

Optum



UnitedHealthcare
Community Plan

Texas Provider Training

**For Texas Community Based Service
Deviation Request Online Training**

August 1, 2022



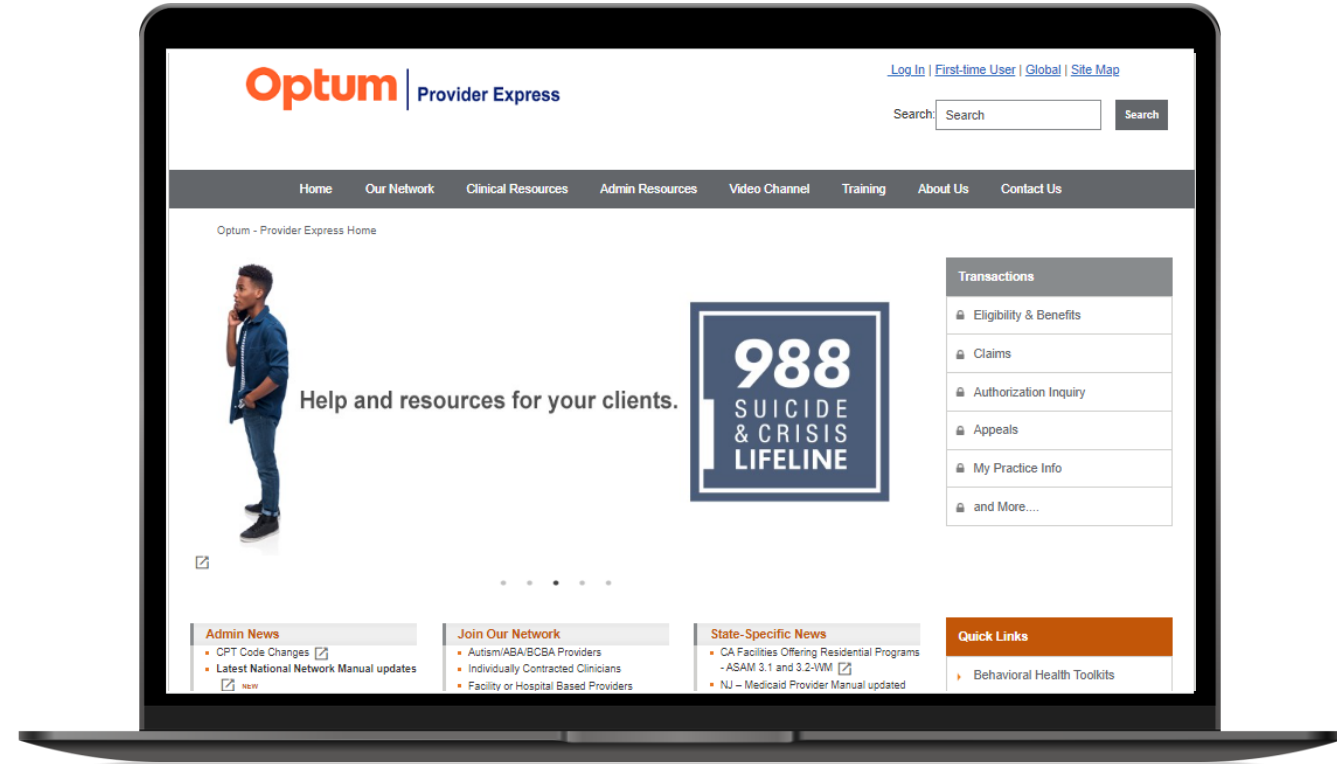
Online Deviation Request Process

Requirements

How we are implementing the request process

Beginning August 1, 2022, providers will submit Community Based deviation requests through a portal located on the Provider Express website

To access the request form, go to: providerexpress.com > Our Network > State-Specific Provider Information > Texas > Authorization Community Based Service Deviation Request Form



The Texas page on Provider Express

Optum | Provider Express

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[Optum - Provider Express Home](#) > [Our Network](#) > [State-Specific Provider Information](#) > Welcome Texas

Welcome to the Optum Network!

Texas Provider Resources

Provider Notification

- [Participating Provider Laboratory and Pathology Protocol](#) - Aug 2016

Optum Network Manual

- [Network Manual](#)

Clinical Criteria

- [Standard Clinical Criteria](#)

Best Practice Guidelines

- [BP Guidelines](#)

Texas Medicaid-Specific Resources

Clinicians and Facilities who see Texas Star or Texas Star Plus Membership (in the counties of Brazoria, Ft. Bend, Galveston, Harris, Montgomery and Waller) should refer to the following manuals for information specific to that membership:

- [STAR+PLUS Optum Clinician Manual](#)
- [STAR Optum Clinician Manual](#)
- [Texas Medicaid Prior Authorization Form](#) Fax number: **844-280-1168**
- [Community Based Service Deviation Request Form](#)

STAR Kids Information

Texas Medicare-Specific Resources

- [Kelsey Care Advantage](#)
- [TXSTAR COB when Medicare is Primary bulletin](#)

Deviation request process

Identification info tab

- Enter the Tax ID number of the treating clinician and the recovery email
- Once submitted, you will receive an email confirmation message to the email address entered in the “Request Recovery Email” field on the submission form
- You can check the status of your request using the Recovery Email.

