Today we are Carelon Behavioral Health. We are working on updating all documents, but some historic references to Beacon may remain.

Our name may be new, but our commitment to you remains the same.

New York Mental Health Notification of Admission

December 2019

Overview

- 2020 State legislation regarding Utilization Management for child mental health services will change how you notify and work with Beacon.
- In order to comply with this legislative change, Beacon has taken steps to revise the clinical model allowing for more integration and focus on member care.
- Effective January 1, 2020 In-Network providers must provide a **Notification of Admission** for all Mental Health Inpatient, Partial Hospitalization, and Intensive Outpatient services within two (2) business days of admission for eligible members.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Effective 01/01/20 Beacon will implement the NY MH NOA

- In line with the 01/01/20 NYS regulatory changes with Children's and SUD NOA, Beacon will be implementing a MH NOA for the following LOC for adults :
    - MH Inpatient (9 day NOA)
    - MH PHP (10 day NOA)
    - MH IOP (15 day NOA)

- The NOA process is for NY In-Network Providers who complete the notification within 2 BD of the member admitting
- NY In-Network Providers who do not complete the notification within 2 BD of the member admitting, as well as Out-of-Network Providers will be subject to the standard review process
- NOA days were determined based on current ALOS benchmarks across NYS (11.5 days), in order to be able to give true focus with Providers on outlier cases
- Providers will be notified of the change in process effective 12/01/19 (3 notifications going out in the month of December)
- There will be 2 Webinars for Providers on the NOA process and portal usage
- Providers will also have access to recorded webinar as well as materials presented

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

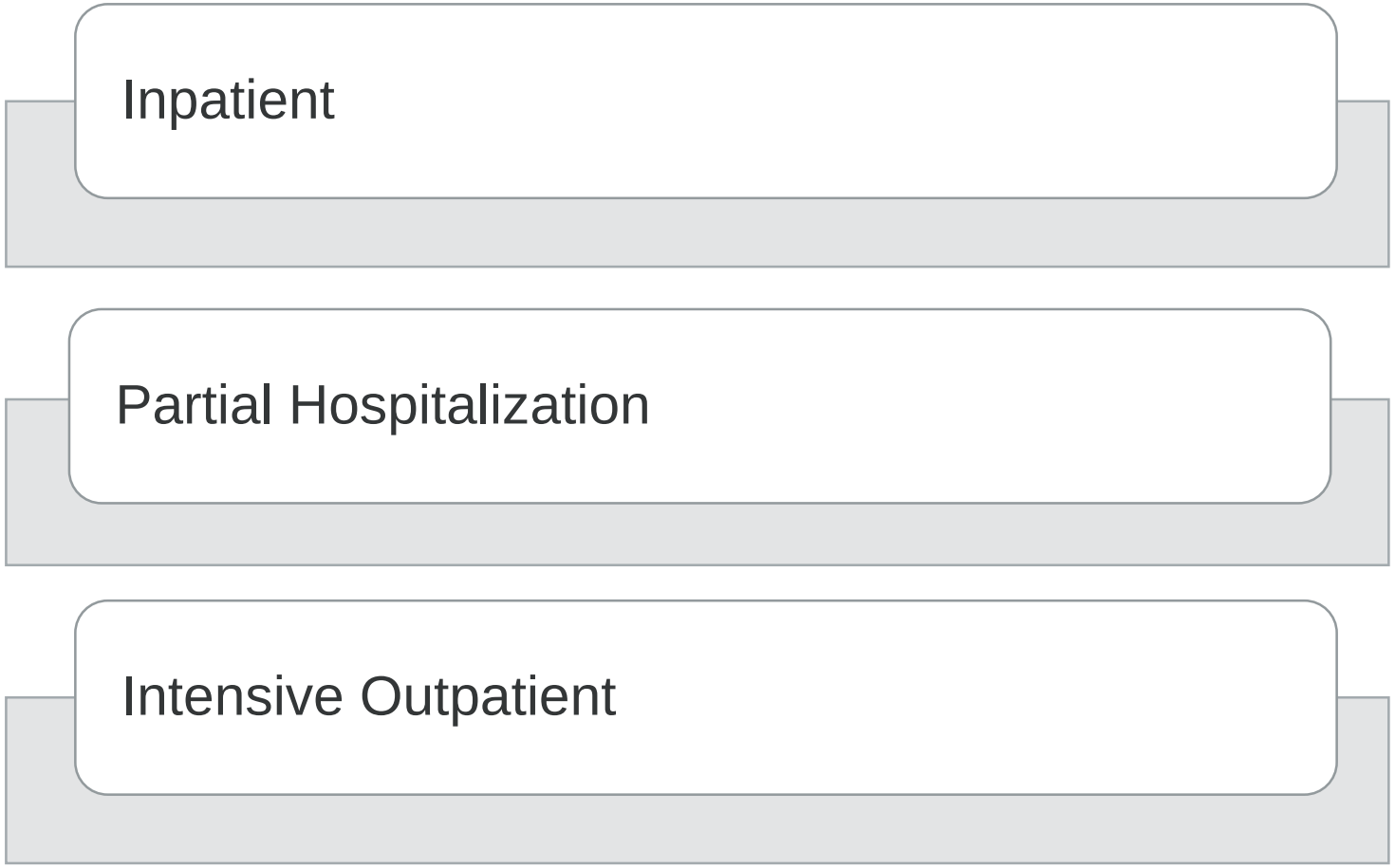
Our NOA process will not remove the UM / CM touch on cases, rather focus clinicians on outlier cases

Current state	Future state
• Prior authorization required for acute mental health admissions	• No prior authorization for MH IP, PHP and IOP inclusive of all populations and age groups
• UM outreaching to Providers on all member cases due for concurrent review	• UM Clinicians outreaching to Providers on member cases that are deemed high risk for extended LOS, readmission, etc. based on daily census review and predictive modeling triggers
• UM collaboration with CM on cases	• UM Collaboration with CM on cases
• UM identifying cases for Physician advisor review at precert or concurrent review	• UM identifying cases for Physician Advisor review proactively prior to end of NOA days for collaboration and consultation with Providers
• High number of clinical staff focused on remote UM work directly	• Ability to pivot clinical staff previously focused on remote UM work to field based CM work directly with Providers or in the community
• Providers feeling administrative burden of both the precertification and concurrent review processes	• Providers having less prescriptive review focus and more ability to collaborate with Beacon on outlier management

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Applicable Services

- All Mental Health Higher Level of Care services:



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Provider Requirements

- Providers are expected to:

Notify Beacon within two (2) business days of the Admission

Notify Beacon of Discharge on day of discharge

Request a Continued Stay Review for any services beyond the last covered day of admission

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Provider Requirements

All providers must **notify Beacon within two (2) business days** of the Admission

Notification may be provided telephonically or online using eServices/ProviderConnect

Notifications received beyond 2 business days are subject to standard Utilization Review procedures for medical necessity

Failure to provide Notification of Admission may lead to claim denials

Additional clinical may be requested for purposes of coordination of care and discharge planning

Providers are expected to engage with Beacon throughout the admission to ensure coordination of care and adequate discharge planning.

beacon

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Provider Requirements

All providers must **notify Beacon of Discharge** on day of discharge

Not a new requirement; Discharge information may be given online using eServices/Provider Connect or telephonically

Failure to provide notification of Discharge may lead to claims issues

Clinical questions will be asked for purposes of Discharge planning

Step-Downs:
For members stepping down to a lower LOC, notify Beacon of Discharge & submit a new notification

beacon

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Provider Requirements

All providers must **request a Continued Stay Review** for any services beyond the last covered day of admission

No change to the request process; call Beacon to request additional days

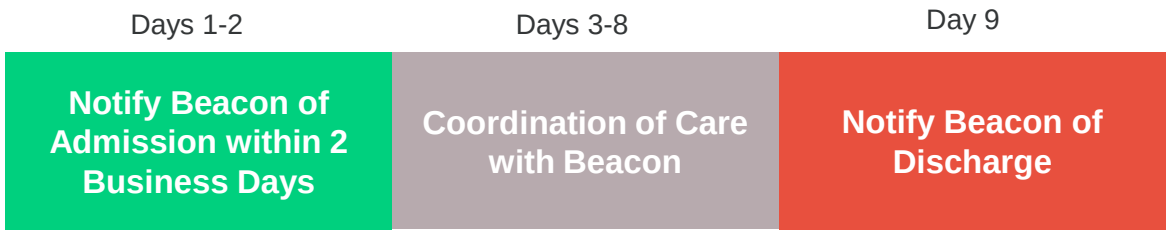
Additional Clinical is required for a Continued Stay Review; No change

Failure to request a Continued Stay Review may lead to claims issues

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Examples

Example: Inpatient Admission



- Example: Partial Hospitalization Admission

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Exclusions

This change **does not** apply to:

- **Out of State Providers**
- **Out of Network Providers**
- **New York State Empire Plan**: New York State Empire Plan will not be a part of the MH NOA for Adults. They will only be a part of the Children's NOA and the SUD expansion from 14 days to 28. All NY State Empire plan's MH Adult cases will still require a telephonic review.

Excluded providers or members are subject to standard & existing utilization review procedures

beacon

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Chapter

02

Notification and Treatment Plan Form

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Initial Treatment Plan (ITP)

An initial treatment plan for an admission to mental health services shall include the following

- ✓ diagnosis for which the patient is being treated
- ✓ the initial discharge plan
- ✓ the date of assessment and medication orders for medical and psychiatric stabilization as indicated
- ✓ the single member of the clinical staff responsible for coordinating and managing the patient's treatment.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Chapter

03

Submitting Notification of Admission Online using eServices

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

eServices

What is eServices?

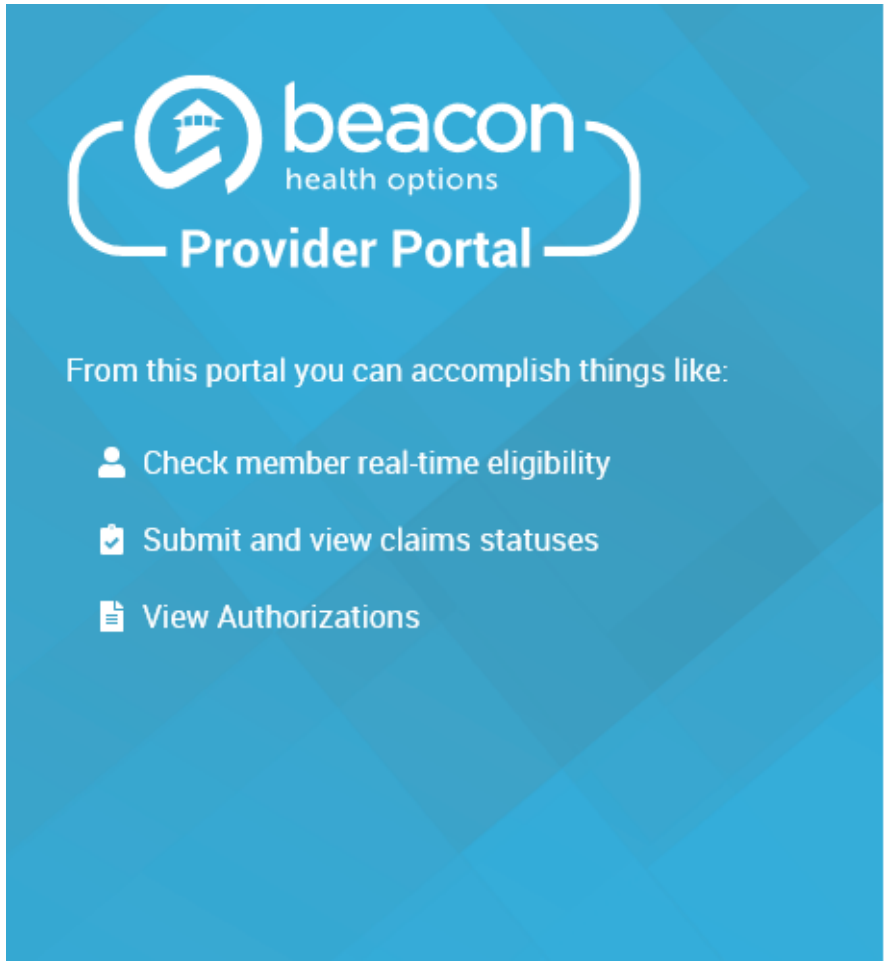
This is a free service that Beacon offers to all contracted and in-network providers. The goal of using eServices is to make clinical, administrative, and claims transactions **easy** to do. By utilizing eServices you will be able to perform the following:

