

**FAQ**  
**July 30, 2013**

**General Questions related to the Medicaid Managed Care Contract:**

Q- Was there any stakeholder input into the development of the new contract for Medicaid Managed Care?

A- The RFP for the contract was based on stakeholder input which the IDHW Medicaid Division has been collecting since 2003. The state's procurement process dictates that the contract is a compilation of the RFP and the contractor's response to the RFP. Stakeholder input is documented and posted on the Medicaid website at [www.healthandwelfare.idaho.gov/Medical/Medicaid](http://www.healthandwelfare.idaho.gov/Medical/Medicaid)

Q- How will the contractor continue to get input from stakeholders?

A- The contractor, Optum Idaho, will host an "advisory board", that is yet to be formed, that will be composed of stakeholders from across the spectrum of behavioral healthcare interests. Additionally, the contractor will be conducting a statewide needs assessment, provider satisfaction survey, participant satisfaction survey and public forums. Medicaid will be monitoring the outcomes of these processes to ensure the contractor uses the feedback/input to inform its policies and procedures—thus, there will be many opportunities for providers to express their concerns and interests to the contractor.

Q- Some providers expressed an interest in the option to provide services through telehealth . Will that be an option under managed care?

A- The contract for the Idaho Behavioral Health Plan includes the option for the use of telehealth technology in the delivery of behavioral health services. Discussion with the contractor has been that both the department and the contractor are interested in an expanded use of this technology. Development of the infrastructure needed to support this is being designed.

Q- Will the Medicaid Basic Plan requirements for MH/SUD remain in place? I've heard that this portion of Medicaid rule will be repealed?

A- Medicaid is revising IDAPA and the new rules will be published August 8<sup>th</sup>, 2013 on the website at [www.healthandwelfare.idaho.gov/Medical/Medicaid](http://www.healthandwelfare.idaho.gov/Medical/Medicaid). Please see the Medicaid website for updates

**Providers in both BPA and Optum Networks:**

Q- Will I be able to participate as a provider in both networks?

A –Yes. The Idaho Department of Health and Welfare encourages SUDS providers to join both the BPA and Optum networks. This will create a seamless transition for Medicaid members and will ensure continuity of care for clients and families.

Q- If I'm a provider in both the BPA and Optum networks, which standards (between SUD IDAPA and Optum) will I be expected to operate by?

A- Providers in the BPA network are expected to follow IDAPA rules under section 16.07.20, as well as their provider contract with BPA.

Providers in the Optum network are required to follow the Optum requirements as stated in the provider contract and in the Optum Provider Handbook. Provider requirements will be covered during Provider Network Overview trainings which are now scheduled and posted on Optum's website at [www.optumidaho.com](http://www.optumidaho.com).

Q- Who will provide oversight of my agency, the BPA or Optum? In other words, who will I be accountable to?

A- Providers will have oversight by both BPA and Optum.

Providers will need to have a contract in place with each payer they expect to obtain reimbursement from in order to be part of that network. Each contract will describe all requirements related to oversight by the contracted plan.

Q- Once administration of Medicaid SUD benefits transitions to Optum, how will I receive authorizations, do billing, etc.? When will this happen?

A- The process for providers obtaining authorizations from Optum will be communicated in upcoming mailings and trainings that will be provided by Optum beginning mid-August and continuing through September. Provider trainings will also address the claim submission process and orientation to the resources available to providers via the Optum Idaho portal. To ensure continuity of care and a smooth transition for Medicaid members on September 1, Optum is implementing a 60-day initial transition period from September 1 to October 30 during which time new authorizations will not be required of providers currently serving the Medicaid population, regardless of their Optum network status. The provider trainings will address the Optum procedures for obtaining authorizations for current and continuing clients. During the first 60-days Optum Care Managers will be contacting providers to initiate authorizations that will be effective on October 31 when the transition "grace" period ends.

The authorization process for non-Medicaid SUD clients will remain comparable to the existing practice with BPA, but includes the forthcoming expansion of the WITS system on October 1, 2013.

For clients who will receive both Medicaid covered services and Non-Medicaid covered services, authorizations will be required from both Optum for Medicaid and the other payer for the services each payer covers.

Q- I understand that I must maintain DBH certification to participate in the “SUD network,” but I’m not sure if I will need to apply for a Medicaid provider number through the Department and be approved/accepted by Optum?

