

COVID-19

Claims Reimbursement

to Health Care Providers and Facilities for
Testing and Treatment of the Uninsured

Set Up and Billing



AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH

Background

Health Care Providers may now register for the COVID-19 Uninsured Program, allowing them to be reimbursed for COVID-19 tests and treatment they have provided to uninsured.

- **The program was authorized by the Families First Coronavirus Response Act, which set aside \$1 billion for the program.**
- **Additional funds will come from the \$100 billion Provider Relief Fund established by the CARES Act.**



Program Overview

Providers and facilities who have conducted COVID-19 testing or provided treatment for uninsured individuals with COVID-19 on or after February 4th 2020 can submit claims for reimbursement beginning May 6, 2020.

HRSA contracted with UnitedHealth Group (Optum) to administer the program.

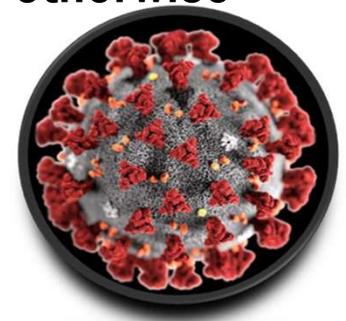


Reimbursement through the program will prevent charges from having to be written off by the Provider or billed to uninsured patients - creating hardship

Please be mindful of continuing updates regarding the Uninsured Program and all other COVID-19 related funding programs.

Program Overview

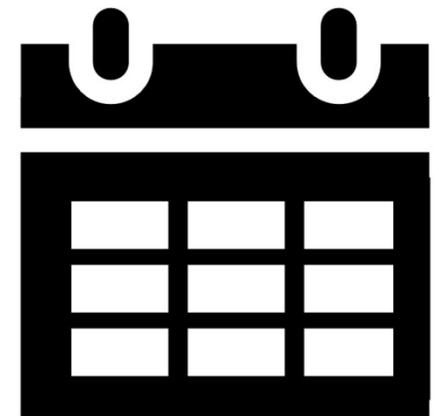
- ✓ Testing and visits related to testing will be reimbursed regardless of positive or negative test result.
- ✓ Services **must reflect a primary diagnosis of COVID-19** to be eligible for payment (only exception being pregnancy).
- ✓ Organization's "Administrator" must attest that the patients whose claims are being submitted have **no other billable coverage**, government or commercial.
- ✓ Reimbursement will generally be made at Medicare rates unless otherwise noted. Payments are final. **You may not balance bill.**



Program Overview

Timeline for implementation of claims process:

- April 27 – Sign up period begins for the program
- April 29 – On Demand training starts
- May 6 – Begin submitting claims electronically
- Mid-May – Begin receiving reimbursement



Timeline for services:

- Feb 04 – Dates of Service on or after may be billed
- **TBD** – *End of COVID-19. or exhaustion of funds?*

Roadmap: Steps You'll Need to Take

At COVIDUninsuredClaim.linkhealth.com, sign in with Optum ID.

If you don't have an Optum ID or are not sure, follow steps to create one.

Validate TIN. This can take 1-2 business days

Register for Optum Pay.™ This can take 7-10 business days

Check required documents before you begin.

Add your provider roster This can take 1-3 business days

Beginning May 6 complete patient attestation; Upload patient roster.

You may need to do this step more than once.

Beginning May 6, submit claims using the Payer ID 95964

What is Covered Under the Program?

Acceptable codes in later slides

Testing:

Specimen collection, diagnostic and antibody testing. Testing-related visits including the following settings: office, urgent care, ER or telehealth

Treatment:

Office visit (including telehealth), ER, inpatient, outpatient/observation, SNF, LTAC, acute inpatient rehab, home health, DME (oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, FDA approved drugs as they become available for COVID treatment.

*Vaccine:

When an FDA-approved vaccine becomes available, it will also be covered.

There is significant set up that must be completed to participate in the program. All set up and subsequent tracking of claims will be done via the program portal.

<https://coviduninsuredclaim.linkhealth.com/>

linkhealth.com/registration/##/

COVID-19 Uninsured Program

My Account

Welcome

Welcome to CARES Uninsured Payment Program! We have designed this portal to be your one-stop-shop for all things related to the Uninsured Payment Program. Throughout this process, we will require you to come back and provide additional information from time to time. Be sure to **Bookmark this page** and **subscribe to email updates** so that we can tell you where you are at throughout the whole process.

Sign Up for Updates
We'll contact you with updates and requests for additional information. Your email address will only be used for COVID-19 Uninsured Program information.

