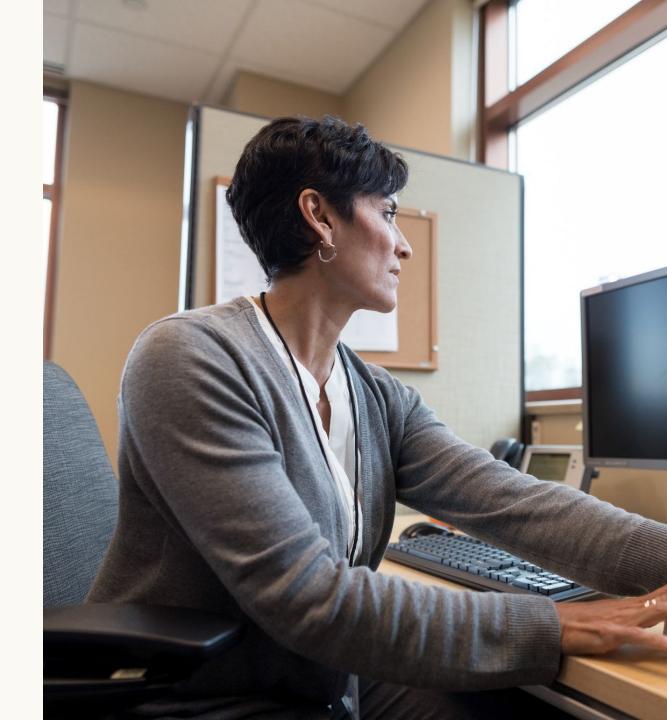
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Service Authorization Tidbits and Townhall Takeaways

Heather Brady, LPC Director, Clinical Operations Optum Alaska

April 26, 2023



PHE and state fiscal year (SFY) limits

Currently, the Federal Public Health Emergency (PHE) remains in effect with an expiration date of 05/11/23. On May 12, 2023, State Fiscal Year limits will reset, and service authorizations will be accepted.

SFY limits annually reset on July 1. Due to the PHE, this has been modified. Providers will have SFY limits begin 05/12/23, again July 1, 2023, then annually thereafter.

With SFY limits resetting, it is not necessary or beneficial to attempt to submit all service authorizations on 5/12/23.



Clinical Criteria guidelines

Optum Alaska will review service authorization requests using evidence-based clinical criteria guidelines approved for use by the Alaska Division of Behavioral Health:

- **ASAM:** The American Society for Addiction Medicine (ASAM) Criteria[®] adults and adolescents presenting with substance use disorders
- LOCUS: The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) by the American Association of Community Psychiatrists for adults,18 and older, with behavioral health disorders
- CAL-LOCUS/CASI: The Child and Adolescent Service Intensity Instrument by the American Academy of Child and Adolescent Psychiatry, for children, 6 to 18 with behavioral health disorders
- **ECSII:** The Early Childhood Service Intensity Instrument (ECSII), published by The American Academy of Child and Adolescent psychiatry for young children from birth to age 5



Evidenced-based practices-DBH

Initiatives: Evidence Based Practices (alaska.gov)

Client admissions to behavioral health treatment programs are based on the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR 2/ICD-9), and relevant criteria as defined by the American Society of Addiction Medicine Client Placement Criteria 2R (ASAM PPC-2R), adolescent, adult, and Opioid maintenance therapy (www.asam.org). Programs must demonstrate that each individual is served with a continuum of care and that client placement decisions are made in a manner that represents the use of DSM-IV-TR 2/ICD-9 and ASAM PPC 2R at intake, movement through treatment and at discharge.

Alaska Administrative Services Organization (ASO) Provider Manual (optum.com)

5.3 Description of Services

Optum maintains level of care criteria and guidelines, as directed by DBH, for behavioral health diagnoses. The description of services and medical necessity criteria for Substance Use Disorders and Mental Health Services, can be accessed here: Optum uses ASAM criteria to determine medical necessity for all substance use disorder (SUD) related service requests. The description of services and applicable ASAM criteria can be accessed here: https://www.asam.org/resources/the-asam-criteria.



