

Note: Items bolded above indicate they are an absolute requirement of the initial & continued treatment plan

When completing the treatment plan, the following items must be included:

- **Treatment Modality including techniques to support the enrollee**
- **Frequency and intensity of services**
- **Baseline and mastery criteria**
- Transition Plan to lower level of care
- **Environmental changes including personal / family circumstances**
- **Discharge Criteria**
- Behavior Reduction Plan/Crisis Plan
- **Family caregiver goals including amount of family caregiver training**
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers
- **QSP signature and the parent/caregiver signature**



Children's Mental Health Residential

- A child may be referred to Children's Mental Health Residential for the purpose of crisis stabilization by one of the below for up to 30 days with no UM review:
 - A member of a mobile crisis team
 - A mental health professional
 - A physician who is assessing a child in an emergency department.
- Facilities need to call to inform of the admission into a Children's MH RTC.
- Facilities are to call after the first 30 days to provide an update on the member's treatment plan. 877-440-9946





Community Based Behavioral Outpatient Services

- Submissions for prior authorization will not be required
- Community based behavioral outpatient services will be a part of the Outpatient Care Engagement (OCE) process. No action is needed by provider to initiate a review. Once a case is identified for review, a licensed Care Advocate will outreach to the provider to complete a clinician-to-clinician telephonic review.
- OCE reviews are meant to be collaborative. Care will be discussed in the context of the member's needs and best practices. The Care Advocate will assist with coordination of care and identification of resources to address social determinates of health. Overall, this process results in improved clinical outcomes and improved clinical systems.

Service	Code	
Adult Day Treatment	H2012	115 hours per calendar year
Children Day Treatment	H2012 HK or UA	150 hours per calendar year
CTSS Services	Routine Codes, H2014 UA, H2015 UA, H2019 UA, H0031 UA, H0032 UA	Combined 200 hours per calendar year
DBT IOP	H2019 U1 H2019 U1 HQ	Individual: 26 hours per 6 months Group: 78 hours per 6 months



Targeted Case Management

TCM provider will be monitored to ensure appropriate activities are taking place

TCM must meet the quality standards per DHS guidelines

Click here for more information on TCM services and quality standards [Adult Mental Health Targeted Case Management \(AMH-TCM\) and Children's Mental Health Targeted Case Management \(CMH-TCM\) \(state.mn.us\)](#)



Targeted Case Management continued

- When members are on a Court Commitment, the TCM should :
- Work with hospitals, pre-petition screening teams, family members or representatives, and current Providers, to assess the Enrollee and develop an individual care plan that includes diversion planning and least restrictive alternatives consistent with the Commitment Act. This may include testifying in court and preparing and providing requested documentation to the court.
- Report to the court within the court-required timelines regarding the Enrollee's care plan status and recommendations for continued commitment, including, requests to the court for revocation of a provisional discharge.
- Provide input only for pre-petition screening, court-appointed independent examiners, substitute decision-makers, or court reports for Enrollees who remain in the facility to which they were committed.
- Provide mental health case management coverage which includes discharge planning for up to one hundred and eighty (180) days prior to an Enrollee's discharge from an Inpatient Hospitalization in a manner that works with, but does not duplicate, the facility's discharge planning services.
- Ensure continuity of health care and Case Management coverage for Enrollees in transition due to change in benefits or change in residence.





Coordination of Care

Behavioral Health Care Coordination

When a member is receiving services from more than one professional, you must coordinate to deliver comprehensive, safe and effective care.

This is especially true when the member:

- Is prescribed medication
- Has coexisting medical/psychiatric symptoms, or
- Has been hospitalized for a medical or psychiatric condition.

Please talk to your patients about the benefits of sharing essential clinical information.



Care Coordination

Our care coordination program seeks to empower UnitedHealthcare Minnesota Medicaid and MinnesotaCare members, care providers and our community to improve care coordination and elevate outcomes.

