



Post-Blackout Service Authorization Guidance

As the lift of the service authorization blackout approaches, Utilization Management (UM) would like to provide the following post-blackout guidance and recommendations.

What authorizations may be submitted:

- Post-blackout out, providers will be able to submit all service authorizations with a service start date of 07/01/2023 to current.
 - Authorizations with a start date of 07/01/2023 to the end of the blackout will not be subject to date modifications for untimely submissions of service authorizations during the **60-day grace period**.
 - Authorizations with a service start date following the blackout will follow normal procedures and be subject to date modifications if submitted untimely (i.e., more than 30 days from service start date).

Medical Necessity Documentation:

- Please note, all medical necessity documentation (i.e., ASAM assessments, justification notes, problems lists/treatment plans) should be submitted timely. Service authorizations will be subject to date modifications if medical necessity documentation is submitted outside of the required timeframes.

New Fields: "Initial or Continuing Authorization" and "Initial Engagement":

- Service authorizations will require providers to select whether an authorization is submitted as an **Initial or Continuing Authorization**.
 - Initial - Patient is admitted to a new site or new level of care.
 - Continuing - Patient is continuing in the same level of care and at the same site.
- Service authorizations will require providers to select, under Doc Request Date tab, if an authorization is submitted as an **Initial Engagement** authorization. A very small percentage of service authorizations submitted are Initial Engagement authorizations. For non-residential authorizations, providers can request an initial engagement authorization to allow time to engage the patient in treatment and extend the timeframes for which medical necessity needs to be established (30 days for adults and 60 days for youth or persons experiencing homelessness).
 - Yes - The authorization is a non-residential initial authorization, patient is in the initial assessment period, **and** medical necessity has not been fully established.

- No - The authorization is a residential authorization, the authorization is a withdrawal management authorization, **or** medical necessity has been fully established.

Benefit Plan and Authorization Grouping:

- For all authorizations with a service start date of 07/01/2023 and on, the Benefit Plan selected should reflect the level of care provided (i.e., ASAM 1.0). In addition, the Authorization Grouping or Individual Authorizations selected should be “All.”

Contracting Provider Program:

- For all authorizations, the Contracting Provider Program is a required field, please do not leave blank. Leaving this field blank may result in service authorization denials and/or billing denials.

What to expect from Utilization Management (UM)

- Please expect delays in processing service authorizations, UM will work diligently to process all requests received as expeditiously as possible. Please do not submit duplicate authorizations for the same dates of service, this will further delay processing times. If a request has been pending for **more than** three weeks, providers may contact the general **UM line at 626-299-3531** to request an update.
- As a result of the Sage-ProviderConnect (PCONN) upgrade to the Sage-ProviderConnect NX (PCNX) system, providers will experience significant changes in workflows. Please contact **Netsmart Helpdesk at 855-346-2392** with any questions related to submitting/completing documents or regarding system functionality.
- Additional updates may be provided during the next SAPC Provider Utilization Management (UM) Meeting scheduled for Wednesday 09/20/2023 11:00am- 12:30pm. The SAPC Trainings and Events and Training Calendar can be found at the following link <http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm>