



# PROVIDER ALERT

## Clinical Training Reminders

June 30, 2017

Dear Provider:

Thank you to all who joined us for the provider training in May. As a reminder, the slide deck is now posted to [optumidaho.com](http://optumidaho.com), > "For Network Providers" > "Provider Trainings". Below is a summary of some of the key points discussed:

**Prior Authorization:** When benefits need a prior authorization (Category 3 services or when Category 4 units have exhausted), providers are required to submit a service request form in order to receive a prior authorization in advance of the care that is delivered:

- ✓ For new requests, please ensure service start dates are either the date the service request form is submitted or a date thereafter. (Exception: Community Crisis Intervention which, by the nature of the service, is submitted after the service has been provided.)
  - Optum Care Advocates and physicians are unable to modify the dates submitted on service request forms and unable to authorize any portion of the service that was provided without a prior authorization in place.
  - While Optum strives to process service requests as quickly as possible, we wanted to remind you that it can take up to 14 days.
- ✓ Please ensure that the service start dates submitted on the service request forms do not overlap any current authorizations in place.

**Level of Care Guidelines and Clinical Model:** Revisions to these documents go into effect July 1, 2017, with some key points including:

- ✓ **Family Support Services:** If a member is currently receiving Family Support Services, then the units available to them will refresh on July 1, 2017 to 208 units for the remainder of the year. Beginning January 1, 2018, Family Support Services will transition to a calendar year authorization of 208 units for a 12 month period.
- ✓ No other authorization periods are changing.
- ✓ **Case Management:** As a reminder (but not a change), Optum offers three codes for Case Management work:
  - Telephonic Case Management: procedure code - **H0023**
  - Substance Abuse Case Management: procedure code - **H0006**
  - Behavioral Health Case Management: procedure code - **T1017**

When codes H0006 and T1017 are used, the member should be present, so that they may

participate in achieving the case management goals.

**Service Request Forms:** Effective July 1, 2017 (but not required until August 1, 2017) Optum will provide a web-based service request form *per service*. Each form contains questions that align with the Level of Care Guidelines for that particular service:

- ✓ Adult CBRS
- ✓ Child CBRS
- ✓ Partial Care
- ✓ Case Management
- ✓ Crisis Management
- ✓ Peer Support
- ✓ Family Support
- ✓ Extended Psychotherapy
- ✓ Neuropsychological testing (available now)

Requests for CBRS and Partial Care completed by non-licensed clinicians (including LMSWs) will need to be sent to either the diagnosing or supervising clinician for attestation, meaning they agree with the diagnosis and request for treatment. Providers will be able to access the web-based forms on either the Provider Express or Optum Idaho websites.

**Peer-to-Peer Processes:** Effective July 1, 2017, if a Care Advocate cannot approve a request, providers are no longer automatically scheduled for a Peer-to-Peer conversation. Rather, a Peer-to-Peer conversation can be requested by the provider after an Adverse Benefit Determination (ABD) has been made by a medical director, to help the provider better understand the basis of the determination and decide if they want to file an appeal. The provider's copy of the Adverse Benefit Determination letter will include instructions on how to request a Peer-to-Peer conversation.

**Notification of Adverse Benefit Determinations:** Effective July 1, 2017, providers will no longer be verbally notified of an Adverse Benefit Determination for a non-urgent request. Providers and members will continue to be notified via letter if the service request is not approved. If the provider's request being processed by Optum was identified as expedited status, providers will also receive a phone call. (Additional details on what constitutes an expedited request were sent via a Provider Alert on May 16, 2017.)

Additional information can be found at [optumidaho.com](http://optumidaho.com), > "For Network Providers".

If you have additional questions, please either contact your Network Manager or the Clinical team at **1-855-202-0983**, option "1" or "Clinical".

Thank you,

The Optum Idaho Team