Clinical criteria instruments for BH medical necessity determination

Clinical Criteria Utilization System – LOCUS [©]	Early Childhood Service Intensity Instrument – ECSII [©]	Child and Adolescent Service Intensity Instrument – CALOCUS/CASII [©]
Adults, 18+	Birth to 5 years	6 to 18 years
 American Association for Community Psychiatrist (AACP) 	 American Academy for Child and Adolescent Psychiatry (AACAP) 	 American Academy for Child and Adolescent Psychiatry (AACAP).
	Published 2009	Updated from CA- LOCUS, 2009
		• Version 4.1, 2018

Medical necessity

Can we have different examples of what would demonstrate medical necessity for different types of requests (i.e., children & adult BH)?

- Answer: Please seek clinical guidance for medical necessity from your agencies Clinical Supervisor. Optum will review to determine what level of technical assistance training can be provided on this subject for future opportunities. The online portal forms utilize prompting questions to assist providers in documenting items that would be beneficial for medical necessity determinations.
- New information regarding State Plan Outpatient Psychotherapy combined 30 hours and the 90-day service authorization timeframe:
- No longer limited to 30 hours per service authorization. If a participant needs more than 30 hours in a 90-day timeframe, you are now permitted to request the total of hours needed in one request.



1115 Waiver Demonstration

- For information on the 1115 Behavioral Health and Substance Use Disorder (SUD) waivers, please visit:
 - 1115 Behavioral Health Medicaid Waiver (alaska.gov)
- Who is driving the SA questions, the medical necessity items, the ASAM? (Townhall 03.31.23)
 - Requirements are in regulations. One specifically is AAC 139.040, Service rates, limits and authorizations. The Administrative Manuals also provide beneficial information and regulations.
- What is the regulation guiding SA limits? (Townhall 03.31.23)
 - Service Manuals have predetermined limits that we have based our system on and AAC 135.030 Service Authorization and Limitation has some limits written into regulations.



Where to find service authorization forms

https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Service-Authorizations.html

Online

• Fillable Form

Service Authorization are on hold until the end of the Federal Public Health Emergency.

Service Authorization Request Forms

Service authorizations are required for all services after participant state fiscal year limits have been exhausted. Providers can submit service authorizations either through an Online Portal or by completing a PDF and faxing to Optum. Providers are encouraged to use the forms used on this webpage as form versions may change.

Service Authorization Online Submissions

Online Service Authorization Form

*Please ensure providerexpress@optum.com is a safe approved email in order to receive your verification code to re-enter a Service Authorization form.

Service Authorization Fillable Forms

To submit Service Authorization forms via fax, please send to: 1-844-881-3753

- 1115 SUD Waiver, SA Request Form 📝
- 🔸 1115 BH Waiver, SA Request Form 📝
- 🔹 Autism Services, SA Request Form 🗹
- 🔹 Mental Health Physicians Clinic, SA Request Form 🔀
- Psychological and Neuropsychological Testing, SA Request Form
- <u>State Plan Service, SA Request From</u> 📝



Where are service authorizations submitted

There are four (4) methods to submit a Service Authorization request:







Phone: 800.225.8764



Online: https://electronicforms.force.com/alaskaform/s/



Mail: Optum Alaska Attn: Service Authorizations 911 W. 8th Ave. Ste 101 Anchorage, AK 99501



Service authorization guidance and forms

All boxes on the service authorization form are to be completed. These are utilized to document medical necessity. If you are uploading/attaching supporting documents, you do not need to note "see document". Supporting documents do not replace the need to enter medical necessity information in the service authorization form and scores from medical necessity scoring tools are not sufficient for rendering a decision.

If a code is not listed on a service authorization form, it does not require a service authorization to be in place. Example: T1007 V1 Treatment plan and review.



Service Authorization forms can be found on the <u>Optum Alaska</u> website, For Alaska Medicaid Providers, <u>Service Authorizations.</u>



Service authorization guidance and forms

Options to utilize are the online portal, fillable PDF forms (can be printed) to submit via fax or mail, and telephonically.



When using the online portal, there will be an access code for returning to incomplete requests and submitted (completed) requests. This is a required HIPAA security code, and it will not be the same each time.

Providers can check the status of service authorization requests and view current requests via Provider Express or call the Call Center at 1-800-225-8764. Logging into Provider Express requires a <u>One Healthcare ID</u>.



How to get started with an online service authorization request submission

Sign In: Provide Tax ID OR Agency NPI. We only need one. We will communicate with you through the email you provide on this form.



