

Texas Gold Card Program

Overview

Providers of certain behavioral health services in Texas are exempt from prior authorization requirements. These Texas Gold Card waivers comply with all state requirements, are **NPI-specific** and apply to the following:

- Eligible fully insured commercial and Individual Exchange* plan members
 - Accounts that are in plan and in-network for identified services
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Program eligibility and requirements



The Gold Card prior authorization waiver has been granted according to the Texas statutes, codes and regulations HB 3459.

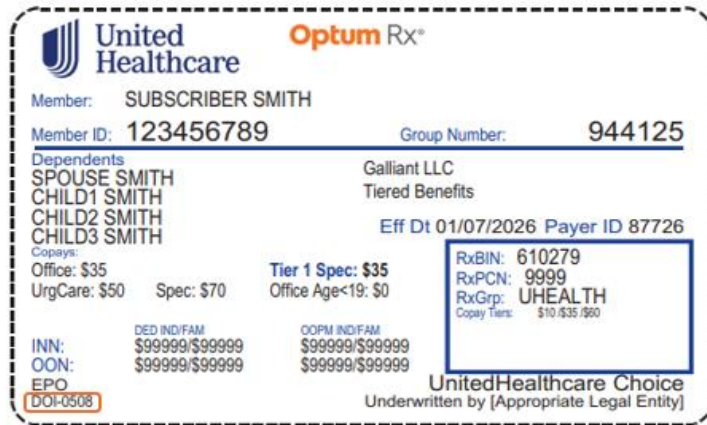
Practices qualify based on the following criteria:

- Network participation in a fully insured Commercial plan. Texas Gold Card waivers do not apply to members covered by a Medicare Advantage or Medicaid plan.
- Provider has submitted a minimum of at least 5 eligible prior authorizations with a 90% authorization approval rate or more, during the 12-month evaluation period that ran from Jan. 1 – Dec. 31 (years may vary based on waiver cycle).

Optum Behavioral Health will continue to review program eligibility. Any changes to the eligibility criteria will be communicated in advance.

How to Identify Fully Insured Plans

The Texas ID card will display the letters “DOI” in the lower left corner if the member is in a fully insured plan



Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

State requirements

The Texas Gold Card state mandates and requirements supersede the [UnitedHealthcare National Gold Card Program](#). That means:

- State criteria is applied criteria first
- The UnitedHealthcare National Gold Card program will then apply for qualifying providers and codes where it does not conflict with state requirements.

How providers will be notified



- **Gold Card qualified:** Optum automatically notifies qualifying providers of prior authorization exemptions by mail. A notice will be sent after the corresponding evaluation period. It will indicate the services that are exempt from prior authorization.
- **Exemption rescinded:** In the event a Gold Card exemption(s) is rescinded, we will notify you and explain the reason the exemption was rescinded.

What providers need to do



Confirming eligibility

We mail qualifying providers a list of their Gold Card service exemptions. Your eligibility effective date is shown on this notification.

If you have questions regarding your eligibility, please mail Optum Behavioral Health at bh_gold_card@optum.com.



If you received a prior authorization exemption(s)

Providers who qualify for a Texas Gold Card waiver will **not** need to submit prior authorization requests for the exempt NPI and select procedure and revenue codes.

Exemption effective date

The prior authorization waiver begins on the date shown on your exemption notification and applies only to new dates of service on or after this date. Services that began before the date shown on your notification must continue to follow the existing authorization requirements.

Submitting claims when you have an exemption(s)

The claim submission process won't change for providers who receive a Gold Card waiver.

Be sure to include your NPI when submitting claims. Not including the NPI may result in claims being denied due to lack of prior authorization.

We can't provide an authorization number for an exempt service(s). However, we'll continue to conduct concurrent reviews after the initial service exemption period ends for Inpatient and Residential services. Please contact us:

- To request continued services after the initial service exemption period ends.
- If you're not sure whether you received an exemption(s).



If you did not receive a prior authorization exemption(s)

If you did not qualify for a waiver, you must continue to submit prior authorization requests for all services that require approval before services are rendered. You can review prior authorization requirements via the:

- [Prior authorization webpage](#) on Providerexpress.com > Admin Resources > Prior Authorization and Notification Information > Commercial Plans

How to appeal your Gold Card status



Appeal

If you don't receive prior authorization exemption, you may submit an appeal for each service one time per calendar year. The request should include reasons why you believe you should receive a prior authorization exemption and be mailed to:

Optum Appeals and Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512 Or Fax: 1-855-312-1470

Your Gold Card status may change as a result of an appeal. Any change of status, as well as the effective date, will be communicated through email.

Eligibility review timing



Optum Behavioral Health will review Gold Card eligibility and qualifications every 12 months. Any changes to the timing of Gold Card qualification reviews will be communicated in advance.

Important information for facility-based care



- To better collaborate on discharge planning, admission notification is strongly encouraged but not required.
- Inpatient and Residential services exempt from prior authorization will be subject to Concurrent Review.
- If the member remains in care beyond the initial authorization exemption period, Concurrent Review will be required beginning the first non-covered day.
- The Initial Authorization Exemption periods for each impacted level of care are as follows:
 - Inpatient — 5 days from date of admission
 - Residential — 10 days from date of admission
 - Intensive Outpatient (IOP) and other Outpatient levels of care exempt from prior authorization will not be subject to Concurrent Review.
- When you contact us for Concurrent Review, we may notify you that Concurrent Review is waived for the remainder of the member's care until discharge or transfer from the waived service.

We ask that you notify us when the member is transferred or discharged.

Questions? We're here to help.



Email Optum Behavioral Health at bh_gold_card@optum.com.

* UnitedHealthcare Individual Exchange plans are also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.