

Duncan-Sanford, Judy A

From: sdu_Provider Services Help
Sent: Tuesday, October 09, 2018 5:19 PM
Subject: Optum Public Sector San Diego - Upcoming Authorization Process Changes Effective January 1, 2019



Dear Provider:

As an Optum Public Sector Fee-For-Service Provider, you are a vital part of our San Diego County Behavioral Health System. Medi-Cal Expansion has continued to have a significant impact on the San Diego County Behavioral Health System. We want to keep you informed of how these changes will impact your practice serving Medi-Cal beneficiaries.

BACKGROUND: In January 2014, the Department of Health Care Services (DHCS) for the State of California obligated the Medi-Cal Managed Care Plans (MCPs) to provide mental health services to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning. Each MCP has its own network of contracted behavioral health providers to serve their beneficiaries. You might also be on one or more of these networks: Aetna Better Health, Care 1st, Community Health Group, HealthNet, Kaiser, Molina and UnitedHealthcare.

The County Mental Health Plan, consisting of County Clinics, Organizational Providers, and the Optum Public Sector FFS Network (who historically may have seen a range of mild, moderate and severe levels of functioning) is targeted to provide services to those individuals with more severe behavioral health impairment.

HOW THESE CHANGES AFFECT YOU: The FFS Network has been shifting to align with serving the County Mental Health Plan's target population of individuals with more serious and persistent behavioral health impairment. To ensure these are the individuals being served by the FFS network, we are required to make adjustments to our authorization process for MD/DO/NP providers as of January 1, 2019.

The new process is outlined as follows:

-A FFS MD/DO/NP performs a face to face assessment to determine that the client meets medical necessity for Specialty Mental Health Services, as evidenced by severe impairment of mental, emotional, or behavioral functioning. This initial assessment does not require prior authorization.

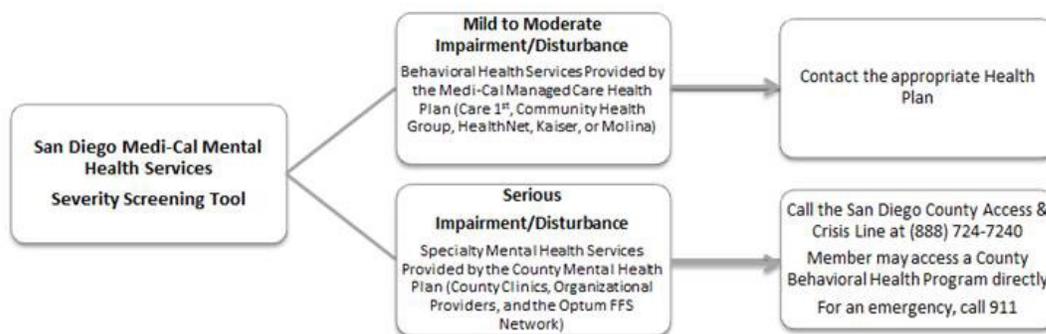
-If the FFS MD/DO/NP is requesting ongoing sessions after the initial assessment, the FFS MD/DO/NP must submit both an OAR-Psychiatry Form and Demographic Form. This information is critical for ensuring we can register the clients into the electronic health record, and report required information to the County Mental Health Plan and DHCS.

-The required forms are listed on the Optum Website at www.optumsandiego.com under the County Staff & Providers- Fee for Service Providers Tab.

FRAMEWORK AND TOOLS: San Diego County Behavioral Health Services, in collaboration with the Medi-Cal MCPs, developed a shared conceptual framework, and tools to use as guidelines, for evaluating clients as having either mild, moderate, or severe impairment.

The tools have been posted on our website: www.optumsandiego.com under the County Staff & Providers-Healthy San Diego Tab.

I encourage you to review these tools to better understand this process.



We appreciate your understanding and flexibility as we implement these changes over the next few months. This system will allow us to align our authorization processes to Medi-Cal requirements, to provide data to better inform our system, and ensure consumers are being served. We will continue to provide additional information to you as we get closer to January 2019. Please keep a look out for a more detailed communication, as well as a recorded webinar in the coming weeks. Please feel free to reach out to us if you any questions. You can reach one of our Outpatient Care Advocates at 1-800-798-2254, Option 3, Option 3.

Thank you for your continued commitment to serving our Medi-Cal beneficiaries. We greatly appreciate the work you do and look forward to continuing to work with you.

Kristie Preston, LMFT

Sincerely,

Kristie Preston, LMFT
Clinical Director
Optum Public Sector San Diego