



Change Index for National Network Manual - March 2022 edition

Distributed – 1 March 2022

(NOTE: The change index does not include minor changes to content or formatting)

SECTION	PAGE	CHANGE TO CONTENT
Throughout the manual	N/A	<ul style="list-style-type: none"> Quality Management term changed to Quality Improvement
Introduction	2	<ul style="list-style-type: none"> Updated Optum company information
Resource Guide	5 - 7	<ul style="list-style-type: none"> Updated Provider Express secure Transactions and Quick Links information
Frequently Asked Questions	10 - 14	<ul style="list-style-type: none"> Network Requirements: <ul style="list-style-type: none"> Added clarification regarding updating practice information EAP: <ul style="list-style-type: none"> Added new EAP phone number to call for authorization for members Treatment Philosophy <ul style="list-style-type: none"> Updated information regarding guidelines and clinical criteria used by Optum
Glossary of Terms	20 - 28	<p>Modified or Added the following definitions:</p> <ul style="list-style-type: none"> Behavioral Clinical Policies Child and Adolescent Level of Care Utilization System Child and Adolescent Service Intensity Instrument (CALOCUS-CASII) Early Childhood Service Intensity Instrument (ECSII) Legal Entities Level of Care Utilization System (LOCUS) Medicare Coverage Determinations Termination Period
Network Requirements	30 - 39	<ul style="list-style-type: none"> Clinician Credentialing <ul style="list-style-type: none"> Modified verbiage regarding credentialing requirements Facility/Agency Credentialing and Recredentialing <ul style="list-style-type: none"> Modified verbiage regarding credentialing requirements Requirements for participation in the Express Access Network <ul style="list-style-type: none"> Updated Secret Shopper program information Contractual Obligation of Written Notification of Status Changes <ul style="list-style-type: none"> In compliance with the Consolidated Appropriations Act, updated provider requirements for notification of demographic and status changes Provider Initiated Unavailable Status <ul style="list-style-type: none"> Added information about indefinite unavailability

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		<ul style="list-style-type: none"> • Termination or Restriction of Network Participation <ul style="list-style-type: none"> - Modified appeal language
Benefit Plans, Authorizations, EAP and Access to Care	41 - 52	<ul style="list-style-type: none"> • Affirmative Incentive Statement <ul style="list-style-type: none"> - Updated language regarding clinical criteria used • Employee Assistance Program (EAP) Benefit and Authorization <ul style="list-style-type: none"> - Added new EAP phone number • Access to Outpatient MH/SUD and EAP Care <ul style="list-style-type: none"> - Updated access standards
Treatment Philosophy	55	<ul style="list-style-type: none"> • Updated clinical criteria used
Quality Improvement	70 - 72	<ul style="list-style-type: none"> • Practice Guidelines <ul style="list-style-type: none"> - Updated language • Audits of Sites and Records <ul style="list-style-type: none"> - Added information regarding audits supporting health plan initiatives
Achievements in Clinical Excellence (ACE) Clinicians	74	<ul style="list-style-type: none"> • Added Tennessee to list of states not publicly recognized for ACE
Compensation and Claims Processing	78	<ul style="list-style-type: none"> • Claims Submission <ul style="list-style-type: none"> - Added use of Place of service code "02" for virtual visits