

USER ACCESS MANUAL



WELCOME AND INTRODUCTION

OptumRx is providing this user manual for contracted providers which use the Specialty Medication Access Portal (SMAP) for the submission of claims for medications which are administered within a medical treatment in compliance with the Agreement. The portal is not intended for the submission of associated medical supplies or services associated with the medical treatment with which the medication was utilized (for current clients of OptumRx with coverage for medications allowing medical Providers to use this portal does not include the additional service and supplies utilized with administration).

This user manual should be used by personnel from contracted medical Providers to assist in the submission of medication claims, however is not the only mechanism by which a Provider may submit a claim transaction. Use of the Specialty Medication Access Portal (SMAP) is allowing for a Provider to submit key elements required of a claim transaction for the purpose of assessment of coverage and payment of these claims. Submission of a claim is ultimately the responsibility of the Provider.

Note: Names of users, patients, providers etc. within this manual are intended for demonstration purposes and do not represent details of individuals.

WEBSITE AND LINK

The Specialty Management Access Portal (SMAP) is contained with the Link portal which is a self-service website with a number of portals for use by health care providers. The portal includes a number of accessible tools for healthcare professionals and their office staff, however for the purpose of this manual and the submission of specialty medications by contract medical Providers will be limited to the use of SMAP.



Accessing Link may be found at the website: <u>https://provider.linkhealth.com/#/</u>



ENROLLMENT AND USAGE REQUIREMENT

+ () https://provider.linkhealth.com/#/	P ← ≜ C ◯ Home ×
*	
	Link
	Welcome to Link
	Introducing Link - an intuitive, self-service experience for care providers and their staff that improves administrative workflow to make their work measurably faster and easier.
	With Link, it's easier than ever to get the right data to the right person at the right time to improve health care outcomes.
	Sign in with Optum ID
	Don't have an Optum ID <mark>P Register</mark> Need assistance? <u>Contact Us</u>

If you are not already a user of Link or were not provided an Optum ID then use the Register link to complete the registration process

See additional details in the Enrollment and Registration section. Once an Optum ID and password have been created, the user can then sign in with the newly created Optum ID.

The user can enter in their Optum ID and password to gain access to the Link Marketplace. -Each user must register an Optum ID to Link Marketplace for each location they will be working out of by clicking the Register option and then fill in the Required fields. Users can use the same email address for multiple Optum IDs (if the user works out of more than one location that will need SMAP access) <u>but will require</u> one OptumID per location.

<	
	Create an Ontum ID
	An Optum ID securely manages your account so that you can use one Optum ID and password to size in to all interacted applications
	io signi ni o an megrateo appicationa.
	(i) Already have an Optum ID? Sign in now
	Profile Information
	First name
	Last name
	Sign In Information
	Your email address
	Create Optum ID
	V Van Onter Disput land
	6 to 50 characters
	At least one letter
	No spaces
	No letters with accents
	None of these symbols % + * & [\] * ' () <> # ,/ ; () : * = ~
	Create password
	rour password must nave:
	At least 1 upper case letter
	At least 1 lowercase letter
	At least 1 number
	No spaces and no & symbol
	Type password again
	Security Questions and Answers
	Security question 1
	Select
	Security answer 1
	*
	Repurtly quadian 1
	aeuuriky yueenun z



SPECIALTY MANAGEMENT ACCESS PORTAL (SMAP) DOWNLOAD FROM MARKETPLACE

During the first use of the Link Marketplace it is required to search and download the link or tile associated with the portal. User should click Link Marketplace in the left-hand menu and then search for "Specialty Management". User can click the Specialty Management Access Portal icon once found



Your Optum ID may already be linked by Optum to the SMAP system. If this is the case you will see the

