

From: sdu_Provider Services Help

Sent: Friday, July 01, 2016 1:18 PM

Subject: Optum Public Sector - EFFECTIVE SEPTEMBER 1, 2016 - URGENT Information on the Changes to the Authorization Process (Medi-Cal and TERM)



Dear Fee For Services Medi-Cal/TERM Provider:

IMPORTANT INFORMATION INCLUDED: The information below is essential to facilitate your understanding of the changes affecting the authorization processes for Fee For Services Medi-Cal and TERM Providers being paid through Medi-Cal funding **effective September 1, 2016.**

As a Provider that is paneled on both the FFS Medi-Cal and TERM Networks your work process will be affected on both networks.

TERM Network:

Treatment Plan Tracking Process: As outlined in the TERM Provider Handbook, CWS treatment plan submission is required for CWS-referred clients regardless of funding source. Effective 9/1/16, TERM Providers who are rendering services to CWS-referred clients utilizing Medi-Cal funding can expect to receive monthly "Due Date Tracking" letters for these clients to facilitate the submission of the appropriate TERM work products. The letters will include a list of CWS-referred clients funded by both Medi-Cal and CWS, along with corresponding due dates for work product submission. All work products for CWS-referred clients are to be submitted to Optum TERM at 877-624-8376 per the process outlined in the TERM Provider Handbook

Updates to CWS Treatment Plan Forms and Timelines for Submission: Optum and CWS are working collaboratively to streamline the documentation that is required for Medi-Cal funded treatment. CWS reporting forms and timelines for treatment plan submission will be updated to align with the Medi-Cal outpatient authorization process in order to facilitate a more streamlined process. Optum will communicate additional details about these changes to providers in the near future.

Medi-Cal Network:

The anticipated changes related to the 2014 Medi-Cal Expansion will take place on **September 1, 2016.** A previous communication that includes the history and background for these changes can be found in the OPTUMIST Newsletter, Spring 2016 edition that is available for your review on our website at www.optumsandiego.com under the Communication Tab.

As the Administrative Services Organization (ASO) for the County of San Diego Optum manages their Outpatient (OP) authorizations, review utilization and payment of Fee For Services (FFS) provider claims. The current authorization and review process is changing to ensure the beneficiaries/clients are being referred to the most appropriate level of care as stated below:

- **Mild to Moderate:** Primary Care Providers/Physicians (PCP), Federally Qualified Health Clinic (FQHC) or Health Plan Behavioral Health (BH) network also referred to as the Managed Care Plan (Care1st, Community Health Group, Health Net, Kaiser, and Molina).
- **Severe:** County Clinic, FQHC, Organizational Providers, or County FFS Provider Network.

The philosophy of short-term therapy will be phased out for the FFS provider network, with an emphasis towards best practice, evidence based treatment for the specific mental health condition of the client.

Who Does this Effect?

- All FFS Medi-Cal Providers regardless of License type (MD/DO, PNP, Psychologist, LMFT, LCSW etc.) that render Outpatient (OP) services to San Diego Medi-Cal beneficiaries (*This does NOT include Medication Management services*) .
 - MD/DO/PPNP – Only MD/DO/PNPs that provide OP Psychotherapy services will be required to follow the new process at this time.

New Process - Initial Assessment:

- FFS Providers will receive one (1) initial assessment to determine the client's severity level.
 - Providers will submit a claim for the Initial Assessment (*Regardless of the Severity Determination*).
 - Assessment Determination is Mild; Referrals should be made to the client's *Managed Care Plan*.
 - Assessment Determination is Severe and an authorization is being requested to render the services subsequent to the Initial Assessment:
 - **NEW FORM REQUIRED:** Provider must complete and submit an Outpatient Authorization Request Form (OAR).
 - When completed the clinical information included on the form will support your severity determination and facilitate an appropriate authorization for the services (*This form will be available on our website the 1st week of August*).
 - OAR Determination: Initial authorization decision will be provided verbally within 4 business days.
 - Increments will be given at maximum of 12 sessions when authorized.

New Process - Continuing Authorization:

- For any continuing authorization requests, FFS providers will complete Outpatient Authorization Request Form.
 - The same form will be used for both Initial and Continuing/Ongoing Authorization requests with check boxes to distinguish Initial or Continuing.
 - OAR Determination: Authorization decision will be provided within 14 calendar days.
 - Increments will be given at maximum of 12 sessions when authorized.

How to Prepare:

- The County of San Diego Health and Human Services Agency (HHSA) has created several tools as guidelines to assist you in determining the severity level for their Medi-Cal beneficiaries. It is strongly recommended you review these tools to better understand and prepare for the upcoming changes to the FFS Authorization Request Process.
 - Please go to www.optumsandiego.com : 1) Select County Staff & Providers, then 2) Select Healthy San Diego

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Healthy San Diego

This page is used by staff working with Healthy San Diego, the Medi-Cal managed care system in San Diego. The staff can obtain resources to assist and inform Medi-Cal members about their health care choices.

Forms

Name	Date
HSD MediCal BH IP Guide.doc	2015-03-13
HSD MediCalQuickVIDTool.docx	2015-07-14
ExpandSeverity FAQ 050514.pdf	2014-05-16
ExpandSeverity Screening Tool0314.pdf	2014-05-16
ExpandTargetPop042514.pdf	2016-03-14
HSD CMCBHQuickGuideMatrix.doc	2016-03-14
FINAL Adult MediCalSeverityAnalysis.docx	2015-01-16
FINAL CY MediCal Severity Analysis.docx	2015-01-16
FINAL HSD MediCalQuickGuideScreeningTool 1.15.docx	2015-01-20
HSD Safe Prescribing Guide 3-24-16 Final.docx	2016-06-21
Healthy San Diego-Cal MediConnect Behavioral Health-Credentialing Guide 6-27-16.pdf	2016-06-28

- Maintain a copy of this communication for future reference (*also included as an attachment in PDF format*).
- Watch for additional information and details pertaining to these changes.
 - Additional email blast will occur with more details and instructions including the Outpatient Authorization Request Form (OAR).
- Webinars will available in August: Plan to attend as instructions on the process and forms will be offered.

More information will be made available to you within this next 60 days as we move closer to the implementation of this process on September 1, 2016.

Thank you for your continued commitment to serving our Medi-Cal Beneficiaries and Child Welfare Services Clientele. The County of San Diego HHSA, Child Welfare Services and Optum greatly appreciate the work you do and look forward to our continued collaboration the future.

Thank you

Judy

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