Specialty Management Access Portal (SMAP) Tutorial
SMAP Portal Video Script

Script: Logging into SMAP with LINK

The following training is for the Specialty Management Access Portal by OptumRx. You can follow along on the user guide, located on the OptumRx Health Professionals login portal.

OptumRx is providing this training for contracted providers which use the Specialty Medication Access Portal, or SMAP for short, for the submission of claims for medications which are administered within a medical treatment in compliance with a contract agreement that your office has with OptumRx.

The portal is not intended for the submission of associated medical supplies or services with the medical treatment. And it's for the submission of the medication claim only utilized during the treatment.

The Specialty Management Access Portal is contained within the Link portal, which is a self-service website with a number of portals for use by healthcare professionals. The portal includes a number of accessible tools for healthcare professionals and their office staff. However, the purpose of the portal is for the submission of medications only that are administered by a specialty provider in compliance with an OptumRx agreement.

If you are not already a user of Link or were not already provided with an Optum ID, please use the register link located on the lower right-hand corner of this page. Once your Optum ID and password are created, you will then return to this site to enter the portal.

Once you sign in using the Optum ID sign-in, you will use the Optum ID provided to you and your password to enter the Link marketplace.

Script: Entering the SMAP Portal

During the first use of Link Marketplace, you will be required to download a link or tile that is associated with the Specialty Management Access Portal. To find the tile, click on Link Marketplace and enter your search criteria of Specialty Management. You will see the tile and a description of the tile will be provided.

If you haven't previously registered, you will click the register now button in the upper right-hand corner of the screen displayed. Once you have registered for access to the Specialty Management Access Portal, you will be able to enter the portal and utilize the features contained within. Your Optum ID may have already been linked to the SMAP system and this step will not be required.

Once registration is complete, you'll see the SMAP icon and then enter the SMAP access portal directly. Once inside, you will find a number of items on the SMAP main page.

Script: Check Medication Coverage

So, once you have entered the Specialty Management Access Portal, the SMAP main page will display with the four main components that will be available for the user.

These include: check medication coverage, search medication claims, submit a medication claim, and medication claim reversals.

Check medication coverage is an application which allows the user to submit a trial claim to evaluate coverage of both the patient and the medication. It will provide details on any required prior authorization. And upon successful completion of a trial claim, will demonstrate the financial responses reflective of a future paid claim, including patient cost share and provider payments.

Let's start with the check medication coverage tab.

By selecting check medication coverage, you can begin the process of searching for a patient to evaluate coverage. Entering the patient's last name and date of birth, and their zip code, will allow the system to search for a patient that has coverage under this program. Clicking search will display the patient that meets these criteria. You may select the patient by using the blue arrow or selecting on the line with the patient's information. All information displayed in this training is for demonstration purposes only and does not reflect any actual eligible patients or their protected health information.

Once you've selected the patient, you can start by entering the medication, NDC, or name to check eligibility or coverage of the drug. Entering the NDC or name will look for that product and provide the medication strength information and vial size.

You may then enter the quantity for the amount of product which you will be using during the patient's infusion.

The day supply is based on the patient's therapeutic dose, meaning that, although you are infusing a product today or on a future date of service, the day supply is the length of time before the patient's next infusion would be occurring.

The system also provides, based on the quantity, how many vials, or milliliters, or other information regarding the total product quantity that will be seen in the system. This may help you determine whether the quantity submitted is accurate or needs to be adjusted.

The ingredient cost claimed and usual and customary costs, are costs that are utilized during the claims adjudication process and will be compared to your contracted rate.

Determining what to provide for both ingredient cost claimed is a decision of the facility personnel.

If you need help on how to determine what your ingredient cost claimed or usual and customary value should be, refer to the provider manual, in the healthcare professional section, or contact the contracting department at OptumRx.

Once you've entered all of these values, you can hit the continue button to determine coverage for the medication. The system will now prompt you to select a prescriber.

To begin the process for the selection of the prescriber, you can enter a search criteria of either the prescriber's NPI or the prescriber's name. Once the NPI or the prescriber's name is entered, the list of prescribers will be displayed. The user will then select the appropriate prescriber from the list.

After the user selects the prescriber, and the trial claim has processed, if the medication requires a prior authorization, the initiate PA link will appear, allowing the user to start the electronic PA process, or 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 a PA evaluation questions are being retrieved from the OptumRx prior authorization system, or PAS.

The EPA process is a four-part transaction. The question will initially be displayed to the user, after the user is alerted of the timeline in which the system allows your office to complete the process of answering all questions. This is typically about three days.

Once this shows, you can select view PA question.

 The system will prompt the user to acknowledge if there are any expectations of the plan, such as the use of the system for formulary lowering, which is prohibited.

The system will also require the user to confirm if the prior authorization waiting period could jeopardize the patient's health, or well-being. After these two preliminary questions have been answered, the PA qualification questions will begin to appear, allowing you time to review and answer each question.