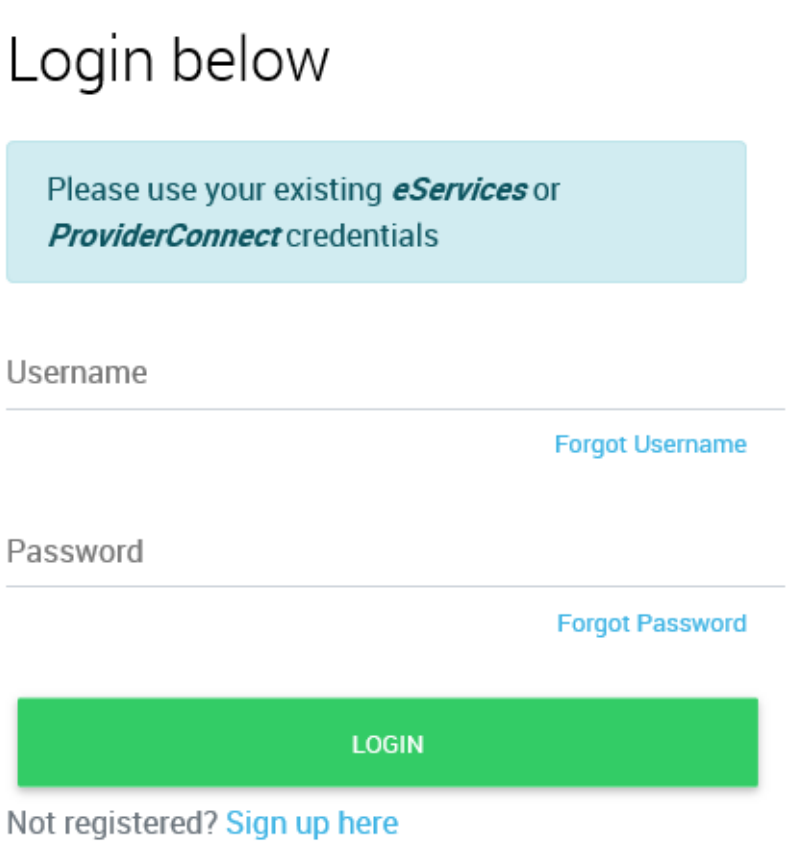
- ***Submit claims***
- ***Verify member eligibility***
- ***Confirm outpatient services status***
- ***Check claim status***
- ***View claims performance information***
- ***Submit mental health notice of admissions***
- ***Submit requests for outpatient authorization (excluding PROS/ACT/HCBS)***

eServices home page
providerportal.beaconhealthoptions.com

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Submitting Notifications of Admission Online

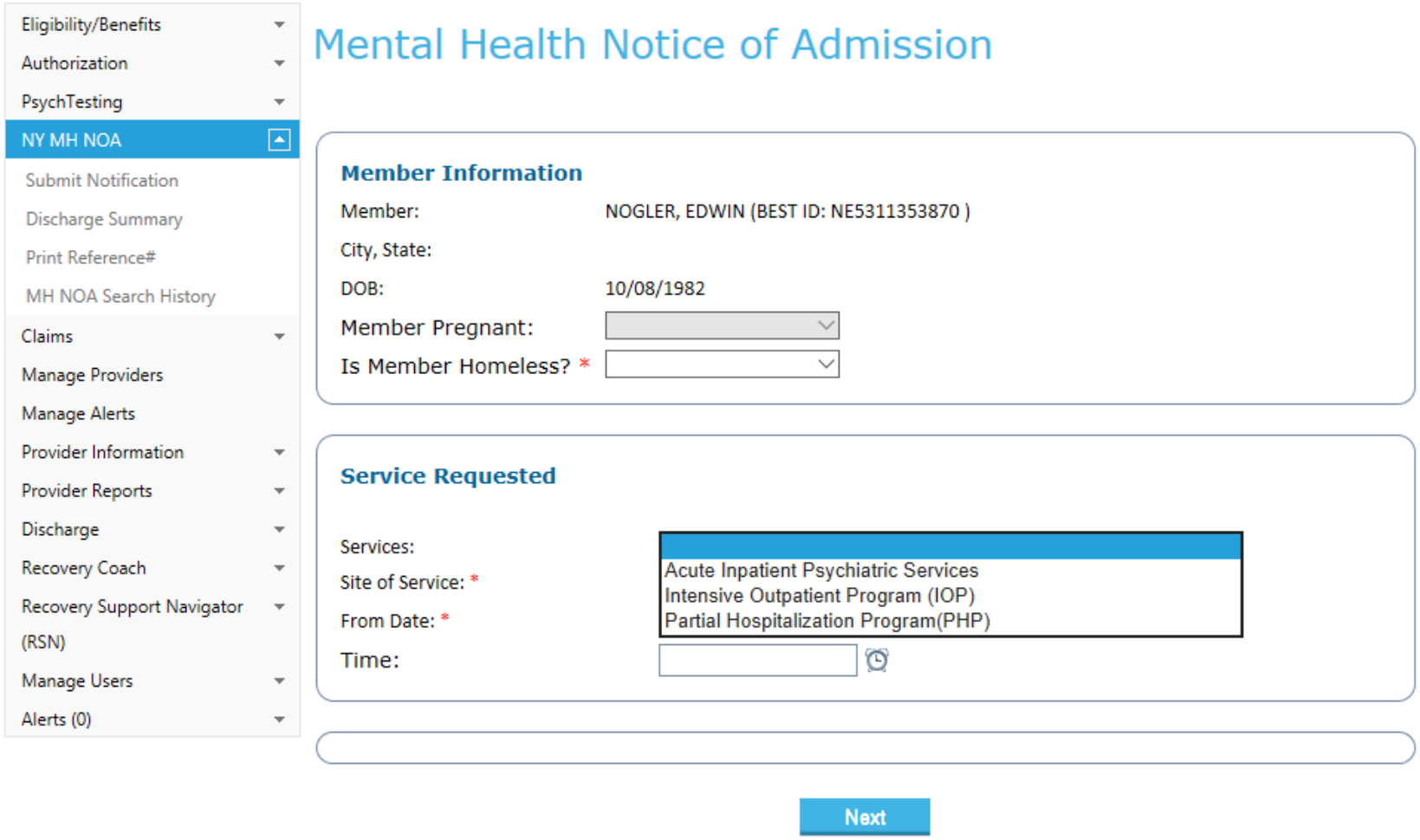




beacon

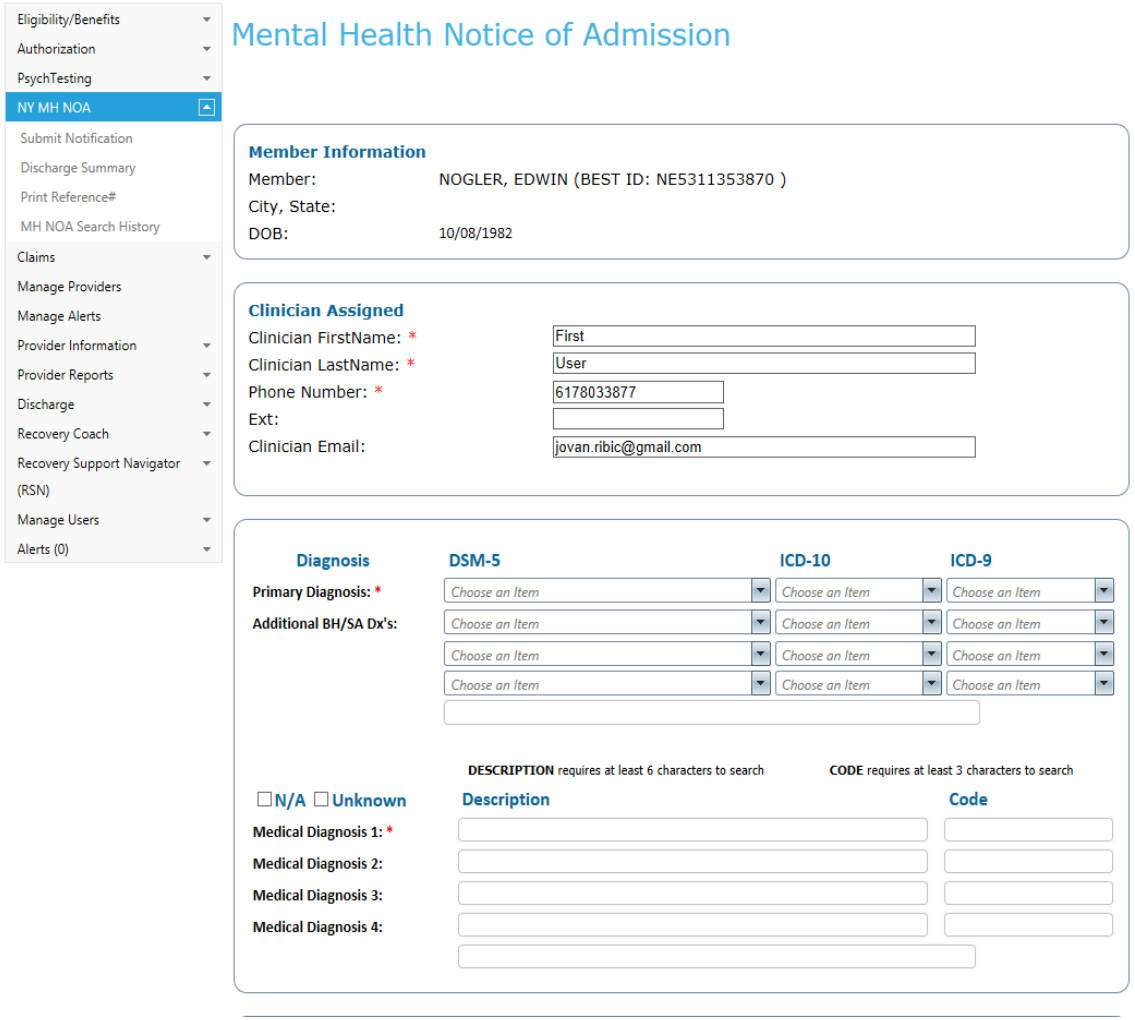
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

eServices – NY MH NOA



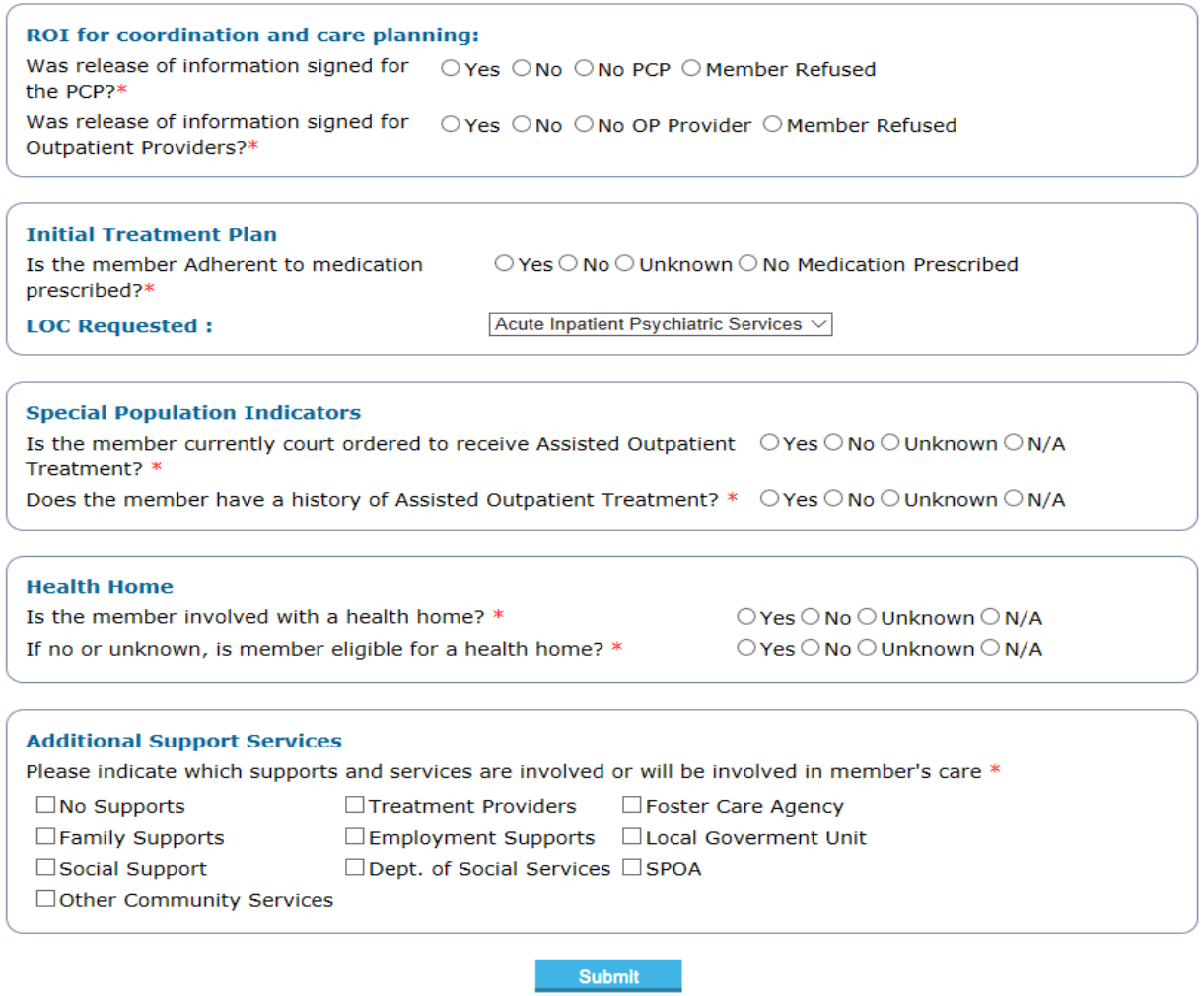
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