Optum Alaska Service Authorization Request Form

Important Note: Internet Explorer browser is not supported. Please use Google Chrome or Microsoft Edge. Use of Internet Explorer may result in performance issues including error messages and/or inability to view submitted forms.



IMPORTANT NOTES:

- Fields marked with * are mandatory to move forward
- The Information entered on this page will be used to store and retrieve your request(s) when needed. Incomplete Requests can be accessed and completed at a later time
- Verification Code needed to access Incomplete or Submitted requests will be sent to email used for "REQUEST RECOVERY EMAIL"
- Either a Tax ID or NPI needs to be entered here before next item can display. Do not use any special characters (examples are ", #,@,\$ etc.)

TAX ID	Agency NPI	*REQUEST RECOVERY EMAIL	
9 digit, no Text/Charac	10 digit, no Text/Chara	Request Recovery Email	Save and Continue

Authorization does not guarantee payment. Payment is subject to recipient's eligibility. Be sure the identification card is current before rendering service.

CPT copyright 2021 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association Applicable FARS/DFARS apply. CPT code description are shortened to 28 characters or less to comply with copyright restrictions. For full descriptions, please refer to your current CPT book.

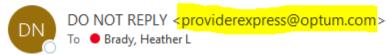
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Access code email

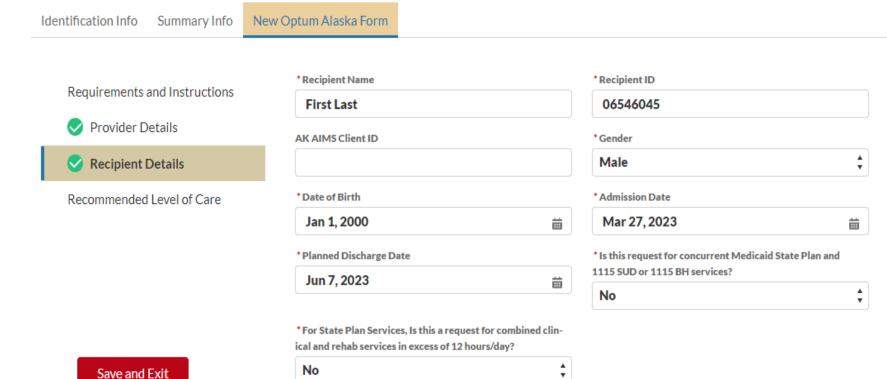
Verification Code Required	Hi,
A verification code is needed to retrieve this form. An email has been sent to "heather.brady@optum.com", please check your email and provide this code to access the form – "Service Auth - 0362" * Please enter code :	Please find the requested verification code below. Please enter this into the pop-up in the submission form on the website. Thank you! Request Reference Number - Service Auth - 0362 Verification Code - 6245
Cancel Submit	Regards, Optum Alaska

Verification code from Optum – Request Ref No: Service Auth - 0362





Newly added to online form: admission date and planned discharge date



Save and Exit





Online submission SUD clinical criteria

ASAM CRITERIA

Save and Next

Complete for ALL requests: Attach separate document if necessary on the "Documents" section. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.

ASAM Dimens	ion 1: Acut	e Intoxication and/or	ASAM Dime	nsion 2: Bi	omedical Conditions and	
Withdrawal Po	tential		Complication	ns		
*Risk Rating		Clinical Details to support	* Risk Rating		* Clinical Details to suppor	
3	\$	rating	2	\$	rating	
		additional details			additional details	
Cognitive Con		<u>ilonai, Benaviorai or</u>	Complication		eautiless to Change and	
		<u>tional, Behavioral or</u>			eadiness to Change and	
*Risk Rating		Clinical Details to support	* Risk Rating		* Clinical Details to supp	
0	0 * ra	rating	1 :		rating	
U V		additional details		•	additional details	
ASAM Dimens or Continued F		pse, Continued Use,			covery/Living Environm	
*Risk Rating		Clinical Details to support	* Risk Rating	•	* Clinical Details to support rating	
		rating	2	÷		
	•	additional details			additional details	
4						
4						
4 *Total Composi	te Score	* Do you have additional in	nformation not alread	dy covered?		

* Include all relevant information since admission or since most recent service authorization request

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Online submission behavioral health clinical criteria

MENTAL HEALTH CRITERIA

For BH requests, please complete only the BH section below. Additional attachments can be included as appropriate. Fully describe the medical necessity of this request using the behavioral health areas outlined below.

* Please include all relevant information since admission or most recent service authorization request. **NOTE:** A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.



* Is there a current risk of harm to self or others?

choose one...

Are there any deficiencies in the participants ability to (select all applicable):

Select an option...

\$

•

* Are there current comorbid medical issues?

* Are there co-occurring issues of cognitive disability (i.e. dementia, traumatic brain injury, FAS, developmental disability, etc.)?

.

.

w

choose one...

choose one...

there any deficiencies in the participants abil licable):	ity to (select all
Select an option	٣
Fulfill obligations (home, work, school) Interact with others Care for themselves (ADLs, health/medica Utilize support systems, either through lac gage (family, church, community supports, e Other	ck of or inability to

A second se

How many forms really need filled out?

- If you are submitting more than one type of service authorization request, all forms do not need filled out completely.
- For example: If you are completing a 1115 SUD Waiver SA and a State Plan SA, you will complete the 1115 SUD Waiver fully (ASAM is required) and on the State Plan, only the units section. The medical necessity on the State Plan form can read "See ASAM".
- For example: If you are completing a 1115 BH Waiver and State Plan SA, you will complete either form as the main form and the other as "see other SA". The medical necessity sections are identical and only one is needed.



Uploading supporting documents

INSTRUCTIONS FOR DOCUMENTS UPLOAD:

- Please click on the "choose file" button below to select and attach documents to this request.
- Include documentation supporting your request, for example: Most recent Individual Care/Service/Treatment Plan, doctor's notes, medication updates.
- You can use this feature multiple times to attach multiple documents.
- Saved documents will reflect under the "Uploaded Attachments" section.

Save Documen	ts	
UPLOADED AT	TACHMENTS	
NAME	DELETE	-



Signature for online and fillable forms

Can a BHA submit a SA for HBFT?

Answer: Yes. Optum will be updating the language of "Directing Clinician" to "Directing Provider"

Please sign the attestation appropriate to your role (only one signature is necessary for submission):

As the Directing Clinician working for the above-named participant, I hereby:

- Affirm the assessment of the participant's symptomatology, current level of functionality is documented in the participant's clinical
 record and the treatment plan services, units, and duration requested are medically necessary and consistent with the
 participant's level of impairment.
- Affirm that, for a participant who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation
 according to Medicaid/Denali Kid Care program rules and that the Department of Health & Social Services may recoup payment
 for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules;
 and
- Acknowledge that approval of this authorization request does not guarantee payment.

28a.				
	Directing Clinician	Credentials	Signature	Date

As the Assigned Administrator for the above-named participant, I hereby:

- Affirm that the above described clinical information is true and accurate, as provided by the directing clinician.
- Affirm that I am signing on behalf of the directing clinician with their knowledge and approval.
- Affirm the assessment of the participant's symptomatology, current level of functionality is documented in the participant's clinical
 record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's
 level of impairment.
- Affirm that, for a participant who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali Kid Care program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules; and
- Acknowledge that approval of this authorization request does not guarantee payment.





Fillable PDF submission

- Fax Number: 1-844-881-3753
- Telephone: 1-800-225-8764
- ✓ A Care Advocate will fill out the service authorization form while the provider is on the phone providing information. This process takes a minimum of 30 minutes
- Street address for USPS: 911 W. 8th Ave Ste 101 Anchorage AK 99501
- ✓ (This is a very slow process however, if a provider finds themselves in a no internet, no phone situation, this is available)
- An AK local Optum team member will fax the paper application received in the mail, to the above fax
- If you run out of room in the medical necessity section, you may attach additional pages.



