Change Index for National Network Manual - Jan 2020 version
Distributed – January 2020

*(NOTE: The change index does not include minor changes to content or formatting)*

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
<th>CHANGE TO CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout the Manual</td>
<td></td>
<td>• Optum is in the process of phasing out our Level of Care Guidelines and replacing them with LOCUS/CASII/ECSII clinical criteria, except where prohibited by state or contractual requirements. Throughout the manual, most references to Level of Care Guidelines have been replace by the term “clinical criteria”</td>
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<tr>
<td>Resource Guide</td>
<td>4</td>
<td>• LAWWW – updated information regarding resources available to members</td>
</tr>
</tbody>
</table>
| Frequently Asked Questions      | 9    | • Network Requirements  
- Added clarification regarding contracting status for new clinicians in Group/Facility  
- Added clarification regarding contracting status for clinicians in both solo and group practices  
• EAP  
- Added two questions clarifying definition of EAP and network participation for EAP  
• Appeals  
- Removed question for dispute resolution following appeals. See “Appeals and Provider Dispute Resolution” section |
| Glossary of Terms               | 18   | • Added - Child and Adolescent Service Intensity Instrument (CASII)  
• Added - Early Childhood Service Intensity Instrument (ECSII)  
• Added – Identification (ID) Card  
• Added - Level of Care Utilization System (LOCUS)  
• Modified – Level of Care Guidelines (being phased out and replaced)  
• Modified – EPS is now known as Optum Pay  
• Added - Outpatient Contract Manager  
• Added – Provider Relations  
• Added – Qualified Behavior Analyst/Specialist |
| Network Requirements            | 29   | • Added - Delegation of Credentialing in Groups section  
• Added - Roster Maintenance information about requirements to maintain accurate rosters in groups (when applicable)  
• Added - CMS Preclusion List section outlining actions resulting when providers appear on the CMS preclusion list |
| Benefit Plans, Authorizations, EAP and Access to Care | 40   | • Added information in Introduction section regarding how to obtain information related to participation in Optum Medicaid networks  
• Added – Important Message (IM) from Medicare for hospital Facilities  
• Added – Medicare Outpatient Observation Notice (MOON) for |
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Philosophy</td>
<td>54</td>
<td>Added section on Clinical Criteria: LOCUS, CASII, ECSII</td>
</tr>
</tbody>
</table>
| Confidentiality of Records             | 66   | Changed section title from “Privacy Practices” to “Confidentiality of Records”  
Major revision to entire section to update requirements related to; HIPAA, Release of Information and Identification and Authentication |
| Facility Platinum Designation          | 72   | Changed section title from “ACE Facility” to “Facility Platinum Designation”  
Major revision to this section to address changes from the ACE program to Platinum Designation |
| Compensation and Claims Processing     | 75   | Moved National Provider Identification section regarding requirement to include NPI on claim submissions from “Privacy Practices” (old section) to this section |
| Appeals and Provider Dispute Resolution| 86   | Revised entire section on Provider Dispute Resolution to refer Providers to their specific contract to ensure contractual compliance |