(a) // https://provider.linkhealth.com/a	apps/myapps/ 🔎 🖷 🖒 🍯 My Apps x 🖞		following displayed
File Edit View Favorites Tools Help			
🚖 🗃 Local ○ Stage ○ PROD @ ADR-PCMS	🗓 RaLink-Shared Docs 🕼 RaLink - SP 🕘 UX-UI 😰 Ralink - GitHub 🔯 Splunk 🕘 SScope-ESB 🧱 SScope-PCMS 📀 Dytrace Web 🔤 ServiceNow 🚍 ServiceNow (2) 🔟 Secure 🛥 Rally 📨 PPMO 🔾 Webex		SMAP link which can
💽 Rajath Shekhar 🛛 🔺 🗙	Link	🖻 🌲 🗉	
DASHBOARDS & APPS	No. Amag		be found by selecting
Link	My Apps		"NAV Apps" from the
III My Apps	Type here to search		wy Apps nomine
Link Marketplace	1 apps		Menu.
ACCOUNT	♀ Specialty Management Access ★ Portal		
🐣 My Account	With the Specialty Management Access Portal. contracted medical		
🔅 Settings	providers can submit medication clamore		
HELP & SUPPORT			
Help Center			
ப் Sign Out			



If your Optum ID has not been linked to the SMAP system you will need to register for access to that tile or system on your marketplace. Select the "Register Now" button and instructions will be displayed. Completing registration way



require a call to our service desk for Link Marketplace. Once registration is completed, you will see the SMAP icon under their Apps in Link Marketplace (see above).

PORTAL MAIN PAGE

The SMAP main page displays the four main components available for the user:

Check Medication

Coverage – this application allows the user to submit a trial claim to evaluate coverage of both the patient and the medication; it will provide details on required prior authorization and upon successful trial completion details as to the



financial responses reflective of a future paid claim - patient cost share, provider payment, etc.

Search Medication Claims – this application allows the user to search claims for a specific patient. The patient demographics, insurance information, claim history, and prior authorization history can be found in this section. Submitting a paid or reversed claim can be done from this section because the patient's claim history is listed in this section.

Submit a Medication Claim – this application allows the user to submit a real claim for billing from previously saved trial claims. The user can bookmark a frequently used trial claim, change trial claim details, or delete a trial claim all together. Once a user selects a trial claim from the list, a real claim can be submitted for payment. This section lists all the saved trial claims for the infusion facility.

Medication Claim Reversals – this application allows the user to submit a claim reversal for previously submitted real claims. A paid claim can be reversed up to 180 days from the claim submittal date. This section lists all the paid claims for the infusion facility that can be reversed.

The SMAP main page also displays tabs with past Submitted Claims, Submitted Prior Authorizations, and Prior Authorizations in Progress. The Submitted Claims tab will display all the paid and reversed claims that have been submitted by the infusion facility. It will allow the user to search all the claims based on a date range, the claim status, or keyword search. The Submitted Prior Authorizations tab will display all the electronic prior authorizations that have been submitted by the infusion facility. It will allow the infusion facility. It will display all the electronic prior authorizations that have been submitted by the infusion facility. It will display the patient name, the drug name, the prior authorization case ID, the date it was created, and the status of the prior authorization. The Prior Authorizations in Progress tab will display all the electronic prior authorizations that have been saved by the infusion facility so they can be continued at a later time. It will display patient name, the drug name, the case ID, and the time remaining before the electronic prior authorization will expire.



Check Medication Coverage

	👽 Specialty Management Access Portal					
	2	Check Medication Coverage Submit a trial claim to determine medication coverage and retrieve pricing.			Submit a Medication Claim Submit medication claims for billing from saved trial claim values.	
6	0	Search Medication Claims Search and view active submitted trial and paid medication claims and complete claim reversals.		P	Medication Claim Reversals View claims that have been submitted and allow claim reversals.	

