



GETTING TO APPROVED: Mastering the UM Authorization Process

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

QI & UM Provider Meeting: October 30, 2018



Overview of Sage UM Authorization Process

- **Authorization Request Process for Provider**

- Provider completes ALL documentation per “Checklist of Required Documentation for Utilization Management”
- Provider submits Authorization Request Form

- **Authorization Process for SAPC Staff**

- Auth assigned to specific Utilization Management (UM) staff at SAPC
- SAPC UM staff reviews charted documentation to determine medical necessity for general eligibility and for specific level of care.
 - 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.
 - If UM staff is unable to determine medical necessity, case is placed in pending status and provider is contacted via phone and comments are entered on the authorization to detail what is needed.
 - Provider has 3 business days from this review date to enter needed information and contact UM staff to prevent denial.





Overview of Sage UM Authorization Process

- The “Checklist of Required Documentation for Utilization Management” and “ASAM Requirements” from SAPC website are the keys to success
 - Review the Checklist document and ensure everything is entered into Sage BEFORE submitting the Authorization Request Form



LA County Resident



Saved and submitted
Financial Eligibility Form (with SAPC
Accepted Guarantor Information)



ASAM Reviewed and Finalized by LPHA with
Miscellaneous Note for diagnosis and level
of care (LOC) justification



DSM-5 SUD diagnosis requiring
treatment



Updated Treatment Plan with relevant
goals for next treatment period (if applicable)





Top Reasons For Delays in Approving Authorizations

1. Authorization submitted before necessary documentation entered in Sage, as outlined in:
 - Checklist of Required Documentation for Utilization Management
 - ASAM Assessment Requirements
2. ASAM or Miscellaneous Note not finalized
3. Miscellaneous Note does not sufficiently justify requested LOC or address diagnosis discrepancy
4. Financial Eligibility Form incomplete or not submitted
5. Errors on Authorization Request Form – incorrect auth grouping or start/end dates
6. Clinical Contact Form not completed
7. Comments on Authorization Request not reviewed in timely manner
8. Necessary corrections made, but provider did not inform UM staff that the changes were made