Answering each question with true and accurate representations of the patients care and charted notes is important.

Additionally, you will have the opportunity to upload any relevant documents once the questions are complete.

Save for later at any time, allowing you the opportunity to come back and complete the prior authorization at another time.

Notice the save for later button in the lower right hand corner of the screen as you progress through the question.

The answer questions will then be sent to the prior authorization system, at which time you will see a pop up box that says your answers had been submitted.

This process happens after you've hit the submit button in the lower right hand corner of the screen.

The questions will then be reviewed by the prior authorization system, and if the system can determine if an immediate authorization is warranted, it will provide a response immediately.

Otherwise the authorization requests will need to be reviewed by the prior authorization team, and the request will be pending during which the prior authorization team will be reviewing the answers to all questions, and submit a documentation.

The approval or denial will be sent back to the portal. However, you do not need to wait for any additional screens while this is occurring. You may close this screen, and return to this map homepage and continue to work on other items.

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 claim, and that should result in a paid claim. The user can also either save the trial details for the claim submitted so that they can review the claim, and submit it for payment at a later date.

You will see "save trial details" as a button in the upper right-hand part of the screen.

This will allow you to save this detail so that you can submit this claim at a future time for payment. You can click okay after you have completed a saved trial claim.

You will notice on the upper right-hand corner that the date of the last trial claim will be displayed. If at a future date, you wish to submit this claim for payment, you will have to re-execute the trial claim so that the date displayed is the same as the date you wish to submit the trial claim.

Once a trial claim has been submitted and demonstrates a payable result, you may submit the claim for payment. If the patient was having their infusion service and you intended to now submit this claim for payment, there is a submit claim button on the page. Submitting the claim will allow you to actually submit the claim for payment. It will prompt you to confirm that the date of service is correct. This would indicate that today is the date in which the infusion took place. Submitting "yes" will allow you to submit the claim for payment. "No" would take you back. Pressing "yes" now submits the claim for payment. The system will submit the claim for payment and "the claim has been submitted" will appear. You can hit "okay" to go back to the system.

Notice the green bar has now changed to say the claim has been submitted.

On this page it provides a summary of the member information, summary of medication information, and also a summary of the billing information including the improved claim cost which will be the amount that will be paid to the provider and the amount the patient will need to pay for the services or the drug that was provided.

 And now you can reverse the claim if this was an error.

If you choose reverse claim, another pop-up box will be provided asking you to confirm that you do want this to be reversed, explaining that this cannot be undone.

If you choose to proceed at this point, the claim would be reversed and you would have to re-submit if you wish to have a claim paid in the future. Selecting "cancel" will bring you back to the system.

Script: Search Medication Claims

Search medication claims allows the user to search for specific claims that have been previously submitted for a patient. The patient demographics, insurance information, claim history, and prior authorization history can be found in this section. Submitting a paid or reverse claim can also be done from this section once the patient's claim history has been listed.

Script: Submit a Medication

The **submit a medication claim** application allows the user to submit a real claim for billing of a previously submitted trial claim. The user can bookmark frequently used trial claims, change the trial claim detail or delete the trial claim altogether. Once the user selects a trial claim from the list, a real claim can then be submitted for payment. This section allows you to save frequently used trial claims within your infusion facility for submission of a claim at a later date.

Script: Medication Claim Reversal

The **medication claim reversals** application allows the user to submit a claim reversal for a previously submitted real claim. A previously paid claim can be reversed for up to 180 days from the originally submitted claim date. This section will list all previously submitted paid claims for the infusion facility that are eligible for reversal.

The main page also displays tabs with past submitted claims, submitted prior authorizations, and prior authorizations in progress. The submitted claims tab will display all previously paid and reverse claims that have been submitted by the infusion facility. However, it will not display any trial claims.

It will allow the user to search for all claims based on date range, claim status, and other keywords.

The submitted prior authorizations tab will display all of the electronically submitted prior authorizations that have been previously submitted by the infusion facility. It will display the patient name, drug name, and prior authorization case ID, and also include the date it was created and status of the prior authorization.

The prior authorizations in progress tab will display the electronic prior authorizations that have been saved by the infusion facility, however, not completed. So they can be continued at a later time. It will also display patient name, drug name, and case ID, and the time remaining before the electronic prior authorization will expire.

Closing:

This has been a quick overview of the Specialty Medication Access Portal, or SMAP for short that is utilized for the submission of claims for medications which have been administered through a medical treatment in compliance with a contract agreement with OptumRx.

If you have questions regarding this training or questions regarding use of the Specialty Management Access Portal, you can contact the following individuals.

You may contact, for Optum ID and Specialty Management Access Portal questions, you may contact our team at the number displayed below. You may also contact the OptumRx specialty contracting and credentialing team at the number displayed below.

Thank you for your time.