



Information Session

Behavioral Health Utilization Management
Updates

March 2023

Presenters and Panelists

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Agenda

- New & Updated Provider Tools/Resources
- Utilization Management Updates
- Criteria for Peer Support Services and Outpatient Therapies

Updated Web-based Tools/Resources

Visit our Provider Website frequently for new announcements, updates, and resources!

network.carolinacompletehealth.com

The screenshot shows the top navigation bar with links for Home, For Members, Contact Us, Help STAFF, Pre-Auth Tool, and Provider Portal Login. The Carolina Complete Health Network logo is on the left, and a search bar is on the right. Below the navigation is a menu with links for JOIN THE NETWORK, RESOURCES, ABOUT US, and PROVIDER UPDATE. The main content area features three large images with corresponding text boxes: 'Join the Network', 'Provider Resources', and 'Provider Updates'. Below these is a pink banner for 'Non-Emergency Transportation (NEMT) Available for Members to Purchase Infant Formula'. Further down are sections for 'Getting Started with Carolina Complete Health' and 'Known Issues Tracker', each with a PDF download button. At the bottom, there is a 'Provider Announcements' section with a link for 'Stay Informed of Policy Changes'.

Behavioral Health Resources and Trainings

We offer clinical trainings for both behavioral health and physical health providers in our network at no cost. Most of our clinical trainings also offer behavioral health continuing education units also at no cost to the attendee. Trainings are completed via live/virtual instructor led webinars:

<https://network.carolinacompletehealth.com/resources/behavioral-health-training.html>

Training topics include but are not limited to:

- Adverse Childhood Experiences (ACEs)
- ASAM Overview
- Topics in Behavioral Health
 - Anxiety
 - Bipolar
 - Depression
 - PTSD
 - Schizophrenia
- BH Screening Tools
- Behavior Management/ De-escalation
- Care Coordination/Integrated Health
- Cultural Competency/Cultural Humility
- Dementia
- Disability Sensitivity
- DSM 5
- Mental Health First Aid (MHFA)
- Screening Brief Intervention and Referral to Treatment (SBIRT)
- Social Determinants of Health
- Substance Use Disorders Topics
 - SUD Overview
 - Alcohol
 - Caffeine
 - Cannabis
 - Hallucinogens
 - Inhalants
 - Opioids
 - Sedatives
 - Stimulants
 - Nicotine
 - Non Substance Related Disorders
- Suicide Risk Assessment
- Trauma Informed Care
- Violence Prevention

Behavioral Health HEDIS® resources

On the **Behavioral Health resources page**, we have various HEDIS® measures trainings available.

Behavioral Health HEDIS® Measures Training

Purpose: The purpose of the trainings are for medical and behavioral health providers to recognize the intent of the Behavioral Health HEDIS measures and share strategies to impact quality care and outcomes for members.

Target Audience: Medical and Behavioral health Providers, including licensed and unlicensed health care professionals and office staff.

Duration: 8-10 mins each

1. [Initiation and Engagement, Follow-Up After Emergency Department or High Intensity Care for Substance Use Disorders: Optimizing the IET, FUA, and FUI HEDIS® measures](#)
2. [Strategies to Improve Cardiovascular, Diabetes, and Metabolic Monitoring: APM, SSD, SMC, and SMD HEDIS® Measures](#)
3. [Follow-Up Care After a Hospital or Emergency Department Visit for Mental Illness: Optimizing the FUH and FUM HEDIS® Measures](#)

Behavioral Health HEDIS® Measures Toolkit

We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience. There are several HEDIS® behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring. That's why we've created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings. Please contact your Provider Relations Representative if you need more information or have any questions.