Care coordination has three levels of coordination:

1. **Disease Management** – for eligible members with specific chronic health conditions
2. **Care Management** – Team to assist eligible members with engagement, resources, and healthcare goals.
3. **Complex Care Management** - Health Home services that are available for eligible members with complex or chronic health conditions. Eligible Health Home providers include the following: Behavioral Health Homes (BHH), Certified Health Care Home (HCH), Certified Community Behavioral Health Clinic (CCBHC), and Integrated Health Partnerships (IHP)

How to request services:

Go to UHCProvider.com > Sign In > UnitedHealthcare Provider Portal > Care Management or please contact Provider Services at 877-440-9946



Behavioral Health Homes (BHH)

Behavioral Health Home (BHH) services are Minnesota's version of the federal "health home" benefit for Medicaid enrollees with chronic conditions. BHH services include the following core services:

- Comprehensive care management
- Care coordination
- Health promotion and wellness
- Comprehensive transitional care
- Patient and family support
- Referral to community and social support services

BHH & HCH Providers will be able to submit enrollment forms through [UHCprovider.com/MNcommunityplan](https://uhcprovider.com/MNcommunityplan)

Provider Enablement Consultant: A Minnesota-based clinical support committed to help support certified BHH providers

- A dedicated expert to help providers meet clinical & quality outcomes
- Delivers reports to assist in identifying emerging risks and opportunities for improvement
- Aids in the development and implementation of tailored quality improvement projects
- Facilitates Quarterly Performance Review Meetings to present data, monitor outcomes, problem solve, and discuss clinical issues
- Communicates on a designated mutually-agreed basis about member care, care gaps, duplicative services, and key performance indicators
- Provides data on behavioral health inpatient utilization, follow-up after hospitalization, medication adherence, and readmission rates
- Supports enrollment process
- Acts as a liaison to other Optum internal partners

To reach a team member: mn_metro_bhh@uhc.com





Coding, Billing and Reimbursement

Claims Submission

Electronic Claims Payer ID: 87726

Additional information regarding EDI is available on:
providerexpress.com > About Us > Navigating Optum > Billing and Claims > [Electronic Data Interchange \(EDI\)](#)

ERA (Clearinghouse of your choice): If you receive 835 Electronic Remittance Advice (ERAs) through a vendor, please ask them to enroll you for the 835 through OptumInsight.

Provider Portal:

[Claims, Billing and Payments | UHCprovider.com](#) or [Optum - Provider Express Home](#)

Required Claim Forms (if not submitting electronically)

- OP Claims – CMS 1500 Form
- Facility Based claims – UB04 – cannot be submitted via portal

Paper Claims:

UnitedHealthcare Community Plan of Minnesota Medicaid and MinnesotaCare
P.O. Box 5270
Kingston, NY 12402-5270

****Claims must be received within 180 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.**



1500 Claim Form

Ensure correct provider information is entered in the 4 highlighted sections. The CRE Edit will review each section when a provider name and NPI number is populated.

- 17b – Referring, Prescribing physician and NPI number
- 24J – Rendering physician and NPI number as applicable
- 32A – Service location and NPI number
- 33A – Billing provider, NPI number, taxonomy.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____ 17b. NPI			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? \$ CHARGES YES NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____						22. RESUBMISSION CODE ORIGINAL REF. NO.								
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSOT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID.#														
1						NPI								
2						NPI								
3						NPI								
4						NPI								
5						NPI								
6						NPI								
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. BALANCE DUE \$	
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.)						32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO. & PH # ()					



Electronic Payment & Statements (EPS)

With EPS, you receive electronic funds transfer (EFT) for claim payments and your Explanations of Benefits (EOBs) are 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 [EPS - Online Enrollment \(optumhealthpaymentservices.com\)](https://optumhealthpaymentservices.com).

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



Claims Tip Reminders

- **Claims filing deadline**
 - Providers should comply with the 180-day timely filing limit as outlined in the contract with United/Optum to avoid claim denials.
- **Coding Issues**
 - Coding issues including incomplete or missing diagnosis Invalid or missing HCPCS/CPT examples:
 - Submitting claims with codes that are not covered services
 - Required data elements missing, (e.g., number of units)
- **Provider information missing/incorrect**
 - Example: provider information has not been completely entered on the claim form or place of service

For Additional information please visit [Very Useful Claim Tips \(providerexpress.com\)](https://providerexpress.com)



Housing Stabilization Claims Submissions

Link to additional information on Housing Stabilization: <https://www.uhcprovider.com/en/health-plans-by-state/minnesota-health-plans/mn-comm-plan-home.html>

Housing stabilization services agencies must follow general billing policies.

