



Member Authorizations For All SAPC Services in Sage

Substance Abuse Prevention and Control
County of Los Angeles Department of Public Health

Provider Webinar: June 28, 2018

Outline

- **Summary of shift to Member Authorization Submissions Effective July 1, 2018**
 - Rationale for Making this Change
 - Anticipated Benefits
 - Changes to Workflow
- **Overview of Member Authorization Submission Process in Sage**
 - Determining Eligibility & Medical Necessity
 - Submitting an Authorization
- **Managing & Monitoring your Member Authorization Requests**
 - Checking the Status of a Request
- **Submitting Claims for Member Authorizations**
- **Member Authorization Transition Frequently Asked Questions (FAQs)**
 - Moving from PAuths to Member Auths → What will I have to do?





Overview of Current UM Process

- **Authorized Services**

- Residential (levels 3.1, 3.3, 3.5) treatment
- Recovery Bridge Housing
- Medications for Addiction Treatment (MAT) for Youth (age 17 and under)
- Withdrawal Management (WM) for Youth (age 17 and under)

- **Non-Authorized Services**

- Outpatient
- Intensive Outpatient
- Opioid Treatment Program (OTP)
- Withdrawal Management (other than for youth – see above)
- Recovery Support Services

Overview of Current UM Process

- **Sage Authorization Request Form**
 - Currently, authorized services require submission of Authorization Request Form, whereas non-authorized services do NOT require this form.
- **Process for Reviewing Authorized Services**
 - Requires SAPC Utilization Management (UM) staff to approve authorized services prior to providers being able to bill or be paid for those services.
 - **Review process for Sage’s Authorization Request Form includes:**
 - ASAM assessment (with justification of clinical rationale if level of care recommendation of the ASAM CONTINUUM is overridden)
 - Sage Financial Eligibility Form
 - Sage Provider Diagnosis (ICD-10) Form
 - Sage Clinical Contact Form
 - Pertinent lab/drug testing results – if applicable
 - Treatment Plan (if re-authorization)
 - **Other Required documents:**
 - Sage CalOMS Admission Form (Within 7 [adults] or 14 [youth] days of admission)





Overview of Current UM Process (cont'd)

- **Rendering Authorization Decisions**

- SAPC UM staff cannot render a decision on authorization requests until all required information is submitted by providers.
 - Approvals → If medical necessity is established and all necessary info is provided.
 - Denials → If medical necessity is NOT established and/or all necessary info is NOT complete and/or provided within 3 business days of authorization request
- Providers can still provide services for authorized services while SAPC UM staff processes the authorization request.
- However, until the provider provides ALL necessary information for SAPC UM staff to render a decision on the authorization request, providers will be financially liable (e.g., providers will NOT be able to bill) for services rendered prior to receiving approval.
 - **This includes Secondary Sage Users!** – Providers using the 837 process have to enter an approved auth number or claim will be denied.

Overview of Current UM Process (cont'd)

- **Process for Verifying Eligibility for Non-Authorized Services**
 - Requires SAPC Utilization Management (UM) staff to review cases to verify eligibility and medical necessity for non-authorized services.
 - **Review process for eligibility verifications includes:**
 - ASAM assessment (with justification of clinical rationale if level of care recommendation of the ASAM CONTINUUM is overridden)
 - Sage Financial Eligibility Form
 - Sage Provider Diagnosis (ICD-10) Form
 - Sage Clinical Contact Form
 - Treatment Plan (if re-determination)
 - Other clinical documentation (as needed)
 - **Other Required documents:**
 - Sage CalOMS Admission Form (Within 7 [adults] or 14 [youth] days of admission)
 - **Currently, non-authorized services can be successfully claimed and paid without an approval from SAPC UM and before eligibility is verified.**





Overview of Current UM Process (cont'd)

- **Challenges with Eligibility Verification Process**
 - Most providers are NOT submitting all necessary information for SAPC UM staff to render decisions on eligibility status.
 - Commonly identified deficiencies include:
 - Missing ASAM assessments are most common,
 - Missing info in Financial Eligibility Form
 - Missing Provider Diagnosis (ICD-10) Form.
- SAPC UM Staff have been actively calling providers to provide necessary info, but has largely been unable to secure necessary info to render a decision.
- However, missing information is occurring ***much less often*** for the authorized services process because providers know that they need to provide this required information to avoid payment challenges.

