



Optum Spine, Pain, and Joint Portal

Instructions for use:

Welcome to the Optum web portal Frequently Asked Questions guide, designed to assist both providers and clients in navigating the portal efficiently. The portal is the preferred authorization submission method for Optum. This document addresses frequently asked questions to help you resolve common issues and optimize your experience with the portal. Whether you are submitting prior authorization requests or checking the status of existing ones, this guide aims to make your interaction with Optum seamless and straightforward.

Frequently Asked Questions:

What is changing?

- Effective May 1, 2026, **EmblemHealth** OrthoNet providers will transition from the OrthoNet Provider Portal to the Optum Provider Portal to submit new authorization requests. Providers will continue to use their One Healthcare ID (OHID) credentials to log in.
 - The OrthoNet Provider Portal will continue to be available to check the status of previously submitted cases.
 - There will be a link available on the OrthoNet Provider Portal prior to logging in for re-direction to the Optum Provider Portal.
 - Post login, on the OrthoNet Provider Portal, there will no longer be an option to submit for EmblemHealth. There will be instructions and a link for redirection to the Optum Provider Portal.

Why am I required to create a One Healthcare ID?

- To enhance account security, email-based multi-factor authentication (MFA) is being replaced with more secure methods such as phone, authenticator apps, or passkeys. Please ensure your OHID is set up with at least one of these methods by May 1, 2026.

What if I do not receive my One Healthcare ID (OHID) access code through text or call?

- Ensure your phone carrier is not blocking the following OHID numbers: +1-866-930-8101, +1-877-447-5899, or +1-318-935-0777. If the issue persists, contact OHID Support at 855-819-5909.

What email address should I use?

- Existing OrthoNet Portal users will have a profile that is pre-populated after the OHID is created. Please make sure to use the same email address previously used on the OrthoNet portal when creating your OHID.

What if I have a shared account?

- All users are required to have a unique login to the portal. It is not recommended to set up a shared account due to the Multi-Factor Authentication process.

Is there a limit to the number of accounts our office/practice can have?

- No. Your practice/group/personnel can have multiple accounts. However, each web portal account needs a unique/different email address.

How often do I need to update my password?

- One Healthcare ID requires users to update their password every 180 days. Please create a new password when you receive an error message or password renewal notification.
- Your password needs to be 8 to 24 characters long and must contain three of the following four options: Uppercase letters, Lowercase letters, Numeric and Special characters.

How do I connect a provider to my account?

- To connect a provider to your account, log in to the Optum Provider Portal, navigate to the 'Manage Providers' section, and follow the prompts to add a provider using their NPI or Provider ID. If you encounter issues, contact Optum Provider Services for assistance using the "contact us" link in the global footer on the portal site.

The portal is asking for Provider ID and Password. How do I find this information?

- If you do not have a Provider ID and password, please email ecu_mailbox@optum.com; or contact the appropriate Optum call center number for Emblem Providers: 844-730-8503

What if my provider is not listed in the Optum web portal?

- If this occurs, contact the Optum Call Center for the appropriate help desk. You may also need to contact the Health Plan directly to have them update the information in their system and send any missing information on the next provider file they send to Optum.

I have submitted a prior authorization request, and the authorization is still in "received" status. Who should I call?

- If you submitted a prior authorization request and the status indicates it is "received", allow the appropriate time for processing. The status "received" indicates that the authorization is still in review. If you need further information or would like to speak with someone, please contact Optum Provider Services.

Will I see the status of my prior authorization request change at any given point once it has been submitted?

- Yes. The initial status you will see after submitting your request is "Received". This simply means that it is currently undergoing review by our clinical department; please allow time for processing. The status on the portal will update in real time to reflect the following statuses: "Received, Approved, Denied, Submission not required, Partially Approved, In Review, Send back"

How do I receive my determination letters?

- Provider letters will be accessible via the Optum Provider Portal; physical letters will no longer be mailed for Determination and Non-Determination letter types. Providers will have the ability to view and download copies of letters on the portal beginning May 1, 2026.
- Letter types that will be posted to the portal: Approvals, Expedited/Urgent, Initial Adverse Determination (Full & Partial), Administrative Withdrawals, Pends, Lack of Information.
- The following letter types will continue to be mailed until further notice: Appeals, and Member letters.

I would like to receive physical mailed letters; how do I opt out of receiving digital letters?

- Currently Optum does not offer an opt-in or out option. Moving forward all determination and non-determination letters will be posted and available on the portal.

How do I save or download my letter?

- Providers will have the ability to view and download copies of letters using the portal for up to two years after the date of creation. Rather than waiting to receive letters via mail, providers will have the ability to access letters directly from the portal post decisioning.

Are there address changes that providers should be aware of?

- Addresses on letter templates will change to:
Optum
P.O. Box 5600
Kingston, NY 12402-5600

Are there changes to fax submissions?

- New Fax Number:
1-844-923-1824

What is NOT changing?

To help clarify the scope of this transition, the following items are not changing:

- Prior authorization requirements – Clinical criteria, authorization rules, and services requiring prior authorization remain the same.
- How to determine if prior authorization is required – Providers should continue to refer to the member's Explanation of Benefits (EOB) for guidance.
- Covered services and benefits – There are no changes to member benefits or coverage as part of this migration.
- Provider participation or network status – Network participation and contracting are not impacted.
- Provider contacts and escalation paths – Existing Network Account Manager and Provider Services contacts remain the same.

Where can providers go for additional help?

- Portal login or One Healthcare ID questions
Optum Health Services
1-844-504-8091

Monday-Friday, 9:00 AM – 6:00PM ET

Other Questions? Please contact the appropriate EmblemHealth Provider Services number - see the "Contact Us" section on the EmblemHealth website for the directory: [Directory | EmblemHealth](#)