



Optum Project BRAVO ICT to ACT Transition Effective July 1, 2021

| Frequently Asked Questions | |
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| <p><i>What is changing?</i></p> | <ul style="list-style-type: none"> • Intensive Community Treatment (ICT) services will no longer be recognized as covered services for VA CCC+ or VA Medallion members effective July 1, 2021. • ICT services will be replaced with Assertive Community Treatment (ACT) Services effective July 1, 2021. • Only appropriately licensed and approved providers will be able to render and receive reimbursement for ACT services effective July 1, 2021. |
| <p><i>How do I add a newly licensed service to my contract with UHC/Optum?</i></p> | <ul style="list-style-type: none"> • Upon receipt of your updated license addendum from the Virginia DBHDS showing the newly licensed service and its effective date, please email that addendum to your provider relations contact for Virginia (John_strube@optum.com). • Following submission, your newly issued addendum will be forwarded to the Optum data and credentialing teams for processing and verification prior to updating the applicable plan profile within our system. |
| <p><i>What happens if a provider has not received a new license from DBHDS? Is there any additional action required by the provider?</i></p> | <ul style="list-style-type: none"> • Following the submission of your application to DBHDS for processing, the provider must submit license addendums (upon receipt) to Optum. • Optum receives regular updates from DMAS and DBHDS regarding providers who have applied for new licenses and regularly provides Optum with updates as to the status of those license approvals. • If Optum received notification of an approved status through our communications with DBHDS, Optum will update your credentialing and plan profile to incorporate the new service based on the information provided by DBHDS. |
| <p><i>Will members currently receiving ICT services be automatically transitioned to the new ACT service starting July 1, 2021?</i></p> | <ul style="list-style-type: none"> • Yes. If a member is currently receiving ICT services authorized by our health plan, the members care will be automatically transitioned to the new ACT service effective July 1, 2021. |
| <p><i>Will my existing authorizations for ICT that go beyond July 1, 2021 update to ACT?</i></p> | <ul style="list-style-type: none"> • Yes. Existing authorizations filed for ICT services that expire after July 1, 2021 will be updated to reflect the new ACT service for the duration of the existing ICT authorization and the remaining authorized units. • Authorizations to extend care beyond expiration will need to have the appropriate continued stay request for care submitted for review to our care management team. |
| <p><i>How do I submit requests for new authorizations for ACT services?</i></p> | <ul style="list-style-type: none"> • New authorization requests should be submitted to the clinical management team using the standard submission using the links on our website www.providerexpress.com • The link to the specific location to submit the authorization requests is: https://electronicforms.force.com/VAMedicaidForm/s/ |

| <p><i>Is there new additional documentation that is required to submit authorization requests?</i></p> | <ul style="list-style-type: none"> No changes have been made to the portal submission requirements. | | | | | | | | | | |
|--|--|-------------|--------------------------------|------|-------------------------------|------|--|----|---|----|--|
| <p><i>Have there been any changes to the provider portal submission form?</i></p> | <ul style="list-style-type: none"> Beginning June 21, 2021, the Virginia MHS request form will be updated to reflect the July 1, 2021 Medicaid Behavioral Health Enhancement. For 30 days, the retiring services and codes will continue to be visible on the request form. For additional information on the Virginia Medicaid Behavioral Health Enhancement, please visit: https://www.vacbp.org/behavioral-health-redesign.html | | | | | | | | | | |
| <p><i>What codes should be used to bill for ACT services?</i></p> | <ul style="list-style-type: none"> H0040 with required appropriate modifiers based on team size: <table border="1" data-bbox="412 688 1505 905"> <tr> <td>U1</td> <td>Contracted as Base Medium Team</td> </tr> <tr> <td>U2</td> <td>Contracted as Base Small Team</td> </tr> <tr> <td>U3</td> <td>Contracted as High Fidelity Large Team</td> </tr> <tr> <td>U4</td> <td>Contracted as High-Fidelity Medium Team</td> </tr> <tr> <td>U5</td> <td>Contracted as High-Fidelity Small Team</td> </tr> </table> | U1 | Contracted as Base Medium Team | U2 | Contracted as Base Small Team | U3 | Contracted as High Fidelity Large Team | U4 | Contracted as High-Fidelity Medium Team | U5 | Contracted as High-Fidelity Small Team |
| U1 | Contracted as Base Medium Team | | | | | | | | | | |
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| U4 | Contracted as High-Fidelity Medium Team | | | | | | | | | | |
| U5 | Contracted as High-Fidelity Small Team | | | | | | | | | | |
| <p><i>Will claims for ICT services submitted after July 1, 2021 be honored?</i></p> | <ul style="list-style-type: none"> No. Claims submitted for ICT (H0039) services will be denied as an invalid code not covered by Medicaid effective for dates of service after June 30, 2021. Providers that submit claims for ICT (H0039) will receive the following denial reasons on system generated PRA (Provider Remittance Advice) documentation issued after June 30, 2021: <table border="1" data-bbox="412 1157 1451 1331"> <thead> <tr> <th>Denial Code</th> <th>Denial Description</th> </tr> </thead> <tbody> <tr> <td>C096</td> <td>Non-Covered Charge(s)</td> </tr> <tr> <td>N448</td> <td>This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.</td> </tr> </tbody> </table> | Denial Code | Denial Description | C096 | Non-Covered Charge(s) | N448 | This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement. | | | | |
| Denial Code | Denial Description | | | | | | | | | | |
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| N448 | This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement. | | | | | | | | | | |
| <p><i>If I have questions or need additional assistance, whom should I contact?</i></p> | <ul style="list-style-type: none"> Clinical/Authorization related inquiries please contact: Alert.ps.admin@optum.com General provider inquiries please contact: john.strube@optum.com | | | | | | | | | | |