The screenshot shows the 'Identification Info' tab of the 'Community Based Behavioral Outpatient Services Request Form'. At the top left is the Optum logo. To the right is the title 'Community Based Behavioral Outpatient Services Request Form'. Below the title is an 'Important Note' in red text: 'Please use Google Chrome or Microsoft Edge browsers with this form. Use of Internet Explorer is not recommended as this may result in performance issues including error messages and inability to view submitted forms.' A tab labeled 'Identification Info' is highlighted. Below this is the 'IMPORTANT NOTES' section with four bullet points: 'Provide your Tax ID number and a Request Recovery Email below and click on Save and Continue to move on.', 'Tax ID number entered must be a 9-digit number. Do not enter any spaces, or any special characters (examples "-", "#, @, \$" etc.) in this field.', 'Providers using this form will have the ability to access an incomplete or previously submitted request on the Summary Info page.', and 'Providers will need to provide the verification code before a particular incomplete or submitted request can be displayed.' Below the notes are two input fields: '* TAX ID' with a placeholder '9 digit, no Text/Charac' and '* REQUEST RECOVERY EMAIL' with a placeholder 'Request Recovery Email'. To the right of these fields is a blue 'Save and Continue' button. The entire form area is enclosed in a thin orange border.

Deviation request process

Summary info tab

- This tab allows the user to see the history of submission for the member and resume incomplete requests
- To begin a new request, click the “START” button

Community Based Behavioral Outpatient Services Request Form

Important Note: Please use Google Chrome or Microsoft Edge browsers with this form. Use of Internet Explorer is not recommended as this may result in performance issues including error messages and inability to view submitted forms.

Identification Info **Summary Info**

IMPORTANT NOTES:

- You can access an incomplete or submitted request and begin a new prior authorization submission from this page.
- To complete an incomplete request, click on Edit next to the applicable request and enter the Verification Code sent to the recovery email address provided.
- To access a submitted request, click on View next to the applicable request and enter the Verification Code sent to the recovery email address provided.

Request “Status” values and their meaning:
Incomplete – This has not been submitted by the Provider for processing
Submitted – In queue to be processed
In Process – Currently in review process
Complete – Check [LINK](#) for outcome information

To submit a new request, click on the “START” button. [START](#)

Incomplete Requests

Request Ref. Number	Recipient ID	Request Recovery Email	Request Status	Edit
ST-0757			Incomplete	Click Here

Submitted Requests

Request Ref. Number	Recipient ID	Request Recovery Email	Request Status	Edit
ST-0755			Submitted	Click Here

Deviation request process

Requirements and instructions

- This section outlines the form instructions
- Click “Next” to proceed to the next section
- From this point on if at any time you need to stop and come back to the form you can select “Save and Exit”. When you return to complete the form be sure to use the recovery email to access the saved form and resume entry.

Community Based Behavioral Outpatient Services Request Form

Important Note: Please use Google Chrome or Microsoft Edge browsers with this form. Use of Internet Explorer is not recommended as this may result in performance issues including error messages and inability to view submitted forms.

Identification Info Summary Info **New Outpatient Form**

- Requirements and Instructions**
- Member Info
- Provider Info
- Authorization Info
- Clinical Info
- Documents
- Acknowledgement

FORM INSTRUCTIONS:

- Please fill out member information as it appears on member's insurance identification card.
- Call the number on the back of the member's insurance identification card for all other service requests not listed.
- Authorization is contingent upon the member's eligibility, terms of the benefit plan, state regulations, applicable guidelines, and Optum policies/procedures.
- Please confirm member coverage and availability for this service prior to completing this form. If online access for coverage is not available for you please call the number on the back of the member's insurance card.
- Only complete submissions will be considered an official request for services.
- In the Documents section of this request, please be prepared to upload the most recent Assessment and Individual Care/Service/Treatment Plan

For state specific request instructions, please click on the State [MS](#) [NE](#) [NJ](#) [OH](#) [MN](#) [IL](#) [MA](#)

[Next](#)

[Submit](#)

[Save and Exit](#)

Deviation request process

Member info

- Enter the member demographics
- Click “Save and Next” to proceed to the next section

Community Based Behavioral Outpatient Services Request Form

Important Note: Please use Google Chrome or Microsoft Edge browsers with this form. Use of Internet Explorer is not recommended as this may result in performance issues including error messages and inability to view submitted forms.

