Behavioral Health Utilization Management Overview

10/22/2021

Presenters and Panelists

Dr. Ken Dunham, MD - Medical Director

Katie McKay, MSW, LCSW, LCAS- Manager- Utilization Management

Jesse Hardin – Head of Stakeholder Excellence

Sharon Alexander – Senior Provider Relations Coordinator

Training Topics

- Provider Relations and Support Team

- Behavioral Health (BH) Clinical Training Opportunities

- Requesting BH Authorizations
    - Route of Submission
    - Needed Information

- COVID-19 BH Flexibilities

- Standard Plan versus Tailored Plan Services
    - Service Associated Request to Move Form

Disclaimer

Please note that contractual terms may include exceptions to the information referenced. Refer to your specific agreement terms for more information.

Overview

Our Mission

To transform the health of our community, one person at a time.

North Carolina's Only Physician-Led Medicaid Plan

A joint venture between Centene Corporation, the North Carolina Medical Society (NCMS), the North Carolina Community Health Center Association (NCCHCA) and the individual practitioner shareholders in the CCH Network to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.

A first-of-its-kind partnership
Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.
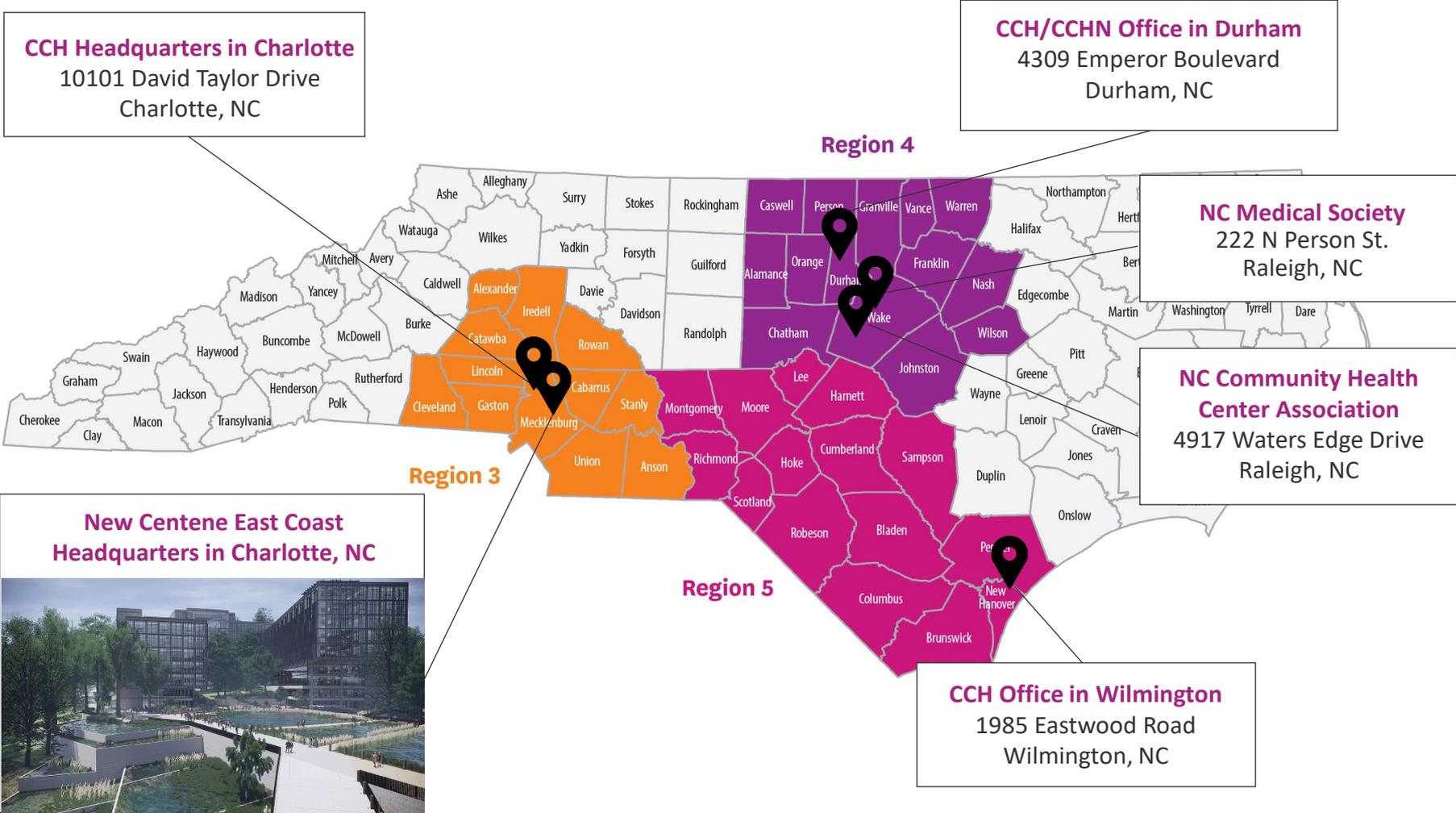
Provider-led
We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.

