FAQs:

Q: What is Texas Gold Carding?

A: Texas added a new section to their Utilization Management law that exempts physicians and providers providing 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 period. The data used for the exemption analysis that will go into place on October 1st is based on authorizations where a final decision was made between January 1, 2022, and June 30, 2022.

Q: When do the exemptions go into effect?

A: The exemptions will begin for services on or after October 1, 2022.

Q: How do I qualify for one of these exemptions?

A: To qualify, an in-network provider must have submitted at least 5 preauthorization requests where the decision was finalized for individual services on the preauthorization list between January 1, 2022, and June 30, 2022 with a 90% or higher approval rate on all submitted preauthorization requests for those individual services.

Q: When and how will I know if I qualified for an exemption?

A: A notice was sent in late September 2022 to all qualifying providers indicating the services for which they are exempt.

Q: Why didn't I qualify?

A: Providers who didn't qualify for the exemption requested less than five preauthorization requests for commercial, fully insured members during the measurement period or didn't have a high enough approval rate on their preauthorization requests for in scope members.

Q: Can I appeal if I did not qualify for the waiver? If so, how?

A: Yes, providers can appeal by submitting a letter within 30 days of receipt of the "you do not qualify" letter, explaining why they believe they should receive the exemption to:

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

Q: What are my responsibilities when I qualify for an exemption?

A: Providers who receive the exemption should ensure their claims are submitted correctly but should not submit preauthorization requests.

Q: If I am exempt, can I still submit an authorization request anyway?

A: No, when the waiver applies for the member and service in question, you should not submit a request. We cannot provide you with an authorization number for a waived service. If you are uncertain that the waiver applies to your case, please call us for further information.

Q: What are Optum's responsibilities when I qualify?

A: Optum will correctly process claims for waived services without requiring a preauthorization on the bill/claim. An authorization for gold carded services is not required and therefore will to be entered; however, Optum will continue to conduct concurrent review after the initial waiver period for Inpatient, Residential, and Partial Hospital services.

Q: How do I submit claims when I have an exemption?

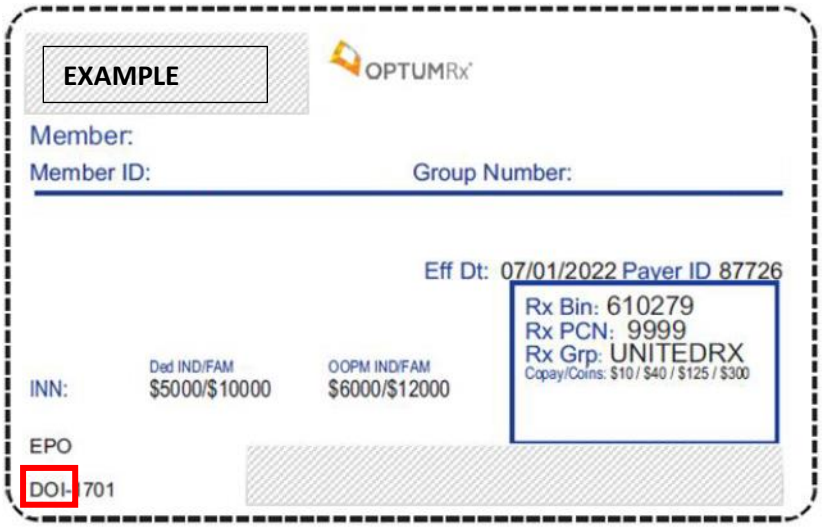
A: The process by which claims are submitted will not change for exempt providers; however, exempt providers will not need to include a preauthorization number on submitted claims for applicable services.

Q: What Optum members/business does this apply to?

A: Fully Insured commercial membership whose ID card displays "DOI", or "TDI". You may also call the number on the back of the members insurance card.

Q: How do I tell if a member is fully insured?

A: The TX ID card will display the letters "DOI", or "TDI" in the lower left corner if the member is in a fully insured plan.



Q: If I am exempt, am I required to get authorization for services in which I am not gold carded?

A: Yes, preauthorization's are still required for services that aren't gold carded.

Q: How do I know if the service I'm performing is covered under the member's benefit plan?

A: Providers can check for coverage on a specific member's benefit plan at https://www.providerexpress.com >Out Network > State Specific Information > Texas

Q: What is the duration of the exemptions?

A: Exemptions will be open ended, as long as the provider continues to demonstrate a 90% approval rate for the exempted service(s) when the provider's claims are reviewed for continued adherence to the health plan medical policies. Optum will conduct these adherence reviews every six months. If the review demonstrates the provider would not have a 90% approval rate for the specific service, their exemption will be rescinded.

Q: How and when will I know if my exemption is rescinded?

A: The provider will receive a notice within two months of each exemption review period explaining why the exemption is being rescinded.

Q: When is my next opportunity to qualify for an exemption?

A: According to the TX 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 2 months after each evaluation period is over.