

Frequently Asked Questions for MHS Online Authorization Process

Question	Response
Does the DMAS authorization form need to be submitted with the online authorization request?	A completed online form is now required for authorization, however the DMAS standardized form is no longer required as the online form replaces this. UHC did consult the DMAS form when creating the online authorization process and did include information from that form necessary to complete the request.
If a partial denial is issued can I ask for additional sessions when the authorized units have run out?	Additional sessions will only be granted outside of the appeal process if the member's clinical presentation has changed. If the clinical presentation has changed submit a new request for authorization and attach documentation of those changes.
What is the contact for the team that manages these authorizations?	stem.ca.admin@optum.com
After completing the form will we receive some type of confirmation?	An automated email response will be sent to the attesting email address provided indicating confirmation of the submission.
Will authorization letters be sent via fax or mail?	Authorization letters will be mailed.
Are Behavioral Therapy/EPSTDT registrations submitted online?	Behavioral Therapy/EPSTDT cannot be submitted through the MHS Online Request Form; however, there is a link to the electronic submission form for that service on the MHS Online Request Form.
Are Case Management registrations submitted online?	Case Management should be requested through the MHS Online Request Form.
How do we submit a continued stay request?	Continued stay request will be submitted through the online form.
What if a client needs additional sessions before the end date of the current authorization?	Document progress per your protocols. We do look at progress as a component of medical necessity so please include any information you feel important for us to know when you complete the online submission.
The online authorization form appears to have questions that are not currently asked on the DMAS form, are these required?	Fields with a red bar must be completed to be able to submit the form. The questions will be used to ensure members are receiving necessary care.
Our administrative staff manages the authorization process today, can they continue to submit the online form?	First and foremost, the person completing the online form should be someone who is allowed access to the clinical information necessary to complete the form as outlined in HIPAA regulations. While anyone with providerexpress.com access can submit the online form, we recommend the person completing the online form knows enough clinical information to accurately respond to all of the form questions.

Is an ISP required when submitting an initial request, including Mental Health Case Management?	For the initial request the ISP is not expected, however if you do a provisional ISP or provisional treatment plan please attach that with the submission.
What should I do if a client has a change in clinical presentation and additional sessions are needed?	If the clinical presentation has changed submit a new request for authorization and attach documentation of those changes.
Can our group use a group log in for providerexpress.com or is each clinician required to have their own log in?	No, log in is required to submit the authorization. Once submitted the information is sent to a secured portal that is only visible by authorized UHC staff.
Can a submission be edited after it has been submitted?	Once a submission has been completed it cannot be edited. If additional/revised information needs to be included complete a new submission and send email to stem.ca.admin@optum.com to let us know two submissions have been completed.
What is UHC's policy on backdating authorizations requested through the portal?	Please reference the MHS Manual for backdating parameters. For services requiring registration, you must submit the request within 2 business days of the service start date.
Should I request the total number of units needed for the entirety of the service or the number needed per month?	Request the number of units needed per month.
Is there a specific comprehensive needs assessment that we should use?	Review the Mental Health Services Manual chapter 4 for the Needs Assessment requirements.
How are the end dates for the authorizations determined?	Several factors go into determining an end date including service requirements, individual clinical presentation and the outcome of the clinical review.
For re-authorizations, would we submit a quarterly service plan at this time instead of the initial service plan or yearly service plan?	Submit the most recent assessment as dictated by Virginia guidelines.
What is the process to submit ARTS authorizations?	See state specific ARTS form

