

The Optum logo is displayed in white text on an orange background. The word "Optum" is written in a bold, sans-serif font. The letter "O" is significantly larger than the other letters, and the "t" has a distinctive shape with a small gap at the top.

Optum

Service Authorizations Part 1 of 2

Alaska ASO

May 01, 2024

Agenda



When do Service Authorizations (SA's) begin?



What is a Service Authorization?



Why would a provider submit a Service Authorization (SA)?



What is Medical Necessity?



What are Medical Necessity Guideline Tools?



Where are Service Authorization forms located?



How do I complete a Service Authorization form?



What happens after the form is submitted?



All other helpful information and tidbits

When does Optum start accepting Service Authorizations?

May 12, 2024

What is a Service Authorization?



Definition

Service Authorization - Defined



Service Authorization (SA) is a process whereby a provider, on behalf of a participant, requests approval or authorization from the health plan before delivering a treatment or service that is covered by the health plan.



From a payer's point of view, SA's ensure that all delivered care is medically necessary. It also addresses and prevents overuse and misuse of treatments and services.



SA's are not meant to be a barrier to healthcare.

State Fiscal Year Limits/Units (SFY)



State Fiscal Year Units (SFY) are a set number of units granted by the State of Alaska for each participant to utilize prior to requiring a Service Authorization (SA).



SFY units follow the participant, not the provider.



SFY units can be found on DBH website and for 1115 Waiver Services, SFY is specifically noted in the manuals as well as State Regulations.



Each year on July 1st, the SFY units re-set.

Why would a provider submit a Service Authorization?



Explanation

Explanation

State Fiscal Year Limits

When State Fiscal Year (SFY) limits are exhausted and services/treatment will continue, a provider must submit a Service Authorization (SA) to demonstrate medical necessity for requested services and length of time at specified level of care (LOC).

Example:

- ❑ 1115 Waiver SUD-ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM) has a SFY = 14 days.

- ❑ If the provider has assessed and determined the participant will need additional days beyond 14, a SA is submitted to request the additional days.



Regulations

1115 Waiver BH and SUD have “manuals” located at:

[Applications, Manuals, Rates and Fee Schedules \(alaska.gov\)](#)

[health.alaska.gov/dbh/Documents/1115/PSAM_SUD.pdf](#)

[health.alaska.gov/dbh/Documents/1115/PSAM_BH.pdf](#)



State Regulations: (Pending changes 2024)

Review Services and Rates to determine what services require Service Authorizations

What is Medical Necessity?



Definition

Medical Necessity - Defined

Medical Necessity is a term used in Service Authorizations to describe health care services or products provided to a participant for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- a) In accordance with generally accepted standards of clinical practice
- b) Clinically appropriate in terms of type, frequency, extent, site, and duration
- c) Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the participant, or health care provider.



Medical Necessity (MNC)

MNC Criteria

- ✓ Objective criteria that create individualized level of care determinations
- ✓ Nonproprietary
- ✓ Optum uses MNC that are from professional organizations such as the American Academy of Child and Adolescent Psychiatry (AACAP) and American Association of Colleges of Pharmacy (AAP):
 - American Society of Addiction Medicine (ASAM)
 - Level of Care Utilization System (LOCUS)
 - Child and Adolescent Level of Care Utilization System/Child and Adolescent Service Intensity Instrument (CALOCUS-CASII)
 - Early Childhood Service Intensity Instrument (ECSII)



What are Medical Necessity Guideline Tools?



Medical Necessity Guideline Tools

- ✓ ASAM: The American Society for Addiction Medicine Criteria- Adults and adolescents presenting with substance use disorder (SUD) as primary diagnosis. Required by the State of Alaska to be completed. Required by Optum to submit with SA request form.
- ✓ LOCUS: The Level of Care Utilization System for Psychiatric and Addiction Services by the American Association of Community Psychiatrists for adults, 18 and older, with behavioral health disorders.
- ✓ CALOCUS/CASII: 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, published by The American Academy of Child and Adolescent psychiatry for young children form birth to 5.

Level of Care Instruments

Behavioral Health:

Level of Care Utilization System – LOCUS[®]	Early Childhood Service Intensity Instrument – ECSII[®]	Child and Adolescent Service Intensity Instrument – CALOCUS/CASII[®]
<ul style="list-style-type: none">• Adults, 18+• American Association for Community Psychiatrist (AACAP)	<ul style="list-style-type: none">• Birth to 5 years• American Academy for Child and Adolescent Psychiatry (AACAP)• Published 2009	<ul style="list-style-type: none">• 6 to 18 years• American Academy for Child and Adolescent Psychiatry (AACAP).• Updated from CA-LOCUS, 2009• Version 4.1, 2018