SEARCHING FOR A PATIENT/PATIENT

Menu	Link
Wember Search	You are logged in as Duane Reede Pharmacy
Search for a Member	
Enter the required fields to select a member.	
SELECT A MEMBER	Recent Searches Saved Searches
Per neta requires annes oursentse molases.	
Member Last Name	Member First Name (optional)
Fowler	
Date of Birth (mm/dd/yyyy) ZIP Code	Member ID (optional)
	Back Search

medication of these medical treatments are payable on the pharmacy benefit and therefore should be submitted through the SMAP. (Please refer to details provided directly by OptumRx and/or by a health plan as to which plans are currently using this program.) The portal will require the user to enter at least the first 2 characters of the last name, full date of birth, and full zip code of the specific patient to perform the patient search. The portal will return only the specific patient which matches all those variables and will display the patient's eligibility.

This section is used to begin the process of searching for a patient to evaluate coverage. This portal is only intended for use with the provision of medication administered during the provision of a medical service. Additionally, there are only specific plans and therefore patients for which coverage of the





SELECTION OF THE MEDICATION AND PRESCRIBER

To begin the process of medication selection, the user will enter the medication, dosage, quantity, days supply, ingredient cost claimed, and the usual & customary information.

Medication Name or NDC – The user will be able to select the medication by medication name or by specific NDC. The brand or generic medication name can be searched.

Medication Strength – Once a medication is selected, then the user can select the medication strength from a drop-down list.

Medication Quantity – The quantity dispensed must reflect the exact metric decimal quantity, without rounding representative of the package, such as a vial or each (e.g. using 5 -10 ml vials entered as 5.) The portal displays help text which will calculate and display the total being submitted.

Medication Days' Supply – The days supply should accurately reflect the documented utilization and quantity dispensed as a therapeutic duration (e.g. mediation provided in a single dosage/treatment yet therapeutic duration entry is 28 days).

Ingredient Cost Claimed – this value would represent the Ingredient Cost amount that should apply to the product/claim. (Note: for plans with a lesser of logic this amount will drive decision on payment when the amount entered is less than the contracted rate.)

U&C – this value would represent the Usual and Customary amount that should apply to the claim, which is the amount that your facility would charge for this medication to a cash-paying consumer.

(Note: for plans with a lesser of logic this amount will drive	STEP 2 OF 3: MEDICATIO	N REQUEST INFO	ORMATIOI	N Recent Medications Saved Medication	ons
decision on payment when the amount entered is less than the contracted rate.)	Contracted Network Provider: Medication Name or NDC ACTEMRA (TOCILIZUMAB)	GOOD SAMARITAN	HOSPITAL Medication	NJ 200/10ML, 10 ML Vial(s)	7
	Quantity 1 Ingredient Cost Claimed (Submitted Charge/Billed Amount)	Days Supply	U&C- Usual (Submitted C	Based on quantity entered, 10 ML will be submitted. & Customary Consumer Cash Price)	

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You are logged in as Duane Reede Pharmac

SELECTION OF THE PRESCRIBER

To begin the process of selection of the prescriber, the user prescrib is entere name, p select th

e user can search by the prescriber NPI or by rescriber name. Once the NPI or prescriber name	Check Medication Coverage			
entered, a list of prescribers are displayed by	Select a member Select a medication 3 Select a prescriber			
ame, primary address, and NPI. The user will	Search by NPI Search by Prescriber Name			
lect the appropriate prescriber from the list.	Last Name First Name (optional)			
	Hartsfield			
	City (optional) State Select			
	Cancel Clear Search			
Link	2 Prescribers found. Click to add. Showing 2 of 2 prescribers			
Select a member Select a medication (3) Select a prescriber	Name Primary Address NPI			
Search by NPI Search by Prescriber Name	Hartsfield 7500 East Grant 9513574568			
Cancel Citar Sawch	Hartsfield 1408 Oak Dr Deborah A. Minneapolis, MN 55402 3578526541 >			

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Once the user selects the prescriber, then the trial claim will process. If the medication requires a prior authorization, the "Initiate PA" link will appear which will allow the user to start the electronic PA process (ePA). The ePA process is a four-part transaction (further explained in the next section).