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Special service authorization circumstances

Distance and availability of resources:

- It will be important to note special circumstances when writing the medical necessity essay on your Service Authorization Request
- Providers are encouraged to acknowledge extenuating circumstances for extended stay at current level of care if impacted by geographic, weather, transportation or other special or unavoidable circumstance
- Example: Currently in OP, need IOP or PHP but request is for Inpatient LOC. You may need to request a higher LOC if the level you assess is not available. Example: member meets criteria for 3.1, but the only residential option available in the region is 3.5
- Extenuating circumstances DO NOT GUARANTEE APPROVAL of Service Authorization but should be pointed out for consideration of the request



ABA (Autism)

- Providers are required to upload the treatment plan with the Service Authorization
- New information 04.26.23: Autism Service Authorizations are issued for 6-month timeframe
- Do we submit for authorization with referral and proof of diagnosis for a short authorization for just the assessment and once the assessment is approved, submit with the other service codes for the 6-month period? (Townhall 04.25.23)
- Answer: 97151 Autism Services-Assessment- 1 assessment or reassessment per 6-month period without service authorization. If more frequent is medically necessary, submit request on a service authorization.
- Answer: Once State fiscal year limits are depleted, please submit a service authorization and updated treatment plan.



Care advocates



Care Advocate Role

Receive and process service authorization requests using level of care guidelines criteria to make determinations, in collaboration with the Medical Directors



Care Advocate Tools/Medical Necessity Criteria

ASAM (SUD), ECSII (birth to 6), LOCUS (age 18+), CALOCUS/CASII (6-18), Supplemental Clinical Criteria (Autism services), APA Guidelines (Psych/Neuropsych testing services)

Access: Call, Portal, Fax Coverage

24/7 UM (and Call) Coverage: Operational during AK business hours, after hours, evenings, weekends, and holidays



Care Advocates maintain Independent and unrestricted clinical behavioral health licensure. Dependent upon the specialty team in which they work, they may work directly with participants or providers. Care Advocates review requests for clinical or community-based services and determine best service and fit based upon available resources and Level of Care Guideline (LOCG) criteria.



Check the status

Provider Express

👖 Apps 📀 main menu 🔉 Login Qualtrics 📀 Login 식 Home 식 Provider Search	NPPES NPI Registry 🚱 Provider Expre
D Public Home	ለ Wel
OPTUM [®] Provider Express	Elig & Benefits 🔻 Claims
uthorization Inquiry * - indicates required field(s)	
My Patients Member ID Search Name/DOB Search Authorization # Search	
Please complete the form below and click "Search" * - indicates a required field Authorization Number *	Search



24

What happens next?

Two routes for next steps-approved or need more info

Authorization approved

- Verbal notification by Care Advocate- A voicemail will be left if the greeting states "this is a secure/confidential mailbox"
- Authorization letter mailed and/or faxed
- Rendered decision displayed in Provider Express

Not enough information to approve

- Case staffing with Chief Medical Officer (CMO) then,
- Request for additional information then,
- Peer to peer scheduled with Optum CMO and provider/agency *then*,
- Denial letter issue with appeals rights provided



Clusters

What are clusters and how do they affect the amount of SA's received from a request? (Townhall 04.12.23)

Answer: Clusters are the grouping of service codes that can be on one service authorization, sharing an authorization number. One SA form may be submitted, but providers may receive more than one SA issued as a result of clusters. The SA forms are a good tool for identifying clusters. Optum has created a guide for providers that will be uploaded to Optum's website on the Service Authorization page.

Outpatient Psychotherapy includes which codes? Is it for 30 hours? (Townhall 04.12.23)

Answer: Yes, it is 30 hours combined/shared with codes: 90832, 90834, 90837, 90846, 90846 U7, 90847, 90847 U7, 90849, 90849 U7, 90853, 90853 U7. These codes are listed in the Outpatient Psychotherapy section of the State Plan SA form on Optum's website.

The Outpatient Psychotherapy codes have unit measurements of 30, 45, 60. How are these measured? (Townhall 04.12.23)

Answer: Please refer to the rate chart located on DBH website. On this chart, under each code, it is listed the duration and Service Unit & Service Authorization Unit of Measurement.
 30, 45, & 60 minutes are units of measurement.



Rendered decision letters for providers

Can Providers opt out of receiving SA letters in the mail? (Townhall 03.31.23) Answer: Currently, no. The system is not built to allow individual providers to opt out. Optum is looking into options available.

How much does it cost for all those letters to be mailed?

Answer: The cost statement demonstrates this is wrapped in one and is no additional cost to the state.

What address are the letters being sent to?

Answer: There are rendering address, mailing address, billing address. The rendering address is used for the SA and is the location services are provided. The mailing address is provided to Optum via DBH provider load file. This is the address letters are sent to.