BH Medical Necessity Criteria (MNC) functional dimensions

I: Risk of Harm

- Suicidal, Homicidal, Self-Harming or Violent Ideation, Intent or Plan
- Past history of serious, high risk behavior posing risk to self or others

II: Functional Status

- Capacity for self-care
- Ability to fulfill social responsibilities

III: Co-Occurring Conditions

- Presence and acuity of co-morbid conditions
- Impact of comorbid condition on presenting problem

IV: Recovery Environment

- Level of Stress: Presence of psychosocial stressors
- Level of Support: Availability and utilization of support systems

V: Treatment and Recovery History

- History of mental health challenges
- Response to prior treatment

VI: Response to Treatment and Recovery Status

- Understanding of mental health condition
- Willingness to engage in treatment

Matching risk to level of care- a high level crosswalk

Note: This slide is to illustrate examples and is *NOT* prescriptive

Risk Level	ASAM/SUD	Behavioral Health
<ul style="list-style-type: none">• Low Risk- Recovery and Health Maintenance• Moderate Risk• High Risk• Very High Risk• Secure Monitored	<ul style="list-style-type: none">• ASAM 1.0 Outpatient services• ASAM 2.1 Intensive Outpatient; SUD Care coordination; ICM• ASAM 2.5- PHP• ASAM 3.1/3.3/3.5• ASAM 3.7/4.0	<ul style="list-style-type: none">• LOCUS/CASII 10-16; ESCII 9-17<ul style="list-style-type: none">○ Treatment plan and review; psychotherapy services; HBFT level 1 or 2• LOCUS/CASII 17-19; ESCII 18-22<ul style="list-style-type: none">○ BH IOP; HBFT level 3; ICM• LOCUS/CASII 20-23; ESCII 23-26<ul style="list-style-type: none">○ BH PHP, ACT, TTH• LOCUS/CASII 23-27; ESCII 27-30<ul style="list-style-type: none">○ Adult/Children's MH Residential level 1 or 2• LOCUS/CASII 28+<ul style="list-style-type: none">○ Locked residential vs acute inpatient○ This level not available for ESCII

Where are Service Authorization Forms Located?







Guide

How to find Service Authorization (SA) Forms

[Alaska - Optum Provider Portal](#)

Online Submission

Fillable Form

PROVIDER QUICK LINKS	
▶	Sign up for Alerts 
▶	Provider Express 
▶	Provider Billing Services 
▶	Service Authorizations 

How to submit a Service Authorization form

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



Fax: 844.881.3753



Phone: 800.225.8764



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



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

State Plan-Options for Submission

- ❑ Due to pending regulation changes, State Plan Services are not listed in the online portal.
- ❑ If you need to request State Plan Services, please utilize the PDF fillable form and Fax your request.



How to Complete a Service Authorization Request?



PDF Fillable Form

Select form (*NEW FORM*): 1115 Waiver Behavioral health and/or Substance Use Disorder Waiver Provider Service Authorization (SA) Request Form

- ✓ Fill in
- ✓ Save
- ✓ Fax or send via USPS Mail



*17. Recommended level of care (please select an applicable box):

- | | |
|---|--|
| <input type="checkbox"/> 1115 BH Crisis Services | <input type="checkbox"/> 1115 SUD Residential and Inpatient Treatment Services |
| <input type="checkbox"/> 1115 BH Therapeutic Treatment Home | <input type="checkbox"/> 1115 SUD Withdrawal Management |
| <input type="checkbox"/> 1115 BH Residential and Inpatient Treatment Services | <input type="checkbox"/> 1115 SUD Crisis Services |

Online Submission

pct.my.site.com/alaskaform/s/


Service Authorization Online Submissions

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

How to get started with an Online Service Authorization request submission

1. Sign In. Provide Tax ID *or* Agency NPI. We only need one.
2. We will communicate with you through the email you provide on this form.

Optum Alaska Service Authorization Request Form

 Identification Info

Instructions:

To retrieve & complete any incomplete request or to check the status of any submitted request, please enter the TIN & Email below and click on "Search" button.

- 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.)
- All Incomplete requests submitted within the last 30 days will be listed below. Click on "Click Here" to complete the previously started application.
- All Completed applications within last 30 days are also displayed under 'Submitted Requests.' Click on "Click Here" next to a submitted request to see the read only version of the request.

TAX ID

Agency NPI

* REQUEST RECOVERY EMAIL

Service authorization summary info

Optum Alaska Service Authorization Request Form

Identification Info

Instructions:
To retrieve & complete any incomplete request or to check the status of any submitted request, please enter the TIN & Email below and click on "Search" button.

- 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.)
- All Incomplete requests submitted within the last 30 days will be listed below. Click on "Click Here" to complete the previously started application.
- All Completed applications within last 30 days are also displayed under 'Submitted Requests.' Click on "Click Here" next to a submitted request to see the read only version of the request.

