

Arkansas Gold Card Preauthorization Exemptions

Overview

Beginning Jan. 1, 2024, Optum, in compliance with State requirements, added a new component to our Utilization Management. **Arkansas Gold Card** exempts physicians and providers that provide certain health care services from preauthorization requirements and applies to the following:

- Eligible fully insured commercial members
- Accounts that are in plan and in-network for these identified services*

Important Information for Facility-based Care:



- Notification of admission is strongly encouraged, but not required, to better collaborate on discharge planning.
- Inpatient and Residential services exempt from prior authorization will be subject to Concurrent Review.
- Concurrent Review will be required beginning the first non-covered day if the member remains in care beyond the initial authorization exemption period.
- The Initial Authorization Exemption period for each impacted level of care:
 - Inpatient - 5 days from date of admission
 - Residential - 10 days from date of admission
 - Intensive Outpatient (IOP) and other Outpatient levels of care exempt from prior authorization will not be subject to Concurrent Review.
- When you contact us for Concurrent Review, we may notify you that Concurrent Review is waived for the remainder of the member's care until discharge or transfer from the waived service.
- We ask that you notify us when the member discharges or transfers from the service.

Frequently Asked Questions



What is Arizona Gold Carding?

Arkansas statutes, codes, and regulations §23-99-1120, require an exemption of preauthorization requests when the provider has submitted at least 10 preauthorization requests and has a 90% preauthorization approval rate or higher over a six-month evaluation period. The data used for the exemption analysis is a previous six-month evaluation period from Jan. 1, 2022, through June 30, 2022.



When do the exemptions go into effect?

The exemption for preauthorization requests will begin for services on or after Jan. 1, 2024, and extend through at least Dec. 31, 2025.



Will I know if my exemption has been rescinded?

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provider will receive a notice within two months of each exemption review period explaining why the exemption is being rescinded.



What Optum plans does this apply to?

Arkansas Gold Card restrictions are TIN-specific and only apply to services you provide to members covered by a fully insured Commercial health plan. They do not apply to members covered by a Medicare Advantage or Medicaid plan.



What are my responsibilities when qualified for an exemption?

Providers who receive service exemptions should ensure their claims are submitted correctly including the approved TIN provided from the correspondence you will receive.

You are not required to submit preauthorization requests for the exempt TIN and services. Authorization numbers cannot be provided for services that are exempt. However, Optum will continue to conduct concurrent reviews after the initial service exemption waiver period ends for Inpatient and Residential services. Providers must contact Optum after the initial service exemption waiver period ends if continued services are to be requested.

If you are uncertain that the exemption applies to your case, please call us for further information.



What are Optum's responsibilities when a provider is qualified for an exemption?

Optum will process claims for exempt services without requiring a preauthorization on the bill/claim. An authorization for an initial service exemption waiver period is not required and therefore should not be entered. However,

Optum will continue to conduct concurrent reviews after the initial service exemption waiver period ends for Inpatient and Residential services.



How do I submit exemption-related claims?

The process does not change for exempt services for providers. For exempt services, you will not need to include a preauthorization number on submitted claims for applicable services. However, you need to include your TIN on your claim forms. Not including the TIN will result in claims being denied due to lack of prior authorization.



If I qualify for an exempt service, do I need to submit prior authorization requests for non-exempt services?

Yes, authorizations are still required for any services where exemption status was not achieved.

Questions?



Please call the phone number listed on the back of the member's ID card or [email](#) us directly.