- [HEDIS® 2022 BH Measures Year 2022 At-A-Glance Toolkit \(PDF\)](#)

Behavioral Health HEDIS® Training: ADD and APP HEDIS® Measures

Follow-Up Care for Children Prescribed Medication for ADHD and the Use of Psychosocial Care for Children and Adolescents Prescribed Antipsychotic Medications: Optimizing the Impact of the ADD and APP HEDIS® Measures

- [Slides \(PDF\)](#)
- [Recording](#)

Behavioral Health Services in the Standard Plan

BH Services Covered by Standard Plans

- Ambulatory detoxification services
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services
- Partial hospitalization
- Peer support services
- Professional treatment services in a facility-based crisis program
- Research-based intensive behavioral health treatment for autism spectrum disorder

<https://ncmedicaidplans.gov/learn/benefits-and-services>

Credentialing/Re-credentialing

- [Provider Guide: Provider Enrollment and Data \(PDF\)](#)
- **Providers must credential via NCTracks (centralized credentialing)**
- According to the [Statement of Administrative Policy](#) from the Executive Office of the President, published Jan 30, 2023, the Federal Public Health Emergency (PHE) is expected to end on May 11, 2023.
- When PHE ends, notices will resume to providers with approaching reverification due dates, as well as those whose reverification was suspended during the PHE.
- When reverification is due, providers will receive a reverification notice in their Message Center Inbox on the secure NCTracks Provider Portal.

CCH in lieu of services (ILOS)

- Alternative services or settings that are substituted for services or settings covered under the Medicaid or NC Health Choice State Plans or otherwise covered by this Contract but have been determined by the Department to be medically appropriate, cost-effective substitutes for the State Plan services included within this Contract.
- Visit the [ILOS Resource Page](#)



Massage Therapy

Behavioral Health Urgent Care (BHUC)



Inpatient psychiatric care/treatment in Institutes for Mental Disease (IMD)



UM Updates

BH UM Authorization Guidelines

We continue to update/maintain our BH UM Auth Guidelines:

<https://network.carolinacompletehealth.com/resources/prior-authorization.html>

*Best practice tip: refresh this document when you open the link to ensure you are seeing the latest version.



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1-833-552-3876 (TTY 711)

Behavioral Health Utilization Management Authorization Guidelines

Prior to reviewing the guidelines below, please review the COVID flexibilities for Behavioral Health services found in [Special Bulletin COVID-19 #251](#). Once COVID flexibilities are lifted, typical authorization requirements as outlined below will resume

Note: Please include the name and contact information of anyone that is able to provide additional clinical information for the request, if needed.

This grid serves as an outline to the authorization guidelines. For additional information, please reference the identified Clinical Coverage Policy for each service. Links to Clinical Coverage Policies can be found by [clicking here](#). For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits. **EPSDT does not apply to NC Health Choice.**

Within the request, include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. It is the expectation that with reauthorization requests, updated information be noted related to clinical presentation, goals/interventions (as clinically applicable), and transition/discharge plan. Assessments should include LOCUS/CALOCUS and/or ASAM information as applicable. Additionally, for Inpatient services, Facility-Based Crisis, and Detoxification/Withdrawal Management, and Partial Hospitalization services, ensure that documentation available includes medications.

Note: Please include NPI and Tax ID numbers on Prior Authorization form when noting provider information.

BH UM Authorization Fax Numbers

Inpatient (Inpatient, Facility-Based Crisis, Partial Hospitalization, Detox Services)	1-833-596-2768
Outpatient	1-833-596-2769

Defer to [SPECIAL BULLETIN COVID-19 #251](#) for flexibilities related to authorization requirements

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Updated 7.14.2022

Requesting Behavioral Health Authorizations

- Authorizations can be requested by:

- Provider Portal

- [Secure Provider Portal](#)

- Fax*

- Inpatient: 1-833-596-2768

- Outpatient: 1-833-596-2769

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

- Phone

- 1-833-552-3876

- Option 3, 5, 2 (Inpatient UR)

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.
 - Use [Tip Sheet](#) for help
- Send to the **Inpatient fax** number for the following services:
 - Inpatient
 - Detox Services
 - Facility-Based Crisis
 - Partial Hospitalization