TAX ID

Agency NPI

* REQUEST RECOVERY EMAIL

Create New Optum Alaska Service Authorization Request Form

Instructions:
To start submitting a new request, please click on the "Start New Request button."

Incomplete Requests


No Records Found

Submitted Requests

No Records Found

Incomplete Requests

Under the Incomplete Requests section, select the pencil on the right side. Once you select the pencil, a pop up asking for a code will appear.

Incomplete Requests					
Request Ref. Number	Request Status	Recipient ID	Submitted Date	Recovery Email	
Service Auth - 1561	Incomplete	1212		heather.brady@optum.com	

Access Code Email


Verification Code Required

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 :

Access Code Email

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

 DO NOT REPLY <providerexpress@optum.com>
To ● Brady, Heather L

Access Code Email

Hi,

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

Regards,
Optum Alaska

Provider Details

Provider Details

Provider Agency Name Phone Number

Agency NPI Tax Identification Number

DSM Email Address Fax Number

Rendering Contact Name

Rendering Address Line 1 Rendering Address Line 2

Rendering City Rendering Address State

Rendering Zip Request Recovery Email

[Save & Continue](#)

[Save & Exit](#) [Submit for Review](#)

Participant Details

Provider Details

Recipient Details

Recommended Level of Care

Treatment Plan

Medical Necessity

Documents

Attestation

Recipient Details

* Recipient Name

* Recipient ID

AK AIMS Client ID

* Date of Birth

* Gender

* Admission Date

* Planned Discharge Date

[Save & Continue](#)

Recommended Level of Care

Recommended Level of Care

• Service(s) Requested

Available

- 1115 BH Waiver Services
- 1115 SUD Waiver Services

Selected

Eligibility and Type of Service

* Recipient Eligibility for 1115 BH Waiver Services

-Select-

- A Child (age 0-17)
- A Youth (age 18-21)
- An Adult (age 21+)

* Service(s) Requested

Available

1115 SUD Waiver Services

Selected

1115 BH Waiver Services

* Recipient Eligibility for 1115 BH Waiver Services

An Adult (age 21+)

Complete this field.

* Type of Service(s) Requested

Available

1115 BH Residential and Inpatient Treatment Services

1115 BH Crisis Services

1115 BH Therapeutic Treatment Home

Selected

What about the codes?

1115 BH Residential and Inpatient Treatment Services			
Service Name			
Adult Mental Health Residential Services (AMHR) Level 1			
Code	Modifiers	Unit	Unit Requested
T2016	0 Option(s) Selected	Daily	
Service Name			
Adult Mental Health Residential Services (AMHR) Level 2			
Code	Modifiers	Unit	Unit Requested
T2016	0 Option(s) Selected	Daily	
Service Name			
Children's Residential Treatment Level 1			
Code	Modifiers	Unit	Unit Requested
T2033	0 Option(s) Selected	Daily	
Service Name			
Children's Residential Treatment Level 2			
Code	Modifiers	Unit	Unit Requested
T2033	0 Option(s) Selected	Daily	

Example

1115 BH Residential and Inpatient Treatment Services			
Service Name			
Adult Mental Health Residential Services (AMHR) Level 1			
Code	Modifiers	Unit	Unit Requested
T2016	1 Option(s) Selected V2 X	Daily	5
Service Name			
Adult Mental Health Residential Services (AMHR) Level 2			
Code	Modifiers	Unit	Unit Requested
T2016	2 Option(s) Selected TG X V2 X	Daily	5
Service Name			
Children's Residential Treatment Level 1			
Code	Modifiers	Unit	Unit Requested
T2033	1 Option(s) Selected V2 X	Daily	5
Service Name			
Children's Residential Treatment Level 2			
Code	Modifiers	Unit	Unit Requested
T2033	2 Option(s) Selected TF X V2 X	Daily	5

Diagnoses and treatment plan

Treatment Plan Information

* Is this a request for a new service authorization?

* Treatment Plan Date

* Requested Service Authorization Start Date

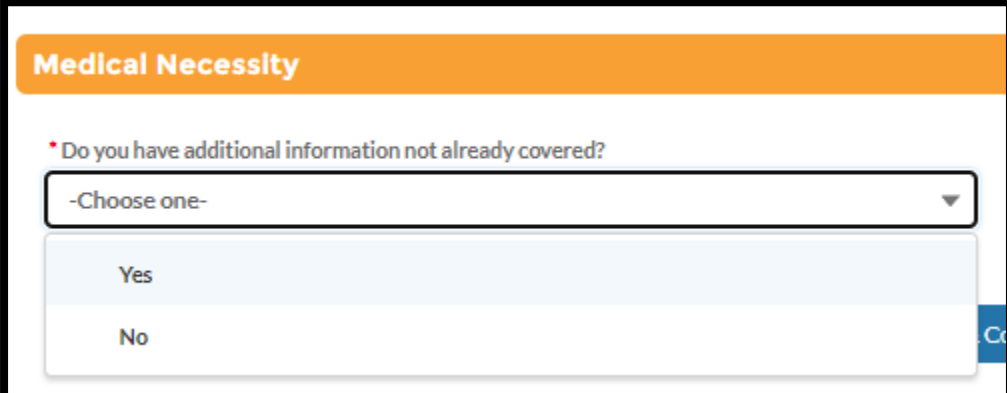
* Requested Service Authorization End Date