Providers must document and provide the following:

- the staff who delivered services including name and title of staff,
- the date of service,
- the start and end time of the service delivery,
- length of time-of-service delivery,
- method of contact and place of service when remote support service delivery occurs.

Housing Stabilization Service Codes and Descriptions

Service Description	Procedure Code	Unit
Housing Consultation	T2024 U8	Per session
Housing Transition	H2015 U8	Per 15-minute unit
Housing Sustaining	H2015 U8/TS	Per 15-minute unit

**Moving Expenses – Expected Launch date January 2024 (expected Code – T2038 U8)



Housing Stabilization Claims Submissions

Limits Include:

- Housing consultation services are available once annually.
- Housing Transition services are limited to 150 hours per transition.
- Housing Sustaining services are limited to 150 hours annually.
- Providers may request additional 150 hours beyond these limits and MCO will determine necessity.

Procedure and Diagnosis Codes and Housing Stabilization Services

- To bill 15-minute procedure codes for time spent providing Housing Transition or Housing Sustaining Services, you must provide at least 8 minutes.
- Housing Consultation is a session code and must be billed as one unit.

Disability

Developmental disability

Learning disability

Mental illness

Physical illness, injury or impairment

Chemical dependency

Diagnosis Code

F84.9

F81.89

F99

R69

F19.20





Member Appeals & Claim Disputes

Member Appeals for Medical Necessity

For Medicaid:

- Must be requested as soon as possible and no later than 60 days from denial receipt
- Resolution of appeal within 30 calendar days of request.
- A provider can file appeal on behalf of member

- Appeals can be requested:

- Via telephone: 1-877-440-9946
- Via mail:

UnitedHealthCare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364
Salt Lake City UT
84131-0364



Claim Disputes

- We strive for the best customer service, but if you have a complaint, please contact us within 90 calendar days and we will respond within 30 days.
- Utilized when provider does not agree with outcome of claim.
- Per your contract, 3 steps for claim resolution are below:
 1. File a reconsideration with supporting documentation via [Optum Forms \(providerexpress.com\)](#) > Optum Forms - Claims
 2. File a formal dispute at the address below or call 1-877-440-9946
UnitedHealthCare Community Plan
P.O Box 31364
Salt Lake City, UT 84131-0364
 3. File a case with the American Arbitration Association
[American Arbitration Association | ADR.org](#)



Mental Health and Substance Use Assessments

- When a request is made for an assessment for MH or SA treatment, the provider must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested. The provider must interview clients who miss an appointment within 20 days of a subsequent request for an appointment.
- If 45 calendar days have elapsed between the interview and initiation of services, the placing provider must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or other treating providers.





State Enrollment and Provider Disclosure of Ownership

Providers Enrolled with State

- Network providers must comply with the provider disclosure, screening, and enrollment requirements with the State of Minnesota.
- Providers should go to the Minnesota Provider Screening and Enrollment portal to register and enroll with the State.

<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mpse/>

**Please note that providers who are not enrolled and active with MHCP will not be eligible for credentialing and reimbursement with the United Healthcare Community Plan of Minnesota.



Disclosure of Ownership

- In accordance with the Minnesota State Program Regulatory Requirements Appendix, UHCCP MN are required to collect disclosure of ownership forms from all participating providers upon enrollment, every 5 years, or within 35 days of a change in ownership or control interest.
- This form is required by federal regulations for individual physicians and other health care professionals to disclose ownership and control interest for their practice(s), as well as to disclose any history of criminal convictions.





Resources

Virtual Visit Telemental Health

Expand your access and client base potential by leveraging the latest in telemental health technology. Sign up at providerexpress.com to become a virtual visit telemental health provider with Optum.

