Optum

Frequently Asked Questions

Texas Gold Carding

Overview

This helpful guide outlines helpful information about Texas Gold Carding that resulted from the new section that the state of Texas added to its Utilization Management law.

Frequently Asked Questions

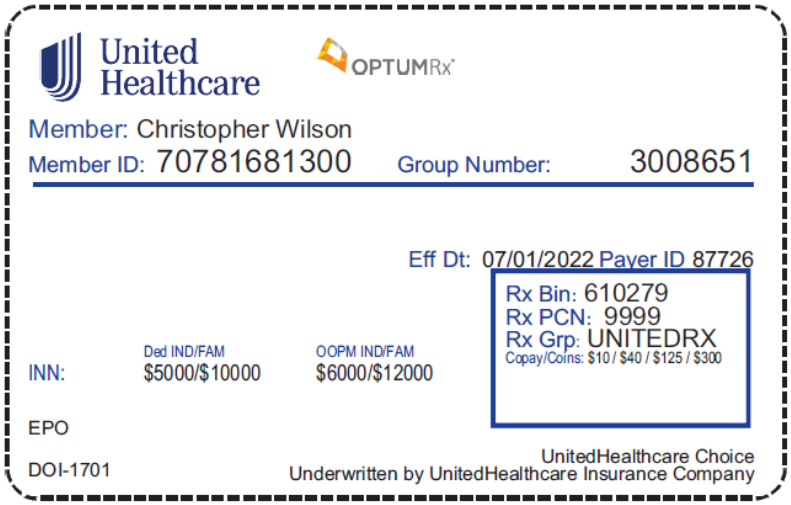
1. **What is Texas Gold Carding?**
   The Texas Utilization Management law amendment, HB 3459, now exempts physicians and providers providing certain health care services from preauthorization requirements when the provider has submitted at least five preauthorization requests and has a 90% preauthorization approval rate or higher over a six-month evaluation period. The data used for the exemption analysis is the previous six-month evaluation period from either January through June, or July through December, each year.
2. **How do I qualify for one of these exemptions?**
   To qualify, an In-Network provider must have submitted at least five preauthorization requests where the decision was finalized for individual services on the preauthorization list during the evaluation period of January through June, or July through December, with a 90% or higher preauthorization approval rate on all submitted requests for those individual services.
3. **When and how will I know if I qualified for an exemption?**
   A notice will be sent two months after the corresponding evaluation period to all qualifying providers indicating the services for which they are exempt.
4. **Why didn't I qualify?**
   Providers who didn't qualify for a service exemption requested fewer than five preauthorization requests during the evaluation period for commercial, fully insured members, or didn't have a high enough preauthorization approval rate on five or more requests for in-scope members during the evaluation period.
5. **Can I appeal if I did not qualify for the exemption? If so, how?**
   Yes, providers can appeal by submitting a letter within 30 days of receipt of the prior authorization exemption notice explaining why they believe they should receive the exemption. Providers should send the appeal letter to:

   Optum Appeals and Grievances
   P.O. Box 30512
   Salt Lake City, UT 84130-0512
   Or Fax: 1-855-312-1470

6. **What are my responsibilities when I qualify for an exemption?**
   Providers who receive service exemptions should ensure their claims are submitted correctly including the approved NPI provided from the correspondence you will receive. You are not required to submit preauthorization requests for the exempt NPI and services. However, Optum will continue to conduct concurrent reviews after the initial service exemption waiver period ends for Inpatient and Residential services. Providers must contact Optum after the initial service exemption waiver period ends if continued services are to be requested. If you are uncertain that the exemption applies to your case, please call us for further information.
7. **If I am exempt, can I still submit an authorization request anyway?**
   No, when the exemption applies for the member and service in question, you should not submit a request. We cannot provide you with an authorization number for an exempt service. However, Optum will continue to conduct concurrent reviews after the initial service exemption waiver period ends for Inpatient and Residential

services. Providers must contact Optum after the initial service exemption waiver period ends if continued services are to be requested. If you are uncertain that the exemption applies to your case, please call us for further information.

8. **What are Optum's responsibilities when I qualify?**
   Optum will correctly process claims for exempt services without requiring a preauthorization on the bill/claim. An authorization for an initial service exemption waiver period is not required and therefore should not be entered. However, Optum will continue to conduct concurrent reviews after the initial service exemption waiver period ends for Inpatient and Residential services.
9. **How do I submit claims when I have an exemption?**
   The process by which claims are submitted will not change for exempt services for providers, and exempt services will not need to include a preauthorization number on submitted claims for applicable services; however, a provider's bill/claim will need to include the approved provider NPI for the exempt services.
10. **What Optum members/business does this apply to?**
    Fully Insured commercial membership whose ID card displays "DOI", or "TDI". You may also call the number on the back of the member's insurance card.
11. **How do I tell if a member is fully insured?**
    The Texas ID card will display the letters "DOI", or "TDI" in the lower left corner if the member is in a fully insured plan.



12. **If I qualify for an exempt service, am I required to get an authorization for services for which I am not exempt?**
    Yes, preauthorizations are still required for services that aren't exempt from preauthorization.
13. **How do I know if the service I'm performing is covered under the member's benefit plan?**
    Providers can check for coverage on a specific member's benefit plan at https://www.providerexpress.com > Our Network > State Specific Information > Texas.
14. **What is the duration of the exemptions?**
    Exemptions will be open ended if the provider continues to demonstrate a 90% approval rate for the exempt services when the provider's claims are reviewed for continued adherence to the health plan medical policies. Optum may conduct a retrospective review of a random sample of payable exempt service claims after every six-month measurement period following the service exemption effective date (exemption review period). If the review demonstrates the provider would not have a 90% approval rate for the specific exempt service, the service exemption can be rescinded.

© 2024 Optum, Inc. All rights reserved.
BH00138_02/2024

15. **How and when will I know if my exemption is rescinded?**
    The provider will receive a notice within two months of each exemption review period explaining why the exemption is being rescinded.
16. **When is my next opportunity to qualify for an exemption?**
    According to the Texas law, the six-month evaluation periods run from January through June and July through December every year. Health plans must complete their preauthorization analysis and notices will be sent to providers within two months after the evaluation period is over.
17. **How can I update my contact information such as mailing or email address?**
    Providers can visit the *My Practice Info* tab on the home page of Provider Express to accomplish changes to their contact information. For further guidance on how to access and utilize My Practice Info, visit https://www.providerexpress.com > Admin Resources > Updating Your Practice Information.

Questions?

Please call the phone number listed on the back of the member's ID card, or contact us directly at bh_gold_card@optum.com.

Optum © 2024 Optum, Inc. All rights reserved.
BH00138_02/2024

United Behavioral Health operating under the brand Optum