Overview of Current UM Process (cont'd)

- **Payment Blackouts**

- Presently, the way to prevent payment for patient's whose eligibility was not established is to use the payment blackout process.

- However, this process:

- Is difficult for providers to see the status of their patient's eligibility review
- Does not provide visibility on the patient's individual blackout status
- Requires significant additional work for both providers and SAPC staff that is not efficient.
- Often involves need for recoupment
- ***Has not resulted in providers submitting necessary information.***

- **Result** → High # of pended eligibility verification cases are backlogged due to insufficient information from providers.

- This places providers at significant financial risk given that these cases may result in recoupment from either SAPC (if necessary information is not provided) or the State (during audits if necessary information is was not provided or provided late).
- The payment blackout process creates significant workflow challenges to both providers and SAPC staff to be able to address and resolve.



The Move to Member Authorizations

Summary of Change

- ***New Requirements***

- Effective 7/1/18, all clients will be required to have a member authorization (Authorization Form) for ALL services.
- What will this require? → Submission of an Authorization Form once you have completed all required documentation for your case to be reviewed.

- There will be **NO CHANGES** in the way you:

- Create your admission
- Document diagnoses in Provider Diagnosis (ICD-10) Form
- Complete Financial Eligibility Form
- Complete CalOMS Admission Form
- Complete Clinical Contact Form
- Create/Record Treatment Plans
- Document groups or individual sessions
- Attach Documents
- Or any other clinical processes

- There will be **MINOR CHANGES** in how you submit billing.

- Will need to identify and use the specific approved Member Authorization # when submitting your billing (e.g., not a universal PAuths)
- Will NOT be able to bill until you have had your service authorization approved.



Rationale for Shift to Member Authorizations

- Current eligibility verification process for non-authorized services (see previous slide for definition) is a BACKEND process resulting in significant complications
 - The backlog of pending eligibility verification cases represents a notable financial liability for providers
 - The eligibility verification process is either not completed (by Providers) or done post payment (by SAPC).
- Member authorization process ensures verification of eligibility UPFRONT and minimizes financial liability for providers.
 - Decreases risk for recoupment
 - Markedly decreases need for payment blackouts
- Member authorization process has significant functionality that would benefit both providers and SAPC UM Staff in processing requests and billing.
 - Has processes and functionality in place to facilitate provider and SAPC UM Staff communication to more efficiently process authorization requests.
 - Would simplify the billing process (selecting an Authorization number instead of repeatedly scrolling through long list of PAUTHs)



Benefits of Member Authorization Workflow for ALL Services

POTENTIAL BENEFITS	POTENTIAL NEGATIVES
More financial confidence in services rendered. Would decrease financial liability for providers.	Providers need to submit necessary information prior to billing. This is technically already the case, but it isn't being enforced until after billing.
More efficient process for understanding what will be approved for payment and timely information for completing a medical necessity and financial eligibility review.	
Would provide greater visibility to providers on the status of the review of their non-authorized services than the current process.	
Process includes mechanisms for providers and UM staff to directly communicate regarding authorizations and missing elements.	
Simplify billing submission process.	
Would increase likelihood of submission of needed elements for eligibility verification.	
Reduction in backlog of pending cases for eligibility verifications.	



Service Request/Eligibility Verification Changes

- **Current Services Requiring Submission of Authorization Form**
Residential (levels 3.1, 3.3, 3.5) treatment
 - Recovery Bridge Housing
 - Medications for Addiction Treatment (MAT) for Youth (age 17 and under)
 - Withdrawal Management (WM) for Youth (age 17 and under)
- **Additional Services Requiring Submission of Authorization Form**
Effective July 1, 2018
 - Outpatient
 - Intensive Outpatient
 - Opioid Treatment Program (OTP)
 - Withdrawal Management (other than for youth – see above)
 - Recovery Support Services

Overview of the New Sage UM Process

There will be a single, consistent process for submitting a request for establishing Eligibility & Medical Necessity for all SAPC services.