<p>What services should be submitted through the online authorization portal?</p>	<p>The following MHS Services should be requested through the online portal:</p> <ul style="list-style-type: none"> • Case Management (H0023) • Intensive In-Home (H2012) • Individual Peer Support (H0024) • Group Peer Support (H0025) • Mental Health Skill Building (H0046) • Psychosocial Rehab (H2017) • Assertive Community Treatment (H0040) • MH Partial Hospitalization (H0035) • Therapeutic Day Treatment for Children (H2016) • Multisystem Family Therapy (H2033) • Functional Family Therapy (H0036) • Mobile Crisis (H2011) • Community Stabilization (S9482)
<p>When should a Freedom of Choice form be submitted?</p>	<p>The Freedom of Choice form is required for all outpatient and community based MHS service requests and registrations, except for crisis services.</p>
<p>Can providers use their own Freedom of Choice form?</p>	<p>Yes. If you do not already have a Freedom of Choice form, a UHC form can be found at providerexpress.com > Our Network > State-Specific Provider Information > Virginia > Provider Orientation, Training, and Forms > VA Member Freedom of Choice Form</p>
<p>How do we submit a Freedom of Choice form?</p>	<p>The Freedom of Choice form should be submitted with each MHS service request and attached to the portal request at the time of submission.</p>
<p>What can I expect when a valid Freedom of Choice form is submitted?</p>	<p>If a valid Freedom of Choice form is submitted and the member already has an active authorization in place with another provider, that existing authorization will be ended. The end date of that existing authorization will include a transition period to ensure coordination of care amongst providers. Written documentation to the initial provider will be sent noting the change in the authorization end date. Authorization for services submitted by the new provider will be reviewed via our standard process.</p>
<p>What documents should be included with the Case Management request?</p>	<p>The Individual Service Plan (ISP), or preliminary ISP, Comprehensive Needs Assessment (CNA), and Freedom of Choice (FOC) should be included in the Case Management submission.</p>
<p>Does an assessment need to be attached each time an authorization is submitted?</p>	<p>The most recent assessment/assessment updates should be attached to the online submission.</p>

Our office uses ICD 10 codes rather than DSM 5, where can we find the DSM 5 match?	The online form will accept ICD-10 codes.
Can we still submit requests for MHS services through the fax process?	No, the online process replaces the service registration forms and the fax process.
When does the online authorization process begin?	The VA MHS Online authorization process will begin on 8/26/2019.
Where will the online authorization form be located?	The VA MHS Request Form can be accessed on providerexpress.com > Forms > Optum Forms – Authorization > Virginia > VA MHS Request Form <i>Or</i> Providerexpress.com > Our Network > State-Specific Provider Information > Virginia > Provider Orientation, Training and Forms > VA MHS Request Form
If a new authorization is required for the service prior to the times noted in the guidelines for a new treatment plan, ISP, etc., can the existing documents be submitted with the authorization request?	This does not require you to complete assessment updates outside of the timeframes identified in the guidelines, just be sure to upload the most recent version with the authorization request.
What guidelines will UHC clinicians review to determine medical necessity?	UHC will be using the Virginia Medicaid Level of Care Guidelines. These guidelines can be accessed through providerexpress.com > Clinical Resources > Guidelines/Policies & Manuals > Clinical Criteria > State/Contract Specific Criteria > Virginia Medicaid Supplemental Clinical Criteria
Where can we include updated information with our request?	Updated information can be included as an attachment to the online authorization request.
How would discharges be handled?	We are not requiring the submission of formal discharge information. Please just be sure to retain this information within your own internal documentation processes.
Do ‘doc to docs’ occur during the peer reviews?	Yes, any adverse determine will be made based on a ‘doc to doc’ or a peer review.
Where can I get a copy of the training presentation?	You can access the training presentation on providerexpress.com > Our Network > State-Specific Provider Information > Virginia > VA MHS Online Authorization Training Presentation
Can additional documents beyond the Individual Service Plan, Freedom of Choice Form, and Treatment Plan be attached to the online authorization request?	You can attach information you deem relevant for our clinical staff to review for the authorization request; however, we recommend only attaching a brief summary of that additional information pertinent to the request.
We are currently allowed to submit initial and continued stays 14 business days prior to the effective date of service. Will this change?	You can submit up to 3 weeks prior to the expiration of your existing authorization.
For a denied service, when does the transition period start?	Your peer reviewer will communicate this information to you. You will also receive letters identifying the terms of the authorization related to the transition period.