- 1. The question sets will be displayed to the user.
- 2. The answered questions will be sent to the prior authorization system.
- 3. The questions will be reviewed by the prior authorization team.
- 4. The approval or denial will be sent back to the portal.

If the prior authorization is approved, then the user can re-execute the trial which should result in a paid trial claim. The user can then either save the trial details for real claim submittal later or they can submit the claim for payment.



Specialty Management **m** Access Portal

PROCESSING OF A PRIOR AUTHORIZATION (PA)

After the user selects the prescriber and a trial claim is processed, if the medication requires a prior authorization, the "Initiate PA" link will appear which will allow the user to start the electronic PA process (ePA). You may initially see a pop-up box indicating that the system is Verifying Information and Submitting the PA request form. It may also detail out if PA evaluation questions are being retrieved from the OptumRx Prior Authorization System (PAS).

The ePA process is a four-part transaction.

1. The questions will initially be displayed to the user after the user is alerted of the timeline in which the system allows for your office to complete the process of answering all questions (this is typically 3 days).



	Link
e user selects the prescriber and a trial	Win V Home Check Coverage - Select Member Select Medication Summary You are logged in as Duane Reede Pharmacy
processed, if the medication requires a	Medication Coverage Results Member: Stacy M. Fowler
thorization, the "Initiate PA" link will	Contracted Network Provider: Duane Reeds Pharmacy
which will allow the user to start the	PRICING FOR ACTEMRA Save Trial Details
ic PA process (ePA). You may initially	Date of Service: 04/01/2019 Quantity Entered: 2 Days Supply: 1
p-up box indicating that the system is	Prior authorization is required on this medication. Provider Patient Pay
g Information and Submitting the PA	Actemra Inj 200/10ML, 10ML Vial(s) A PA required Amount Due Amount Quantity Calculated: 20 ML \$125.50 \$70.00
form. It may also detail out if PA	MEDICATION COVERAGE SUMMARY
on questions are being retrieved from	Member Information
umRx Prior Authorization System (PAS).	Name Member ID Date of Birth Phone Gender Stacy M. Fowler 985652117 03/01/1961 651-221-0000 Female
process is a four-part transaction.	Address BinPCNUGroup 3700 Edmund Blvd., Minneapolis, MN 55406 011552/ILDR/p14964 Medication Information
The questions will initially be displayed	Medication Name Product ID Date of Service Actemra Inj 200/10ML 10ML Vial(s) 13811-0681-30 06/01/2019
to the user after the user is alerted of	Quantity Entered Quantity Calculated Days of Supply 2 20ML 1
the timeline in which the system allows	Contracted Network Provider Contracted Network Provider Address Duane Reede Pharmacy 5678 Checkers Blvd, Minneapolis, MN 55414
for your office to complete the process	Billing Information
of answering all questions (this is	Approved Claim Ingredient Cost Provider Amount Due \$225.51 \$125.00
typically 3 days).	Approved Professional Fee Patient Pay Amount \$2.00 \$70.00
The questions have been received. You have 71 59 55 Hours Minutes Seconds to complete the questions before this request expires.	Creck and/order indication for data intended Jeach for and/order intended Jeach for and/order intended Prices are estimates. Prices on the medication/bitted may vary depending on the days of supply, directions for are of the menufacturery prices at this time and at the formulary for more information. Medication that are listed as preferred alternatives may not be covered by the member's benefits plan. Please refer to the member's covered medications list (De 2017 Optum, Inc. All rights reserved Privacy Policy Terms of Use Contact Us heck Coverage: Select Member > Select Medication > Select Prescriber > Summary > ePA Questions You are logged in retrly that formulary lowering, thering exception, cost reduction and/or pre-benefit determination in advance of next calendar/plan year review will not be considered ***Please note: We do not accept formulary lowering, timing exception, cost reduction and/or pre-benefit determination in advance of next calendar/plan year determination review request using this method of submission. While OptumRy Priva Authorization department strives to review and respond to your request in a timely manner, and index pre-benefit determination in advance of next calendar/plan year determination review request using this method of submission. While OptumRy Priva Authorization department strives to review and respond to your request in timely manner, any indication, expressed or implied, or formulary lowering, toring there and or pre-benefit determination in advance of next calendar/plan year
The system will prompt the user to	in a sume your mammer, any mutation, expressed or implied, for formany tomering, tering exception, cost reduction and/or prevention determination in a source of next calendar/plan year review shall not be considered as valid. If you feel that not reviewing for formulary lowering, tering exception, cost reduction review and/or pre-benefit in advance of next calendar/plan year determination could serioday/jeopardize the life or health of your patient's seriew and/or pre-benefit in advance of next calendar/plan year determination could serioday/jeopardize the life or health of your patient's
acknowledge if there are any	ability to regain maximum function, please contact us at 1-800-711-4555, instead of using this method of submission.
expectations of the plan such as use	
of the system for formulary lowering	I do not acknowledge
which is prohibited by the plan. The	are request 0.72 bour(d) until request expires Save for later
system will also require the user to	
confirm if the prior authorization waiting p	period could jeopardize the
patient's health and well-being. After thes	se two preliminary
administrative questions the PA qualificati	ion questions will begin to
appear allowing you time to review and an	nswer each question.
Answering each question with true and acc	curate representations of Questions received.