– **Review process to complete prior to submission of Authorization Request Form include:**

- ASAM assessment (with justification of clinical rationale if level of care recommendation of the ASAM CONTINUUM is overridden)
- Sage Financial Eligibility Form
- Sage Provider Diagnosis (ICD-10) Form
- Sage Clinical Contact Form
- Pertinent lab/drug testing results – if applicable
- Treatment Plan (if re-authorization)



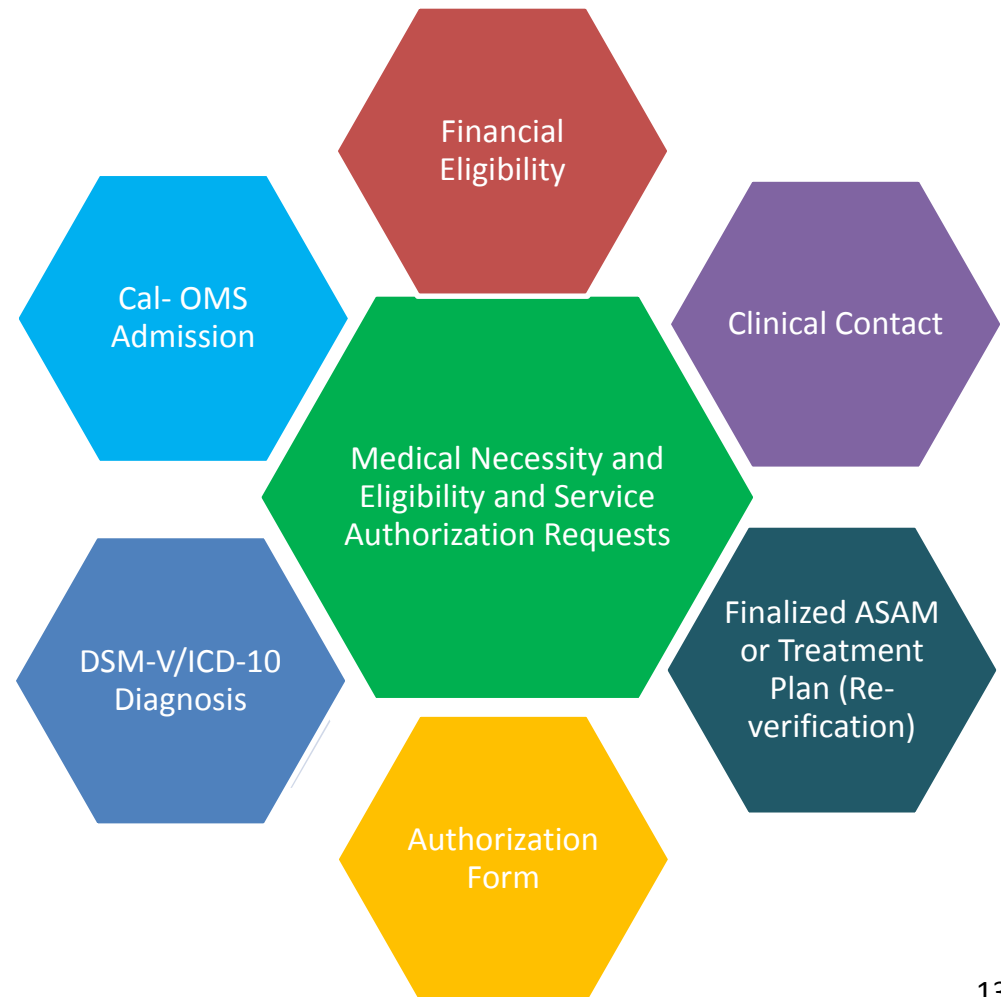
– **Other Required documents:**

- Sage CalOMS Admission Form (Within 7 [adults] or 14 [youth] days of admission)

NOTE: This is IDENTICAL to the process the current process for Authorized Services.

Member Authorization Process for both “Authorized” and “Non-Authorized Services”

- **Submission requirements for Medical Necessity and Eligibility Verification do NOT change with the shift to Member Authorizations for ALL services.**





Authorization Periods for “Non-Authorized Services”

Service	Duration of Authorization you should request
Withdrawal Management	14 days
OP, IOP, RSS	6 months, until the end of that month
OTP	12 months, until the end of that month

Example 1: A client enters outpatient services on July 1, 2018. The provider submits all required documentation to establish medical necessity and eligibility and then submits the Authorization Form.

- Since the eligibility period for Non-OTP outpatient services is for 6 months until the end of the month, the provider should request for July through the end of January 2019 or 210 days.
- If the patient entered treatment on July 5, 2018, the request should be for 215 days.

