

Residential Substance Use Disorder Treatment for Adults Frequently Asked Questions # 4

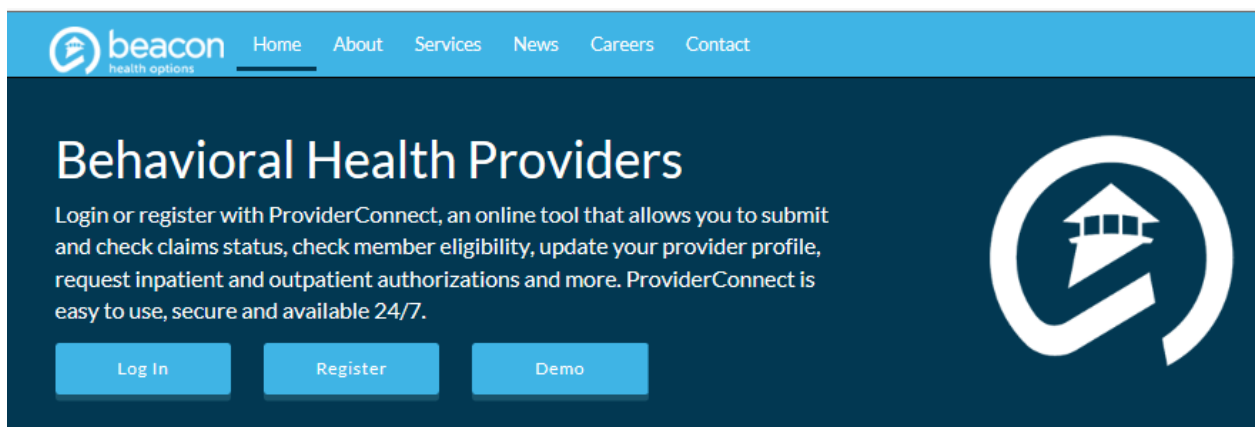
Please note that only providers who have enrolled with Medicaid as a provider type 54 will be able to obtain authorizations. Please get your applications to: mdh.bhenrollment@maryland.gov to initiate this process. Applications received after 6/26 may not be able to obtain authorizations or payment for services on 7/1/2017.

1. Do all services need authorization, for both Medicaid and uninsured populations?

Yes, all services need to be authorized by Beacon in order for claims to be reimbursed regardless of source of funds. Requests for authorization must be submitted prior to treatment. This includes all levels of SUD residential care 3.7 WM, 3.7, 3.5, and 3.3.

2. How do we request authorization for SUD Residential treatment?

Authorizations can be requested telephonically, or electronically. Telephonic authorizations are initiated by calling the Beacon customer service line (800-888-1965) & providing clinical information to a licensed Clinical Care Manager in the Clinical Department. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. ProviderConnect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>



The screenshot shows the Beacon Health Options website. The navigation bar includes links for Home, About, Services, News, Careers, and Contact. The main heading is "Behavioral Health Providers". Below the heading, there is a paragraph describing ProviderConnect: "Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7." At the bottom of the section, there are three buttons: "Log In", "Register", and "Demo". On the right side, there is a large circular logo featuring a stylized house and a path leading up to it.

Upon completing the necessary log on information & pulling the member file needed, providers will select the Inpatient/HLOC/Specialty drop down option found in the Level of Service field to submit for authorization requests.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Select Provider Service and Location

*Requested Start Date (MMDDYYYY)
07012017

*Level of Service
INPATIENT/HLOC/SPECIALTY

*Type of Service
SUBSTANCE USE

*Level of Care
ICF-A (INPATIENT REHAB)

*Type of Care
SELECT...
LEVEL 3.3 INPATIENT REHAB
LEVEL 3.5 INPATIENT REHAB
LEVEL 3.7 INPATIENT REHAB

*Admit Date (MMDDYYYY)
07012017

*Has the member already been admitted to the facility?
 Yes No

*Date of Initial Contact (MMDDYYYY) 07012017

*Days Waiting for Service
0

After selecting the appropriate Level of Service, Type of Service, Level of Care, Type of Care & completing each asterisked item, providers will follow the prompts to the next screen.