This process may take up to 3 minute

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Specialty Management M Access Portal

patient care and charted notes is important. Additionally, you will have the opportunity to upload any relevant documents. Once all questions are complete. You may Save for Later at anytime allowing you the opportunity to come back and complete



the prior authorization at a later time.

- The answered questions will be sent to the prior authorization system at which time you will see a pop-up box which states "Your answers are being submitted."
- 3. The questions will be reviewed by the prior authorization system and if the system to determine if an immediate authorization is warranted or if the authorization request needs to be reviewed by the Prior Authorization team.

Your answers are being submitted. This process may take up to 1 minute.	ee
Return to PCMS homepage	

4. The approval or denial will be sent back to the portal, however you do not need to wait on this screen and may resume other tasks. The details of the Prior Authorization may always be reviewed at a future time.

If the prior authorization is approved, then the user can re-execute the trial which should result in a paid trial claim.

The user can then either save the trial details for real claim submittal later or they can submit the claim for payment.

Figure is a demonstration of a claim that is considered "payable" which means that patient eligibility, drug coverage, and PA (prior authorization) have been established and provides the details regarding the payment details which would be provided if/when the claim is converted to a billed claim (i.e. after the "Submit Claim" button is used to submit the claim for payment). This detail is for the point in time when the trial claim was submitted and subject to change, therefore a trial claim would need to be submitted to confirm detail on same date of service



Specialty Management Access Portal

		LIIK			
~	Home Check Coverage - Select Mem	ber Select Medication	Summary	You are logg	ed in as Duane Reede Pha
M Men	ledication Coverage Re mber: Stacy M. Fowler htracted Network Provider: Duane Reede Pharn	esults _{nacy}			
	PRICING FOR ACTEMRA		Dat	e of Last Trial: 06/02/2019	Re-execute Trial
	Date of Service: 06/01/2019 Quantity Ente	red: 2 Days Supply: 1	Change		
	✓ The claim is payable.				
	Actemra Inj 200/10ML, 10ML Vial(s) Quantity Calculated: 20 ML	Provide Amoun \$12	r t Due 5.50	Patient Pay Amount \$70.00	Submit Claim
	MEDICATION COVERAGE SUMM	ARY			
	Member Information				
	Name Member Stacy M. Fowler 985652 Address	ID Date (117 03/01 Bin/PC	of Birth I /1961 CN/Group	Phone 651-221-0000	Gender Female
	Medication Information	N 55406 0115	52/ILDK/p14964	4	
	Medication Name Actemra Inj 200/10ML,10ML Vial(s) Quantity Entered Quantity 2 20ML	Produ 1381 Calculated Days o 1	ct ID 1-0681-30 of Supply	Date of Se 06/01/201	rvice 9
	Contracted Network Provider Duane Reede Pharmacy	Contra 5678	acted Network P Checkers Blvd,	rovider Address Minneapolis, MN	55414
	Billing Information				
	Approved Claim Ingredient Cost \$225.51	Provid \$125.	ler Amount Due .00		
	Approved Professional Fee \$2.00	Patier \$70 .0	nt Pay Amount I 0		
		Check another medicat	tion for this me	ember Search	for another member
Price: time (form	es are estimates. Prices on the medication(s) listed may e of the transaction. Please note: Not all manufacturers mulary) for more information.	vary depending on the days of su for specified medications may be	pply, directions for priced with this too	use or the manufacturer. ol. Please refer to the me	s' prices at this time and at the mber's covered medications list
Medi form	lications that are listed as preferred alternatives may n mulary) to determine coverage.	ot be covered by the member's be	nefits plan. Please r	refer to the member's co	vered medications list
			_	_	