Medical necessity not me

If medical necessity is not met, does this mean the provider will not get paid from time of admission to decision? (Townhall 03.31.23)

- Answer: Services do not require a SA at time of admission. There are State Fiscal Year Limits. Services would be paid if medically necessary, noted correctly in records and billed appropriately.
 - If SFY limits are depleted and a SA request was denied:
 - Provider has appeal rights.
 - Participant has Fair Hearing Rights.



Submission time and approvals

Standard Services turn around time:

- There is a minimum of five (5) calendar days for review
- A care advocate will contact provider/agency within seven (7) days with the determination

Residential Services turn around time:

- There is a minimum of two (2) calendar days for review
- If after hours or holiday weekend *AND* medical necessity is not clear, Optum will authorize to next business day and begin staffing with Optum MD.

Timelines

What happens to Optum if the turnaround time for SA rendered decision is not met? (Townhall 03.31.23)

Answer: DBH will be looking for and monitoring turnaround times closely.



Changes made to treatment plan or level of care (LOC)

- If a treatment plan is updated and a service needs additional units, can these be added to the already approved SA? (Townhall 04.12.23)
 - Answer: Yes, submit a continued stay SA request and add additional units to services. If the service is new and not under current SA, providers utilize the SFY limits, if available, and then submit a SA request.
 - If a participant has a LOC change, but remains with the same provider, how is SA handles? (Townhall 04.12.23)
 - •Answer: If a participant changes LOC, SFY limits would be used and if depleted, a SA should be requested. The previous SA for previous LOC would end upon admission to new LOC.



In summary:

- Service authorizations will be required at the end of the Federal Public Health Emergency, not before
- Service authorizations are required when the participant's SFY limits are exhausted but can be requested if participant's SFY limit is unknown to avoid a claim denial
- There are two options of completing service auth requests: paper/fillable form or online (via Alaska Optum website)
- Approved authorization units will be tracked by participant and by provider within the claims system automatically. Authorization number is NOT needed on the claim submission
- All areas are to be filled out
- Attachments are helpful however, the only required attachment is the Autism Treatment Plan.
- Why do Autism SA's require the treatment plan to be submitted, this is duplicative? (Townhall 03.31.23)
 - Answer: Optum has found duplication and has begun discussing opportunities to improve this process.



Checking for use of units

- Providers can call the Call Center at 1-800-225-8764, press or say 3 as a provider, then say or select 1 for treatment and authorization help. This will connect with a Care Advocate that can assist in reviewing authorized units and provide what units have been utilized based on paid claims data. Please be advised, it is not real time as it is claims based. When in doubt, submit a service authorization form.
- What if a provider submits a claim, and the SA units are deducted, but provider then submits a void, are the units put back?
 - Answer: Yes, the units are returned.



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Post go live

- What support will there be for providers after May 12, 2023? How do we provide feedback to Optum? (Townhall 04.12.23)
- Answer: Optum has created a 12-month Post Launch Plan that includes:
 - 1 hour of virtual "Office Hour" per week for first 4 weeks, decreasing over time
 - Continuous monitoring and responded via email <u>akmedicaid@optum.com</u>
 - Standby to create further Technical Assistance
 Trainings/Updates after a minimum of 30 days post launch
 - \circ $\,$ Outreach to providers to check in as needed
 - Provider Survey after 6 months of active SA's



Provider resources



Provider Training and Outreach Plan

Onboarding of providers takes place with Provider Relations team. Trainings are located on Alaska Optum Website under Technical Assistance Trainings.



Call Center

Providers can contact the call center to ask questions or receive assistance with service authorizations 24/7. Contact number: 1-800-225-8764.

Provider Questions

Issues with: Provider Express or Salesforce: 1-800-225-8764 To complete Service Authorization via phone: 1-800-225-8764 Fax fillable form: 1-844-881-0959

Providers are welcome to email <u>akmedicaid@optum.com</u> during business hours to alert Optum of any issues

Our provider relations department is here to create long-term relationships with providers and engage with them regularly to ensure they are appropriately informed and updated on products, service offerings, and the latest technology available to them.

Provider Relations specialists partner with providers to help them navigate the managed care system and are resources for Provider questions.

Clinical, Utilization Management and Provider Relations work closely to assist providers.