Example 2: A client enters OTP services on July 1, 2018. The provider submits all required documentation to establish medical necessity and eligibility and then submits the Authorization Form.

- Since the eligibility period for OTP services is for 12 months until the end of the month, the provider should request for July 2018 through the month of July 2019 or 365 days + 31 Days.

Overview of New Sage UM Process

- **Authorization Request Form**
 - Submission of Authorization Request Form signals UM staff to review the cases.
- **Member Authorization Process for SAPC Staff**
 - Cases assigned to specific Utilization Management (UM) staff at SAPC
 - SAPC UM staff review documentation
 - If Medical Necessity has been met and eligibility established, then Authorization is Approved!
 - Eligibility Verification and Service Authorization MUST occur before claims can be submitted.
 - Significantly reduces chance for later recoupment due to missing documentation or insufficient justification of medical necessity.
- **New Age Groups:**
 - Services divided by 3 Groupings: 12-17; 18-20; 21 and above
- **“Checklist for Eligibility Verification and Service Authorization Requests” from SAPC website is the key to success**
 - Review the Checklist document and ensure everything is entered into Sage BEFORE submitting the Authorization Request Form



Rendering Authorization Decisions

- **SAPC UM staff cannot render a decision on authorization requests until ALL required information is submitted by providers.**
 - Approvals → If medical necessity is established and all necessary info is provided.
 - Denials → If medical necessity is NOT established and/or all necessary info is NOT complete and/or provided within 3 business days of authorization request. (Note: If denied, you can resubmit when ready)
 - Pending → Additional information is required before medical necessity can be determined.
 - Providers have 3 business days to submit requested information and enter into Sage before request is denied.
- If it is discovered during your review that you have submitted for the incorrect Authorization Group, UM may indicate that they need to deny the request and ask you to resubmit the Authorization Form with Correct Authorization Grouping.



SAPC Processing Time for Member Authorizations

- **Processing time will vary by service type**
 - **Authorized Services:**
 - Initial authorization → Within 24 hours of submission
 - Reauthorization → Within 7 days of end of initial authorization (providers are required to submit reauthorization at least 7 days prior to the end of the initial authorization)
 - **Non-Authorized Services:**
 - Initial authorization → Within 5 Business days of submission (providers are required to submit initial authorization within 7 days of first service/first intake appointment for adults and 14 days for youth)
 - Reauthorization → Within 14 Calendar days after receipt.

Submitting the Authorization Request Form

- **Create an Authorization request**
 1. Select Authorization from the Patient Chart
 2. Select Create request

The screenshot shows a patient chart interface. On the left is a vertical menu with the following items: Cal-OMS Annual Update, Cal-OMS Discharge, Financial Eligibility, Client Condition - Pregnancy, **Authorizations** (circled in red), Treatment, Provider Admission, and Attachments. The main content area is titled 'Authorization Information' and contains a table with the following columns: Provider, Auth Number, Origin, CP Program, Status, Review Status, Request Date, Review Date, Begin Date, Expiration Date, Tx Codes, and Attachments. The table body is empty and contains the text 'No records found.' Below the table is a red button labeled 'Create Request' with a red arrow pointing to it from the right.



Submitting the Authorization Request Form (cont'd)

Authorization Request

Client Information			
CLIENT NAME Authorization Test	MEMBER ID 143041	PROVIDER NAME Recovery, Inc.	
Authorization Dates			
Authorization Requested Start Date:	<input type="text"/>	Set authorization for <input type="text"/> days	<input type="button" value="Set"/>
Authorization Requested End Date:	<input type="text"/>		
Care Manager			
CARE MANAGER ASSIGNED:		DATE ASSIGNED:	
Authorization Information			
AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:	
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:	
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:	
Diagnosis			
Primary Diagnosis	DO NOT ENTER DIAGNOSIS		
Secondary Diagnosis			
Funding Source & Benefit Plan Information			
Funding Source: - Please Choose One - ▼ *	Benefit Plan: - Please Choose One - ▼ *	Provider Registration Date For Funding Source: <input type="text"/>	
Program: - Please Choose One - ▼ *			
Authorization Group			
Leave blank for individual CPT Codes requests.			
<input type="text"/>			
PROCEDURE CODE	UNITS REQUESTED	START DATE	END DATE
	Enter 0 units to ignore added code.		