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Search Medication Claims

👽 Specialty Management Access Portal					
F	Check Medication Coverage Submit a trial claim to determine medication coverage and retrieve pricing.	Ţ	Submit a Medication Claim Submit medication claims for billing from saved trial claim values.		
Q	Search Medication Claims Search and view active submitted trial and paid medication claims and complete claim reversals.	P	Medication Claim Reversals View claims that have been submitted and allow claim reversals.		

The Search Medication Claims tab is where the user can search for claims by patient name. The user will find the patient by entering the at least the first 2 characters of the patients' last name, full date of birth, and full zip code. The patient will then be selected from the list provided in the search.

Search for a Member Enter the required fields to select a member.						
SEARCH BY:	Recent Searches Saved Searches					
Member Last Name	Member First Name (optional)	r a Member I fields to select a member.				
Date of Birth (mm/dd/yyyy) ZIP Code	Member ID (optional)	d: [LN: TEST1412 / D	OB: 01/05/1982 / Z	(IP: 92614]		Edit
	Back Search	found	Show:	• Active (7)	O Inactive (0)	O All (7)
	Name 🔺	Address	Member ID	Group ID	Eligibility	Save
	Test1412 Auto	2300 MAIN STREET	AUT2939216	071019700450045	5 Active	☆ >

Once the patient is selected, the page will display all the patient's demographics, insurance information, claim status for every claim that has been submitted for that patient, prior authorization history for that patient, and any prior authorizations that are in progress for that patient.

Date of Birth 01/05/1982	Gender Male	Phone Number	Address 2300 Main Street Irvine, CA 92614	
INSURANCE I	INFORMA	TION		€ Refresh eligibility status
Policy Status		Dates Eligible 01/01/2010 - Current		Last Updated 08/16/2019 @00:39 a.m.
Member ID AUT2939216		Group ID 071019700450045	Relationship Cardholder	Person Code 001



The user will be able to do the following on this page:

 Submit a paid claim from any saved trial claims; if the trial claim was not exectuted recnently re-executing the trial claim may be required. If a shows "Trial" or if you are in the PA History and have an "Approved" claim then you may re-execute the trial. (See also – Submit a Medication Claim section.)

-IaIIII Status	have been submitted for this nationt			View all claims
clow are the claims that	have been sublimited for this patient			
Date range: Last 30	days 🗸 Status: All St	atuses 🗸		Search
Medication	Prescriber	Date	User	Status
Actemra Inj 200/10ML	Hartsfield, MD Brady	06/10/2019	Peterson Paul	Trial
Entyvio Inj 200/10ML	Melfi, MD Jennifer	06/10/2019	McCray Paulina	Reversed
Ocrevus Inj 400/20ML	Hartsfield, MD Brady	06/09/2019	Smythe George	Paid

- 2. Reverse a claim from any paid claim. This should only be done if the claim was submitted in error and once completed cannot be undone. There are reminders that will display that this is a step that cannot be reversed.
- Review any prior authorizations that have been submitted for this patient; and re-execute traial claims when needed, or process the claim for payment.
- Resume the process or resubmit any prior authorizations for this patient for those in process. The amount of remaining time will display for this action.