* Code Type	* Code	* Description	Comment
<input type="text" value="--None--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Necessity Criteria

1115 Behavioral Health Waiver:

- ✓ Complete the Medical Necessity section. If you have completed a medical necessity guideline tool, it is helpful to attach, but not required.
- ✓ For the 1115 Substance Use Disorder Waiver, **it is required** that providers submit a recent, fully completed ASAM as the medical necessity information.



The screenshot shows a form titled "Medical Necessity" with an orange header. Below the header is a question: "* Do you have additional information not already covered?". Underneath the question is a dropdown menu with the text "-Choose one-" and a downward arrow. The dropdown menu is open, showing two options: "Yes" and "No".

Medical Necessity

Medical Necessity

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.
*Adult Mental Health Residential (AMHR) Level 1 & 2: Providers must submit a copy of the Psychiatric or Psychological assessment with Service Authorization request.

* List participant's current medications (include psychotropic medications in this section):

Fluoxetine, 20 MG, 1x per day

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

No

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

Available	Selected
Fulfill obligations (home, work, ...)	Utilize support systems, either ...
Interact with others	
Care for themselves (ADLs, hea...	
No Updates	
Other	

Describe:

Describe

Uploading supporting documents

Other supporting documents

Or drop files

Attached Documents

Title	Description
-------	-------------

Submission complete

Attestation Information

* I am the:

Directing Clinician

As the assigned directing clinician for the above named recipient, I hereby:

- o Affirm the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment.
- o Affirm that, for a recipient who is a child, the clinical record documents the required participation and input of the child's treatment team.
- o 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 and Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules.
- o Acknowledge that approval of this authorization request does not guarantee payment

* Directing Clinician Electronic Signature: Heather Brady

* Directing Clinician Credentials: LPC

* Date of Review by Directing Clinician: Mar 25, 2024

* Directing Clinician Direct Phone Number: 5553439089

Save & Continue

Attestation Information

* I am the:

Administrator

As the Assigned Administrator for the above named recipient, I hereby:

- o Affirm that the above described clinical information is true and accurate, as provided by the directing clinician.
- o Affirm that I am signing on behalf of the directing clinician with their knowledge and approval.
- o Affirm the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment.
- o Affirm that, for a recipient who is a child, the clinical record documents the required participation and input of the child's treatment team.
- o 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 and 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
- o Acknowledge that approval of this authorization request does not guarantee payment.

* Assigned Administrator Electronic Signature

* Assigned Administrator Credentials

* Date of Review by Assigned Administrator

* Assigned Administrator Direct Phone Number

Save & Exit

Submit for Review

Thanks for submitting your application.

Your application has been submitted and is currently waiting to be reviewed by our Network Management Team. You may now close this window and check back at a later date for the current status of your request. You can view /download/print the form here: [Recently submitted request](#).

