

# Optum Pharmacy Provider Relations Intake Form Instructions

## \*\*\*IMPORTANT INFORMATION FOR ALL PROVIDERS SUBMITTING INQUIRIES\*\*\*

We maintain a **minimum necessary rule for PHI (member information)**; only supply the member information as directed on the sub-form instructions

Intake Form – Tab/Sub-form Name	Overview of Tab/Page	Global Instructions
<p><b>Tab 1 = Welcome Page</b></p>	<p>This page provides important information and directions to all external partners, including contact information to other teams based on your needs and links to our sub-forms as listed below.</p> <p><b>NOTE: IMPORTANT</b></p>	<ul style="list-style-type: none"> <li>➤ Previous versions of the intake form will not be accepted</li> <li>➤ Start at the first blank line to enter your data</li> <li>➤ <b>You must list all email contacts for the inquiry in the email column for everyone to receive a reply; you will NOT receive a reply to the email you sent. All replies will be grouped and generated from the intake form loads</b></li> <li>➤ One issue per line item, including notes (the fields will wrap your text). <b>All questions and/or additional information should be added to the intake form in the field provided; we are no longer reviewing information in the body of emails</b></li> <li>➤ <b>Urgent inquiries</b> - If your inquiry does NOT meet the criteria for URGENT, your issue will be down-graded based on our processes to non-Urgent               <ul style="list-style-type: none"> <li>○ <b>Urgent</b> - worked within 48 hours – 2 business days</li> <li>○ <b>Non-urgent</b> - worked within 5-7 business days.</li> </ul> </li> </ul>
<p><b>Tab 2 = Claim Review Inquiry</b></p>	<p>This is for pharmacies/chains/PSAOs only</p>	<ul style="list-style-type: none"> <li>➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above.</li> </ul>
<p><b>Tab 3 = Payment Related-Remit or Check</b></p>	<p>This is for pharmacies/chains/PSAOs only</p>	<ul style="list-style-type: none"> <li>➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above.</li> </ul>
<p><b>Tab 4 = I'm a Physician Medical Provider</b></p>	<p><b>This is for Physician/Medical Providers only</b></p> <p>NOTE: We partner with another internal teams to assist our medical providers on payments</p>	<p><b>We are limited as to the assistance we can provide. You must review the WELCOME PAGE section for physician/medical providers prior to submitting your intake form.</b></p> <ul style="list-style-type: none"> <li>➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above.</li> </ul>
<p><b>Tab 5 = Something Else</b></p>	<p>This is for pharmacies/chains/PSAOs only</p>	<ul style="list-style-type: none"> <li>➤ <b>If your inquiry cannot be added to the Claim Review Inquiry or Payment Related sub-forms, you will use this form to submit your inquiry.</b></li> <li>➤ There are specific directions and instructions within the drop downs and column headers.</li> </ul>