Prie	or Authorization History		Prior Au	thorizations in Prog	rress
Prior Authoriz Below are the prior at	ation History uthorization requests that have	been submitted for this	patient.		
VIEW Last 30 da	ays 🗸				
Drug name	Prescriber	Case ID	Start Date	End Date	Status
Actemra Inj 200/10ML	Hartsfield, MD Brady	PA-00611242	05/26/2019	11/26/2019	Approved
Entyvio Inj 200/10ML	Hartsfield, MD Brady	PA-00745874	04/14/2019	09/14/2019	Denied
Orencia Inj 200/10ML	Melfi, MD Jennifer	PA-27542115	4/14/2019		Pending
Pric	or Authorizations History		Prior A	Authorizations in Pr	ogress
Prior Authoriz Select a saved prior a	ations in Progress	vork, or resubmit an exp	ired prior authorizati	on request.	

Drug Name	Prescriber	Case ID	Time Remaining	
Entyvio Inj 200/10ML	Hartsfield, MD Brady	PA-00456703	17 hrs 09 mins	Resume
Inflectra Inj 80MG/4ML	Hartsfield, MD Brady	PA-00394399	Expired	Resubmit



Submit a Medication Claim

	🗑 Specialty Manag	ement Access Portal
F	Check Medication Coverage Submit a trial claim to determine medication coverage and retrieve pricing.	Submit a Medication Claim Submit medication claims for billing from saved trial claim values.
Q	Search Medication Claims Search and view active submitted trial and paid medication claims and complete claim reversals.	Medication Claim Reversals View claims that have been submitted and allow claim reversals.

This section will be utilized if a user created a saved trial claim previously. This allows the user to submit the real claim for payment without having to check the medication coverage again. Users will be able to see all the saved trial claims for every patient that have been submitted for that facility in this section.

The user will be able to do the following on this page:

- 1. Select a particular saved trial claim so it can be submitted for payment
- 2. Bookmark a saved trial claim to use for a separate claim submission in the future
- 3. Change the saved trial details if needed
- 4. Delete the saved trial claim

Saved Trial Claims				Bookmarked Claims	
Date Range: Last 30 days			Search		
Member Medication	Prescriber	Date	User		
Test1726ACTEMRA INJ 80MG/4ML,Auto4 ML Vial(s)	Black Alexander	09/10/2019	Mudiraj Naveen	Actions	×
Test580ENTYVIO INJ 300MG, 1 EAAutoVial(s)	Tester Emily	09/09/2019	Govardhan P		kmark
Test1412ACTEMRA INJ 80MG/4ML,Auto4 ML Vial(s)	<mark>Bidabadi</mark> Bobak	09/06/2019	Tiffiny L	i Dele	ige

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Specialty Management Access Portal

Once a user selects a record from this page, it will lead the user to the previously processed trial claim. The user will then verify date of service, quantity and days supply fields on this page.

PRIC	CING FOR A K Submit	ig: You must re-execute ting a claim.	the trial before	Date of Last 1 06/01/2	irial: 2019	Re-execute Trial	
Date	of Service: 06/01/2019 Qua	ntity Entered: 2 Days Si	upply: 1 Change				
~	The claim is payable.						
Acte Quan	emra Inj 200/10ML, 10MI tity Calculated: 20 ML	- Vial(s)	Provider Amount Due \$125.50	Patient Pa Amount	, 00	Submit Claim	
MEI	DICATION COVERAGE	SUMMARY					
Mer	nber Information						
	^{Vame} Stacy M. Fowler ^{Address} 3700 Edmund Blvd., Minnea	Member ID 985652117 polis, MN 55406	Date of Birth 03/01/1961 Bin/PCN/Group 011552/ILDR/p14	Phone 651-22 1964	1-0000	Gender Female	
Med	lication Information						
,	Vedication Name Actemra Inj 200/10ML,10ML	.Vial(s)	Product ID 13811-0681-30		Date of Ser 06/01/2019	vice 9	
1	Quantity Entered	Quantity Calculated 20ML	Days of Supply 1				
l	Contracted Network Provider Duane Reede Pharmacy		Contracted Networ 5678 Checkers Bl	k Provider Ac	idress polis, MN 5	5414	
Billi	ng Information						
	Approved Claim Ingredient Cos \$225.51		Provider Amount D \$125.00	lue			
1	Approved Professional Fee 52.00		Patient Pay Amoun \$70.00	ıt			
		Check anoth	er medication for this	member	Search	for another member	
	alantan Balan ayaka madaataa (listed may use depending on	the days of runnin directions	for use or the n	1anufacturers'	prices at this time and at the	