eServices – Mental Health Notice Of Admission



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

eServices – Mental Health Notice Of Admission

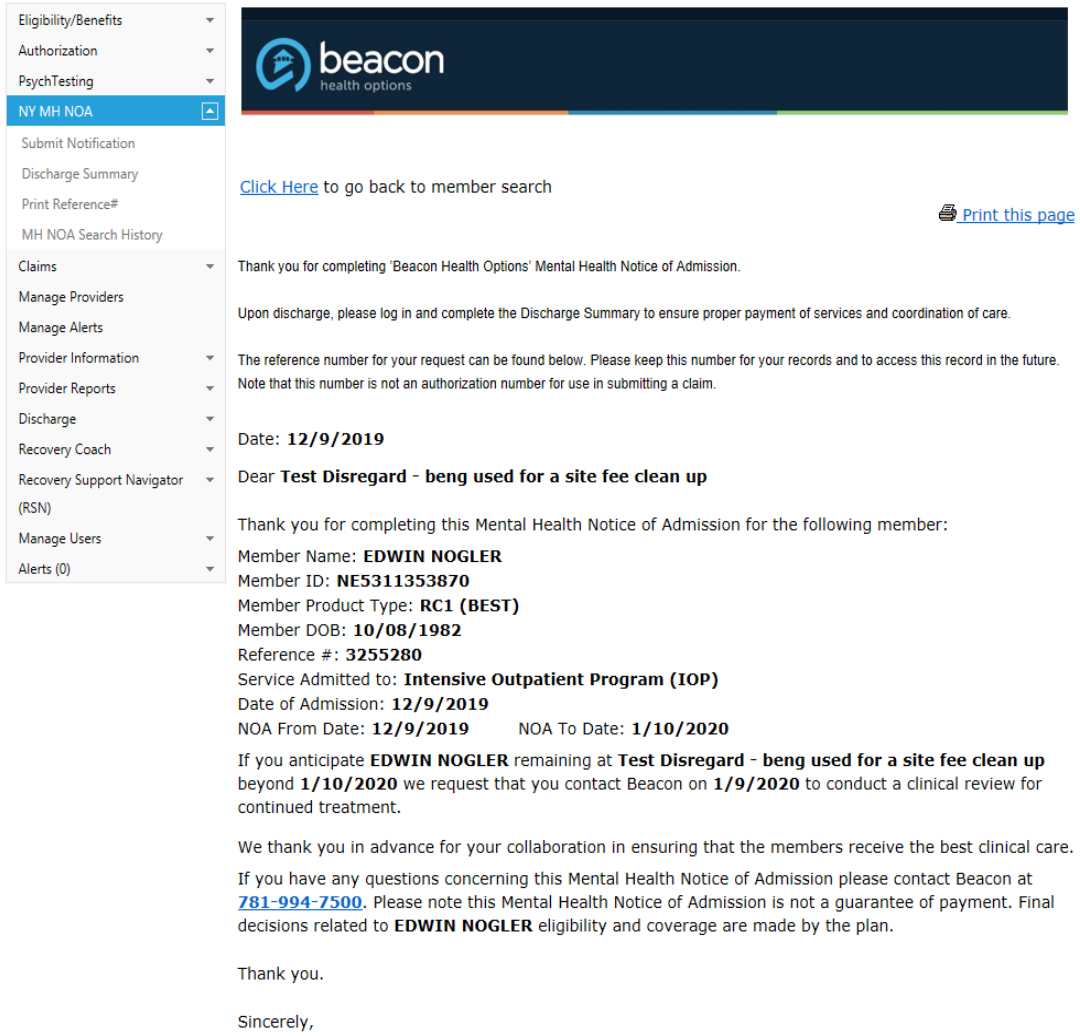


To Add Medications: Select Yes or No; a new box will pop up requesting details about the medication type, dosage, and frequency.

Please be patient after clicking the Submit button—this may take a few moments.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

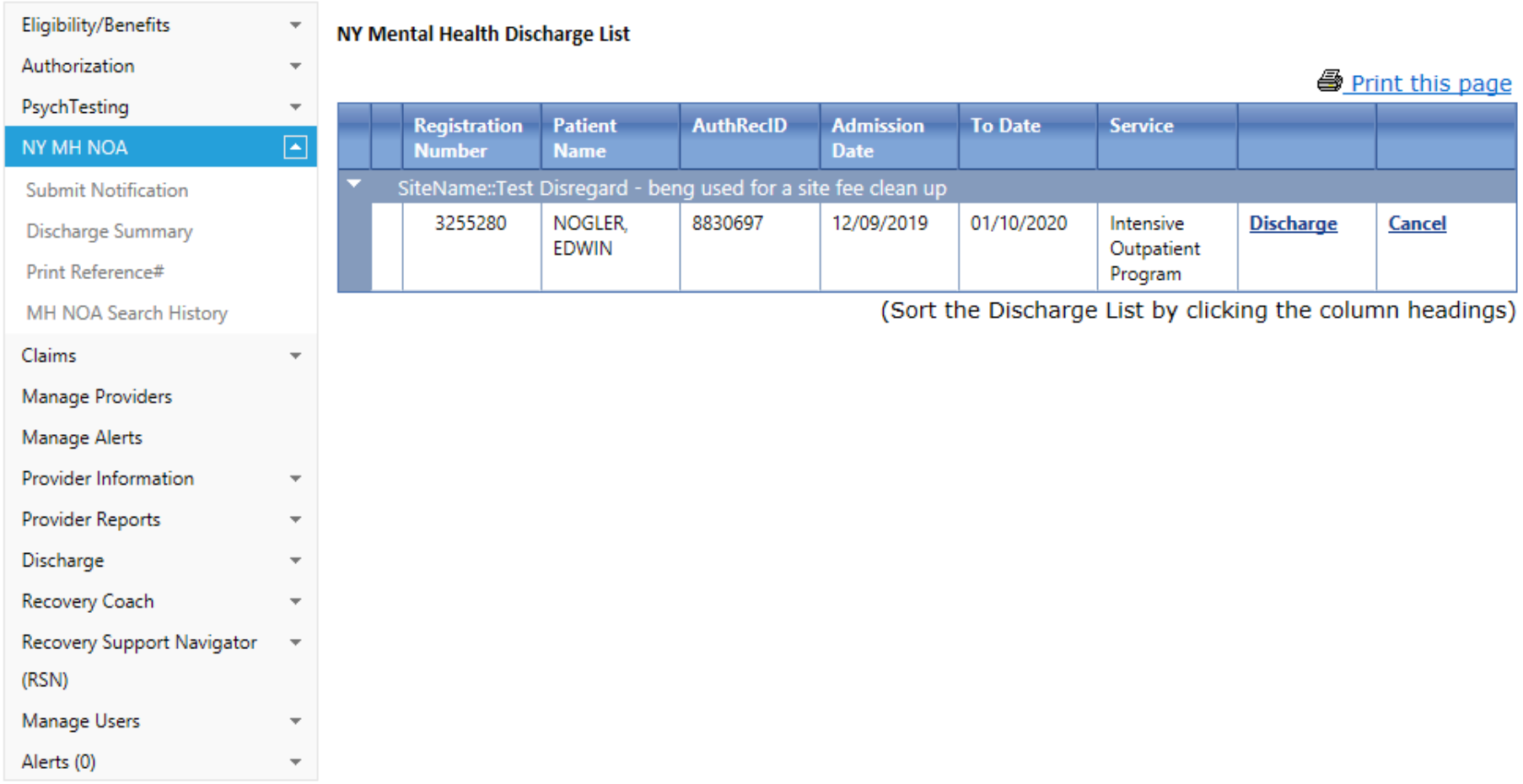
eServices – Mental Health NOA Summary



Reference # may be used to print NOA

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health NOA Discharge

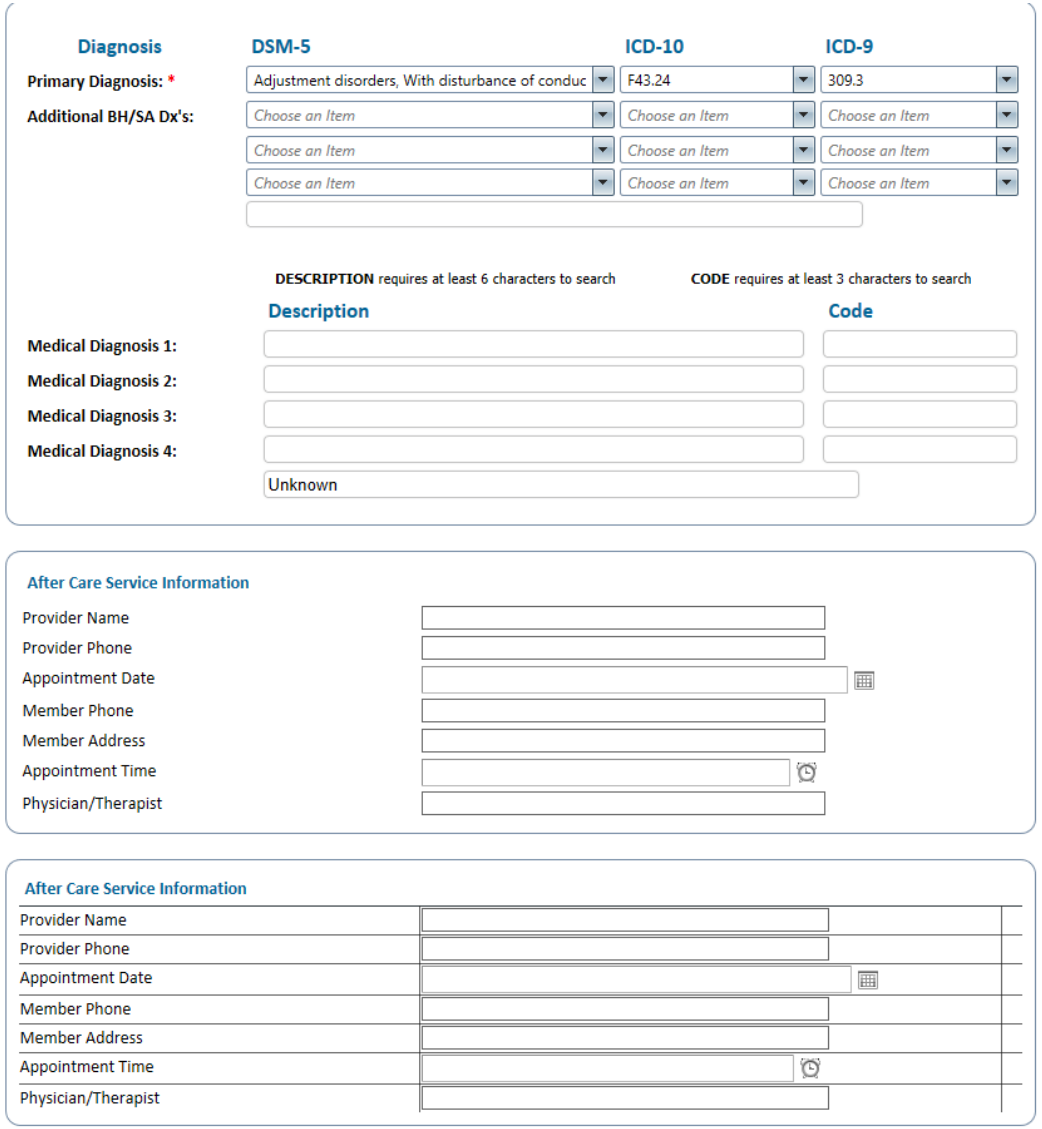


© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Submitting Discharges from Mental Health

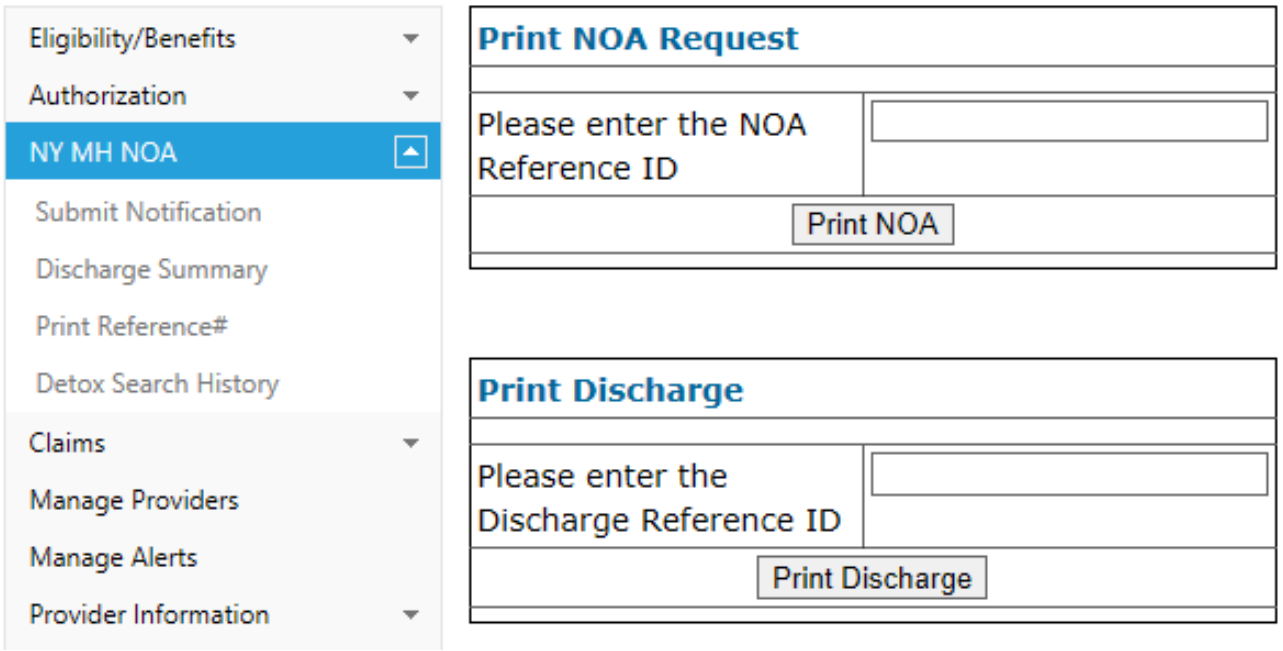
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Discharge