How to Verify the Status of your Authorization Request?

- **Authorization Status Report**

- Report available to view the status of multiple patients Authorizations

1

Main Menu - Provider	
Billing	Lookup Client
Reports	Add New Client/Client Search
Documentation	News

2

Reports
ASAM Draft Complete Assessment Report
Audit Log Report
Authorization Request Status

3

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Record Date:	5/23/2018 - 6/22/2018
Status:	-- All Statuses -- ▼

Search by Criteria



Request Status and Comments

- **Authorization Status Report**

No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.
1.	6/22/2018 7:46:19 AM	143027	Recovery, Inc.	ProviderConnect	Denied	Test	QIUM	4/5/2018	6/6/2018	17376
2.	6/22/2018 7:40:02 AM	143027	Recovery, Inc.	ProviderConnect	Pending	Test	QIUM	5/16/2018	7/14/2018	17409
3.	6/21/2018 4:25:57 PM	143027	Recovery, Inc.	ProviderConnect	Approved	Test	QIUM	6/1/2018	11/30/2018	17450
4.	6/21/2018 8:20:20 AM	143033	Recovery, Inc.	ProviderConnect	Pending	Test	Man	6/19/2018	12/31/2018	17448
5.	6/21/2018 7:36:07 AM	143036	Recovery, Inc.	ProviderConnect	Pending	RBH	Test	1/1/2018	6/30/2018	17447
6.	6/18/2018 7:54:47 AM	94783	Recovery, Inc.	ProviderConnect	Pending	BACH	BARBARA	5/1/2018	6/29/2018	17435
7.	6/18/2018 7:28:37 AM	143027	Recovery, Inc.	ProviderConnect	Pending	Test	QIUM	4/4/2018	10/31/2018	17441
8.	6/8/2018 6:25:56 AM	143025	Recovery, Inc.	ProviderConnect	Pending	PAYNE	MICKIE	4/9/2018	6/7/2018	17295
9.	6/4/2018 2:56:05 PM	143030	Recovery, Inc.	ProviderConnect	Not Reviewed	TODDY	JAMES			17432
10.	5/25/2018 10:59:00 AM		Recovery, Inc.	MSO	Approved			7/1/2017	6/30/2018	P4055

– Click on the Member ID to view the authorization and comments

Request Status and Comments

- **Checking Request Status From Chart View**
 - Providers can now view the review status of ALL service requests and have easy visibility of what is needed for approvals.

Member ID
143027
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
ASAM Assessment

Provider	Auth Number	Origin	Client Program	Status	Review Status
Recovery, Inc.	17450	ProviderConnect	Recovery Facility	Complete	Approved
Recovery, Inc.	17409	ProviderConnect	Recovery Facility	Complete	Pending
Recovery, Inc.	17376	ProviderConnect	Recovery Facility	Complete	Denied

Request Status and Comments

- **Reviewing and Replying to Comments on the Authorization Form**
 - Enhanced visibility of the UM Staff who reviewed the case and comments informing providers what is needed.
 - Providers can add comments and File Request to send back to UM.

Care Manager	
CARE MANAGER ASSIGNED: DHindman	DATE ASSIGNED: 6/18/2018

 [File Request](#)

Comments
Authorization Comments:
06/23/18- <u>LPHA</u> reviewed and finalized <u>ASAM</u> . John Smith re-submitted authorization. Please call 818-555-1212 if you have questions.
06/22/18- Authorization request reviewed by Greg Schwarz, <u>Psy.D.</u> All information reviewed and appears to meet medical necessity. However, <u>ASAM</u> not finalized. Please have <u>LPHA</u> review and finalize <u>ASAM</u> within 3 days. Please contact me when complete. 626.299.3528

[Return To Authorization List](#)

Managing Pending Authorization Requests

- **Managing Pending Requests (when SAPC needs more information to render a decision)**
 - Providers will now have full visibility of what UM staff need to establish eligibility and approve service requests.
 - Review the comments on the Authorization Request Form for what is needed and who to contact.
 - Providers can still provide services while SAPC UM staff processes the authorization request.
 - However, until the provider completes ALL necessary information for SAPC UM staff to render a decision on the authorization request, providers will be financially liable (e.g., providers will NOT be able to bill) for services rendered prior to receiving approval.
 - **This includes Secondary Sage Users!** → Providers using the 837 process have to enter an approved auth number or claim will be denied.
 - Enter all requested information into Sage
 - Add comments to the Authorization Request Form and re-submit.
 - PLEASE contact your UM Staff person to notify them of updates.