Identification Info Summary Info **New Outpatient Form**

Requirements and Instructions

Member Info

Provider Info

Authorization Info

Clinical Info

Documents

Acknowledgement

* Member Last Name

* Member First Name

* Member Date of Birth

* Member Subscriber Id

Submit

Save and Exit

Save and Next

Deviation request process

Provider info

- Enter the provider information
- Click “Save and Next” to proceed to the next section

The screenshot displays a web form titled "New Outpatient Form" with a navigation menu on the left and a main content area. The navigation menu includes: Requirements and Instructions, Member Info (checked), Provider Info (highlighted), Authorization Info, Clinical Info, Documents, and Acknowledgement. The main content area contains several input fields and a license selection interface. The fields are: Tax ID, Treating Provider, Address 1, Address City, Address ZIP, Direct Phone of Above If Further Information Needed, Provider Facility/Group Name, Recovery Email, Address 2, Address State (dropdown menu with "Choose one.."), and Phone Extension. The license selection interface consists of two panels: "Available License" and "Selected License". The "Available License" panel lists: Bachelor's Level, Less than Bachelor's Level, MD, Master's Level, Other, and PhD. The "Selected License" panel is currently empty. At the bottom of the form, there are three buttons: "Submit" (grey), "Save and Exit" (red), and "Save and Next" (blue).

Deviation request process

Authorization info

- Select TX from the State list. This is the only required field for Texas requests on this page
- Click “Save and Next” to proceed to the next section

The screenshot displays a web form titled "New Outpatient Form" with three tabs: "Identification Info", "Summary Info", and "New Outpatient Form". The "New Outpatient Form" tab is active. On the left, a sidebar lists sections: "Requirements and Instructions" (with checkmarks for "Member Info" and "Provider Info"), "Authorization Info" (highlighted), "Texas Section", "Documents", and "Acknowledgement". The main form area contains several fields: "State" (dropdown menu with "TX" selected), "Requested Services" (dropdown menu with "--- None ---" selected), "Start Date Requested" (calendar icon), "Number of Units Requested per Month" (text input), and "Type of Request" (dropdown menu with "Choose one.." selected). A red "Important Note" is displayed: "Important Note: For TX, click on 'Save and Next' after selecting State. No additional information required in this section." At the bottom, there are three buttons: "Submit" (grey), "Save and Exit" (red), and "Save and Next" (blue).

Deviation request process

Texas Section

- Complete the required fields
- If the request is not for a deviation, select Not Applicable from the Available Reason section
- Click “Save and Next” to proceed to the next section

Identification Info Summary Info **New Outpatient Form**

Requirements and Instructions

- ✓ Member Info
- ✓ Provider Info
- ✓ Authorization Info
- Texas Section**
- Documents
- Acknowledgement

Submit

Save and Exit

* ANSA/CANS Recommended Level
Choose one..

* Requested Level of Care
Choose one..

* Reason for Deviation
Available Reason

- Clinical Need
- Continuity of Care
- Consumer Refused
- Resource Limitations
- Other
- Not Applicable

Selected Reason

* Is this a request for a deviation from the recommended ANSA/CANS level of care?
Choose one..

* Is the member's treatment being managed in an Integrated Health Home (IHH)?
Choose one..

Save and Next

Deviation request process

Documents

- Upload the Texas Standard Prior Authorization Request Form, Uniform Assessment, and the ANSA/CANS prior to submitting the request
- Save each document prior to adding the next document
- When all the documents show under “Uploaded Attachments” - click “Next” to proceed to the next section

Identification Info Summary Info **New Outpatient Form**

Requirements and Instructions

- ✓ Member Info
- ✓ Provider Info
- ✓ Authorization Info
- ✓ Texas Section

Documents

Acknowledgement

INSTRUCTIONS FOR DOCUMENTS UPLOAD:

- Please include documentation supporting your request which should include the most recent Assessment and Individual Care/Service/Treatment Plan and any other supporting documentation.
- For Texas requests include the Texas Standard Prior Authorization Request Form for Health Care Services along with the most recent ANSA/CANS associated with this request.
- You can use this feature multiple times to attach multiple documents.
- Saved documents will reflect under the "Uploaded Attachments" section
- Do not include Progress Notes; these are not needed.

Choose File No file chosen

Save Documents

UPLOADED ATTACHMENTS

NAME	DELETE
------	--------

Submit

Next

Save and Exit

Deviation request process

Submit

- Once each of the sections contains a green check mark the “Submit” button will turn green as well
- Check the box attesting to the accuracy of the information and enter the submitter’s name
- Click “Submit” to complete the entry

Identification Info Summary Info **New Outpatient Form**

Requirements and Instructions

- ✓ Member Info
- ✓ Provider Info
- ✓ Authorization Info
- ✓ Texas Section
- ✓ Documents
- ✓ Acknowledgement

* I attest that all of the information above is true and accurate to the best of my knowledge

* Attesting Individual's Name (Submitter)

Submit

Save and Exit

Save and Next

Deviation request process



Length of process

- A decision will be made within 2 business days of the online submission date
- If additional information is needed to make a decision, a Care Advocate will outreach the provider identified as either
 - the treating clinician on the online form or
 - the provider identified as the requesting provider on the bottom of the Texas Standard Prior Authorization Form

Thank You!

Questions?
Contact your provider advocate