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Print Notifications



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Chapter

04

Submitting Notification of Admission Online Using ProviderConnect

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Provider Connect Services

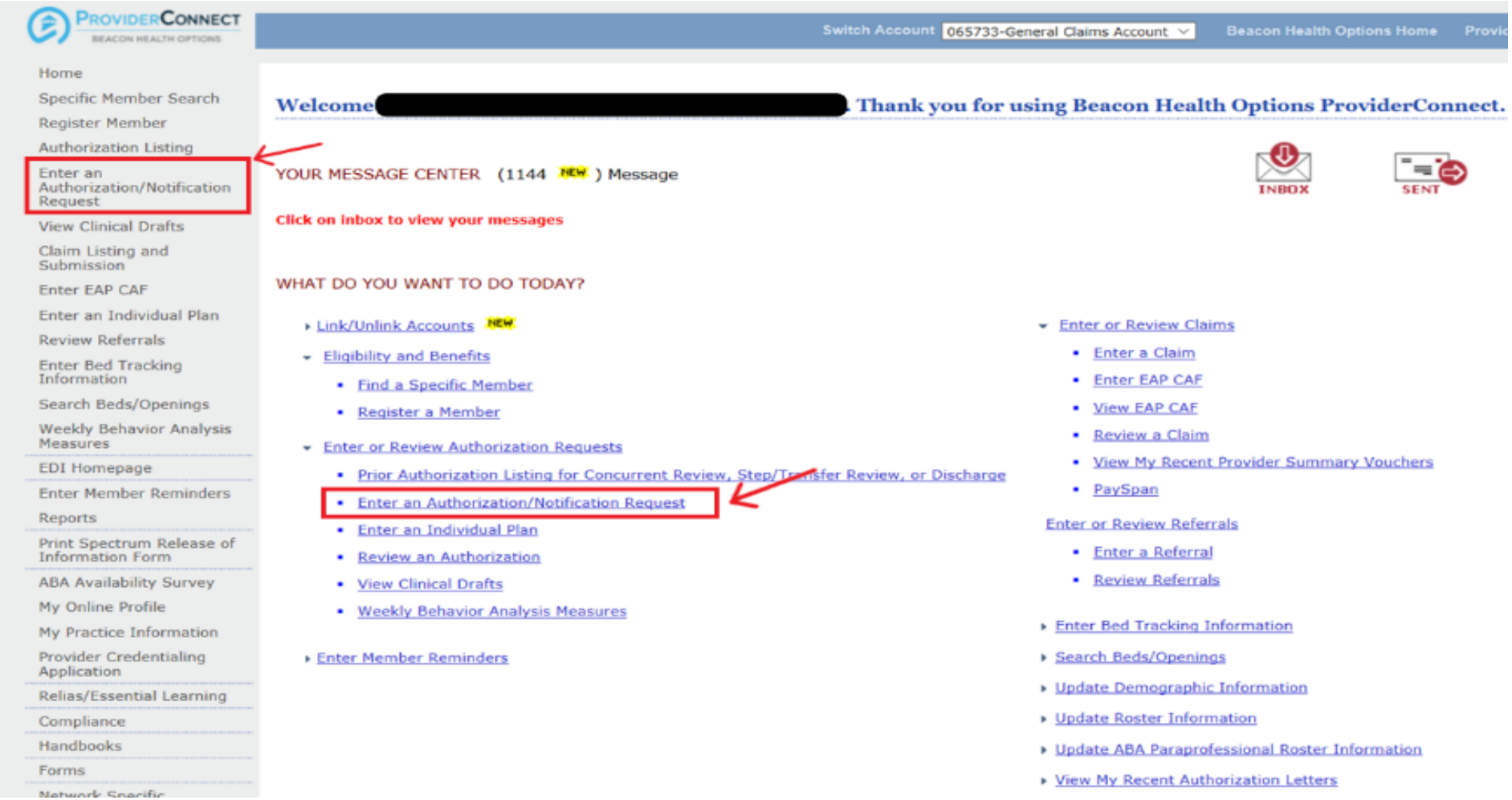
• Verify member benefits and eligibility	• View and print forms
• Request and view authorizations	• Download and print authorization letters
• Submit claims and view status	• Access Provider Summary Vouchers (PSV)
• Submit updates to provider demographic information	• Submit credentialing applications
• Submit customer service inquiries	• Access ProviderConnect message center

Disclaimer: Please note that ProviderConnect may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.

beacon

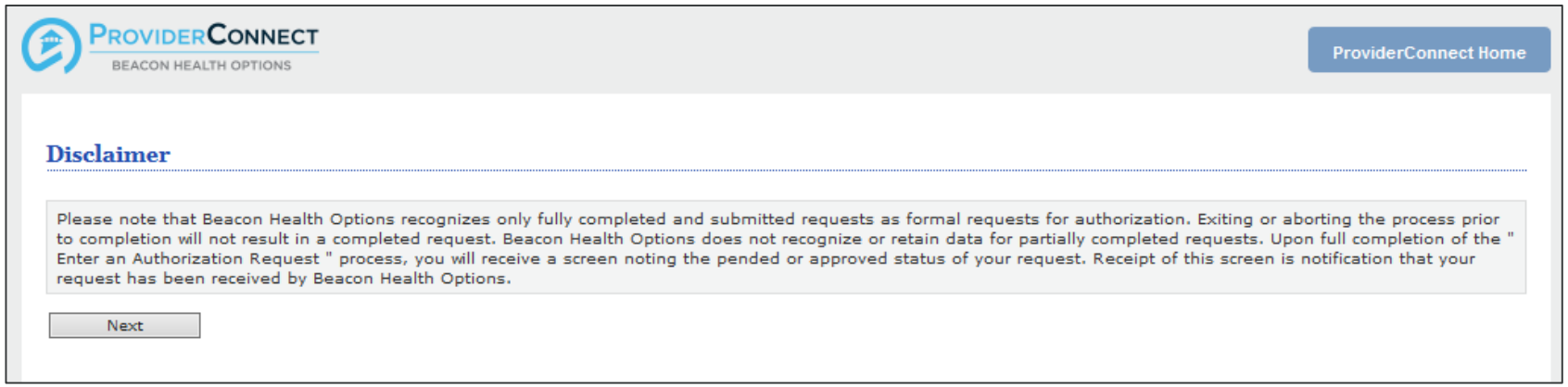
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Enter an Authorization Request



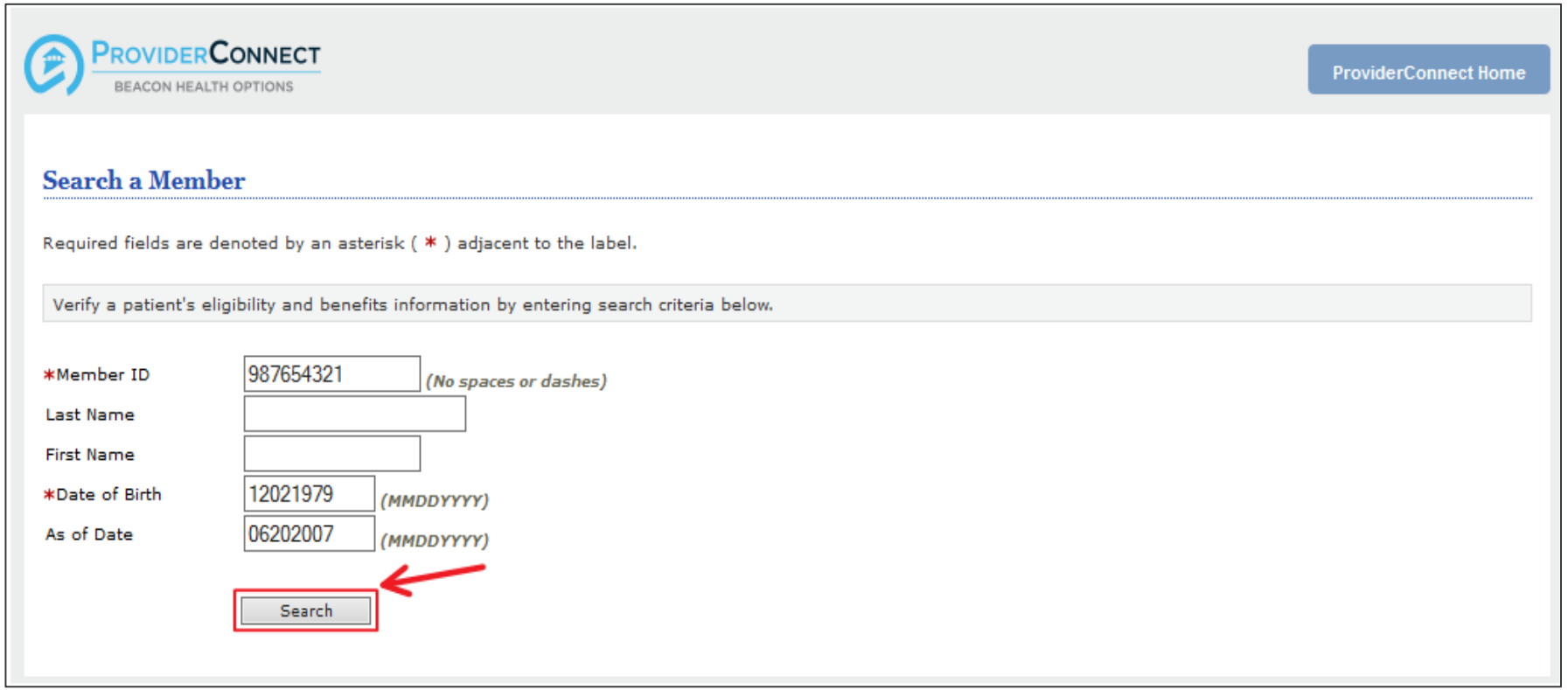
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Disclaimer



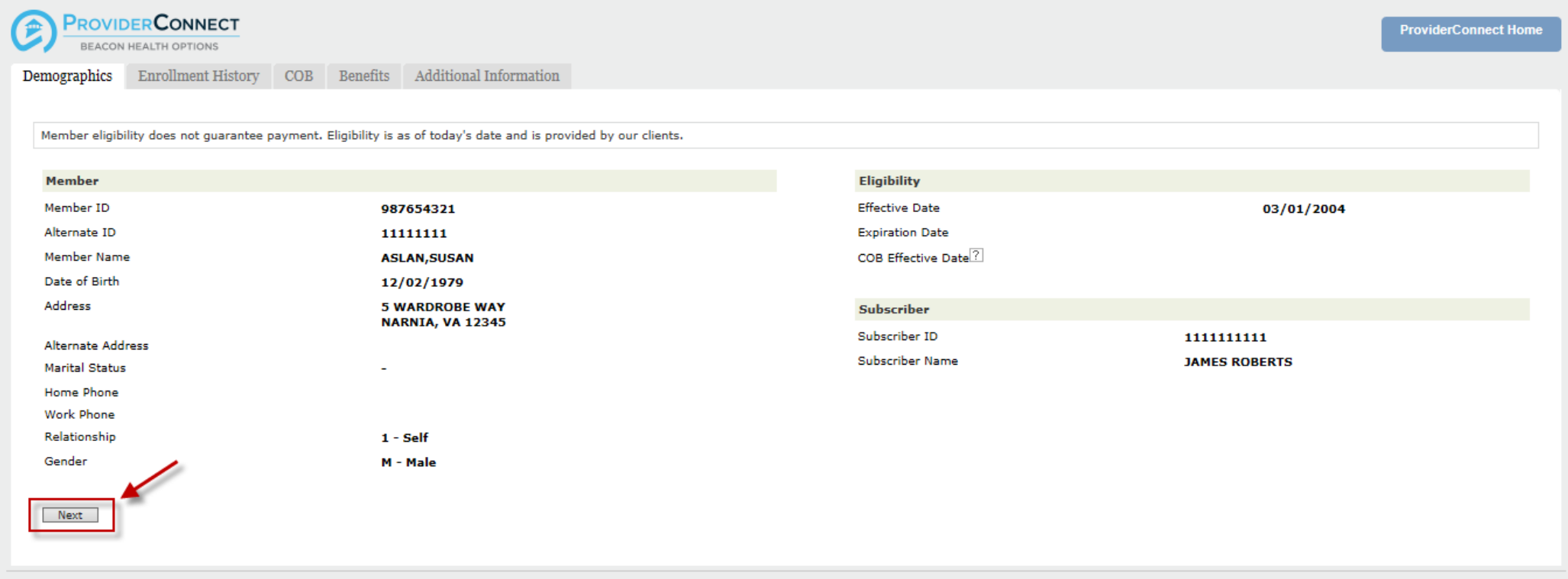
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Search a Member



