Optum

Quick Reference Guide

Mass General Brigham Health Plan – how to get help

Here is a reference guide with information and resources for working with Optum.

Optum Behavioral Health Resources

Customer Service

Optum Behavioral Health has call centers and teams dedicated to supporting members and providers serve. For the best experience to resolve an inquiry related to one of your patients, **please call the Customer Service number on the back of the member's insurance card** for inquiries related to:

- Claims
- Patient eligibility
- Benefit information
- Authorizations
- Administrative services only (ASO) funding information

Provider Express Secure Portal

Providerexpress.com > Log In at top of page (requires One Healthcare ID)

The Provider Express secure portal is a **self-service tool – available 24/7** – to help you complete administrative tasks when it's most convenient for you. Through the portal, you can:

- Check member eligibility and authorization requirements
- Update practice and provider demographic information
- Register for Optum Pay, including Electronic Funds Transfer (EFT)
- Check claim status and make claim adjustment requests
- Submit reconsideration and appeal requests

Need help? Contact the **Provider Express Support Center** at **1-866-209-9320**.

Provider Network Questions

Contact the **Provider Service Line** at **1-877-614-0484** and request that a case be opened and assigned to the appropriate network resource to assist. This process will enable thorough tracking of your issue, allowing us to timestamp and retain a history of your request along with the documented resolution.

Provider Claims Questions

You can contact a **claims representative** directly via the Provider Express **Live Chat** feature by logging in and selecting Claim Inquiry.

Optum Behavioral Health Issue Resolution

Claim and Appeal Inquiries

- You may contact a **claims representative** via the Provider Express **Live Chat** feature by logging in and selecting Claim Inquiry (or select “My Submitted Claims”, if the claim was submitted online)
- Locate the claim on Provider Express and on the upper right on either "Detail" page (above the member's ID number), click the link "Have questions about claim status?"
- You can also contact the **Provider Service Team** by calling the number on the back of the member's ID card or on the Explanation of Payment (EOP) / Provider Remittance Advice (PRA)

Authorization and Benefit and Eligibility Inquiries

- On Provider Express select **Log in** at the top of page and sign in using your One Healthcare ID
- Choose “Eligibility and Benefits Inquiry” or “Auth Inquiry”
- You can also contact the **Provider Service Team** by calling the number on the back of the member’s ID card

Network Status Inquiries

- On Provider Express select **Log in** at the top of page and sign in using your One Healthcare ID
- Hover over “My Practice Info” > “My Network Status” > click on “Check Initial Credentialing Status”
- If you need further assistance, please use the **Live Chat** feature available on Provider Express or call the **Provider Express Help Desk 1-866-209-9320**