Email Address (required)*
kdrollinger@auch.org

Sign Up

New to this site?

Because this your first time here, the first step in the process is clicking the "Add Billing TIN" button below to begin the process. You can always add more Billing TIN's in the future, but our recommendation is to work on one Billing TIN at a time.

Add Billing Tax ID Numbers (TIN)

*Required Fields

Billing TIN* Provider Name*

Add Billing TIN

Privacy Act Statement

The following statement serves to inform you of the purpose for collecting personal information required by the coviduninsuredclaim.linkhealth.com website and how it will be used.



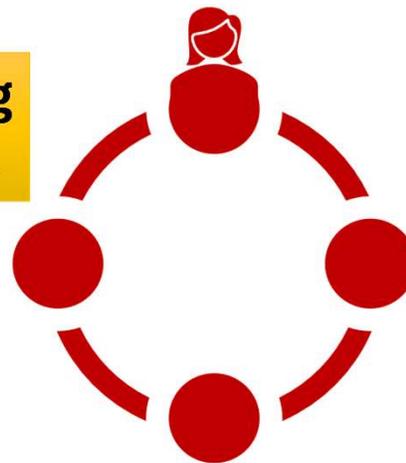
Choose a Program Administrator

- **Only one person can serve as the program administrator per Tax ID.**
This administrator accepts responsibility to act on behalf of their organization.
- Administrator must agree to make their name/email available to others within their organization to coordinate provider and patient rosters.
- This will involve accessing temporary member IDs in portal, sharing as needed.

The role of Administrator can be reassigned to anyone within your organization with Optum ID at any time by calling 866-569-3522, TTY dial 711.



**New Administrator processing
can take 1-2 business days**



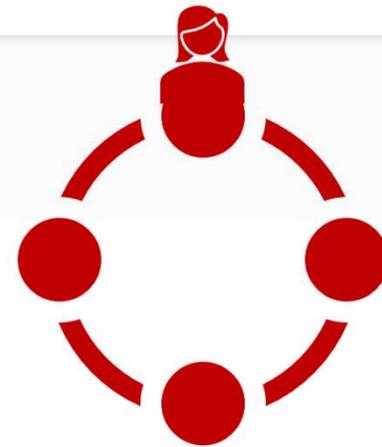
Attestation

Program Administrator Attestation

- I am requesting to submit a roster of uninsured patients who have received COVID testing and / or treatment services. I attest that I am submitting on my own behalf and that I am the provider associated with this TIN; or I have the authority to submit provider rosters on behalf of the provider group(s) associated with a TIN. I acknowledge that I am responsible for the accuracy of the information I enter.
- I understand that any person who knowingly and with intent to defraud the Government or the Company, files information containing materially false information, or conceals for the purpose of misleading the company commits a fraudulent insurance act.
- I understand that my name and email may be shared if duplicate information is received for the same Provider TIN. If I am no longer able to submit information for the provider group, I will withdraw my name and a different person will be added in my place.
- I understand that only one person may submit information for a provider group TIN.

I Accept

I Do Not Accept



Log in with your Optum ID:

<https://coviduninsuredclaim.linkhealth.com/>

To participate in the program, providers will utilize a unique identifier, their Optum ID. The Optum ID enables entry into the HRSA COVID Uninsured Program Portal.

 Already have an Optum ID? [Sign in now](#)

Profile Information

First name

Last name

Sign In Information

Your email address

Create Optum ID

Your Optum ID must have:

- 8 to 50 characters
- At least one letter
- No spaces

Sign In With Your Optum ID

Optum ID or email address

Password

[Forgot Optum ID](#) | [Forgot Password](#)

Additional options:
[Create an Optum ID](#)
[Manage your Optum ID](#)
[What is an Optum ID?](#)

**If you already have an Optum ID
You are ready to start. Sign in to get started.**

**If you do not have an Optum ID or are not sure,
Bisit the Optum ID registration page to sign up.
Enter the requested information to create your ID.**

Validate Taxpayer Identification Number (TIN)

- You will need to enter requested information for TIN validation.
- This should be the TIN for facility where patient care was provided.

If you begin and get interrupted, you may pick up where you left off upon re-entering the portal.