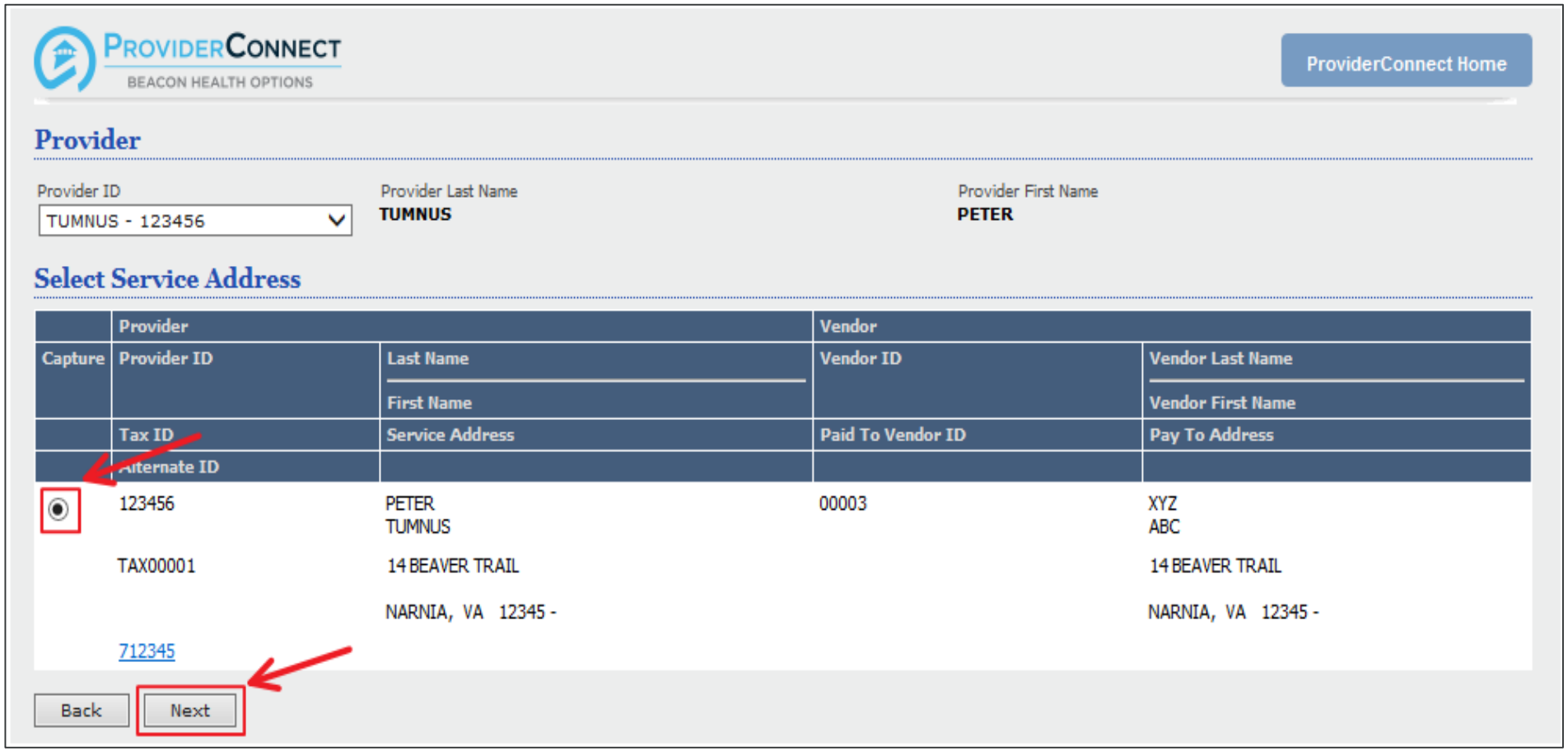
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Member Information



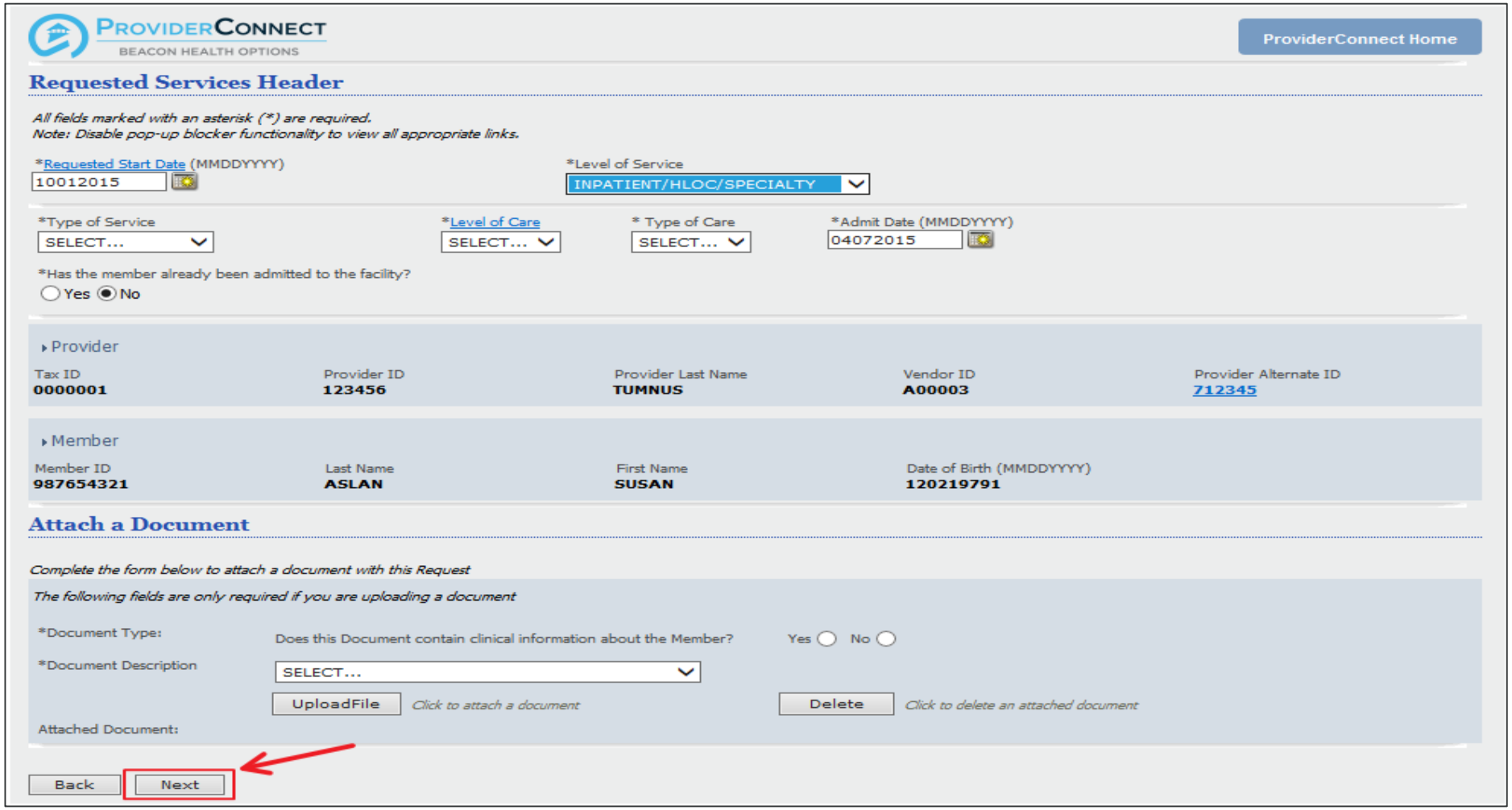
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Service Address



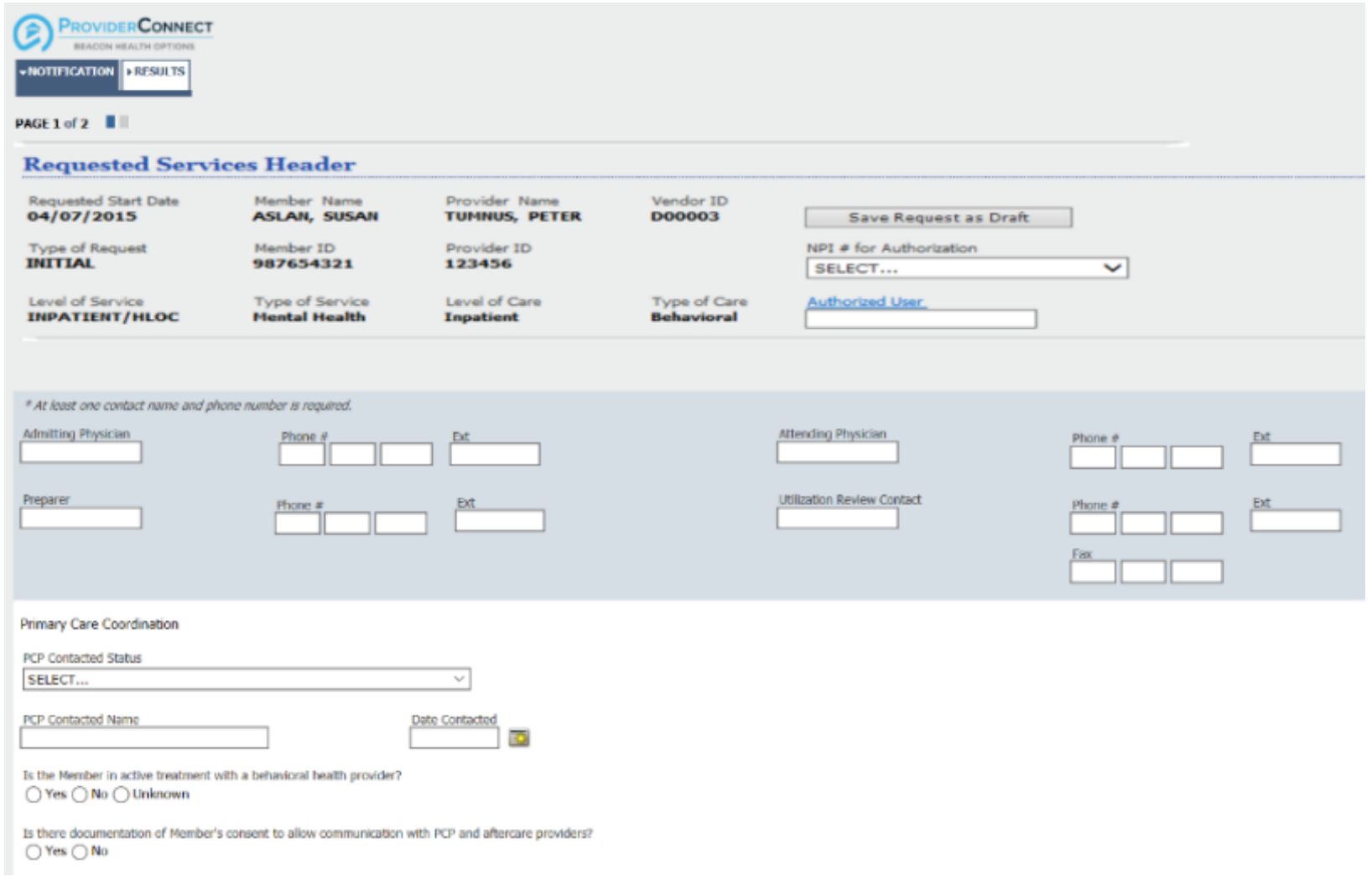
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Requested Services Header



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health Notice of Admission



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health Notice of Admission

Health Home Involvement

Is the member currently connected to a Health Home? ◯ Yes ◯ No ◯ N/A ◯ Unknown

Additional Support Services

* Please indicate which supports and agencies are involved or will be involved in members care

- ☐ No Supports
- ☐ Family Supports
- ☐ Social Supports
- ☐ Other Community Agencies
- ☐ Treatment Providers
- ☐ Employment Supports
- ☐ Dept. of Social Services
- ☐ Foster Care Agency
- ☐ Local Government Unit
- ☐ SPOA

Special Population Indicators

Is the member currently court ordered to receive Assisted Outpatient Treatment? ◯ Yes ◯ No ◯ N/A ◯ Unknown

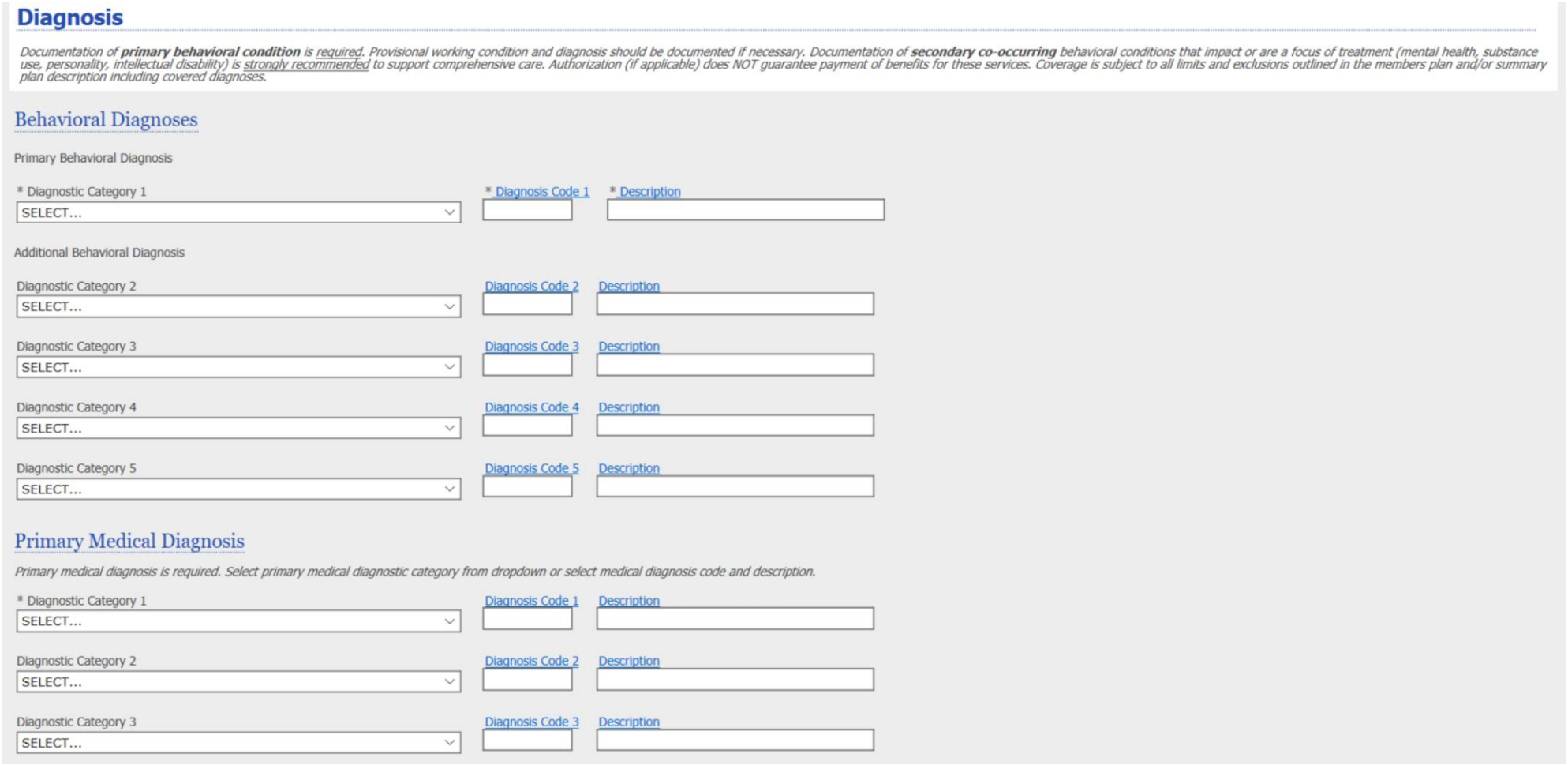
Does the member have a history of Assisted Outpatient Treatment? ◯ Yes ◯ No ◯ N/A ◯ Unknown

