



In-office assessment
program reimbursement
guidelines

Direct deposit enrollment



Direct deposit enrollment

Enrollment in direct deposit is required for all providers and groups that participate in the Optum in-office assessment program. Enrollment in direct deposit must be completed through Optum Pay.

Getting set up for the in-office assessment program and enrolling for direct deposit are two unique and separate processes. To start the in-office assessment program and enroll in direct deposit, *you must do both of the following*:

1. Complete and submit the *Account Setup Form* and the W-9 (as outlined to the left).
2. Complete the direct deposit enrollment as outlined below.

To enroll in direct deposit, please visit:

<https://myservices.optumhealthpaymentservices.com/beginEnrollment.do>.

You may also contact Optum Pay's Provider Support Center at 1-800-840-9963. The Optum Pay Provider Support Center is available for assistance from 7 a.m. to 6 p.m. CST, Monday through Friday.

Please note: The Tax Identification Number (TIN) and W-9 provided to Optum Pay for direct deposit enrollment *must match* the *Pay To TIN* that is on the *Account Setup Form* and W-9 submitted to Optum.

Frequently asked questions about direct deposit

Question: Will the assessment reimbursements appear separately in the provider's bank account?

Answer: Yes, the assessment reimbursements will appear as Optum in-office assessment program in the provider's bank account.

Example: If Optum processes 100 assessments for a group at a reimbursement rate of \$75 per assessment, the group will see a deposit in their bank account from the Optum in-office assessment program in the amount of \$7,500. If a claims reimbursement was also processed on the same day, the claims payment will appear separately in the bank account; that is, there will be two separate deposits and separate Electronic Payment Remittance Advice (EPRA) for the assessment reimbursement(s) and the claims reimbursement(s).



Question: Will the assessment reimbursements appear on a separate remittance?

Answer: Yes, the assessment reimbursements will appear on a separate remittance. Optum in-office assessment program will be listed as the Payer. The provider will have the ability to search for, and isolate, assessment reimbursements separate from other direct deposit reimbursements being managed by Optum Pay.

Using the example from the previous question, that provider will also have an EPRA that clearly itemizes each of the 100 assessments for which reimbursement was issued. The assessment EPRA will include the member names, member IDs, health plan names, provider names, group names and other information to assist providers in reconciling their assessment program reimbursements.

Question: Can assessment reimbursements be received in a different bank account than the one used for claims reimbursements?

Answer: Yes. Providers can elect to use different bank accounts for their assessment reimbursements and their claims reimbursements.

Question: Can an assessment-specific bank account be designated without providing a separate TIN?

Answer: Optum Pay does have the capability to setup separate bank accounts for a TIN at the payer level. As such, a provider could have a separate bank account for assessment program reimbursement that differs from other payers.

For more information about designating a separate bank account for assessment reimbursement, please contact the Optum Pay Provider Support Center at 1-800-840-9963.

Question: Who should providers contact with questions about direct deposit?

Answer: All questions about direct deposit (before, during or after enrollment) should be directed to the Optum Pay Provider Support Center at 1-800-840-9963. All questions pertaining specifically to the Optum in-office assessment program should continue to be directed to your Optum representative or the Optum Provider Support Center at 1-877-751-9207.



Who is Optum?

At Optum, we're dedicated to helping make the health system work better for everyone. As a health services and innovation company, we combine data and analytics with technology and expertise to power modern health care. In collaboration with other health care organizations, we're driving real change for a healthier future. We see that future as one that delivers improved health outcomes, better health care experiences and reduced costs for all.

Four unique factors give us the distinct ability to modernize the system infrastructure, advance care and empower consumers:

- People — We are a global team of with expertise matched only by the commitment and compassion that drive our work every day.
- Technology — Our deep and powerful solutions are purpose-built to meet the rapidly changing demands of health care.
- Data — The depth and quality of our data resources and analytics support smarter decisions and innovation across the system.
- Action — We have the broad scale, flexibility and courage to take decisive action and deliver the solutions our clients and consumers need, where and when they need them.

Serving the whole system

- Collaborating with 4 out of 5 health plans to ensure positive changes take root in the broader health system and benefit the greatest number of people possible
- Supporting 50+ life sciences companies as they research and develop new treatments
- Helping 9 out of 10 Fortune 100 employers meet their employees' health and wellness needs
- Serving care providers and health systems — including 9 out of every 10 U.S. hospitals — to support their focus on quality care, better patient experiences, operational efficiency and cost savings
- Servicing 35 states and helping more than 100 federal, state and municipal agencies
- Helping more than 125 million people find the right care at the best value, understand their options and take charge of their health and wellness



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