Before submitting a claim for payment, the user will be required to re-execute the trial to make sure the patient's coverage hasn't changed. If the user tries to submit the claim before re-executing the trial, an error message will display instructing the user to re-execute the trial first.

Once the Submit Claim button has been clicked, the user will be asked to verify the date of service and then they can continue with the claim submission.



Verification that the claim has been submitted will then display.



The user can then either be finished with the claim submission or they can reverse the claim if they have made a mistake.



Medication Claim Reversals

	ӯ Specialty Manag	jement Access Portal
E	Check Medication Coverage Submit a trial claim to determine medication coverage and retrieve pricing.	Submit a Medication Claim Submit medication claims for billing from saved trial claim values.
Q	Search Medication Claims Search and view active submitted trial and paid medication claims and complete claim reversals.	Medication Claim Reversals View claims that have been submitted and allow claim reversals.

This section allows the user to reverse a previously paid claim. They can select a paid claim from a list of all the paid claims that have been submitted for that infusion facility. They can search the paid claims by date range or by any keyword.

Once the user selects a record to reverse, they will be routed to the Paid Claim Results page.

Medication Claim Reversals

Click on a claim below to view its details. Narrow your results by using the filter or search options. Paid claims can be reversed up to 180 days from the date that it was submitted.

All	Paid Claims	5				
C	Date Range: Last	30 days		Search		
	Member	Medication	Prescriber	Date	User	
	Test1412 Auto	ORENCIA INJ 250MG, 1 EA Vial(s)	Bidabadi Bobak	09/09/2019	Tiffiny L	
	Test580 Auto	ACTEMRA INJ 200/10ML, 10 ML Vial(s)	Bidabadi Bobak	08/30/2019	Hari Anoosh	

 \checkmark

Ok



The user can then click the Reverse Claim button to reverse the claim. They will be asked to confirm the reversal because the action is final. If a user reverses a claim in error, they will need to submit a new trial claim and once payable submit the claim again for payment. Once the reversal is complete, the system will display a message.

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CONTACT INFORMATION

Optum ID and Specialty Management Access Portal questions should be directed to:

1-877-237-5299

Optum ID Specialty Medical Providers network questions should be directed to:

1-855-349-1375

Optum Pharma	acy Help Desk	Optum Support Help Desk	Link Support Help Desk
For questions related authorizations and pl submission through t Management Access OptumRx Pharmacy F	to prior harmacy claim he Specialty Portal contact the Help Desk.	For Optum ID questions, please contact the Optum Support Help Desk.	For questions related to Link, pleas contact the Link Support Help Desk
& 1-800-797-9791		€ 855-819-5909 ⊠ OptumSupport@optum.com	 € 855-349-1375 ➢ LinkSupport@optum.com
Link and Optu	m Pharmacy Help D	esk Information	
Monday - Friday Saturday Sunday	6:00 a.m 10:00 p.m. 6:00 a.m 6:00 p.m. 9:00 a.m 6:00 p.m.	New Year's Day Martin Luther King, Jr. Day Memorial Day	 Thanksgiving Day Day after Thanksgiving Christmas Day

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