Prior Authorization Request

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be Medicaid or NC Health Choice eligible and a Carolina Complete Health member on the date of service. **See reverse side for instructions.**



I. GENERAL INFORMATION								
1. Name (Last, First, M.I.)			2. Date of Birth (MM/DD/YY)			3. NC Medicaid ID Number		
4. Address (Street, City, State, Zip Code)								
5. Diagnosis Code			6. Diagnosis Description					
7. Name and address of facility where services are to be rendered, if other than home or office								
II. SERVICE INFORMATION						FOR PLAN USE ONLY		
8. REF. NO	9. Procedure Code	10. From	11. Through	12. Description of Service/Item	13. QTY or Units	APPR.	Denied	Amount Allowed if Priced by Report
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
14. Detailed explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)								
III. PROVIDER				IV. PRESCRIBING/PERFORMING PRACTITIONER				
15. Provider Name				19. Provider Name			20. Telephone	
16. Address				21. Address				
17. NPI and TAX ID				22. NPI and TAX ID				
18. Fax Number				By submitting this form, the Provider identified in this Section V. certifies that the information given in Section I and III of this form is true, accurate, and complete.				
V. FOR PLAN USE ONLY								
Denial Reason(s): Refer to table above by reference numbers (REF NO.)								
IF APPROVED: Services Authorized to Begin			Date			Reviewed by Signature ▶		

Requests via Provider Portal

- Web requests can be submitted via [Provider Portal](#).
- View our [Provider Portal Training](#) for a deep dive!
- 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)

The screenshot displays the 'Viewing Authorizations For' section of the Provider Portal. At the top, there are navigation icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, the 'Viewing Authorizations For' section includes fields for TIN and Plan Type (set to Medicaid), with a 'GO' button. To the right are 'Smart Sheets' and 'Create Authorization' buttons.

The main content area is divided into two panels:

- Authorization For:** This panel shows fields for DOB and MEDICAID NBR. It contains two text boxes: one with a warning about after-hours emergency and urgent admissions, and another with information about Home State Health Plan values. A dropdown menu for 'Select an Authorization Type' is open, showing options: Inpatient Medical, Outpatient Medical, Inpatient Behavioral (highlighted with a pink box), and Outpatient Behavioral (highlighted with a pink box).
- Enter Authorization:** This panel is titled '1. PROVIDER REQUEST' and features a 'Select an Authorization Type' dropdown, a 'NEXT >' button, and a '3. FINISH UP' section at the bottom. A red dashed arrow points from the dropdown menu in the 'Authorization For' panel to the 'NEXT >' button.

Outpatient Behavioral Options in Provider Portal

Drop-down options in portal for service type	Actual services associated
Community-Based Services	<ul style="list-style-type: none">• Peer Support Services• Ambulatory Detox• Medically Supervised or ADATC Detoxification Crisis Stabilization• Non-Hospital Medical Detoxification
Crisis Psychotherapy	<ul style="list-style-type: none">• Facility-Based Crisis
Outpatient Therapy	<ul style="list-style-type: none">• Outpatient Therapy<ul style="list-style-type: none">• <i>Individual, family, and group therapy are grouped under code 90837</i>• Outpatient Opioid Treatment (H0020)

Needed Information

- Information needed for Authorization Requests:
 - Clinical information that supports medical necessity for the service being requested
 - Refer to BH Auth Guidelines for supporting clinical information, such as: Comprehensive Clinical Assessment and Treatment Plan.
 - Contact information in the event additional information is needed
 - Provider/Facility NPI and TIN numbers

Peer Support Services

- Per Clinical Coverage Policy (CCP) 8G, members have 24 unmanaged units per state FY for Peer Support Services (PSS)

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid and NCHC shall require prior approval for Peer Support Services beyond the unmanaged unit limitation. Coverage of Peer Support Services is limited to twenty-four (24) unmanaged units once per episode of care per state fiscal year. Refer to **Subsection 5.3** for additional limitations.