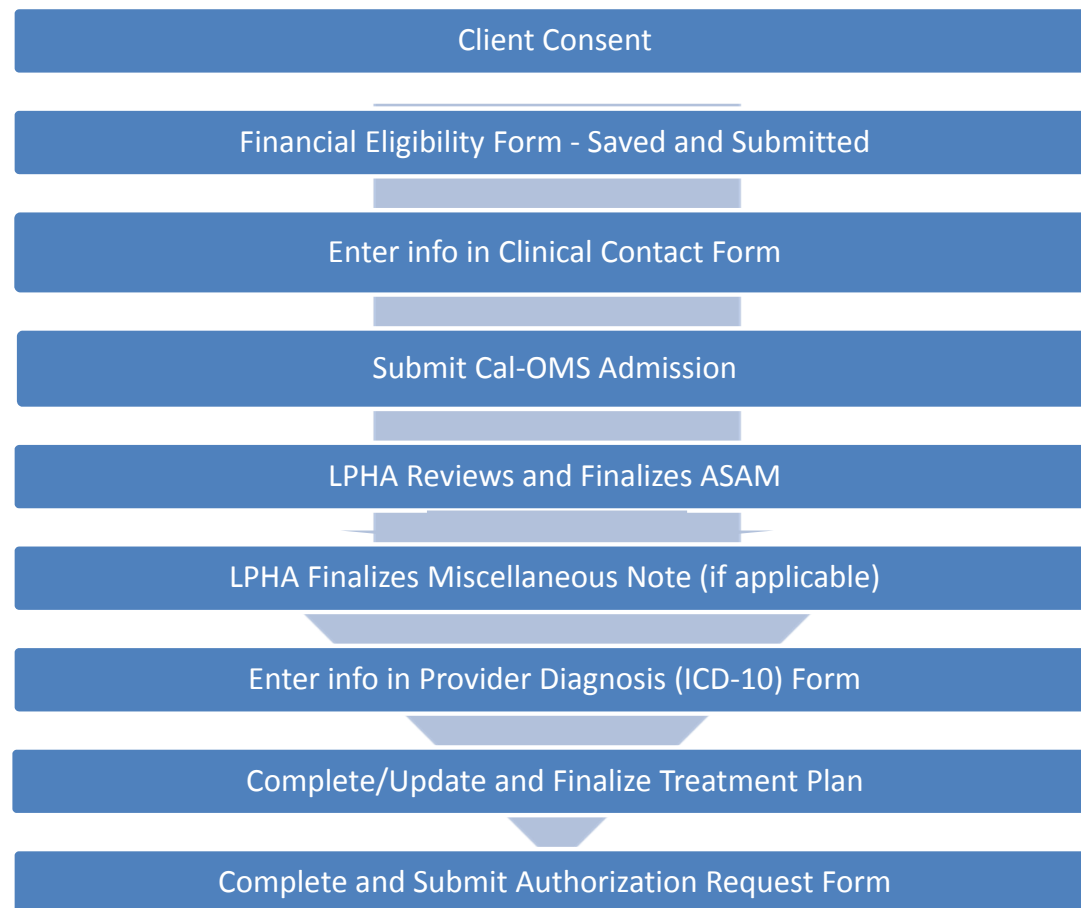


COMMON UM AUTHORIZATION PROBLEM: Authorization Submitted Before Necessary Documentation is Entered

- Suggested Authorization Request Workflow (Post Admission):
 1. Complete Client Consent Form
 2. Complete Financial Eligibility Form, Save and Submit
 3. Complete Clinical Contact Form
 4. Complete Cal-OMS Admission
 5. LPHA reviews and finalizes ASAM in Sage
 6. LPHA completes or finalizes Miscellaneous Note in Sage (if applicable – if LOC or diagnosis clarification is needed)
 7. Complete Provider Diagnosis (ICD-10) Diagnosis Form based on LPHA diagnosis
 8. Complete/Update & Finalize Treatment Plan
 9. Complete/Submit Authorization Request Form
- This will require a change in workflow for some providers
 - Most important is: Authorization Request Form should be the LAST form completed and submitted. ⁵



Recommended Workflow





COMMON UM AUTHORIZATION PROBLEM: Financial Eligibility Form Incomplete or not Submitted

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	California Department of Alcohol and Dru	Edit Delete
↓ ↑	LA County - Non DMC	Edit Delete
-- Guarantors -- <input type="button" value="Add Guarantor"/>		

- **MUST complete a Financial Eligibility Form for all patients at admission.**
- **If patient is enrolled in Drug Medi-Cal**
 - Guarantor #1: DMC Medi-Cal: DMC should always be listed as the 1st guarantor
 - MUST include a valid CIN number in the correct 9 digit Alphanumeric Format
 - Guarantor #2: LA County-Non DMC
- **If applying for Drug Medi-Cal**
 - Guarantor #1: Applying for DMC Medi-Cal
 - Guarantor #2: LA County-Non DMC
- **If enrolled in MHLA, MHLA eligible or covered under another county program**
 - Only 1 Guarantor to be entered: LA County-Non DMC



COMMON UM AUTHORIZATION PROBLEM: Financial Eligibility Form Incomplete or Not Submitted

- **Save and SUBMIT!**

1. Save the Guarantor Information

ProviderConnect - Guarantor Details

Save

Cancel

2. Submit the Financial Eligibility Form

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	California Department of Alcohol and Dru	Edit Delete
↓ ↑	LA County - Non DMC	Edit Delete
-- Guarantors --	<input type="button" value="Add Guarantor"/>	

Submit

Cancel



COMMON UM AUTHORIZATION PROBLEM: Missing Information in the Clinical Contact Form

Client Consent
ASAM Assessment
Clinical Contact
Discharge and Transfer Form

Clinical Contact

Staff Name Search for: <input type="text"/> <input type="button" value="Search"/> <input type="text"/>	Phone Number <input type="text"/>
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Additional Contact Information



COMMON UM AUTHORIZATION PROBLEM:

Documentation does not sufficiently support the patient's SUD diagnosis, LOC Requested or need for ongoing services

What does Title 22 require?

