

Duncan-Sanford, Judy A

From: sdu_Provider Services Help
Sent: Friday, November 11, 2016 2:22 PM
Subject: Optum Public Sector - Outpatient Authorization Form (OAR) Required Fields - Important Information
Attachments: Outpatient Authorization Request Required Fields Ex. 11.8.16.pdf
Importance: High



Dear Fee For Services Medi-Cal Provider:

Thank you for your patience and cooperation during the recent implementation of our new Outpatient Authorization Request (OAR) form on 9/1/16. The content of the OAR form assists Optum to discern whether the client is presenting as Severe and meets Title 9 medical necessity in order to substantiate criteria for payment authorization under the County of San Diego Mental Health Plan.

To ensure that this form is supplying the information Optum needs to make our determination, we will be implementing the completion of **required fields** for the OAR. This set of required fields are necessary in verifying Medi-Cal eligibility and in making an authorization determination. Please refer to the attached example of what fields will be required on the OAR form beginning 12/1/16. If a required field is not applicable, please fill in "N/A" or somehow indicate you have considered the question and answered it. If these required fields are not addressed, the OAR will be sent back to you as incomplete.

You can find the current OAR and an example of the OAR required fields at www.optumsandiego.com under the Fee for Service Provider Section, Forms Tab for your reference. Thank you for your continued commitment to serving our Medi-Cal beneficiaries. The County of San Diego HHSA and Optum greatly appreciate the work you do and look forward to our continued collaboration in the future.

If you have any questions please contact us at 1-800-798-2254, Option 4, M-F 8am – 5pm.

Thank you
Judy

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