Pending Authorizations Related to SAPC Contract Not Yet Being Executed

- As has been the case in past years, extended contracts will not be fully executed by July 1, 2018 (1st day of the fiscal year).
- While SAPC is not able to process July payments until your contract is executed, we have made preparations to ensure that you will be able to continue to document your services.
- Your Member Authorization numbers will also be created, but will be left in a Pending status with Reason code of “No Active Contract.”
- Once your contract is executed, SAPC will notify Netsmart and a process will be run to change these pending authorizations to “Approved.”
- Your timely response to requests from SAPC’s Contracts team will help expedite the final execution of your contract.



How to view the Current Authorization Status

- To view the Current Authorization Status Reason:
 - Using the Authorization Status Report, Select the appropriate Member ID,
 - Or choose the Authorization menu option from the Patient Chart
 - Select the corresponding “Auth Number”

Authorization Request
Pending

Client Information		
CLIENT NAME Authorization Test	MEMBER ID 143041	PROVIDER NAME Recovery, Inc.

Authorization Dates			
Authorization Requested Start Date:	6/22/2018		
Authorization Requested End Date:	12/31/2018		
Authorization Authorized Start Date:	6/22/2018	Authorization Authorized End Date:	12/31/2018

Care Manager	
CARE MANAGER ASSIGNED: ChMendoza	DATE ASSIGNED: 6/25/2018

Authorization Information		
AUTHORIZATION NUMBER: 17461	CURRENT AUTHORIZATION STATUS: P - Pending	CURRENT AUTHORIZATION STATUS REASON: 16 - No Active Contract



Authorizations for Cases Whose Eligibility was Previously Verified

- **Starting July 1, 2018**
 - Providers will NOT need to submit a new authorization for anyone whose eligibility was verified prior to July 1, 2018.
 - Netsmart will automatically create a Member Authorization for patients with an eligibility period that extends past July 1, 2018.
 - All current Pauths are set to end on June 30, 2018.
 - They will remain in the system to allow for retro claim submissions, but will not be active for submission of claims beyond 6/30/2018.
 - Services prior to July 1, 2018 will continue to utilize Pauth for billing.
 - Services starting on July 1, 2018 will utilize the new Member Authorization process for billing.



New Authorization Numbers for Patients Whose Authorization Spans Fiscal Years

- **Starting July 1, 2018**
 - All patients will have a new Member Authorization number for the new fiscal year.
 - Providers will NOT need to submit a new authorization form for any clients that have authorizations that span fiscal years.
 - Netsmart will automatically create a Member Authorization for patients with an eligibility period that extends past July 1, 2018.
 - Services delivered prior to July 1, 2018 will use the current authorization number for billing.
 - Services delivered on July 1, 2018 or after will utilize the NEW Member Authorization process for billing.



Unresolved/Pending Eligibility Verifications

- **Starting July 1, 2018**
 - There are still a high number of eligibility requests pending review for patients active in treatment.
 - Patients who are currently active in treatment but do not have their eligibility established will still be issued a Member Authorization through this End of Fiscal Year process to allow providers to continue to treat and claim once contracts are executed.
 - Providers will still be required to ensure all patients have eligibility established. Eligibility will be reviewed no later than the time of authorization renewal submissions.



Unresolved/Pending Eligibility Verifications

- Any pending or unresolved eligibility verifications must be resolved to potential financial liability.
- Please work with QI & UM staff to assist in getting your eligibility established.
- Contact QI & UM at 626-299-3551 to verify any current black outs that need to be reviewed for removal.
- **SAPC Website:** Checklists of Required Documentation for Eligibility Verification and Service Authorization Requests remains your guide to ensuring complete submission of materials for authorization requests.



Submitting a Claim for a Member Authorization

- Providers will continue to utilize Pauths for all Non-Authorized Services provided in Fiscal Year 2017-2018.
- Services that occur July 1, 2018 and later will use the appropriate Member Authorization.
- **Primary Sage Users:** To bill for a service, select the corresponding Member Authorization from the dropdown (Member Auths do not have a “P” next to the Auth number).
 - Only approved authorizations will be available to select.