Johnson, John Jay	
Medicare Supplier ID 123456789	Billing TIN Address 123 Health Way Minneapolis, MN 55346
Business Name John Jay Johnson	Billing Company The Billers 456 Payment Ave PO Box 222 Minneapolis, MN 55346 USA
Federal Tax Classification Classification here	
Exempt payee code 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)	
Exempt from FATCA reporting code A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	
Submit TIN	Cancel

TIN validation can take 1-2 business days to process



Validate Taxpayer Id Number (TIN)

Verify information from your W-9:

- Medicare Supplier ID
- Business Name
- Select Federal Tax Classification
- Select Exempt Payee Code
- Select Exempt FATCA Reporting code

Business Name
John Jay Johnson

Federal Tax Classification*
Select One

Exempt payee code ⓘ

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a) 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947

Exempt from FATCA reporting code ⓘ

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker

Set Up Direct Deposit via Optum Pay

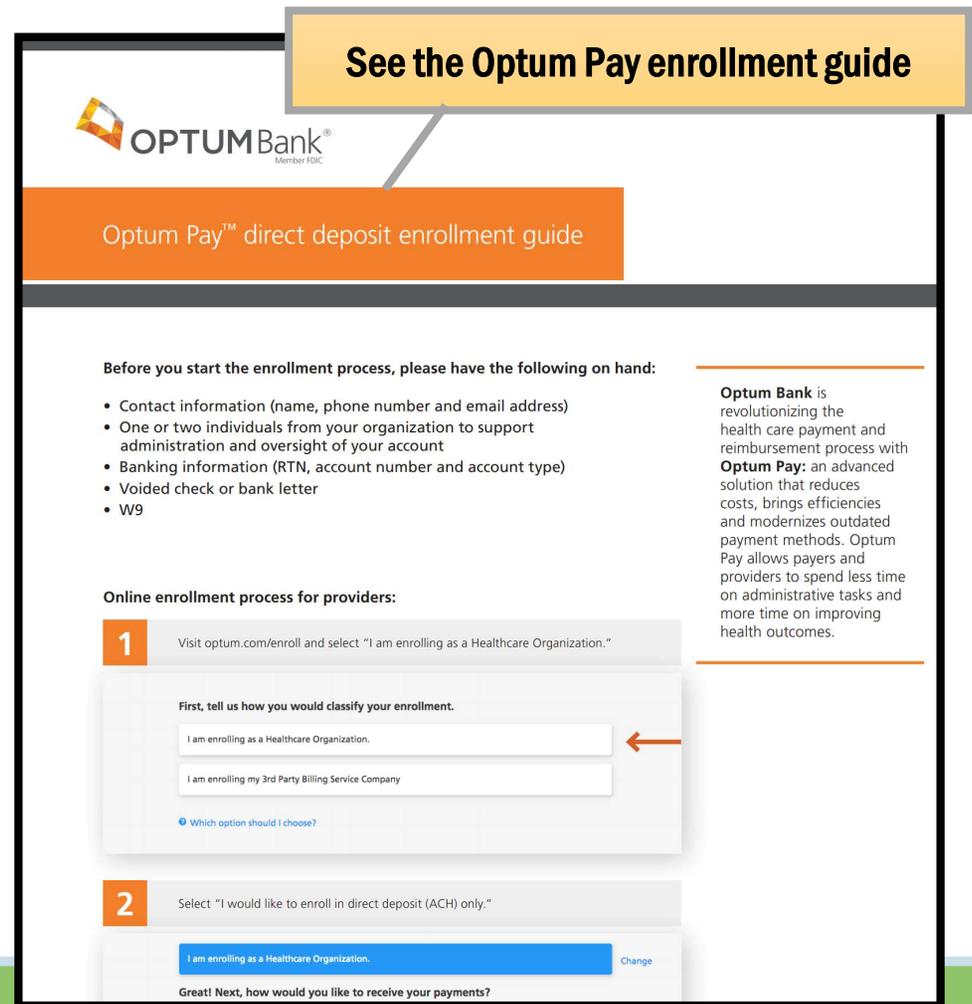
Direct deposit / ACH via Optum Pay™ is **required** for reimbursement.

Go directly to Optum.com/optumpay to enroll, or enroll via program portal.

Providers with existing Optum Pay accounts, do not need to create a new one.

Please have the following on hand:

- **Contact information**
(name, phone number, email address)
- **One or two individuals from your org.**
to support admin/ oversight of account
- **Banking information**
(RTN, account number, account type)
- **Voided check or bank letter**
- **W9**



See the Optum Pay enrollment guide

OPTUMBank®
Member FDIC

Optum Pay™ direct deposit enrollment guide

Before you start the enrollment process, please have the following on hand:

- Contact information (name, phone number and email address)
- One or two individuals from your organization to support administration and oversight of your account
- Banking information (RTN, account number and account type)
- Voided check or bank letter
- W9

Optum Bank is revolutionizing the health care payment and reimbursement process with **Optum Pay**: an advanced solution that reduces costs, brings efficiencies and modernizes outdated payment methods. Optum Pay allows payers and providers to spend less time on administrative tasks and more time on improving health outcomes.