Patient-centered
Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

A Commitment to North Carolina

CCH Headquarters in Charlotte
10101 David Taylor Drive
Charlotte, NC

CCH/CCHN Office in Durham
4309 Emperor Boulevard
Durham, NC

NC Medical Society
222 N Person St.
Raleigh, NC

NC Community Health Center Association
4917 Waters Edge Drive
Raleigh, NC

New Centene East Coast Headquarters in Charlotte, NC

CCH Office in Wilmington
1985 Eastwood Road
Wilmington, NC

Region 3
Region 4
Region 5

Key Contact Information

PROVIDER SERVICES PHONE NUMBER

1-833-552-3876

PROVIDER RELATIONS AND SUPPORT EMAIL

networkrelations@cch-network.com

PROVIDER SERVICES WEBSITE

www.network.carolinacompletehealth.com

Provider Relations and Support

The **Carolina Complete Health Network Provider Relations and Support** team includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network status
- Claims
- Request for adding/deleting physicians to an existing group
- Secure Portal registration and Pay Span
- Inquiries related to administrative policies, procedures, and operational issues
- Contract questions

By calling **Carolina Complete Health** Provider Relations and Support at **1-833-552-3876** providers will be able to access real-time assistance for all their service needs.

You can also email Provider Relations and Support: networkrelations@cch-network.com

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Carolina Complete Health Website: For Providers

www.network.carolinacompletehealth.com
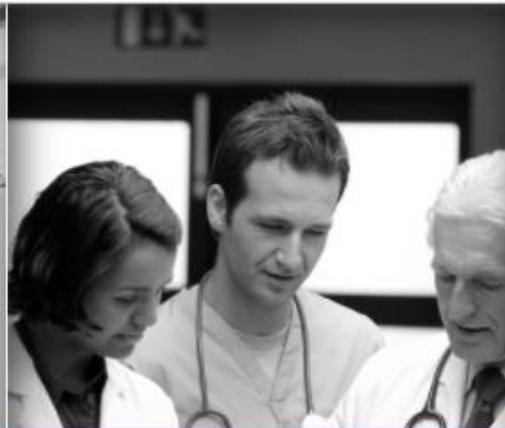
Web-Based Tools

- Web-Based Tools:
  - Public Website: www.carolinacompletehealth.com
  - For Providers: network.carolinacompletehealth.com

- Provider information for medical services:
  - Prior Authorization tool
  - Forms
  - CCH's Plan News
  - Clinical Guidelines
  - Provider Bulletins
  - Contract Request Forms
  - Provider Engagement Contact Information

- Carolina Complete Health is committed to enhancing our web-based tools and technology. Provider suggestions are welcome!
  - Link to Web Survey: https://www.surveymonkey.com/r/CCHWEBSITE

Secure Provider Portal

Secure Provider Portal:

- Beneficiary eligibility and patient listings
- Health records and care gaps
- Prior Authorizations
- Claims submissions and status
- Payment history
- Monthly PCP cost reports
- ...and more!

https://provider.carolinacompletehealth.com/

Or, simply use the 'Login' button on the upper right hand corner of our Provider website.

Registration is free and easy - contact your provider network specialist to get started.

Additional Behavioral Health Tools and Training

https://network.carolinacompletehealth.com/resources.html

Confidential and Proprietary Information

Requesting Behavioral Health Authorizations

Requesting Authorizations

- Authorizations can be requested by:
  - Fax
    - Inpatient: 1-833-596-2768
    - Outpatient: 1-833-596-2769
  - Phone
    - 1-833-552-3876
      - Option 3, 5, 2 (Inpatient UR)
  - Provider Portal
    - [Secure Provider Portal](#)

Requests via Fax

- When submitting a faxed authorization request:
  - Utilize the Prior Authorization Form found [here](#)
    - Complete all sections of the form.
    - In the provider sections, include the NPI and TIN numbers.
    - Attach additional clinical documentation as needed.
- Send to the Inpatient fax number for the following services:
  - Inpatient
  - Detox Services
  - Facility-Based Crisis
  - Partial Hospitalization

Requests via Phone

- When requesting inpatient/acute services via phone, provide:
  - o Specific service being requested
  - o NPI/TIN numbers
  - o Utilization reviewer name and contact information
- For clinical information:
  - o A utilization manager will call out to obtain information, or
  - o Facility can fax clinical information to 833-596-2768

*If sending clinical information via fax, ensure this is done in a timely manner or UM will call out to obtain the information.

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Requests via Provider Portal

- Web requests can be submitted via Provider Portal.

- For Behavioral Health, select Inpatient Behavioral or Outpatient Behavioral.

