



Service Authorization Tidbits and Townhall Takeaways

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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 \(alaska.gov\)](https://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 \(optum.com\)](https://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[®]

- Adults, 18+
- American Association for Community Psychiatrist (AACCP)

Early Childhood Service Intensity Instrument – ECSII[®]

- Birth to 5 years
- American Academy for Child and Adolescent Psychiatry (AACAP)
- Published 2009

Child and Adolescent Service Intensity Instrument – CALOCUS/CASII[®]

- 6 to 18 years
- American Academy for Child and Adolescent Psychiatry (AACAP).
- 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 \(alaska.gov\)](https://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](#) 
- [State Plan Service, SA Request Form](#) 

Where are service authorizations submitted

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



Fax: 844.881.3753



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 [Optum Alaska](#) website, For Alaska Medicaid Providers, [Service Authorizations](#).

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 One Healthcare ID.

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.

Identification Info

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

9 digit, no Text/Charac

Agency NPI

10 digit, no Text/Char:

*REQUEST RECOVERY EMAIL

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.

BH2537_022020

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 :


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

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

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

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

Identification Info Summary Info **New Optum Alaska Form**

Requirements and Instructions

- ✓ Provider Details
- ✓ Recipient Details**

Recommended Level of Care

Save and Exit

Save and Next

* Recipient Name
First Last

* Recipient ID
06546045

AK AIMS Client ID

* Gender
Male

* Date of Birth
Jan 1, 2000

* Admission Date
Mar 27, 2023

* Planned Discharge Date
Jun 7, 2023

* Is this request for concurrent Medicaid State Plan and 1115 SUD or 1115 BH services?
No

* For State Plan Services, Is this a request for combined clinical and rehab services in excess of 12 hours/day?
No

Online submission SUD clinical criteria

ASAM CRITERIA

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.
* Include all relevant information since admission, or since 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

<p>ASAM Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>* Risk Rating <input type="text" value="3"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>	<p>ASAM Dimension 2: Biomedical Conditions and Complications</p> <p>* Risk Rating <input type="text" value="2"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>
<p>ASAM Dimension 3: Emotional, Behavioral or Cognitive Conditions</p> <p>* Risk Rating <input type="text" value="0"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>	<p>ASAM Dimension 4: Readiness to Change and Complications</p> <p>* Risk Rating <input type="text" value="1"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>
<p>ASAM Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>* Risk Rating <input type="text" value="4"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>	<p>ASAM Dimension 6: Recovery/Living Environment</p> <p>* Risk Rating <input type="text" value="2"/></p> <p>* Clinical Details to support rating <input type="text" value="additional details"/></p>

* Total Composite Score * Do you have additional information not already covered?

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.

List participant current medications:

* 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?
choose one...

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

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

Select an option...

- Fulfill obligations (home, work, school)
- Interact with others
- Care for themselves (ADLs, health/medical, etc.)
- Utilize support systems, either through lack of or inability to engage (family, church, community supports, etc.)
- Other

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.

No file chosen

UPLOADED ATTACHMENTS

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.

28b.
Administrative Assistant Credentials Signature Date

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.

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

The screenshot displays the Optum Provider Express interface. At the top, there is a navigation bar with links for 'Apps', 'main menu', 'Login | Qualtrics', 'Login', 'Home', 'Provider Search', 'NPPES NPI Registry', and 'Provider Express'. Below this is a 'Public Home' header with a user profile icon labeled 'Wel'. The main header features the 'OPTUM' logo, 'Provider Express' text, and links for 'Elig & Benefits' and 'Claims'. The main content area is titled 'Authorization Inquiry * - indicates required field(s)'. It contains four search tabs: 'My Patients', 'Member ID Search', 'Name/DOB Search', and 'Authorization # Search'. The 'Authorization # Search' tab is active. Below the tabs, a text box contains the instruction 'Please complete the form below and click "Search"'. A red asterisk note states '* - indicates a required field'. The form includes a text input field labeled 'Authorization Number *' and a 'Search' button.

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.

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 akmedicaid@optum.com
 - Standby to create further Technical Assistance Trainings/Updates after a minimum of 30 days post launch
 - 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 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.