Online enrollment process for providers:

- 1 Visit optum.com/enroll and select "I am enrolling as a Healthcare Organization."

First, tell us how you would classify your enrollment.

I am enrolling as a Healthcare Organization. ←

I am enrolling my 3rd Party Billing Service Company

Which option should I choose?

- 2 Select "I would like to enroll in direct deposit (ACH) only."

I am enrolling as a Healthcare Organization. Change

Great! Next, how would you like to receive your payments?

Set Up Direct Deposit via Optum Pay

Enter the following contact information and click "Continue":

- First and Last Name for Primary and Secondary Administrators
- Telephone Number
- Mobile Phone Number (Not Required)
- Email Address (must be unique to each user)
- Confirmation of Email Address

If entered, you can opt to receive text alerts when payments and remittances have been processed for your organization.

NOTE: If you are enrolling a new TIN and wish to associate an existing user to that TIN during the online enrollment process, a Confirm Existing User page will display. The current user information and TIN association(s) will display. You will need to click Yes to validate that the correct individual is being associated with the new TIN.

The database does not allow for multiple users to share the same email address. This only allows the current individual to add new TINs to an existing user during or after enrollment.

Disclaimer: Reimbursement applies to eligible claims, as determined by HRSA (subject to adjustment as may be necessary), for dates of service or admittance delivered on or after February 4, 2020, subject to available funding; see details at COVIDUninsuredClaim.HRSA.gov. Terms and conditions will apply.



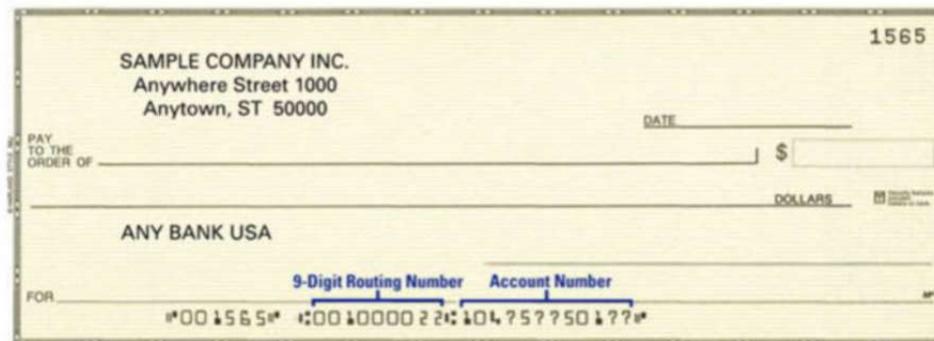
Direct Deposit via Optum Pay

Financial Institution Information: This is where you provide banking information. You may also submit a separate bank account for the NPI level at this time. You must provide the following information:

- Financial Institution/Bank Name
- Financial Institution Address
- Financial Institution Telephone Number
- Financial Institution Routing Number
- Provider's Account Number with Financial Institution
- Type of Account at Financial Institution

Please note: Special characters are not allowed in the name and address fields. Refrain from using the following characters: & , \ . / : @ # () % , < ^ * ; > " ' | - +. If you would like to establish an NPI Bank Account, you will also need to fill out this same information at the NPI level.

Your Routing Transit Number (RTN) is a 9-digit number that identifies the financial institution where the account is located. This number is usually located in the bottom, lower left hand corner of your check and usually precedes your account number.



Enrollment
Submitted

Upload W9: You will now need to upload a signed and dated W9. Acceptable file formats to upload are: pdf, jpg, gif or png. If you do not have a current W9, they may download a blank W9 by clicking the Access W9 Form link.

Locate a prior payment to expedite processing

If you have received a check from UnitedHealthcare or an affiliate in the past 45 days, you will have the opportunity to submit payment details. This will be used to verify your current provider status and will expedite the review process.

