

ALERT: Inpatient OASAS-Certified Providers

New York: Substance Use Disorder Legislation Effective January 1, 2017

This notice applies to in-network, OASAS-certified facilities in New York. Out-of-network facilities, including those outside of New York continue to be required to seek prior authorization.

All facilities are expected to apply LOCATDR criteria for listed memberships.

Memberships & Notifications

Medicaid	Notification Process
New York Mainstream Medicaid	Complete the OASAS form and return form by
Medicaid Wellness4Me New York Essential Plan	Fax: 1-877-339-8399 or Email: NYHARPAuthorizations@uhc.com
Standard Medicaid for individuals under the	Call the number on the back of the Member's
age of 21	insurance card.
Commercial Health Plans	Notification Process
Note: the legislation applies to legally-specified commercial plans. In all cases, you should call Optum to determine whether the legislation applies.	For in-scope plans, notification is required; for out- of-scope plans you will follow existing authorization review process.
In-scope commercial plans, include but are not limited to:	Call the number on the back of the Member's insurance card.

Level of Care Guidelines

The legislation requires that you apply LOCATDR criteria to determine medical necessity for all Substance Use Disorder (SUD) admission and services at all levels of care.

Admission Notification

Prior authorization is not required for SUD inpatient admissions *provided* that you *notify* Optum within 48-hours of the medically necessary admission.

Concurrent Review and Step-Down Care or Discharge

Following notification, facilities are expected to apply LOCATDR criteria to manage care, including stepping down to lower levels of care when indicated.

If a patient steps-down or discharges for any reason (including against medical advice), facilities should notify Optum as soon as possible but no later than 24 hours from the time of discharge. Prior authorization for lower levels of care may be required depending on the level of care and the member's specific benefit plan.

For patients remaining at the inpatient level of care for more than 14 days, contact Optum as clinical review will be required.

It is essential that you notify us of discharge. Authorizations for inpatient cannot be issued until discharge has occurred.

Questions

If you have questions about a specific case, contact the number on the back of the member's card. If you have questions about the implementation of this legislation please contact your Network Manager directly or email NYNetworkManagement@optum.com.