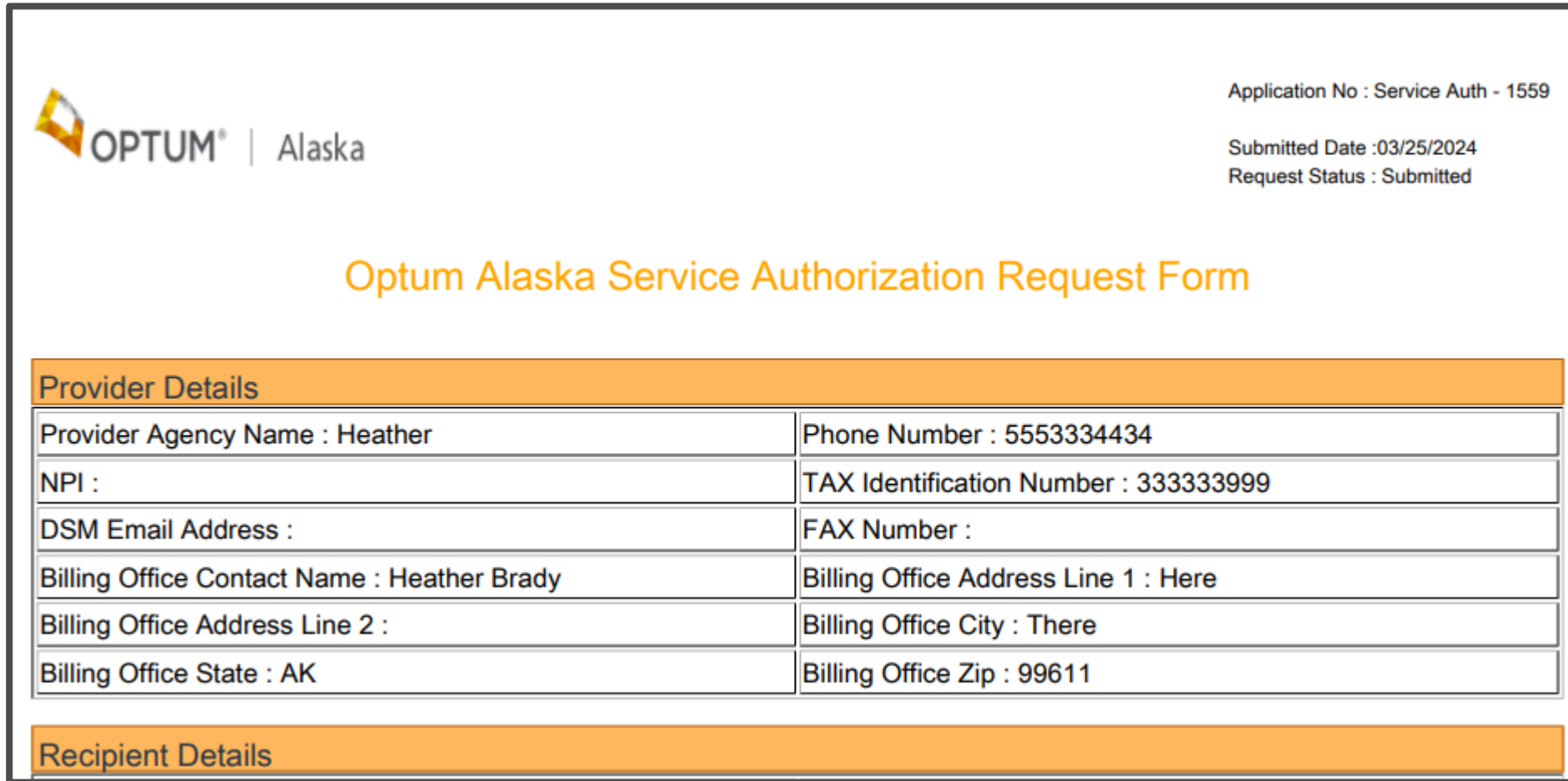
At any time you may return to form by [clicking here](#)

If you need further assistance, please contact the Optum Provider Line at 1-800-225-8764.

Providers also can email akmedicaid@optum.com for assistance.

Other click options

If you click “to view/download” as mentioned, you will see your entire service authorization form to include the application number.



OPTUM® | Alaska

Application No : Service Auth - 1559
Submitted Date :03/25/2024
Request Status : Submitted

Optum Alaska Service Authorization Request Form

Provider Details	
Provider Agency Name : Heather	Phone Number : 5553334434
NPI :	TAX Identification Number : 333333999
DSM Email Address :	FAX Number :
Billing Office Contact Name : Heather Brady	Billing Office Address Line 1 : Here
Billing Office Address Line 2 :	Billing Office City : There
Billing Office State : AK	Billing Office Zip : 99611

Recipient Details

Codes and Modifiers and other helpful items

[Optum Alaska - Provider Billing Resources](#)

Procedure/Modifier Grids

[Applications, Manuals, Rates and Fee Schedules \(alaska.gov\)](#)



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. Demonstrate how the services provided will stabilize or benefit the participant.
- ✓ 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: You may need to request a higher LOC if the level you assess is not available. Ex: Person 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.



What Happens After a SA Form is Submitted?



Information

Care Advocates



Care Advocate Role

To 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)
- CSII** (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.
- ✓ Initial Service Authorizations can come in via Phone, Fax, Salesforce, or mail.