Info needed: check number, payment amount and check date



Select “Cares Act” as “Market/Practice Type”

Please select your market type

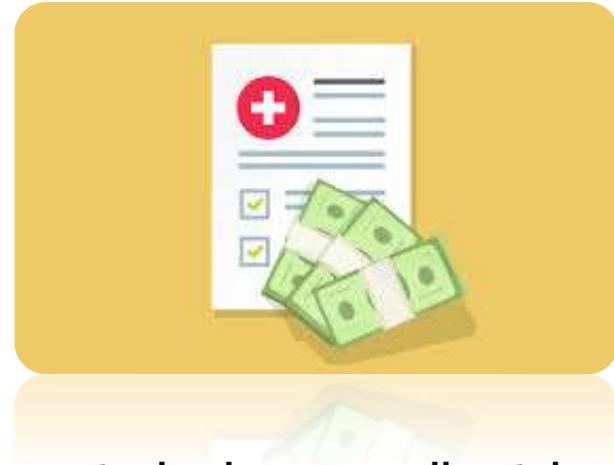
- Behavioral Health
- CARES Act - Healthcare Relief Program
- Dental
- Medical
- Other
- Property and Casualty
- Vision



It is important that you select this instead of your market/practice type. The ‘CARES Act - Healthcare Relief Program’ market type is an identifier that will be used to route enrollments for priority and faster processing.

What payment options are available?

Optum Pay offers 2 different types of Electronic Funds Transfer options:



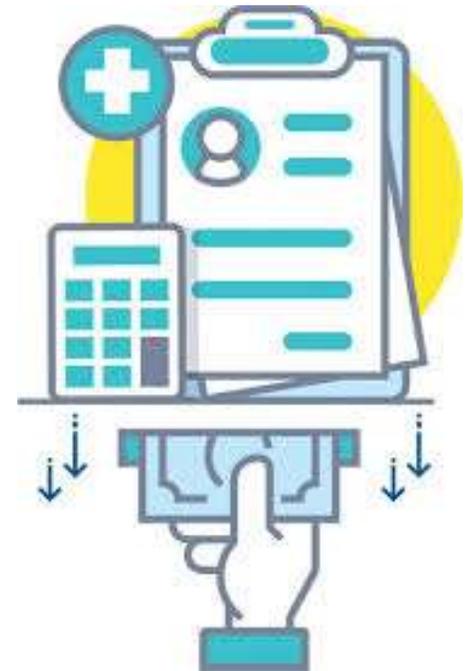
Automated Clearing House (ACH) - This form of payment, also known as direct deposit (EFT), is the quickest form of payment. Simply provide your current banking information during enrollment and payments will be deposited directly into your existing bank account.

Virtual Card Payment (VCP) - With this EFT option, no banking information is required to be shared with Optum Pay. VCPs are payment card transactions that you process via your point of sale terminal.. VCP transactions are subject to additional terms and conditions, including fees, between you and your card processor.

How will we receive electronic remittance for posting receipts and reconciling patient accounts?

ERA's can be obtained the following ways:

- **When paid electronically, the ERAs will be consolidated into a single PDF that will be available to your practice on the Optum Pay Portal.**
- **From Optum Pay Portal, download the 835 file that can be used to auto-post into your claims system.**



Once submitted the portal dashboard will now reflect the status of both the **Tax ID Validation** and **Direct Deposit Enrollment** as they await approval.

Direct Deposit Enrollment can take 7-10 business days



 **Billing TIN Dashboard**
Please see status details and complete any actions required below.

Billing Tax ID Number: **123456789**, Provider Name: **John Smith**

Action required for this TIN: Validate TIN	 Validate TIN Available Now Get Started	 Set Up Optum Pay ACH Complete Visit Optum Pay	 Add Provider Roster Complete TIN Validation First	 Add and Attest to Patient Roster Available May 6 All providers will need to add Patient Rosters once all prior steps are complete.
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Add Another Billing TIN

Add Billing TIN *Required Fields

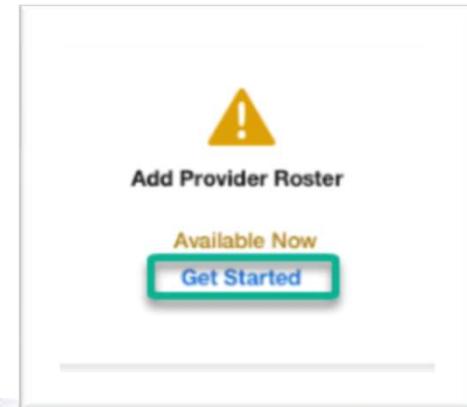
Billing TIN*

Provider Name* (as shown on IRS Form [W-9] for this Billing TIN)

[Add Billing TIN](#)

Add Provider Roster

- The Provider Roster provides verification solely for the HRSA COVID-19 Uninsured Program. **It is not a network contract, you will not be credentialed.**
- Providers already in-network with UHC will not need to complete this step.
- Roster information is only needed for providers who are seeking to submit claims for testing and treatment of uninsured patients.



