



PROVIDER ALERT

CDA for Transitioning Members

November 1, 2019

Alert Summary: The Comprehensive Diagnostic Assessment (CDA) will not be required for 180 days for members eligible under Medicaid Expansion, provided specific criteria are met.

Dear Provider,

In November 2018, voters passed a proposition to expand Medicaid in Idaho. The goal of Medicaid Expansion is to provide Medicaid coverage to individuals with incomes up to 138% of the Federal Poverty Level. Optum Idaho is working with the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Medicaid), State agencies, and other stakeholders to ensure a smooth implementation for all newly eligible Idahoans and Optum network providers.

Comprehensive Diagnostic Assessment (CDA) Requirements

Many individuals who are participating in State-funded Substance Use Disorder and/or Mental Health (SUD/MH) services will gain Medicaid eligibility under Medicaid Expansion. To support the transition of these members to Medicaid, Optum Idaho will lift the requirement to have a CDA on file to continue the current episode of treatment for that member until June 28, 2020. Each of the following must be true of the member in order to lift this requirement:

1. The member must be eligible under Medicaid Expansion (as indicated by group number 22132 or 22135 and plan name "MAGI Adult Basic" or "MAGI Adult Enhanced" when verifying Medicaid eligibility on Provider Express).
2. The member must be continuing a current treatment episode from State-funded services (e.g. DBH-funded SUD/MH treatment).
3. The provider must have the appropriate required assessment on file for the current treatment episode (e.g., a GAIN).
4. There must be no change in the level of care or services rendered without a CDA to evidence medical necessity for the change.

The lift in CDA requirement only applies to members transitioning from State-funded programs to Medicaid funding for their current treatment episode. It does not apply to members seeking services for the first time. New treatment episodes, changes in level of care, and/or additional services for the transitioning member require appropriate clinical assessment (i.e. CDA) to evidence the medical necessity criteria for the level of care. **After June 28, 2020, all members, whether or not they have transitioned from State-funded services, will need to have an up-to-date CDA on file.** Providers are encouraged to administer the CDA to all transitioning clients as they are able between January 1, 2020 and June 28, 2020 to ensure that all member records are up to date by June 28, 2020.

Optum will continue to provide updates on Medicaid Expansion as implementation progresses. For questions about Medicaid Expansion, please reach out to the Network team at optum_idaho_network@optum.com. For regular updates about Medicaid Expansion, please visit medicaidexpansion.idaho.gov.

Thank you,

The Optum Idaho Team