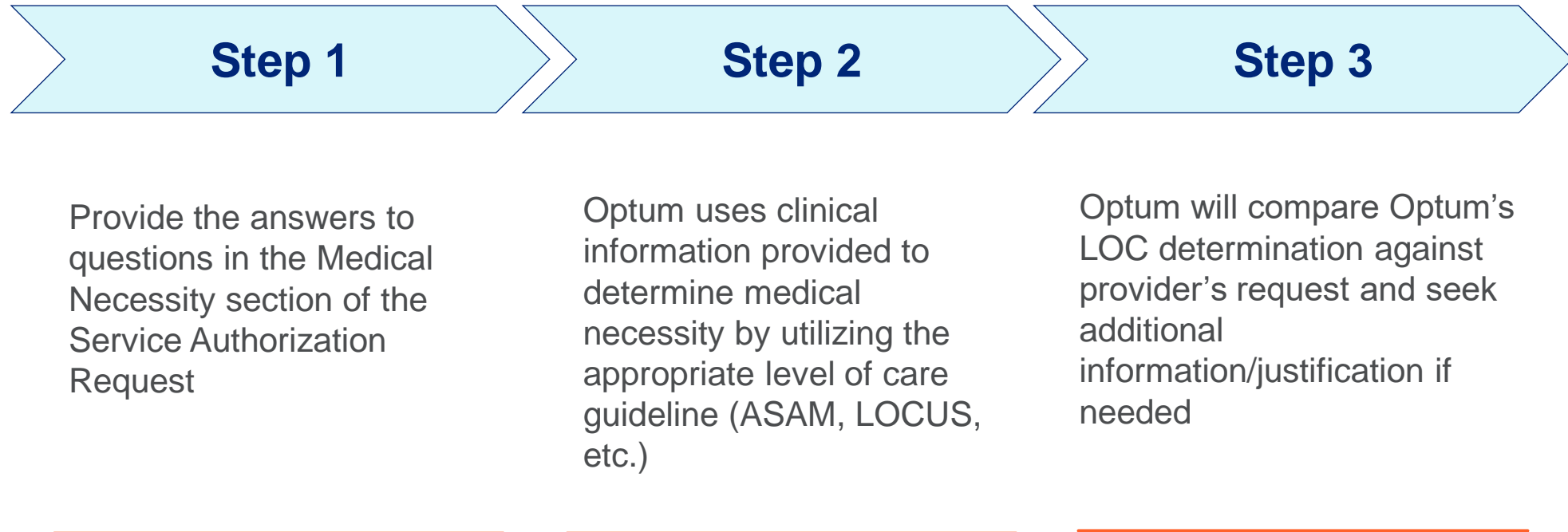


Care Advocates maintain Independent and unrestricted clinical behavioral health licensure.

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 (LOGG) criteria.

Care Advocates collaborate with treating providers and facilities to ensure participants are receiving treatment in line with best practice and clinical guidelines.

Making Level of Care Determinations



What happens next?

Two routes for next steps

✓ Authorization approved

- Verbal notification by Care Advocate
- Authorization letter mailed

✓ 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



Check the Status on Provider Express

The screenshot shows the Optum Provider Express interface. At the top, there is a navigation bar with a home icon and 'Public Home' on the left, and a user profile 'Welcome, John Doe (provider)' with 'In-Network', 'Contact Us', and 'Sign Out' on the right. Below this is the 'OPTUM® | Provider Express' header. A secondary navigation bar contains 'Elig & Benefits', 'Claims', 'Auths', 'Appeals', 'My Practice Info', and 'More'. The main content area is titled 'Authorization Inquiry * - indicates required field(s)'. It features four tabs: 'My Patients', 'Member ID Search', 'Name/DOB Search', and 'Authorization # Search'. The 'Authorization # Search' tab is active. Below the tabs, a message reads 'Please complete the form below and click "Search"'. A red asterisk note states '* - indicates a required field'. The form contains a single input field labeled 'Authorization Number *' and a 'Search' button.

Submission Time and Approvals

- ✓ There is a minimum of five (5) calendar days for standard review.
- ✓ A Care Advocate will contact provider/agency within seven (7) days with the determination.
- ✓ There is a minimum of two (2) calendar days for expedited review. Expedited is reserved for higher levels of care such as: Crisis Residential and Stabilization.



Amended Service Authorization Request

If you have a submitted a service authorization request that did not include the maximum allowable units for the 90-day time frame, providers can submit an amended request.

- ❑ All medical necessity information would be “no update” except for the description supporting the request for additional units [picture is from the online portal]
- ❑ There are some portions in the form that do not offer “no update” as they are situations that can change at a swift rate. Examples: medications and risk to self or others.

Treatment Plan Information

* Is this a request for a new service authorization?
No

* Is this a request for an amendment of an already approved service authorization?
Yes

* Current Service Authorization Number

* Treatment Plan Date

* Requested Service Authorization Start Date

* Requested Service Authorization End Date

* Code Type: --None--

* Code

* Description

Comment

Additional information which may support medical necessity for services requested:

Provider requested less than maximum allowed units for specified service. Requesting additional units for specified service.
Any additional points of medical necessity or information.

Save and Next

Your SA is about to expire: Now what?

- ✓ If medical necessity indicates extended stay is recommended/warranted, please follow the same steps previously until the Treatment Plan Information section.

Treatment Plan Information

* Is this a request for a new service authorization?

* Is this a request for an amendment of an already approved service authorization?