Is member pregnant? ◯ Yes ◯ No ◯ N/A ◯ Unknown

beacon

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health Notice of Admission



Diagnosis

*Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.*

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1 — SELECT...
* Diagnosis Code 1
* Description

Additional Behavioral Diagnosis

Diagnostic Category 2 — SELECT... | Diagnosis Code 2 | Description

Diagnostic Category 3 — SELECT... | Diagnosis Code 3 | Description

Diagnostic Category 4 — SELECT... | Diagnosis Code 4 | Description

Diagnostic Category 5 — SELECT... | Diagnosis Code 5 | Description

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

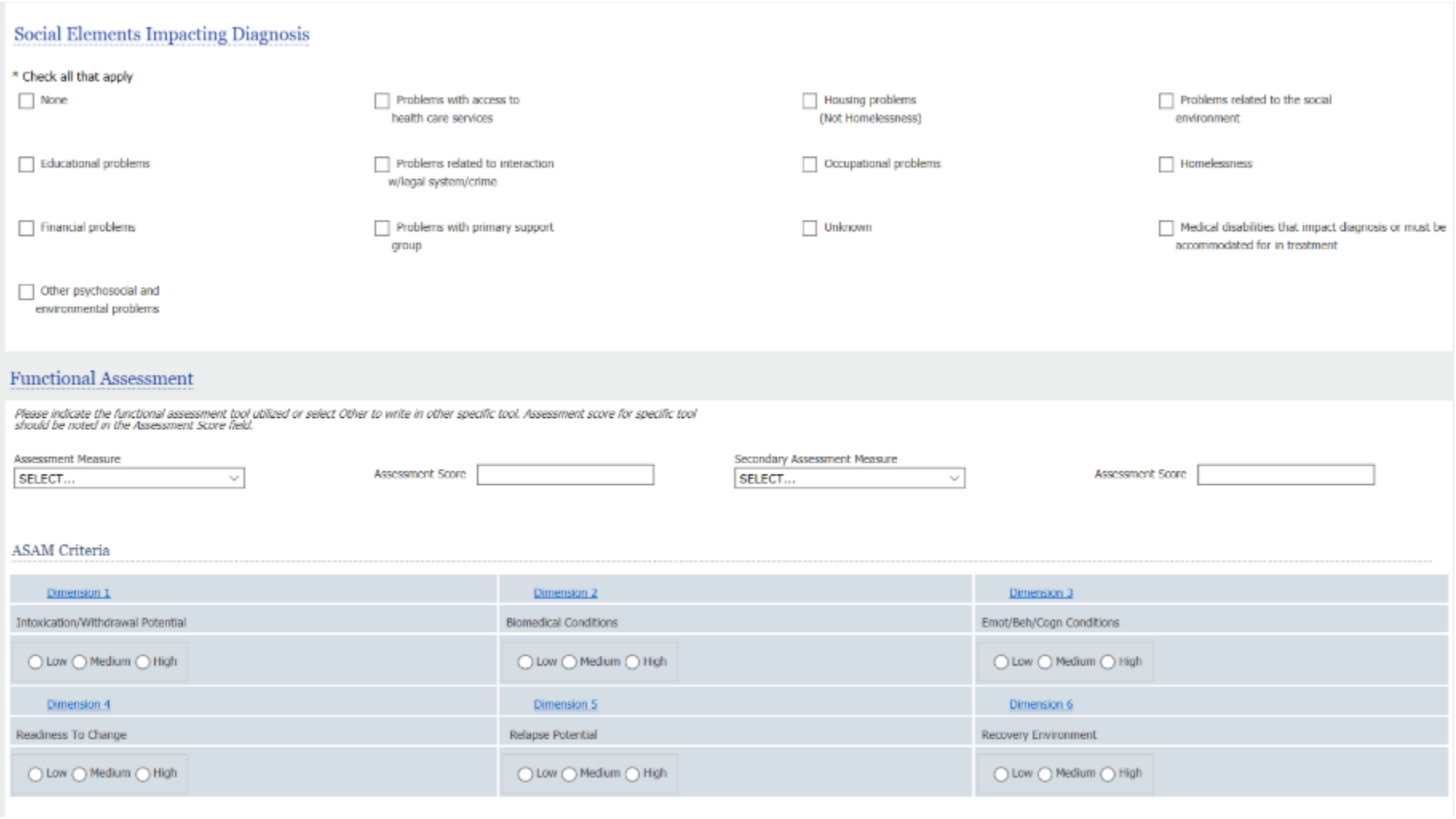
* Diagnostic Category 1 — SELECT... | Diagnosis Code 1 | Description

Diagnostic Category 2 — SELECT... | Diagnosis Code 2 | Description

Diagnostic Category 3 — SELECT... | Diagnosis Code 3 | Description

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health Notice of Admission



Social Elements Impacting Diagnosis

* Check all that apply

- ☐ None
- ☐ Problems with access to health care services
- ☐ Housing problems (Not Homelessness)
- ☐ Problems related to the social environment
- ☐ Educational problems
- ☐ Problems related to interaction w/legal system/crime
- ☐ Occupational problems
- ☐ Homelessness
- ☐ Financial problems
- ☐ Problems with primary support group
- ☐ Unknown
- ☐ Medical disabilities that impact diagnosis or must be accommodated for in treatment
- ☐ Other psychosocial and environmental problems

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

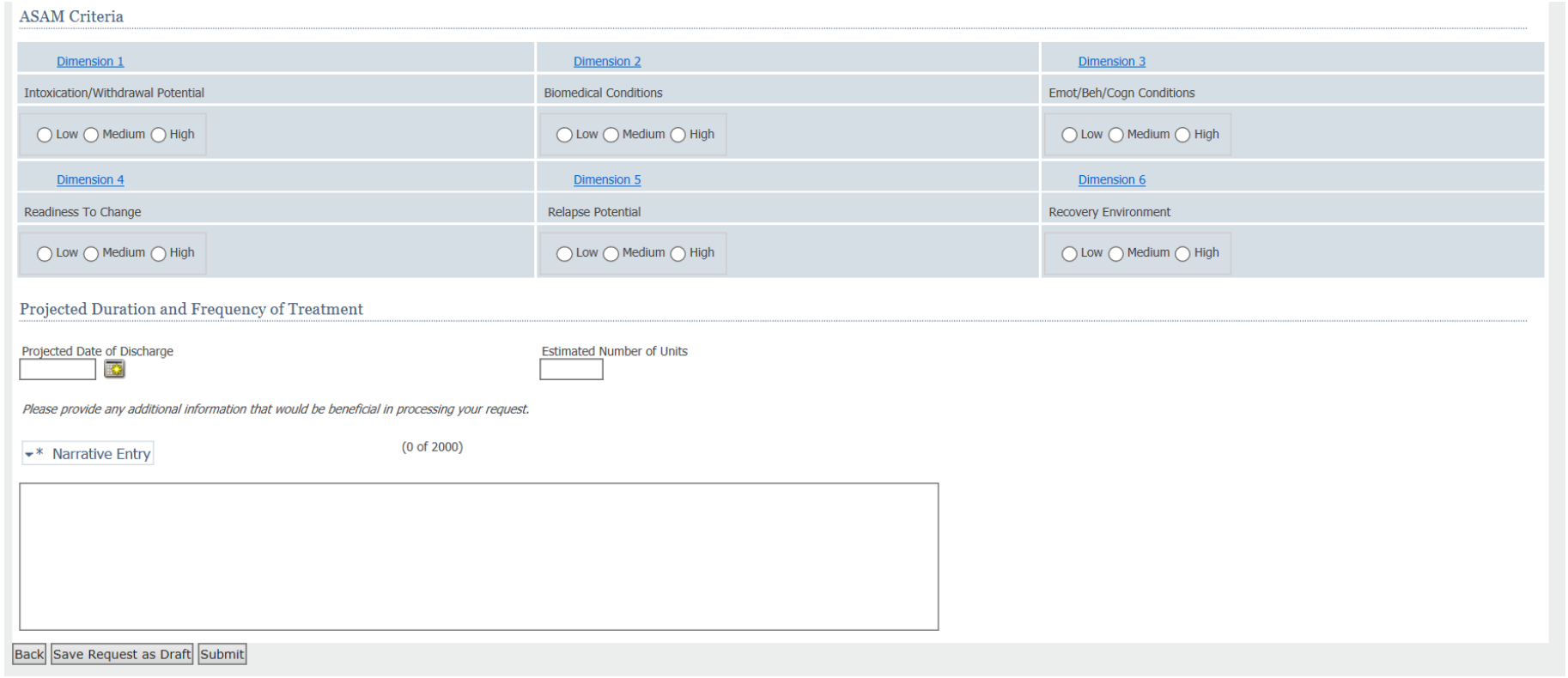
Assessment Measure: SELECT...
Assessment Score:
Secondary Assessment Measure: SELECT...
Assessment Score:

ASAM Criteria

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
○ Low ○ Medium ○ High	○ Low ○ Medium ○ High	○ Low ○ Medium ○ High
Dimension 4	**Dimension 5**	**Dimension 6**
Readiness To Change	Relapse Potential	Recovery Environment
○ Low ○ Medium ○ High	○ Low ○ Medium ○ High	○ Low ○ Medium ○ High

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Mental Health Notice of Admission



ASAM Criteria

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
◯ Low ◯ Medium ◯ High	◯ Low ◯ Medium ◯ High	◯ Low ◯ Medium ◯ High
Dimension 4	**Dimension 5**	**Dimension 6**
Readiness To Change	Relapse Potential	Recovery Environment
◯ Low ◯ Medium ◯ High	◯ Low ◯ Medium ◯ High	◯ Low ◯ Medium ◯ High

Projected Duration and Frequency of Treatment

Projected Date of Discharge

Estimated Number of Units

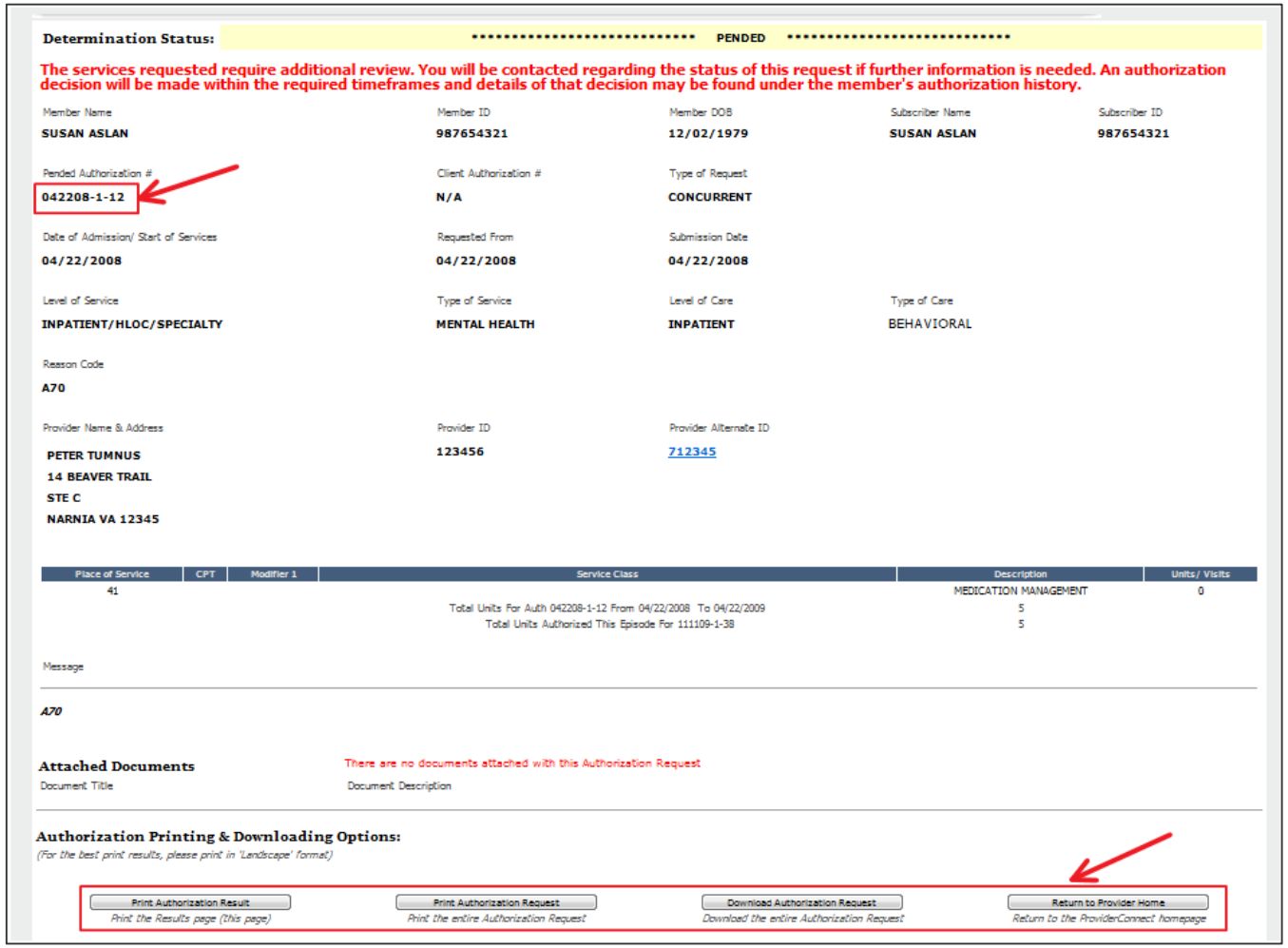
Please provide any additional information that would be beneficial in processing your request.