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

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>

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Health
Division of Behavioral Health

ENHANCED BY Google

Home Divisions and Agencies Services News Contact Us

DHSS Reorganization > Department of Health > Behavioral Health

Welcome to Behavioral Health

Public Comment

Friday, January 27, 2023 — 9:30 a.m. - 11:30 a.m.
State of Alaska, Department of Health Public Hearing
Medicaid Section 1115 Substance Use Disorder Treatment and Behavioral Health Program Demonstration Waiver
[Join Zoom Meeting](#)

Behavioral Health

- Home
- Director's Office
- Communications
- Core Services
- Division Contacts
- Well-Being Alaska

Sections

- AKAIMS
- Behavioral Health Systems & Policy
- Prevention and Early Intervention
- Fetal Alcohol Spectrum Disorder
- Medicaid Provider Assistance Services
- Behavioral Health Quality Assurance Section

Treatment Bed Availability

- BRS Residential Services
- Residential SUD

Initiatives

- 1115 Waiver
- 988 Suicide Crisis & Lifeline
- AK Responders Relief Line

Farina Brown
Acting Director

Laura Russell
Acting Deputy Director

Contact the division at
HSS.DBH@Alaska.gov

"Partners promoting healthy communities."

Mission & Values

BEHAVIORAL HEALTH TREATMENT LOCATOR

Substance Abuse or Mental Health Treatment Facility Locator

988 SUICIDE & CRISIS LIFELINE

988 Suicide & Crisis Lifeline
Having an easy-to-remember number for those needing mental

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
- >  Alaska Behavioral Health Provider Standards and Administrative Manual for SUD Provider Services - October 4, 2020

Optum Alaska website

<https://alaska.optum.com>

The screenshot displays the Optum Alaska website interface. At the top left is the Optum Alaska logo. To the right is a search bar with the text "Search" and a "Search" button. Below the logo is a dark navigation bar with links: Home, For Participants (dropdown), For Alaska Medicaid Providers (dropdown), For Community Partners, About Us, and Contact Us (dropdown). The main content area is titled "Alaska - Optum Provider Portal". On the left, there are three vertical panels of quick links: "PARTICIPANT QUICK LINKS" (Resources & Tools, Participant Newsletter), "PROVIDER QUICK LINKS" (Sign up for Alerts, Provider Express, Provider Billing Services, Service Authorizations), and "EXTERNAL OPTUM SITES" (Find a Provider, Live & Work Well, Supports and Services Manager). The main content area features a "Stay informed on COVID-19" section with three prominent banners: a teal banner for CDC updates, a dark red banner for Alaska DOH updates and Telehealth guidance, and a graphic for the COVID-19 Mental Health Resource Hub with the hashtag #StrongerTogether and the PsychHub logo. Below the graphic is a link to the resource hub.

Optum | Alaska

Search: Search

Home For Participants For Alaska Medicaid Providers For Community Partners About Us Contact Us

Alaska - Optum Provider Portal

Stay informed on COVID-19

Check the CDC website for COVID-19 updates at [cdc.gov/coronavirus/2019-ncov](https://www.cdc.gov/coronavirus/2019-ncov)

Check the DOH website for COVID-19 updates at coronavirus.alaska.gov

Check the current Telehealth guidance at <https://content.govdelivery.com/accounts/AKDHSS/bulletins/2825545>




COVID-19
Mental Health Resource Hub
#StrongerTogether
PsychHub

Check the COVID-19 Mental Health Resource Hub to help individuals and providers address their mental health needs at <https://psychhub.com/covid-19/>

Procedure \ Modifier Grids

[Alaska - Optum Provider Portal](#) > [For Alaska Medicaid Providers](#) > [Provider Billing Resources](#)

Procedure \ Modifier Grids

- [1115 Waiver Services](#) 
- [Autism Services](#) 
- [State Plan Services](#) 

Alaska Administrative Service Organization (ASO) Provider Manual

Alaska - Optum Provider Portal



The screenshot shows the Optum Alaska website interface. At the top left is the "Optum | Alaska" logo. A navigation bar contains "Home", "For Participants", "For Alaska Medicaid Providers" (highlighted in yellow), and "For Co". Below the navigation bar is a breadcrumb trail: "Alaska - Optum Provider Portal > For Alaska Medicaid Providers > Provider Billing Resources". The main heading is "PROVIDER BILLING RESOURCES". Below this, a paragraph states: "Optum follows national guidelines and policies to ensure the integrity of our Alaska Medicaid providers." There are three sections: "Appeals Form" with a link to "Provider First Level Appeals Form (PDF)", "Quick Reference Guide" with a link to "Optum Alaska Behavioral Health Quick Reference Guide (pdf)", and "Provider Manual" with a link to "Provider Manual (pdf)".

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



Q&A

Optum

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