Optum

Provider relations continued

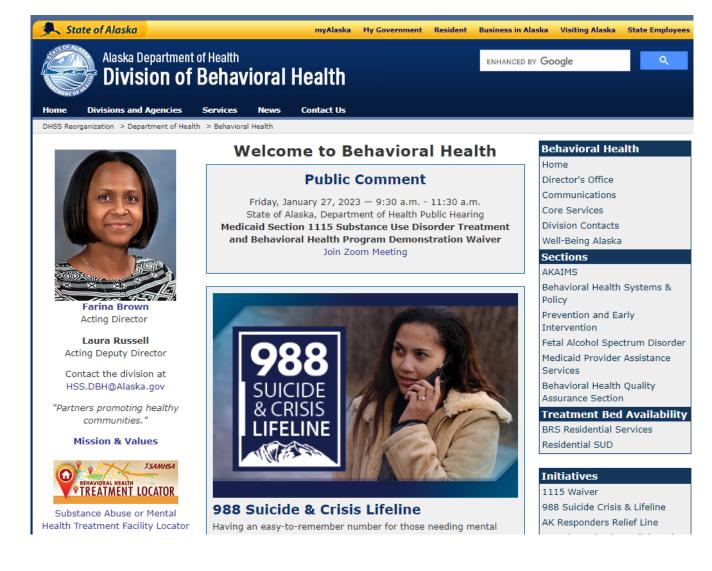
Sometimes a provider shows as IN network and other times OUT of network. Will this cause issues with SA's? (Townhall 03.31.23)

Answer: Provider Relations is reaching out to research root cause provider(s) is not showing in network consistently.



State of Alaska, Division of Behavioral Health Website

https://health.Alaska.gov/dbh





Alaska Behavioral Health Providers Service Standards & Administrative Procedures for Behavioral Health Provider Services

1115 Behavioral Health Medicaid Waiver (alaska.gov)

1115 Behavioral Health Medicaid Waiver

Medicaid Section 1115 Demonstration Waivers provide states with flexibility to test new approaches within Medicaid to aid in redesigning and improving their health systems without increasing costs.

Quick Reference Documents

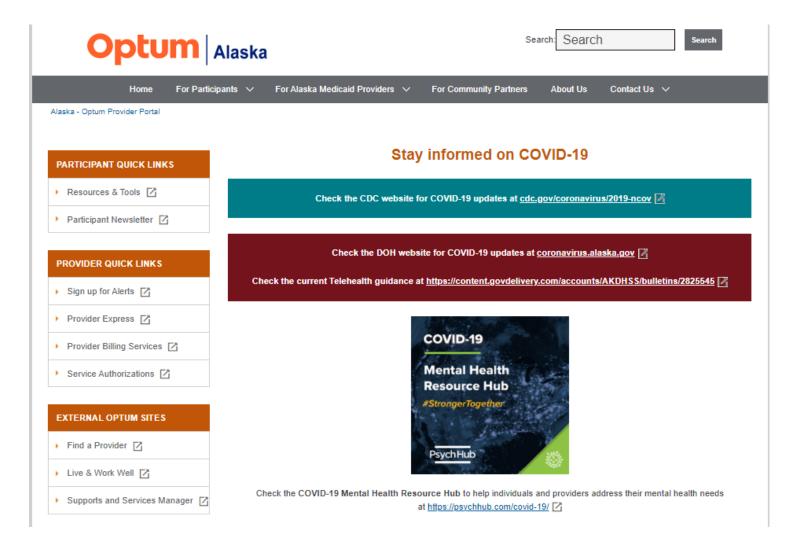
- Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services – June 30, 2021
- > 1 Alaska Behavioral Health Provider Standards and Administrative Manual for SUD Provider Services - October 4, 2020



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Optum Alaska website

https://alaska.optum.com





Procedure \ Modifier Grids

Alaska - Optum Provider Portal > For Alaska Medicaid Providers > Provider Billing Resources

Procedure \ Modifier Grids

- 1115 Waiver Services
- <u>Autism Services</u> []
- State Plan Services 🔀



Alaska Administrative Service Organization (ASO) Provider Manual

Alaska - Optum Provider Portal

Optum Alaska



Appeals Form

Provider First Level Appeals Form (PDF)

Quick Reference Guide

Optum Alaska Behavioral Health Quick Reference Guide (pdf)

Provider Manual

• Provider Manual (pdf)

Alaska Administrative Services Organization (ASO) Provider Manual _{March 1, 2022}









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