* Narrative Entry (0 of 2000)

Back | Save Request as Draft | Submit

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Results



Determination Status: ********** PENDED **********

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
SUSAN ASLAN	987654321	12/02/1979	SUSAN ASLAN	987654321

Pended Authorization #	Client Authorization #	Type of Request
042208-1-12	N/A	CONCURRENT

Date of Admission/ Start of Services	Requested From	Submission Date
04/22/2008	04/22/2008	04/22/2008

Level of Service	Type of Service	Level of Care	Type of Care
INPATIENT/HLOC/SPECIALTY	MENTAL HEALTH	INPATIENT	BEHAVIORAL

Reason Code: A70

Provider Name & Address	Provider ID	Provider Alternate ID
PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	123456	712345

Place of Service	CPT	Modifier 1	Service Class	Description	Units/ Visits
41				MEDICATION MANAGEMENT	0
			Total Units For Auth 042208-1-12 From 04/22/2008 To 04/22/2009	5	
			Total Units Authorized This Episode For 111109-1-38	5	

Message

A70

Attached Documents

There are no documents attached with this Authorization Request

Document Title | Document Description

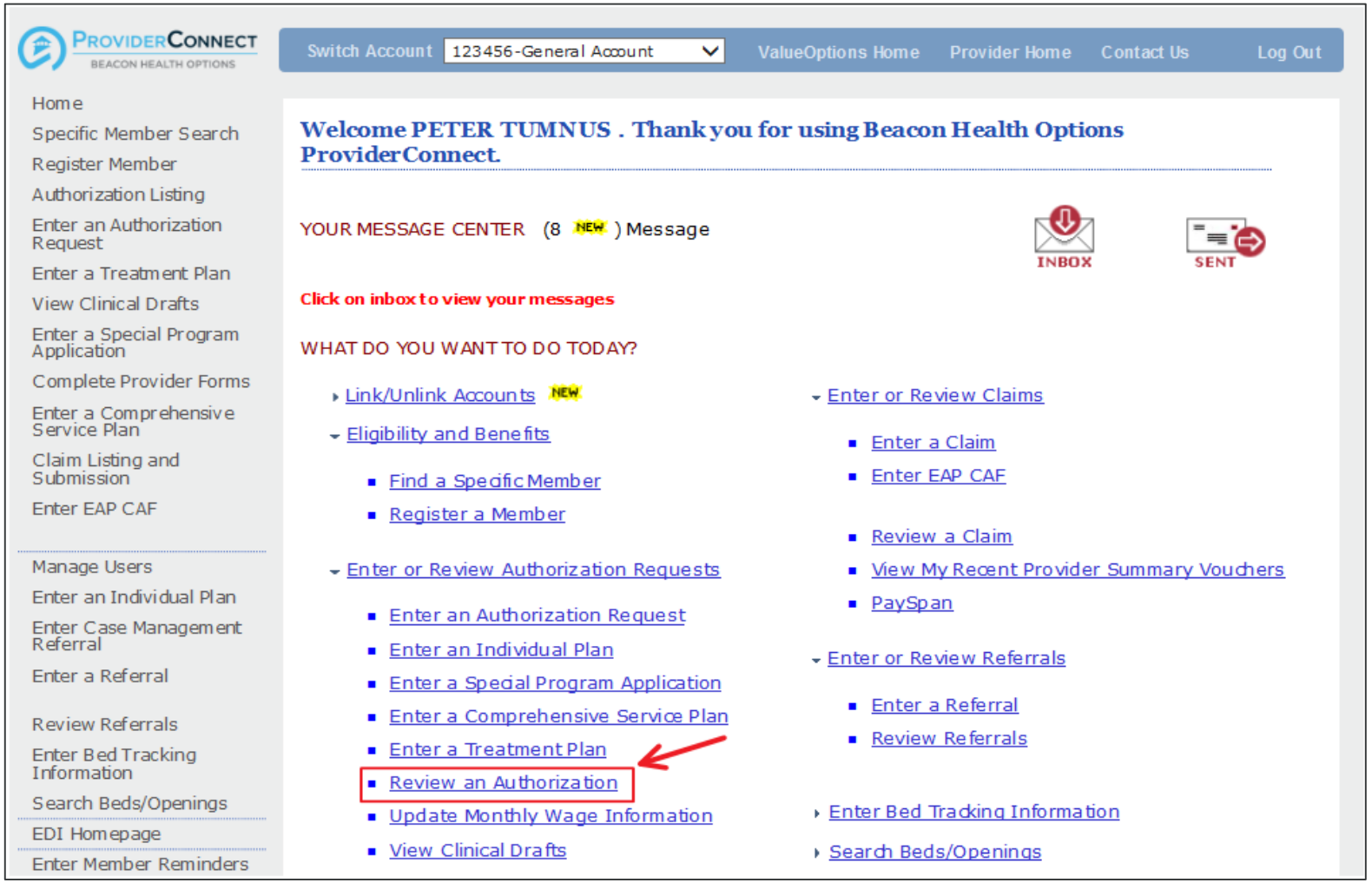
Authorization Printing & Downloading Options:

(For the best print results, please print in 'Landscape' format)

Print Authorization Result	Print Authorization Request	Download Authorization Request	Return to Provider Home
Print the Results page (this page)	*Print the entire Authorization Request*	*Download the entire Authorization Request*	*Return to the ProviderConnect homepage*

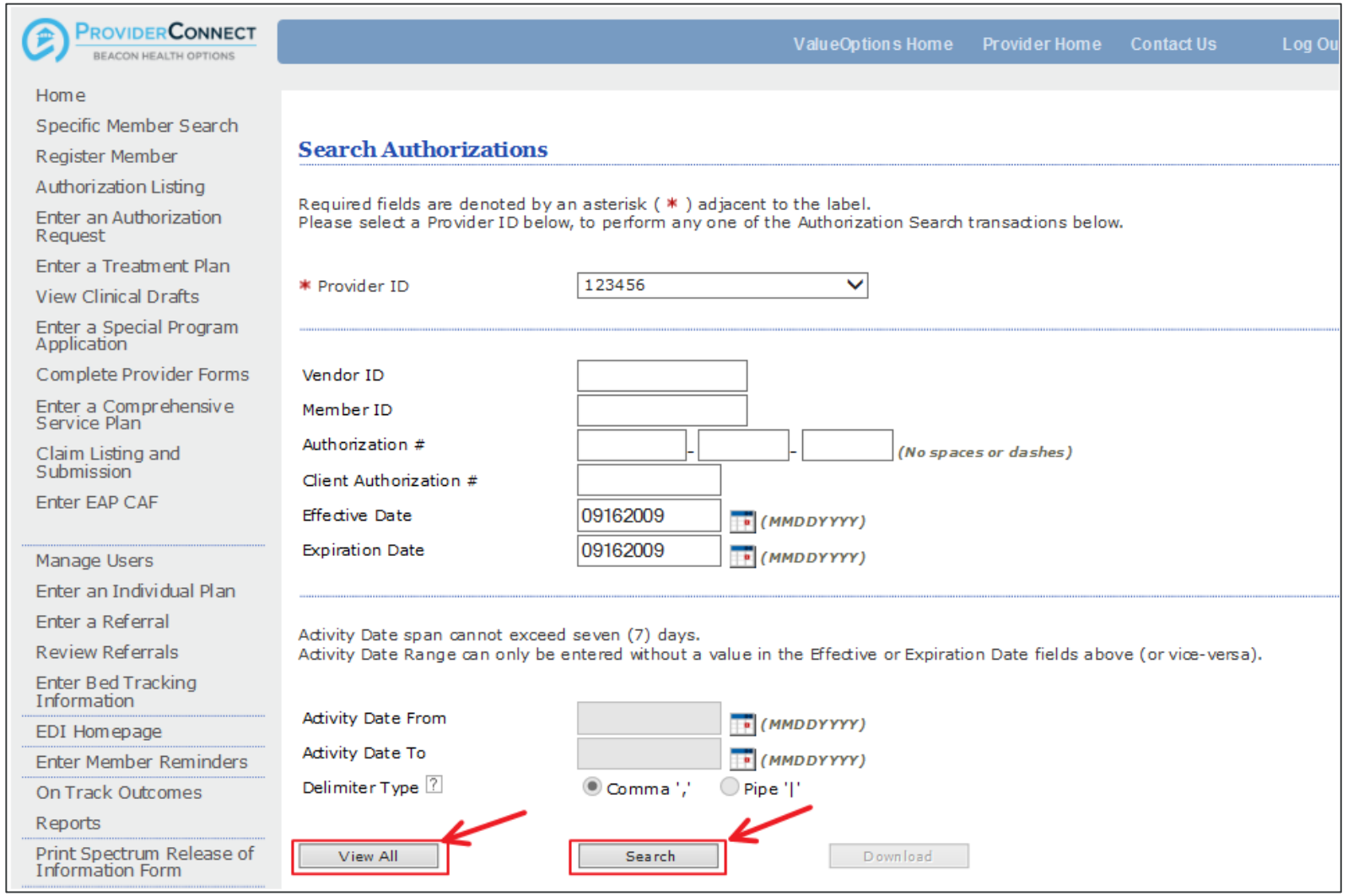
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Review NOA



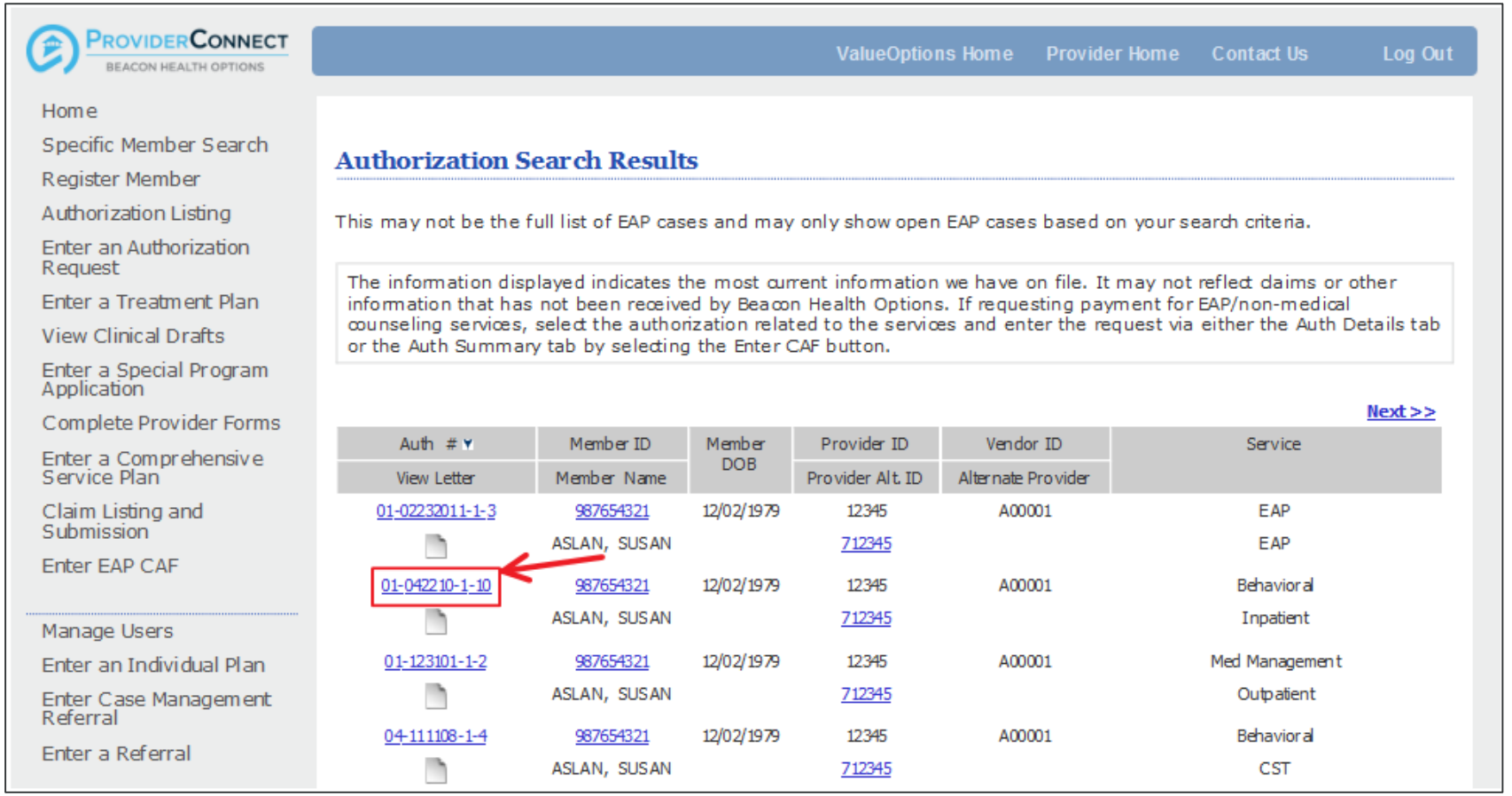
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Selecting NOA



