

Provider Alert

Optum Member Retro Eligibility Process for Claims/Authorizations

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Situation 1 – Member gains eligibility post-service discharge: For members who gain their Medicaid eligibility retroactively, Optum will pay the claims without an authorization on file and providers do not need to obtain a retro authorization.

Example 1: Member is admitted to facility on 10/01/2021 and discharged on 10/30/2021. The member retroactively gains Medicaid eligibility effective 09/01/2021 and the provider does not receive notice until 12/01/2021.

- In this scenario, the provider does not need to request a retro authorization or submit medical records for review. Optum will pay the claims with no authorization on file.

Situation 2 – Member gains eligibility while in treatment: For members who gain Medicaid eligibility while in treatment, the provider should call Optum immediately to obtain an authorization retroactively, which will be back dated to the member’s date of admission.

- **Example 2:** Member is admitted to facility on 10/01/2021 and on 10/05/2021 the member gains Medicaid eligibility. Since the member is still in treatment, the provider should immediately call Optum to request an authorization retroactively, which will be back dated to the first date of admission.

Situation 3 – Failure to obtain authorization: In situations where the member is Medicaid eligible upon admission, and the provider does not obtain the required authorization, the following steps should be taken to request a retrospective review:

- Submit a claim
- Receive the claim denial
- Follow the Optum appeal process by calling 866-556-8166.

For additional questions, please contact your Provider Relations Advocate (PRA).