



FY2015 Benefit Plan and Authorization Changes

July 8, 2014

Optum Salt Lake County

Overview

- Benefit Plan Changes
- Authorization Changes
- Next Steps
- Provider Connect Tips and Tricks
- Questions

Benefit Plan Changes

- Streamlined to eliminate confusion and improve accuracy.
- Verify eligibility efficiently

Mental Health Traditional

Mental Health Non-Traditional

Mental Health Foster Care (Inpatient Only)

Mental Health Unfunded

Substance Abuse Traditional

Substance Abuse Non-Traditional

Mental Health

Authorization Group Name Changes

Auth Group	Type of Authorization	Description	Creation Location	Available Benefit Plans
DAYT	Mental Health	Day treatment	Clinical Only	Mental Health Traditional Mental Health Non-Traditional Mental Health Unfunded
HOME_VISIT	Mental Health	Physician home visit services	Provider Connect	Mental Health Traditional Mental Health Non-Traditional Mental Health Unfunded
INPT	Mental Health	Inpatient bed days	Clinical Only	Mental Health Traditional Mental Health Non-Traditional Mental Health Foster Care (IP Only) Mental Health Unfunded
INPT_PRO	Mental Health	Inpatient bed days & professional fees	Clinical Only	Mental Health Traditional Mental Health Non-Traditional Mental Health Foster Care (IP Only) Mental Health Unfunded
IOP	Mental Health	Intensive outpatient	Clinical Only	Mental Health Traditional Mental Health Non-Traditional Mental Health Unfunded
NURSING_FAC	Mental Health	Physician nursing facility services	Provider Connect	Mental Health Traditional Mental Health Non-Traditional Mental Health Unfunded
OUTP	Mental Health	Basic outpatient services	Provider Connect	Mental Health Traditional Mental Health Non-Traditional Mental Health Unfunded
REPPAYEE	Mental Health	Personal services	Provider Connect	Mental Health Traditional
RESD	Mental Health	Residential care	Clinical Only	Mental Health Traditional

Substance Abuse

Authorization Group Name Changes

Auth Group	Type of Authorization	Description	Eligible for Creation in PCONN	Available Benefit Plans
SA10	Substance Abuse	ASAM Level 1.0	Provider Connect	Substance Abuse Traditional Substance Abuse Non-Traditional
SA21	Substance Abuse	ASAM Level 2.1	Clinical Only	Substance Abuse Traditional Substance Abuse Non-Traditional
SA25	Substance Abuse	ASAM Level 2.5	Clinical Only	Substance Abuse Traditional Substance Abuse Non-Traditional
SA31	Substance Abuse	ASAM Level 3.1	Clinical Only	Substance Abuse Traditional Substance Abuse Non-Traditional
SA35	Substance Abuse	ASAM Level 3.5	Clinical Only	Substance Abuse Traditional Substance Abuse Non-Traditional
SA_CHILD	Substance Abuse	Children in care while parent is receiving substance abuse treatment.	Clinical Only	Substance Abuse Traditional Substance Abuse Non-Traditional

Granting Authorizations

- Medicaid lower levels of care authorizations can be requested through Provider Connect for one month.
- Unfunded lower levels of care must be requested through an Optum Clinical Advocate.
- At the end of each month, Optum will extend lower level authorizations for consumers who have not had an eligibility change.
- A maximum of 5 extensions will be granted.
- At the completion of month 6, if eligibility remains unchanged, Optum will create a new authorization.
- Extensions will be completed by the 2nd of each month.
- Authorization extension reports distributed by Network no later than the 5th of each month.

Authorization Unit Allocations

- Units have been assigned to each authorization group based on the level of care and average utilization.
- Units will be increased with each extension. The total unit counts listed below are the maximum allowed since the initial authorization date.

OUTP Unit Increase Examples

	Initial Auth <i>Total Units as of Month 1</i>	Month 2 <i>Total Units 1st after extension</i>	Month 3 <i>Total Units after 2nd extension</i>	Month 4 <i>Total Units after 3rd extension</i>	Month 5 <i>Total Units after 4th extension</i>	Month 6 <i>Total Units after 5th extension</i>
90832	7	14	21	28	35	42
90853	20	40	60	80	100	120
H2017	543	1,086	1,629	2,172	2,715	3,258
H0038HQ	199	398	597	796	995	1,194

Next Steps

■ Authorization Updates

- Authorizations that were originally scheduled to expire after July 1, 2014 have been end dated as of 06/30/2014.
- Lower care level auths (i.e. OUTP, SA10, etc.) are being created with an end date of 7/31/2014.
- Higher level auths (INPT, SA31, RESD, etc.) are being created with an end date that matches the originally scheduled end date.

■ Initial Authorization Reports

- Microsoft Excel reports will be emailed to each provider no later than Tuesday, July 15, 2014.
- If you need to add additional people to you group, or update your email information, please send an email to: saltlakecounty.networkbox@optum.com

Helpful Hints

- Auth Group/ Benefit Plan Mismatches
 - Authorizations created with an incorrect auth group/benefit plan combination could cause claim adjudication issues.
 - It is critical that substance abuse benefit plans are only used with substance abuse auths, and mental health benefit plans with mental health auth groups.
- Possible Claim Denial Reasons
 - Mental health claims submitted with a substance abuse primary diagnosis code.
 - Substance abuse claims submitted with mental health primary diagnosis code.
 - Claims submitted after the 90-day timely filing threshold.
 - Missing performing provider
 - Duplicate claim submission – not rolling up multiple services performed on the same day.



Thank You

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