LEVEL OF CARE | CURRENT RISKS | CURRENT IMPAIRMENTS | DIAGNOSIS | TREATMENT HISTORY | PSYCHOTROPIC MEDICATIONS | SUBSTANCE USE | TREATMENT PLAN | AGENCIES | TREATMENT REQUEST | RESULTS

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Providers will click on each of the tabs, and complete the asterisked items found in each tab. The asterisked items are needed to complete the request for authorization.

Beacon Health Options has developed a new form to assist providers in reviewing and updating the 6 ASAM dimensions. (See attached). Upload the form with the clinical information on the 6 ASAM dimensions. The Clinical Care Manager will review the information submitted in the request, to include the attached form, & will authorize the number of days based upon clinical need & ASAM criteria. If unable to upload the attached form, providers can detail rationale for request in the narrative text box found under the Current Risk Tab:

Current Risks

*Precipitant (Why Now?)
SELECT...

*Please provide a brief explanation.

More detailed information on the authorization submission process & how to upload the attached form will be discussed at the upcoming provider trainings.

3. What is the number of days that will be authorized at one time for each level of care?

Level of Care	Number of Days Authorized Initial	Number of Days Authorized Concurrent
3.7 WM	Up to 7 days	Up to 7 days
3.7	Up to 15 days	Up to 15 days
3.5	Up to 30 days	Up to 30 days
3.3	Up to 30 days	Up to 30 days

Please be aware that the number of days authorized will be based upon ASAM medical necessity criteria. Authorizations may be less than the maximum number of days based upon case complexity.

4. How long will it take to get an authorization?

Requests made online through the Beacon ProviderConnect system are processed rapidly with the majority being done within 1 day. Beacon is committed to making certain that providers receive accurate and timely information on authorizations. Telephonic requests will be processed at the time of the call. If there is an urgent need for a clinical review, please feel free to call in to provide the clinical information to Beacon Health Options 24 hours per day at 1-800-888-1965.

5. If a program is reimbursed under grant funds for an individual currently, what should be done if the member is still meeting MNC on 7/1/17?

The consumer may remain in treatment if they meet medical necessity criteria. Please submit a request for authorization to the Beacon system for that consumer with the new start date of 7/1/17 for the appropriate level of care. Authorizations will be based upon medical necessity using ASAM criteria. Requests for individuals who are expected to meet ASAM Medical Necessity Criteria on 7/1/17 may begin requesting authorization through ProviderConnect on 6/26/17. All consumers need to have an authorization as of 7-1-17.

Note: Providers that currently submit data for patients receiving residential SUD treatment should discharge their patients in the Beacon system as of 6/30/2017.

6. Are discharges needed for residential levels of care?

To assist in the care coordination efforts of state and local jurisdictions, please submit all discharges into the Beacon system within 24 hours of discharge.

7. Who can request for authorizations?

Any provider may call in the request for authorization. The request for authorization should include the current clinical information that would support ASAM medical necessity criteria to support the residential level of care.

8. When should requests for authorization be submitted?

To request authorizations for services, for 3.7WM and 3.7 please provide clinical within 24 hours of admission.

To request concurrent reviews for 3.7WM and 3.7 please request the concurrent review on the last covered day.

To request initial authorizations for 3.5 and 3.3, please submit the clinical information up to 7 days prior to admission.

To request concurrent authorization for 3.5 and 3.3, please submit the clinical information up to 7 days prior to the end of the authorization.

For those individuals that are currently in treatment that you anticipate to continue to meet ASAM medical necessity criteria for residential treatment, please start submitting the requests for authorizations, either telephonically or through ProviderConnect, starting 6/26/17.