- Following 24 unmanaged units, initial and reauthorization can be for up to 90 days (270 units, inclusive of individual and group)
 - Per CCP 8G: *“Additional units may be authorized as clinically appropriate. If medical necessity dictates the need for increased service duration and frequency, clinical consideration must be given to interventions with a more intense clinical component”*
 - Ensure that there is clinical information to support this request

Structured Services Provided by PSS include:

Peer mentoring or coaching (one-on-one)	Recovery resource connecting	Skill Building Recovery groups	Building community
<p>to encourage, motivate, and support beneficiary moving forward in recovery. Assist beneficiary with setting self-identified recovery goals, developing recovery action plans, and solving problems directly related to recovery, such as finding housing, developing natural support system, finding new uses of spare time, and improving job skills. Assist with issues that arise in connection with collateral problems such as legal issues or co-existing physical or mental challenges.</p>	<p>Connecting a beneficiary to professional and nonprofessional services and resources available in the community that can assist a beneficiary in meeting recovery goals.</p>	<p>structured skill development groups that focus on job skills, budgeting and managing credit, relapse prevention, and conflict resolution skills and support recovery.</p>	<p>Assist a beneficiary in enhancing his or her social networks that promote and help sustain mental health and substance use disorder recovery. Organization of recovery-oriented services that provide a sense of acceptance and belonging to the community, promote learning of social skills and the opportunity to practice newly learned skills.</p>

Specific Criteria Not Covered by both Medicaid and NCHC Medicaid and NCHC shall not cover the following activities of Peer Support Services

- a) **Transportation** for the beneficiary or family members;
- b) **Habilitation** activities;
- c) Time spent performing, attending, or participating in **recreational activities** unless tied to specific planned social skill assistance;
- d) Clinical and administrative **supervision** of the Peer Support Specialist which is covered as an indirect cost and part of the rate;
- e) Covered services that have **not been rendered**;
- f) **Childcare services** or services provided as a substitute for the parent or other beneficiaries responsible for providing care and supervision;
- g) Services provided to **teach academic subjects** or as a substitute for education personnel;
- h) Interventions **not identified** in the beneficiary's Person-Centered Plan;
- i) Services provided **without** prior authorization;
- j) Services provided to children, spouse, parents, or siblings of the beneficiary under treatment or others in the beneficiary's life to address problems **not directly related** to the beneficiary's needs **and not listed** on the Person-Centered Plan; and
- k) Payment for **room and board**.

Outpatient Therapy

- CCH allows 24 unmanaged units for outpatient therapy for members (cumulative across providers). The 24 unmanaged units is specific to individual, family, and group therapy.
 - 24 unmanaged visits (for adults and children) per state Fiscal Year (July – June)
- Can request **up to 6 months** at a time following the 24 unmanaged
- Assessments do not require prior authorization
- Psychological Testing will have 16 unmanaged units before requiring prior authorization

Outpatient Therapy

- Individual, Family, and Group Therapy codes are “bucketed” under code 90837 when the authorization is built in the system
- You should still bill the appropriate CPT code for the service provided
 - Timely filing is 180 days
- Do NOT write ‘unmanaged’ in the auth field on the claim form. Leave it BLANK.
 - Once you have an auth (after the 24 unmanaged) then write the auth number in the appropriate field.

Important Reminder:

Special note for all **BH** outpatient service requests (includes PSS):

- Requests can only be RETRO-AUTHORIZED ONE **CALENDAR DAY**.
- If you have retrospective dates that need authorization, please fax your request with a cover sheet explaining your request to our retro-authorization team at 866-714-7991

Key Contact Information

Carolina Complete Health Network:
NetworkRelations@cch-network.com

1-833-552-3876

Online:
www.network.carolinacompletehealth.com



Questions?