A- SUD provider will not apply for a Medicaid number through the department. SUD providers will need to have an NPI number to apply to the Optum network and must undergo the Optum credentialing process. The providers must meet Optum credentialing criteria in order to be approved as an Optum network provider. Providers’ existing certification that allows them to participate in the SUD provider network will not be sufficient to meet Optum’s requirements for enrollment in the Optum Network.

More information regarding the Optum credentialing process and minimum criteria is available in an FAQ’s document currently posted at [www.optumidaho.com](http://www.optumidaho.com). Providers may also contact Reggie Hanley at 1-714-445-0723 or at [regina.hanley@optum.com](mailto:regina.hanley@optum.com) for additional information regarding Optum credentialing.

Q- If I adopt WITS as my electronic health record (EHR), can I receive referrals from both Medicaid and the Managed Services Contractor (MSC), BPA, through the WITS system?

A- Referrals from Optum to providers will not come through WITS. Optum will announce how referrals will be handled in their trainings, FAQ’s and other communications. BPA will begin accepting referrals through WITS on October 1, 2013.

Q- Currently, partner agencies determine eligibility/continued stay for their Medicaid clients; will this change under Optum?

A- Optum authorizations will be based on medical necessity criteria and are required for a provider to obtain reimbursement for services provided to Medicaid members.

Partner agencies will continue to use the current criteria to determine eligibility and continued stay for those services they are paying for. For Optum patients, Optum will conduct the continued stay review and eligibility.

Q- How will funding for recovery support services (RSS) not covered by Medicaid work? In other words, can a Medicaid client access housing or life skills through the “SUD system” if necessary?

A- Some RSS services are not covered by Medicaid. Services not covered by Medicaid that are approved/authorized by one of the Partners for priority populations will be paid through the State funds via the expanded WITS data base.

Q- Can I submit billing claims to both payers through WITS?

A- Currently the plan is for Medicaid claims to be submitted directly to Optum using the process that will be communicated to providers in the upcoming trainings.

Providers will still be required to submit billing for non-Medicaid funded services to BPA through WITS beginning October 1, 2013.

For clients who are receiving both Medicaid and non-Medicaid covered services providers will need to submit their services according to each payer's requirements.

Q- How will Partner agencies identify Medicaid eligibility so that they can refer clients to Optum?

A- Processes for determining Medicaid eligibility will be clarified in upcoming Optum communications and during the Provider Network Overview training.

Q- If I do not become an Optum outpatient mental health (MH) or substance use disorder (SUDS) provider will I be able to continue providing services to Medicaid-only clients?

A- As the Department moves forward in the transition to Medicaid managed care all Outpatient MH or SUDS providers who wish to continue providing services to Medicaid-only beneficiaries will need to be enrolled in the Optum network or be actively working towards enrollment in the Optum network.

As noted IDHW encourages all BPA contracted providers to join the Optum network. Providers who do not wish to join the Optum network or who do not qualify for enrollment in the network will need to stop accepting new clients whose health coverage is Medicaid-only. Additionally for those providers who have current clients with Medicaid-only who will not be joining Optum's network it should be noted that those clients may be transitioned to Optum providers if the services to be provided are expected meet the client's needs.

Q. How will I get paid for services during the transition period from Sept 1 through Oct 30 if I am not joining the Optum Network?

A. Providers who will not be joining the Optum network should attend an Optum Provider Network Overview Training for instruction on how to get paid for services provided during the transition period.

Q- How will programs be expected to handle the client transition process regarding discharge planning, copies of records, etc.?

A- Providers who are contacting with Optum will follow Optum standards and procedures as noted in the contract or in Provider communications. Please check the website at [www.optumidaho.com](http://www.optumidaho.com) for FAQ and more information.

Providers who will not be working with the Optum network need to work with Optum to refer their Medicaid clients to Optum network providers and to provide the client's medical records to the client's new providers.

## **BPA Providers and SUDS Services**

Q- Will IDHW and Optum be communicating to clients and families about the changes?

A- Optum has sent out member letters to all Medicaid members regarding changes in their behavioral health plan.

BPA will communicate directly with network providers concerning upcoming changes to the SUD system.

Q- What is the policy for an SUD client who needs RSS such as housing, with the belief that the housing will help the client stay in recovery, rather than relapsing and then needing a more expensive level of care?

A- For clients who meet State SUD criteria, state funds for recovery support services will be considered. Some RSS services are not a Medicaid benefit and those services therefore will not be authorized by Optum