



# Frequently Asked Questions for Optum

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**What type of services does Optum cover?**

For University of California members, Optum covers behavioral health services such as individual, family, and/or group counseling, as well as facility-based services involving mental health and substance use disorder.

**Where do I find a list of network providers?**

Optum's Provider Search Tool is located on the member website, [www.LiveAndWorkWell.com](http://www.LiveAndWorkWell.com) (use access code: 11280) or [click here](#). In addition, you have access to a Master's level Intake team that can help you find providers.

**What do I do if I can't find a network provider available within a reasonable time?**



We're here to help. Optum offers appointment search assistance. Please call Optum any time at 888-440-8225 if you would like help in finding an appointment with an Optum provider.

## Where should I or my provider submit behavioral health claims?

Network providers will submit claims on your behalf. When accessing out-of-network benefits, members or providers are encouraged to submit claims electronically instead of paper claims.

### Electronic Claims Submission

For non-HMO **members** submitting claims for out-of-network services, Optum recommends members take advantage of online claim submission for quick and easy processing. Go to [www.LiveAndWorkWell.com](http://www.LiveAndWorkWell.com) (access code: 11280) or [click here](#) to create an account. Members will need to create an account in order to submit claims online. In-network and out-of-network **providers** should visit [www.ProviderExpress.com](http://www.ProviderExpress.com) for details on submitting electronic claims.

### Paper Claim Forms

All paper claim forms (in and out-of-network claims) should be mailed to Optum Claims, PO Box 30760, Salt Lake City, Utah 84130-0760.

## How long does standard claims processing take?

Claims submitted online have a processing turn-around-time of approximately 5-7 days. Claims submitted via paper claims forms have a turn-around-time of 30 days.

## Why does Optum keep sending me notices requesting information I have already submitted?

It could be due to a timing issue. In many instances, a member receives multiple requests because multiple individual claim submissions are received and processed before an update has been logged into the claim systems. In other cases, Optum needs specific information before we can make a coverage determination. Once the necessary information is received, Optum can render decisions and close out the claim/inquiry.

In some cases, Optum inquires whether dependents have any other insurance coverage that should be considered when processing a claim in order to ensure the claims are processed correctly. Once Optum receives information about the dependent's



additional insurance, Optum will keep a record of that information for one year, initially, and then requests an update annually, on a rolling-year basis.

If you received a letter or communication and are unclear how to proceed, please call Optum at 888-440-8225 with any questions you have. We welcome the opportunity to help you better understand the benefit plan.

### Is there a limit on the number of visits covered under the plan?

There is no annual or lifetime limit for behavioral health services available through Optum, but all services will be reviewed for medical necessity; services determined not medically/clinically necessary will not be covered.

### Does this plan cover prescriptions?

Optum benefits do not include prescription benefit coverage. Prescription drug coverage is available through your medical plan's pharmacy benefit.

### If I have Kaiser, how do the Kaiser and Optum benefits work together?

For UC's Kaiser members (employees and non-Medicare retirees and their covered dependents), the Optum plan offers additional access to covered behavioral health services, such as individual counseling, family counseling, group counseling, medication evaluation and medication management. UC's Kaiser members who elect to access services through Optum will need to choose a provider in the Optum network. There is no need to obtain a referral from your primary care physician (at Kaiser) when accessing Optum behavioral health benefits/services.

Kaiser members wishing to access behavioral health services through Kaiser Permanente should call the number on their Kaiser ID card if they have questions on how to access services.

### If I am not satisfied with the care/services I received, what should I do?

Optum members should contact Optum at 888-440-8225 to initiate the complaints/grievance process. Members may also complete a complaint/grievance form online at [www.LiveAndWorkWell.com](http://www.LiveAndWorkWell.com) (access code: 11280). See the link at the bottom of the main browser window. Or [click here](#).

### How do I report invalid information for a network provider?



Optum's provider search tool allows users to notify Optum directly when there is invalid information (e.g. incorrect phone number, the provider is no longer accepting patients) on the provider directory. Look for the "Report Invalid Information" link on all individual provider detail pages.