* Current Service Authorization Number

* Treatment Plan Date

* Requested Service Authorization Start Date

* Requested Service Authorization End Date

- ✓ If the participant is transitioning to a new level of care, the receiving level of care provider is responsible for requesting a service authorization.

Continued Stay

FOR CONTINUED SERVICE REQUESTS ONLY

Is the participant actively engaged in treatment?

choose one... ▲▼

Is there progress being made on goals and objectives since the last service authorization request?

choose one... ▲▼

Additional information which may support medical necessity for services requested:

Save and Next

Treatment Plan Alignment

- ✓ Runs concurrent with treatment plan periods and State regulations
- ✓ Providers are responsible for having an active, current treatment plan during time of service and authorization dates.
- ✓ The initial (first) Service Authorization request should have the start date of the first treatment plan for Optum Care Advocate to match the start date of the SA to the start date of the TX plan.

Example: Participant enters 3.1 Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1): July 2, 2024.

Treatment plan dates: July 2, 2024-October 1, 2024, October 2, 2024-November 7, 2024

SFY limits: 90 days starting July 2, 2024, ending October 1, 2024

Initial Service Authorization (SA) submitted: September 27, 2024, with start date of October 2, 2024. Requesting 35 days.

Issue date of SA is July 2, 2024-November 7, 2024.



Other Tidbits



Tidbits

- What changed in the manual
- Adult Mental Health Residential (AMHR) Psych Eval
- SFY Unit check process-all providers
- Summary
- Optum contact



1115 BH Waiver Regulation Changes 02/02/2024: What Changed?

Services requiring Authorization (SA):

- Crisis Residential and Stabilization Services (CSS) – SA required after 7 days SFY S9485 V2
- Therapeutic Treatment Homes – SA required after 90 days SFY H2020 V2
- Children’s Residential Treatment Level 1 - SA required after 90 days SFY T2033 V2
- Children’s Residential Treatment Level 2 – SA required after 90 days SFY T2033 TF V2
- Adult Mental Health Residential Services (AMHR) Level 1 – *Psychiatric or Psychological assessment must be conducted for an adult receiving adult mental health residential services before the department will approve a provider request for a service authorization. 90 days SFY T2016 V2*
- Adult Mental Health Residential Services (AMHR) Level 2 - *Psychiatric or Psychological assessment must be conducted for an adult receiving adult mental health residential services before the department will approve a provider request for a service authorization. 180 days SFY T2016 TG V2*

New! Providers are to submit:

Adult Mental Health Residential Services (AMHR) Level 1 and 2:

- Psychiatric or Psychological assessment must be conducted for an adult receiving adult mental health residential services before the department will approve a provider request for a service authorization.*
- This assessment is to be provided with the Service Authorization request submission. If it is not received, Optum will attempt to request from provider. If unable to receive, a denial will be issued.



1115 BH Waiver Regulation Changes 02/02/2024: What Changed?

Services not requiring Authorization:

- ❑ Home Based Family Treatment – No SA required Level 1: H1011; Level 2: H1011TF V2; Level 3: H1011 TG V2
- ❑ Intensive Case Management (ICM) – No SA required H0023 V2
- ❑ Crisis Stabilization and Support Services (CRSS) – No SA required H2021 V2 and H2021 HQ V2
- ❑ Assertive Community Treatment (ACT) – No SA required H0039 V2
- ❑ Intensive Outpatient Program (IOP) - No SA required H0015 V2 Individual; H0015 HQ V2 – Group
- ❑ Partial Hospitalization Program (PHP) - No SA required H0035 V2
- ❑ Peer Based Crisis Services (PBCS) – No SA required H0038 V2
- ❑ 23 Hour Crisis Observation and Stabilization (COS) – No SA required S9484 V2
- ❑ Mobile Outreach and Crisis Response Services (MOCR) – No SA required T2034 V2
- ❑ Mobile Outreach and Crisis Response (MOCR) Service Follow Up – No SA required H2011 V2

1115 SUD Waiver Regulation Changes 02/02/2024: What Changed?

Services requiring Authorization:

- ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services Adolescents and Adults - SA required after 90 days SFY. H2036 HA V1 – Adolescents aged 12-17 years. H2036 CG HA V1 – Adults aged 18-21 treated in an adolescent setting. H2036 HF V1 – Adults aged over 21
- ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services Adult - SA required after 90 days SFY. H0047 V1
- ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services – Adolescents and Adults Served in an Adolescent Setting - SA required after 90 days SFY. H0047 HA V1 TF – Adolescents aged 12 through 17. H0047 CG V1 HA TF – Adults aged 18-21 treated in an Adolescent setting
- ASAM Level 3.5 Clinically Managed High-Intensity Residential Services – Adult - SA required after 90 days SFY. H0047 TG V1 Adult
- ASAM Level 3.7 Medically Monitored Intensive Inpatient Services - Adult - SA required after 14 days SFY. H0009 TF V1

1115 SUD Waiver Regulation Changes 02/02/2024: What Changed?

Services requiring Authorization:

- ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults - SA required after 14 days SFY H0009 TG V1
- ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults - SA required after 14 days SFY. H0010 V1
- ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults - SA required after 14 days SFY. H0010 TG V1
- ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults - SA required after 14 days SFY. H0011 V1
- Crisis Residential and Stabilization Services (CSS) - SA required after 7 days SFY. S9485 V1.