To upload provider roster via batch, use the corresponding Template for provider types

Individual – single practice with one individuals, individuals tied to a group

Group with Individuals - Group with two or more professionals

Facility, ancillary - Facilities such as hospital, FQHCs, RHCs



Tax ID	Facility Tax ID
Facility or DBA Name	Enter the Facility or DBA Name as the name appears on the W9
NPI	Enter the NPI
NPI Effective Date	Enter the Group NPI Effective Date <i>*must use mm/dd/yyyy format</i>
Organization Type <i>Please use drop down for selection</i>	Please select from the drop down provided
Billing Type <i>Please use drop down for selection</i>	Please select from the drop down provided
Medicare ID Number	Enter the Medicare ID Number Note: Under Chapter 6, Section 70 of the Medicare Managed Care Manual, the following provider types are the only ones that require CMS certification: <ul style="list-style-type: none"> · Hospitals; · Home Health Agencies; · Clinical labs; · SNFs; · CORFs; · Outpatient Physical Therapy/Speech Pathology Providers; · ASCs; · End-stage renal disease service providers; · Outpatient diabetes self-management training providers; · Portable X-Ray Suppliers; and · RHCs/FQHCs. Providers that supply Pediatric and/or emergent based services ONLY do not require a Medicare Number.
Taxonomy	Enter the Taxonomy
Primary Service Address Line 1	Enter the Primary Service Address Information. Cannot be a PO Box. <i>*One address per provider is required.</i>
*Primary Service Address Line 2 <i>(Optional)</i>	
Primary Service Address: City	
Primary Service Address: State <i>Please use drop down for selection</i>	
Primary Service Address: Zip Code (00000)	
Primary Service Address: Phone Number (000-000-0000)	
Primary Service Email Address	

(Facility Template)

Name and Upload Roster

File name should be the 9-digit billing TIN including leading zeros and no punctuation.

From “Batch Upload”, select file.

If the file upload was successful, you should see it at the bottom of the screen with a green check.



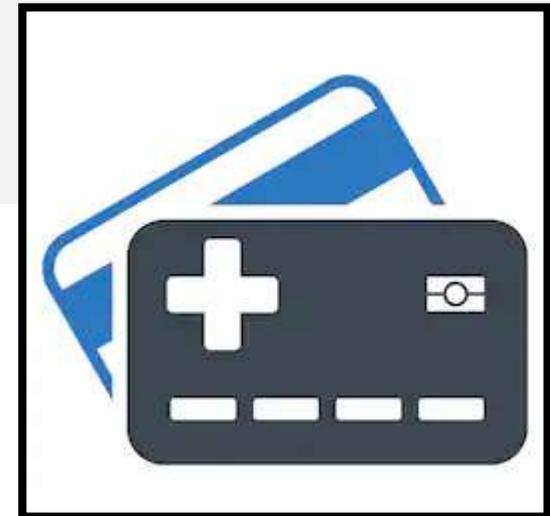
Provider Roster Processing can take 1-3 business days

Obtain Temporary Optum ID Numbers

Temporary ID numbers must be obtained prior to billing for each Uninsured Individual:

- Enroll the eligible uninsured seen on or after 2/4/2020 via portal.
- For patients you intend to bill, **you MUST verify eligibility to confirm no other coverage exists.**
- *Highly recommended that SSN's be obtained for uninsured patients to avoid claim delays.**
- Information for uninsured individuals can be entered one at a time or via a "batch".
- Instructions for submitting a batch are available within the portal.
- The temporary ID #s will be good for a period of 30 days.
-

