

Authorization for Services Process in SmartCare



There are many services that require authorization; some even require authorization prior to engagement of services. CalMHSA and Streamline are working to enhance the system to allow for authorization requests and approvals to be completely maintained in the SmartCare system, however, this is not yet available in the EHR. The current processes for Mental Health will remain in place, via the County's Prior Authorization request forms or the documentation submission process with Optum. SUD residential providers will continue to request authorizations via Optum forms and/or current process. Optum will then enter the approved authorizations into the SmartCare system.

Process for SmartCare

1. Program completes inquiry process for client and/or creates client in SmartCare, if necessary.
2. Program either places client into "requested" status or enrolls them in their program (depending on internal workflow). Be advised, that if you have placed client into "requested" while awaiting authorization, you **MUST** then enroll the client into your program to start the billing process for these services.
3. Program checks insurance coverage for client:
 - If active San Diego Medi-Cal is not showing in SmartCare for first date of enrollment, program must then print and send that proof of insurance to Optum with their authorization request.
 - If your program accepts unfunded clients, and client has no insurance, indicate on request to Optum, and Optum will enter appropriate coverage plan into SmartCare.
4. Program submits authorization request to Optum via fax (and calls Optum as well for CRTS & SUD admits). Steps 1-3 required before step 4 may occur.
5. Optum reviews, Optum enters insurance plan if not already in SmartCare, makes authorization determination, and enters any authorizations into "Authorizations (Client)"
6. Program currently receives notification of authorization determination from Optum
 - SUD residential gets verbal notification
 - Day Rehab/Day Intensive/TFC/CRTS/ARTS/IHBS/TBS and ACT/FACT notification is faxed back For more information or questions, contact QIMatters.HHSA@sdcounty.ca.gov.
7. Programs can run the COSD Authorizations Report to verify if status of Authorization Request Approval.
8. **For ACT/FACT Programs only:** Optum will enter an "ACT/FACT BHP Referral Authorization for SPOA Referrals sent to ACT/FACT programs after 2 business days – programs must ensure that these clients are opened in SmartCare in Requested Status

within **2 business days** of receipt of the referral. Upon assessment and determination that client meets criteria for ongoing ACT/FACT level of services, programs must submit a Prior Authorization Request **no later than day 14** of the initial ACT/FACT MHP Referral Authorization.

Reminder, concurrent authorization requests should be submitted prior to the end date of the current authorization to ensure there is no “gap” in authorization coverage for services which could result in authorization service errors and/or denial of uncovered services.