1115 SUD Waiver Regulation Changes 02/02/2024: What Changed?

Services not requiring Authorization:

- ASAM Level 1.0 Outpatient Services for Adolescents and Adults – No SA required. Adolescent H0007 V1 Individual and H0007 HQ HA V1 – Group. Adult H0007 V1 Individual and H0007 HQ HB V1 – Group
- ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults – No SA required. H0015 V1 Individual and H0015 HQ V1 Group
- ASAM Level 2.5 Partial Hospitalization Program – Adolescent – No SA required. H0035 V1
- ASAM Level 2.5 Partial Hospitalization Program – Adult – No SA required. H0035 V1
- ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-Site Monitoring for Adolescents and Adults – No SA required. H0014 V1

1115 SUD Waiver Regulation Changes 02/02/2024: What Changed?

Services not requiring Authorization:

- ASAM Level 2 WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring for Adolescents and Adults - No SA required. H0014 CG V1
- Community Recovery Support Services (CRSS) - No SA required. H2021 V1 Individual. H2021 HQ V1 Group
- SUD Care Coordination - No SA required. H0047 V1 – Individual
- Intensive Case Management Services (ICM) - No SA required. H0023 V1
- Peer-Based Crisis Services – No SA required. H0038 V1

1115 SUD Waiver Regulation Changes 02/02/2024: What Changed?

Services not requiring Authorization:

- ❑ 23-Hour Crisis Observation and Stabilization (COS) - No SA required. S9484 V1
- ❑ Mobile Outreach and Crisis Response (MOCR) Services - No SA required. T2034 V1
- ❑ MOCR Crisis Service Follow Up – No SA required. H2011 TS V1

State Fiscal Year Unit Usage

NEW: Optum has created a process to assist providers to check SFY unit usage.

Process:

- ✓ Providers will go to the [Alaska - Optum Provider Portal](#) and complete the request form
- ✓ Providers will send a request on the fillable form via their secure email delivery system to Optum
- ✓ Request is received in the SA_and_ClinicalRecords@optum.com mailbox managed by the Utilization Management team.
- ✓ UM Manager reviews the request, fills in the information and returns to Provider via email utilizing secure email delivery.



Timeframe for response to providers:

- Same day prior to 4 p. m.
- After 4 p. m., Next day
- If after 4 p. m. on Friday, weekend or holiday, next business day

SFY Unit Usage PDF Fillable Form

Provider Information: NPI or TIN: _____ Provider Name: _____ Date: _____						
Contact Person: _____ Fax: _____ Phone: _____						
Please provide the following: Participant Medicaid ID, date of birth and the services codes you are inquiring about. Optum will respond with the participants current remaining units. If utilization is 80% or greater, it is recommended providers submit a Service Authorization. Please note, the State Fiscal Year (SFY) limits are based on processed claims for received services and the current number is an estimate. A Service Authorization is required if the provider is requesting an extension of services beyond the SFY limit.						
1)	Participant ID:	_____	D.O.B.	_____	Participant Name:	_____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
2)	Participant ID:	_____	D.O.B.	_____	Participant Name:	_____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____
	Service Code:	_____	Remaining Units:	_____	Over 80%:	_____ SA needed? _____

In Summary:

- Service authorizations will be required after **May 12, 2024**.
- 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
- A printable PDF can be created.



Summary Continued

- Fiscal Year limits are reset July 1 of every year
- Do not leave response boxes on the SA blank, this could result in a denied authorization or a delayed authorization determination
- Medical Necessity Guideline Tools (LOCUS, CALOCUS/CASII, ECSII) do not replace the medical necessity section of the Service Authorization form for Behavioral Health services.
- ASAM is used in place of medical necessity questions for SUD services.



Optum Clinical Email

Optum has created a new email box for SA and clinical questions to reduce traffic to Provider Relations.

Please use:

SA_and_ClinicalRecords@optum.com



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: 800.225.8764.



Provider Questions

Issues with: Provider Express or Salesforce: 800.225.8764

To complete Service Authorization via phone: 800.225.8764
via fax fillable form: 844.881.3753

Providers are welcome to email akmedicaid@optum.com 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.

Part 2- Retrospective Review, Appeals, Peer to Peer

Please attend the second portion of our training on May 8, 2024.



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