    - Some acute services are found in the Outpatient Behavioral drop-down options for service type. (see next slide)

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Requests via Provider Portal

Outpatient Behavioral Options	
Drop-Down Options in Portal for Service Type	**Actual Service(s) Associated**
Community-Based Services	• Peer Support Services • Ambulatory Detox • Medically Supervised or ADATC Detoxification Crisis Stabilization • Non-Hospital Medical Detoxification
Crisis Psychotherapy	Facility-Based Crisis
Outpatient Therapy	• Outpatient Therapy • Individual, family, and group therapy are grouped under code 90837 • Outpatient Opioid Treatment (H0020)

Needed Information

- Information needed for Authorization Requests:
  - Clinical information that supports medical necessity for the service being requested
  - Contact information in the event additional information is needed
  - Provider/Facility NPI and TIN numbers

Reference Material for Authorizations

- COVID-19 Authorization Waivers
  - The state published the following bulletin in April 2020: SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities
    - While some services have authorization waivers, UM asks that a notice of admission and discharge still occur in order to assist with d/c planning:
      - Non-Hospital Medical Detoxification (H0010) - waiver is for initial and reauthorization.
      - Partial Hospitalization (H0035) - waiver is for reauthorization.
      - Medically Supervised or ADATC Detoxification Crisis Stabilization (H2036) - waiver is for reauthorization.
    - If a service covered under EPSDT only has a authorization waiver, please still submit the request.

- Prior Authorization resources on the Carolina Complete Health website
  - Two tips sheets specific to Behavioral Health
    - Refer to links as updates are made as needed

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Standard Plan versus Tailored-Plan Only Services & Service Associated Request to Move Form

Standard Plan versus Tailored-Plan Services

Available In **Both** Standard Plan and BH I/DD Tailored Plan	Available **Only** in BH I/DD Tailored Plan (or LME-MCOs Prior To Launch)
State Plan Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • Research-based intensive BH treatment for Autism Spectrum Disorder • Diagnostic assessment • EPSDT • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Non-hospital medical detoxification* • *Medically supervised detoxification crisis stabilization*	**State Plan Services** • Residential treatment facility services • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities (PRTFs)* • *Assertive community treatment (ACT)* • *Community support team (CST)* • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • *Substance abuse intensive outpatient program (SAIOP)* • *Substance abuse comprehensive outpatient treatment program (SACOT)* **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services **State-Funded behavioral health, I/DD and TBI Services**

*Enhanced Behavioral Health Services are Italicized
EPSDT Protections continue to apply

Service Associated Request to Move Form

- If a Member requires a Tailored-Plan only service urgently, the provider should submit a <u>Service Associated Request to Move Form</u>
  - The online form can be found here
  - The links to paper forms are found here
  - For the Service Associated Request to Move form, a service/treatment authorization request form must be submitted with the request

Links to Paper SAR/TARs for LME-MCOs

- Click on the LME-MCOs below for link to paper document of the Service/Treatment Authorization Request:
  - Alliance
  - Cardinal Innovations (search TAR)
  - Eastpointe (see Treatment Authorization Request Form TAR)
  - Partners BHM (see Manual Service Authorization Form)
  - Sandhills
  - Trillium
  - Vaya
  - Beacon

Request to Move: What Happens Next

- After a provider submits a <u>Service Associated Request to Move Form</u>, the following should occur:
  - Provided all information is submitted, the requests are sent to the LME-MCO within 24 hours.
  - Member is moved within one business day retroactively to the date of the request.
    - Even if the LME-MCO does not approve the service request, the member will still transition to the LME-MCO.

Request to Move: What Happens Next

- If a Non-Service Associated Request to Move form is submitted, the following should occur:
  - If submitted by member, reviewed/processed within 8 days.
  - If submitted by provider, reviewed/processed within 5 days.
  - If approved, the reviewer informs the Enrollment Broker and State Eligibility team.
    - Member will receive notice of Medicaid Direct enrollment and ID card.
    - Eligibility to Medicaid Direct will the beginning of the following month
  - If denied, the member is sent a notice which will include appeal rights.

*Beacon is the designated reviewer for Non-Service Associated Requests to Move

Additional Resources

- [Medicaid Transformation Fact Sheets](#)

- [Request to Move Fact Sheet](#)

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Questions?

Questions

1. *Currently, it is my understanding that under COVID flexibilities unmanaged visits are waived and no authorization for outpatient therapy is required; is this accurate? If so, when do unmanaged visits for outpatient therapy begin?*

2. *What documents are required when submitting an outpatient therapy authorization request?*

3. *Will providers have to submit reauthorizations for January 2022 or will 24 units automatically roll over for the beginning of next year?*

4. *Some Medicaid managed care companies are waiving the requirement for additional visits after 16 for children and 8 for adults for psychotherapy office visits during the COVID emergency. Is Carolina Complete Health also waiving this requirement?*

5. *Do patients have visit limits per year for medication management and psychotherapy? How many visits do they have? How do we go about getting authorization for more visits if needed?*

6. *What are the Quality Measures for BH?*