Additional Resources for Virtual Visits and telemental health can be found here:

[Become a Virtual Visit Telemental Health Provider \(providerexpress.com\)](https://providerexpress.com)

[Behavioral Telehealth Billing Guide – Post COVID-19 Emergency \(providerexpress.com\)](https://providerexpress.com)



The screenshot shows the Optum Provider Express website. At the top right, there are links for "Log In", "First-time User", "Global", and "Site Map". The main header features the "Optum Provider Express" logo and a search bar. Below the header is a navigation menu with links for "Home", "Our Network", "Clinical Resources", "Admin Resources", "Video Channel", "Training", "About Us", and "Contact Us". The main content area displays a breadcrumb trail: "Optum - Provider Express Home > Clinical Resources > Become a Telemental Health Provider". The primary announcement is titled "Announcement: Optum Virtual Visit platform for telehealth will be removed effective September 30, 2023". To the left of the text is an image of a man in a white shirt sitting in a chair, looking at a tablet. To the right, the text states: "Due to low use within our network as well as the wide variety of HIPAA-compliant platforms now available directly to providers, Optum Virtual Visit will no longer be accessible after September 30." Below this, a paragraph explains that providers can switch to any HIPAA-compliant telehealth platform, such as Simple Practice, and notes that apps like Facetime, WhatsApp, and Twitch are not HIPAA-compliant. It also provides a link for more information regarding HIPAA-compliant telehealth platforms.



Intellectual and Developmental Disabilities Toolkit

I/DD health care resources for health care professionals

The screenshot shows the Optum Provider Express website. At the top right, there are links for [Log In](#), [First-time User](#), [Global](#), and [Site Map](#). Below these is a search bar with the text "Search" and a "Search" button. The main navigation bar includes: Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The breadcrumb trail reads: [Optum - Provider Express Home](#) > [Clinical Resources](#) > IDD Toolkit. The main heading is "Health Care for Individuals with Intellectual and Developmental Disabilities". Below this is an image of a man and a woman sitting at a table. To the right of the image is the section "Identifying the Health Needs of Individuals with I/DD". The text below this section reads: "This site contains a variety of resources to assist health providers. To the left you will find different practice tools. In the middle key terms and resources related to supporting individuals with intellectual and/or developmental disabilities in your practice. On right we have included training and guidelines. **Individuals with I/DD receive care from multiple providers and facilities. Coordination of care amongst providers is vital to support maximum well-being. Intellectual disability is a condition characterized by significant limitations in *both intellectual functioning* (learning, reasoning, problem solving) *and adaptive behavior* (everyday conceptual, social and practical skills). One way to measure intellectual functioning is an IQ**". To the right of this text is a box titled "I/DD training offering CE credits" with the sub-heading "OptumHealth Education:". It lists two items: "Providing Quality Care for Adults with Intellectual and Developmental Disabilities | OptumHealth Education" and "Virtual Grand Rounds Webinar Series". Below this is another box titled "American Academy of Developmental Medicine and Dentistry" with two items: "National Curriculum Initiative – FRAME educational resources" and "Virtual Grand Rounds Webinar Series". At the bottom left of the screenshot, there is a link for "COVID-19 Information" and "Digital Toolkit from Psych Hub".

Resources

- Practice tools
- Checklists
- Training
- Trauma Informed Care
- Guidelines

Provider Express
Link

[I/DD Toolkit](#)



SUD Provider Resources

~Optum follows DHS SUD Billing Guidelines for all applicable services. More information can be obtained via [Substance Use Disorder \(SUD\) Services \(state.mn.us\)](https://state.mn.us)

~To ensure appropriate claims processing occurs please follow your participating provider agreement and payment appendix with Optum

~Access resources at UHCprovider.com > Resources > [Drug Lists and Pharmacy](#). Click “Opioid Programs and Resources – Community Plan (Medicaid)” to find a list of tools and education.