- Recently clarified by DHCS, a narrative summary describing the basis for the diagnosis must be included in the medical record written by the LPHA.
 - Substance use history
 - Personal history
 - Medical history & physical exam
 - DSM-5 diagnosis and how you arrived at diagnosis
 - Treatment Plan goals (if requesting continued services).
 - LPHA recommendation for treatment
 - Recommended level of care based on ASAM or justification for discrepancy as it relates to the above criteria or recommendation for continued services
- This can be documented in the Sage Miscellaneous Note Type



COMMON UM AUTHORIZATION PROBLEM: Miscellaneous Note Does Not Sufficiently Justify Requested LOC

- Required Template Language for Level of Care Justifications (from the first page of the Checklist document)
 - LEVEL OF CARE JUSTIFICATION – Given the patient’s history and condition, the patient is determined to be appropriate for ____ [INSERT APPROPRIATE LEVEL OF CARE IN WHICH PATIENT WILL BE PLACED]. While the other level(s) of care of ____ [ENTER OTHER CONSIDERED LEVEL(S) OF CARE] were considered, the patient was ultimately determined to be most appropriate for ____ [ENTER LEVEL OF CARE PATIENT WAS REFERRED TO] because ____ [DESCRIBE THE SPECIFIC REASONS WHY THE REFERRED TO LEVEL OF CARE IS BEST FOR THE PATIENT, INCLUDING IF AND WHY PATIENT IS BEING STEPPED UP/DOWN LEVEL OF CARE].



COMMON UM AUTHORIZATION PROBLEM:

Miscellaneous Note Does Not Sufficiently Justify Requested LOC

Example:

Given the patient's history and condition, the patient is determined to be appropriate for ASAM 3.1 level of care. While other levels of care, 1.0 and 2.1, were considered, the patient was ultimately determined to be most appropriate for 3.1 because of patient's 10 year history of chronic meth abuse and multiple unsuccessful attempts to quit in outpatient settings. Patient is diagnosed with Stimulant Use Disorder, Severe, Amphetamine type and reports longest period of sobriety without assistance as 1 week. During the previous outpatient treatment, patient reported a 1 month period of sobriety before relapsing during treatment. Patient's has limited support system and living situation impairs ability to maintain sobriety without 24 hour clinically managed support. Residential 3.1 LOC would be most appropriate to assist in developing coping skills, learning relapse prevention techniques, maintaining sobriety and developing an adequate plan for step down to OP LOC.



The approval is strong with this one.....



Approved you are.
Bill you should.



COMMON UM AUTHORIZATION PROBLEM:

Authorization Request Form Errors: Wrong LOC and/or Wrong Date

- **Make sure you are requesting what you are intending to request.**
 - There are many options to select from and easy to select the incorrect auth grouping, enter the wrong date, select the wrong funding source, select the wrong program location, etc...
- **Incorrect Authorization Groupings:** Make sure you are requesting what you intend to request and ONLY LOC you are contracted to provide.
- **START/END DATES:** Please double check the start/end dates and auth grouping before submitting.
 - START DATE = Start for the CURRENT authorization.
- Pregnant and Parenting Women Services Provider (PPW)- Only select PPW auth groupings if your agency is DMC certified for Perinatal **AND** Contracted with SAPC for Perinatal





COMMON UM AUTHORIZATION PROBLEM: Authorization Request Form Errors: Incorrect Funding Source

- **Funding Source = SAPC Contract, not Patient's Financial Eligibility**
 - **Most authorizations will be under the DMC funding source.**
 - Select DMC funding:
 - If your agency **ONLY** has a DMC contract
 - **If you agency has both a DMC contract and a Non DMC contract, you will still likely be selecting DMC as the funding source.**
 - Only select the NonDMC funding:
 - For ALL RBH authorizations, regardless of financial eligibility.
 - If your agency is not DMC certified, not contracted with SAPC under a DMC contract, or the DMC contract is pending.
 - if the patient is not enrolled in or qualifies for Medi-cal or MHLA **AND** the services are being paid out of a NonDMC contract, such as METH.
 - **When in doubt, ask! Confirm with your program admin or contact SAPC for clarification.**



COMMON UM AUTHORIZATION PROBLEM: **Submitting Duplicate Authorizations**

- **IF you have submitted an authorization with wrong info, CALL UM FIRST before submitting a second authorization (Assigned UM Staff member or 626.299.3531).**
- **UM Staff are permitted to change the following fields if submitted with the wrong information:**
 - Start and End Dates
 - Authorization Grouping
 - Although these can be corrected, they will delay the approval process
- **Please contact assigned UM Staff to correct this information. DO NOT submit a new authorization.**
- **Funding Source and Program CANNOT be modified by UM and would require UM to deny the initial request.**
 - Once Denied, providers can submit a new authorization with the correct information.



Authorization Approvals...