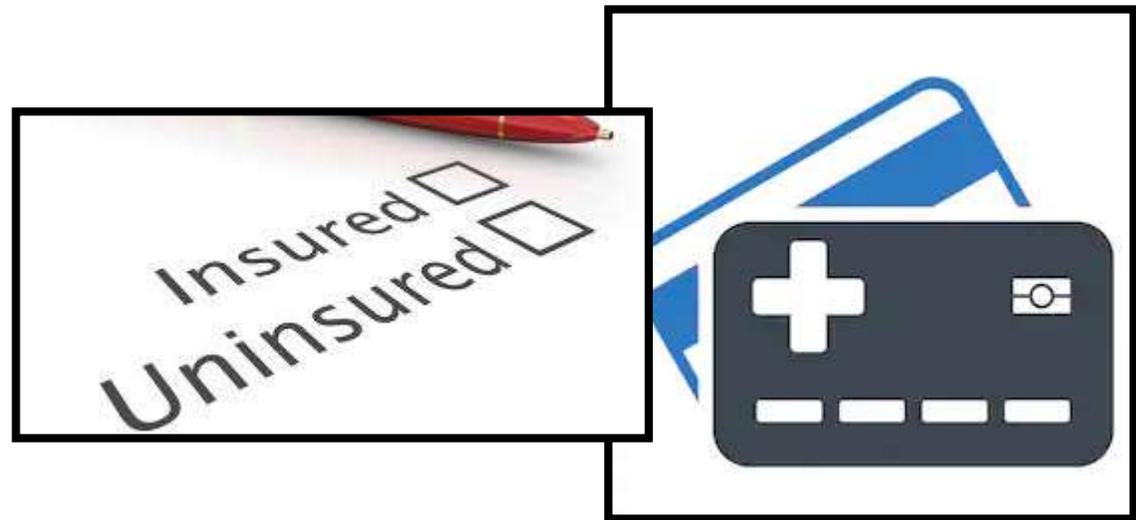
The patient will not receive an ID card or any other correspondence from the program.



Obtain Temporary Optum ID Numbers

Who is considered to be an “uninsured individual” for purposes of providers requesting reimbursement for testing or treatment?

A patient is considered uninsured if the patient does not have coverage through an individual, or employer-sponsored plan, a federal healthcare program, or the Federal Employees Health Benefits Program at the time services were rendered.



Obtain Temporary Optum ID Numbers

Patient Information you will need:-

- First and last name
- Date of birth
- Gender
- *SSN & state of residence; if not available, enter state id/ driver's license
- Date of service for professional, institutional outpatient services
- Date of admission/date of discharge for inpatient services (n/a)
- Address (optional)
- Middle initial (optional)
- Patient account number (optional)



*** A SSN and state of residence, or state identification / driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification / driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification / driver's license may take longer to verify for patient eligibility.**

Coding Requirements

To be eligible for reimbursement under the program, claims must include the following coding.

For testing/testing-related services (including telehealth) to be eligible claims must include 1 of the following dx codes:	
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
Z20.828	Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)
Z11.59	Encounter for screening for other viral diseases (asymptomatic)
For antibody testing to be eligible for reimbursement, claims submitted must include one of the following procedure codes:	
86318	Immunoassay for infectious agent antibody, qualitative or semi-quantitative, single step method (e.g., reagent strip)
86328	Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
For services related to treatment to be eligible for reimbursement, claims submitted must meet the following criteria:	
1) The COVID-19 diagnosis code must be primary dx code. The only exception is pregnancy (O98.5-), when COVID-19 may be 2ndry	
B97.29	Other coronavirus as the cause of diseases classified elsewhere COVID-19 diagnosis codes.
U07.1	2019-nCoV acute respiratory disease.
Procedural coding should follow normal practices using correct ICD-10 to identify testing/treatment services as described above.	

Electronic Claim Submission

All claims must be submitted electronically using ANSI format & 837 EDI transaction set. Claims will be submitted outside the program portal to a typical electronic Payer ID.

- COVID-19 Uninsured Program uses Smart Edits, an EDI capability that detects claims with errors.
- When a claim is submitted with error, Smart Edits sends a msg to explain rejection/help resolve.
- Repaired claims should be sent with original frequency code 1, not replacement/void 7 or 8.
- Provider is responsible for working their 277CA and resolving rejections to avoid denials.
- Process is intended to assist in catching/correcting errors as claims submitted are final.
- Interim bills, corrected claims, voided claim transactions and appeals will not be accepted.**

You will need the following information to submit claims via your clearinghouse.