[Medications for Alcohol and Opioid Use Disorder - MAUD/MOUD \(providerexpress.com\)](#)

[Behavioral Health Toolkit - Adult \(providerexpress.com\)](#) > Substance Use Disorder



Provider Assistance

Resource	Contact Details
Provider Relations Line	877-440-9946 Calls are answered between 7 a.m. and 7 p.m. CST
Optum Behavioral Health Website	www.providerexpress.com Available 24 hours a day, 7 days a week
Optum's Behavioral Health Minnesota Landing Page	Provider Express Minnesota Landing Page
UnitedHealthcare Community Plan of Minnesota Homepage	UHCprovider.com/Mncommunityplan 877-440-9946
UHC Community Plan of MN - Provider Manual	Community Plan Care Provider Manuals for Medicaid Plans By State UHCprovider.com



Provider Assistance

Resource	Contact Details
Optum Pay (formerly known as Electronic Payments & Statements)	<p>It's the fastest way to be paid. Go to Login (optumhealthpaymentservices.com)</p> <p>Questions: 1-877-620-6194</p> <p>If you are already signed up for Optum Pay through UHC or Optum you will automatically receive electronic statements for Community Plan.</p>
Prior Auths	<p>Prior authorizations will not be required for traditional outpatient visits. However, when authorizations are required, please call 1.877.440.9946 or visit www.providerexpress.com</p> <p>BH Prior Auth Requirements for UHCCP of Minnesota (providerexpress.com)</p>



Our Optum Behavioral Provider Relations Team - Minnesota



Team Email:

ohbs.centralregion@optum.com



Team Fax:

1-866-388-1710



Team Contacts:

For up to date contact information, visit:

[Welcome Minnesota \(providerexpress.com\)](http://Welcome Minnesota (providerexpress.com))



Misty Ray, MBA
Provider Relations Director
Minnesota

misty_ray@optum.com

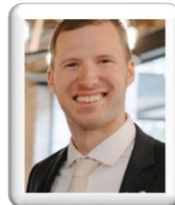


Sarah Coffey
Provider Advocate Account Manager

sarah.coffey@optum.com

PROVIDER GROUPS:

Fairview and Nystrom



Steven Handt
Senior PR Advocate

steven.handt@optum.com

METRO COUNTY:

Hennepin



Abigail Bradshaw
PR Advocate

abigail.bradshaw@optum.com

COUNTIES:

Aitkin, Becker, Beltrami, Benton, Big Stone, Carlton, Cass, Chippewa, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kandiyohi, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomen, Marshall, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Pope, Roseau, Saint Louis, Sterns, Stevens, Swift, Todd, Traverse, Wadena, Wilkin

PROVIDER GROUPS:

Essentia



Deborah Norris
PR Advocate

deborah.norris@optum.com

METRO COUNTIES:

Ramsey, Dakota, Washington

PROVIDER GROUPS:

CentraCare (Carris Health, St Cloud Hospital)



Lisa Marx
Dedicated Senior PR Advocate for Medica

lisa.marx@optum.com

COUNTIES:

Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Jefferson, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Monroe, Mower, Murray, Nobles, Olmsted, Pipestone, Redwood, Rice, Rock, Steele, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine



Emily Deboer
Dedicated PR Advocate for MnFIRE

emily.deboer@optum.com

METRO & CENTRAL COUNTIES:

Anoka, Carver, Chisago, Isanti, McLeod, Meeker, Nicollet, Renville, Scott, Sherburne, Sibley, Wright



Connie Ziegler
Senior PR Advocate

connie.ziegler@optum.com

PROVIDER GROUPS:

Health Partners/Park Nicollet, North Memorial, HCMC, Mayo, Allina, The Emily Project, Amherst, and Children's Hospitals and Clinics of Minnesota

MN SUDS PROVIDERS:

NuWay, MN Adult and Teen Challenge, Transformation House Inc, Life Development Resources, The Center for Hope and Healing, MN Prevention & Recovery Alliance, Hybrid Behavioral Health Inc, Main Street Family Services, Acres for Life Therapy and Wellness Center, Minnesota Renewal Center, Elite Recovery LLC, Meridian (Avalon Programs, Beauterre Recovery, Bridge Recovery, Cedar Ridge, Douglas Place, Lake Shore, Latitudes, Meadow Creek, New Beginnings, Oakridge, Tapestry, Twin Town, Valhalla)



Your Feedback and Questions





Thank you.