Enter Treatment Criteria																																									
<input checked="" type="radio"/> Single Date:	07/01/2018																																								
<input type="radio"/> Date Range:																																									
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	Select Authorization to filter CPT Codes																																								
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	Auth #: P3314 FS: Drug Medi-Cal 1/1/2018 - 12/1/2018 : ASAM 1.0 - Incentives - D-AD - Admission Data - 7 Days, D-DC - Discharge Data - Same Day, Ex-AB - AB 109 Case or PB Number																																								



Submitting a Claim for a Member Authorization

- **Secondary Sage Users:**
 - Submit 837 using the approved member authorization number in the same field that you place the Pauth.
 - Each patient will have a separate Member Authorization Number.
 - Providers will use a unique Member Authorization number for each patient
 - REMEMBER: A new authorization number (for patients receiving Authorized Services) was issued for all patients for the new fiscal year. This will be the same number for the entire authorization period.
 - A new member authorization number will be issued for every subsequent newly approved authorization for that patient,
 - For new authorizations for authorized services.
 - For new eligibility periods for non-authorized services (6 month for nonOTP and 1 year for OTP).

Submitting a Claim for a Member Authorization

- **Secondary Sage User:**
 - The Authorization number can be found on the Authorization Request Status Report or the Authorization Screen for each patient

Last Name	First Name	Begin Date	End Date	Authorization No.
Test	QIUM	4/5/2018	6/6/2018	17376
Test	QIUM	5/16/2018	7/14/2018	17409
Test	QIUM	6/1/2018	11/30/2018	17450
Test	Man	6/19/2018	12/31/2018	17448
RBH	Test	1/1/2018	6/30/2018	17447
BACH	BARBARA	5/1/2018	6/29/2018	17435
Test	QIUM	4/4/2018	10/31/2018	17441
PAYNE	MICKIE	4/9/2018	6/7/2018	17295
TODDY	JAMES			17432
		7/1/2017	6/30/2018	P4055

Provider	Auth Number	Origin	CP Program	Status	Review Status
Recovery, Inc.	17450	ProviderConnect	Recovery Facility	Complete	Approved
Recovery, Inc.	17409	ProviderConnect	Recovery Facility	Complete	Pending
Recovery, Inc.	17376	ProviderConnect	Recovery Facility	Complete	Denied



FAQs for the Member Authorization Process

Question #1: How will UM Staff be reviewing cases?

Answer: They will continue to review “Non-Authorized Services” for Eligibility Verification and “Authorized Services” for Services Authorization. The levels and types of reviews being conducted will not change.

Question #2: What happens if I submit an Authorization Form without having all the required materials in Sage?

Answer: There will be a delay in the UM Staff’s ability to process your request. They will identify themselves as well as the missing elements in the Comments section of the Authorization Form and attempt to contact you at the clinical contact number to indicate that there are elements missing. If you do not provide the requested information within 3 business days, your Authorization will be denied due to “Additional Information Requested”.

Question #3: If my authorization request gets denied, does that mean that I can’t be paid for these services?

Answer: No. You can be paid for these services if you collect the necessary information within the required submission period (e.g., within 7 days of admission for adults, 14 days for youth) and submit a new authorization form. All current standards and requirements continue to apply.



FAQs for the Member Authorization Process

Question #4: How long will the authorizations be good for?

Answer: The same current policies apply. Withdrawal Management services will be approved for 14 days. Outpatient/Intensive Outpatient services will be approved for 6 months. For OTP Services, authorizations will be approved for 12 months. All “Authorized Services” will continue to be approved as based on the current standards.

Question #5: What if I am an outpatient provider and the patient I am seeing already has their eligibility and medical necessity previously verified? Do I still need to submit an authorization form?

Answer: Yes. However, when the UM Staff person sees that the eligibility has already been verified and you are requesting a “Non-Authorized Service,” they will generally approve the authorization for the remainder of the established eligibility period with minimal review.

Question #6: Will I need to create member authorizations for All of my patients after July 1, 2018?

Answer: No. SAPC has worked with Netsmart to have authorization numbers automatically created for patients currently receiving “Non-Authorized Services” as of 6/30/2018. Additionally, patients receiving “Authorized Services” will also automatically be generated a new Member Authorization number due to the new fiscal year.

Questions