Payer ID: **95964**

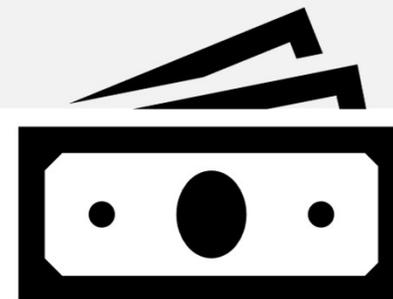
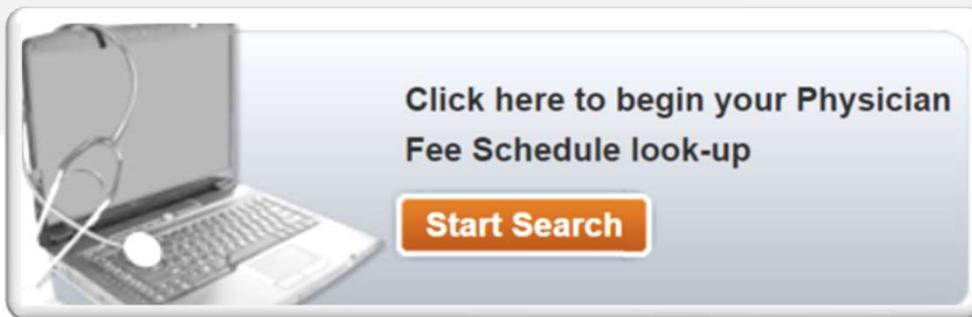
Payer Name: **COVID19 HRSA Uninsured Testing and Treatment Fund.**

Temporary member for each patient.



Reimbursement

- Provider must accept reimbursement as payment in full. You cannot balance bill.
- Patient will not be sent an Explanation of Benefits by Optum.
- Reimbursement at current year Medicare fee schedule rates unless otherwise noted
-
- Utilize the CMS Physician Fee Schedule Look-Up Tool To look up specific rates by procedure
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup>





Search Criteria

Begin your search below by selecting search criteria. Additional search criteria will appear depending on which selections you choose. Once your selections are complete, you will be asked to submit your criteria. All search criteria options displayed on this page are required.

Please select a year (see 'Notes for Selected Year' box for details):

2020 ▾

Type of Information:

- Pricing Information
- Payment Policy Indicators
- Relative Value Units
- Geographic Practice Cost Index
- All

Select Healthcare Common Procedure Coding System (HCPCS) Criteria:

- Single HCPCS Code
- List of HCPCS Codes
- Range of HCPCS Codes

Select Medicare Administrative Contractor (MAC) Option:

- National Payment Amount
- Specific MAC
- Specific Locality
- All MACs

Pricing by Single HCPCS Code for All

Enter values for:

HCPCS Code:

Modifier

-Select Modifier-

NOTES FOR SELECTED YEAR

2020: The Medicare Physician Fee Schedule update factor for 2020 is 0.00% and the conversion factor is 36.0896.

PFS UPDATE STATUS

Data last updated: 04/03/2020

**Search for Medicare Rates
by Code**

Example Look Up:

Selected Criteria:

Year: HCPCS:

Type of Info.: Modifier:

HCPCS Criteria:

MAC Option:

[Update Results](#)

Single HCPCS Code

Code	Description
99215	Office/outpatient visit est

[Print Results](#)

[Download Results !\[\]\(715c765c1181e6a670e37aa3bc2de67c_img.jpg\)](#)

[Email Results](#)

For your convenience, search results can be printed, downloaded or emailed.

Example Look Up:

[Show Default Columns](#)

[Show All Columns](#)

Page 1 of 12

[Go to page](#)

Prev 1 2 3 4 5 6 ... Next

View Items Per Page: [Go](#)

MODIFIER	PROC STAT	MAC LOCALITY	NON-FACILITY PRICE	FACILITY PRICE	NON-FACILITY LIMITING CHARGE	FACILITY LIMITING CHARGE	CONV FACT	NA FLAG FOR TRANS NON-FAC PE RVU	NA FLG FOR FULLY IMP NON-FAC PE RVU	NA FLAG FOR FULLY IMP FAC PE RVU	NO FO ME
	A	0000000	\$148.33	\$113.68	\$162.05	\$124.20	36.0896				
	A	0111205	\$172.92	\$126.94	\$188.91	\$138.68	36.0896				
	A	0111206	\$172.92	\$126.94	\$188.91	\$138.68	36.0896				
	A	0111207	\$172.92	\$126.94	\$188.91	\$138.68	36.0896				
	A	0111209	\$176.50	\$129.07	\$192.83	\$141.01	36.0896				
	A	0111251	\$165.22	\$122.33	\$180.50	\$133.65	36.0896				
	A	0111252	\$170.66	\$125.65	\$186.45	\$137.28	36.0896				
	A	0111253	\$165.22	\$122.33	\$180.50	\$133.65	36.0896				

Additional Resources

Frequently Asked Questions

<https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions>



Optum Customer Support

“Real-time technical support, as well as service/payment support”

Provider Line: 866-569-3522 for TTY dial 711

Hours of operation are 8 a.m. to 8 p.m.

Monday – Friday in the caller's local time zone.



Question related to billing: kdrollinger@auch.org





**Please feel free to
forward questions**

Thankyou