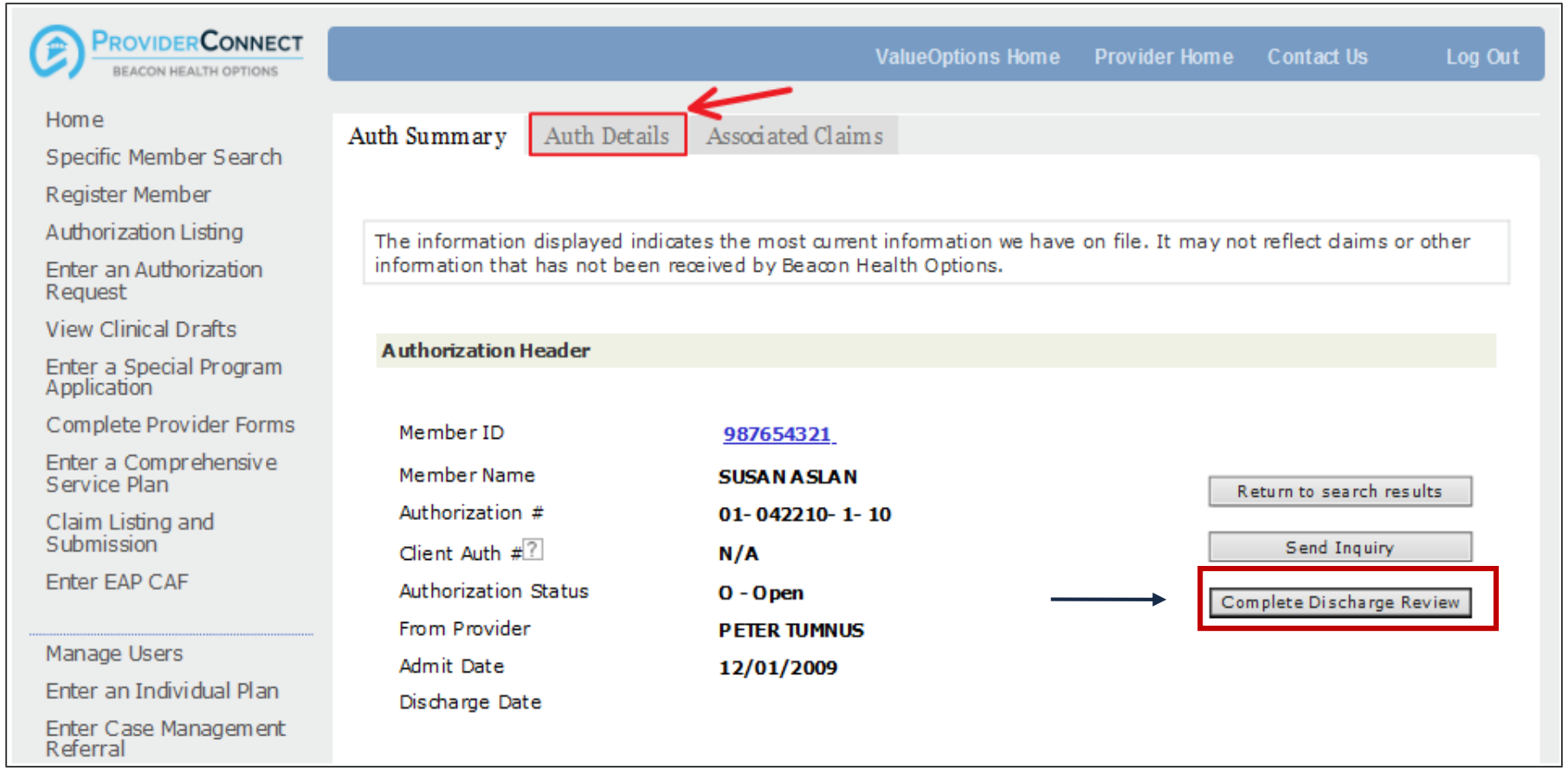
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Search Results



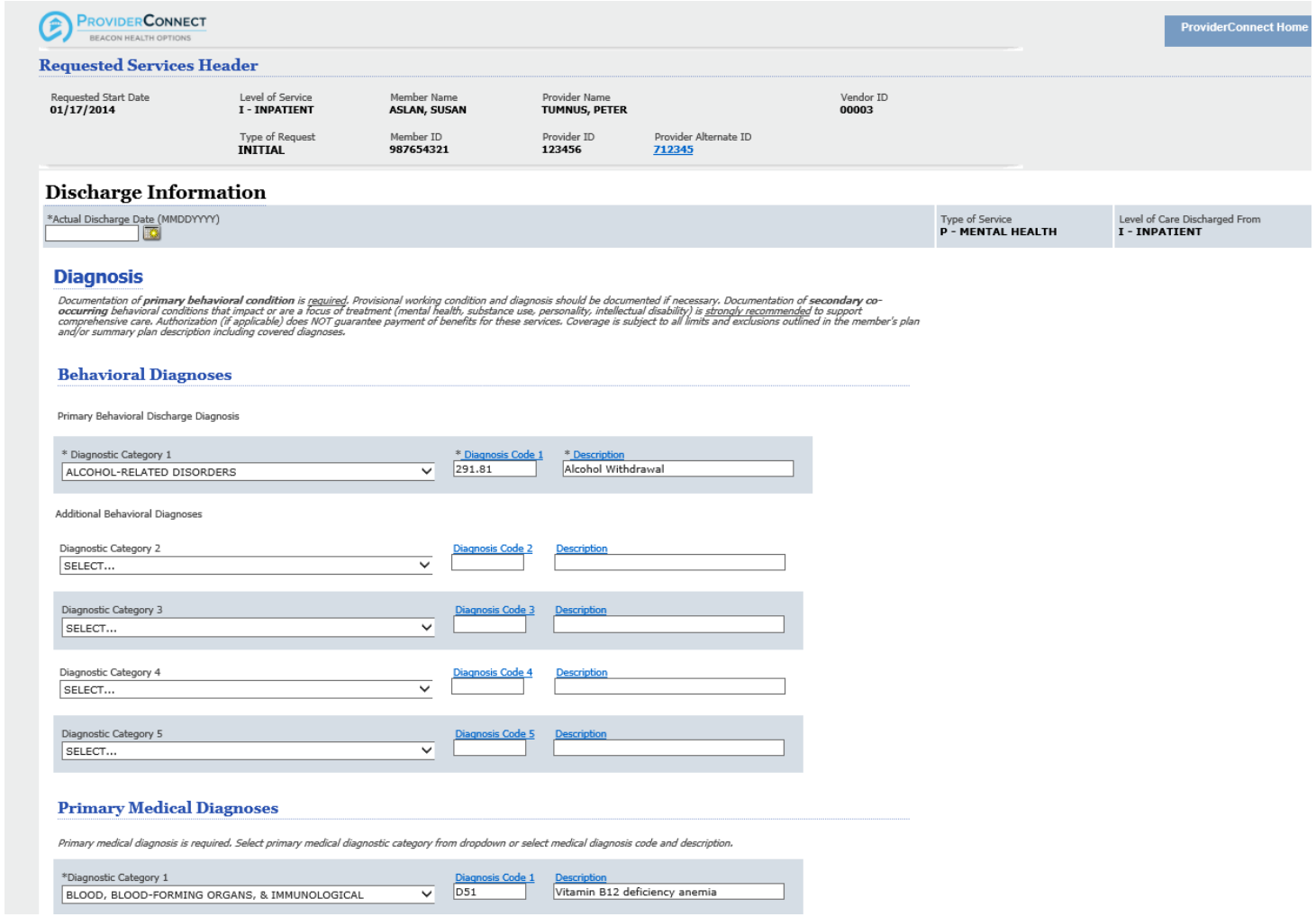
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Complete Discharge Review



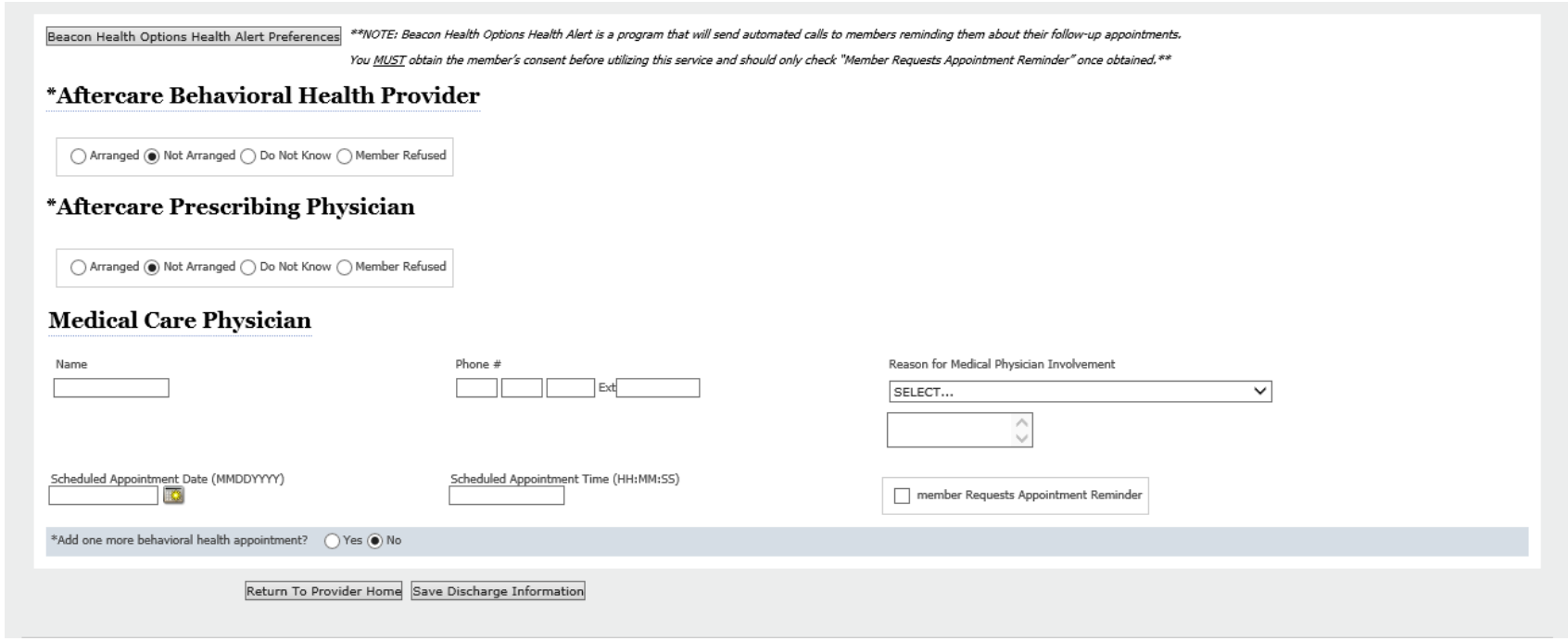
© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Discharge Review Screens



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Aftercare



© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Chapter

05

Frequently Asked Questions

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

FAQ

Q. Does this change affect all Beacon members?

A. The objective is for more Beacon members to be included in this change. Note: The New York State Empire plan will not be a part of the MH NOA for Adults. They will only be a part of the Children's NOA and the SUD expansion from 14 days to 28. All NY State Empire plan's MH Adult cases will still require a telephonic review.

Q. Which services are impacted by these changes?

A.

- Mental Health Inpatient Services
- Mental Health Partial Hospitalization Services
- Mental Health Intensive Outpatient Services

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

FAQ

Q. When does this change go into effect?

A. Providers must provide Notification of Admission starting January 1, 2020. Any member currently in placement, admitted prior to December 31st, should follow the current process of a standard Level of Care Review until discharge.

Q. How will this legislation impact out of state providers?

A. This change in authorization process is specific to New York State licensed providers. Out of state providers will be subject to medical necessity review at point of admission.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

FAQ

Q. Will this legislation impact me if I am not contracted with Beacon (or one of Beacon's plans)?

A. No, there is no change in process for out-of-network (OON) providers. Requests are still subject to medical necessity review at point of admission and require the completion of a single case agreement , or members may use their OON benefit.

Q. How do I give Beacon a Notification of Admission?

A. To avoid a standard utilization management review, providers are required to provide a Notification of Admission to Beacon within two (2) business days of admission. This can be done telephonically or expedited on the provider portal, eServices/ProviderConnect.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

FAQ

Q. What happens if I give late notification?

A. Providers are required to complete Notification of Admission within two (2) business days of the admission, including weekends. Any provider requesting notification after two (2) business days will be required to complete a standard utilization management review, identical to what is currently done today.

Q. I have a member who is stepping down to a lower level of care – what do I need to do?

A. If a member is stepping down to a lower level of care, providers should notify Beacon as if it were a new admission. Providers should again follow the Notification of Admission process within two (2) business days of step down.

Q. Will I receive an Authorization Letter?

A. No. Upon providing a Notification of Admission, you will not receive an authorization letter, as services have not been reviewed nor authorized by Beacon.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

FAQ

Q. How do I request additional days?

A. After the last covered day of admission, any request for additional days follow standard utilization management practices. Providers must contact Beacon telephonically to request additional days.

Q. Will there be any change in how I bill?

A. No, there are no changes to current billing practices.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

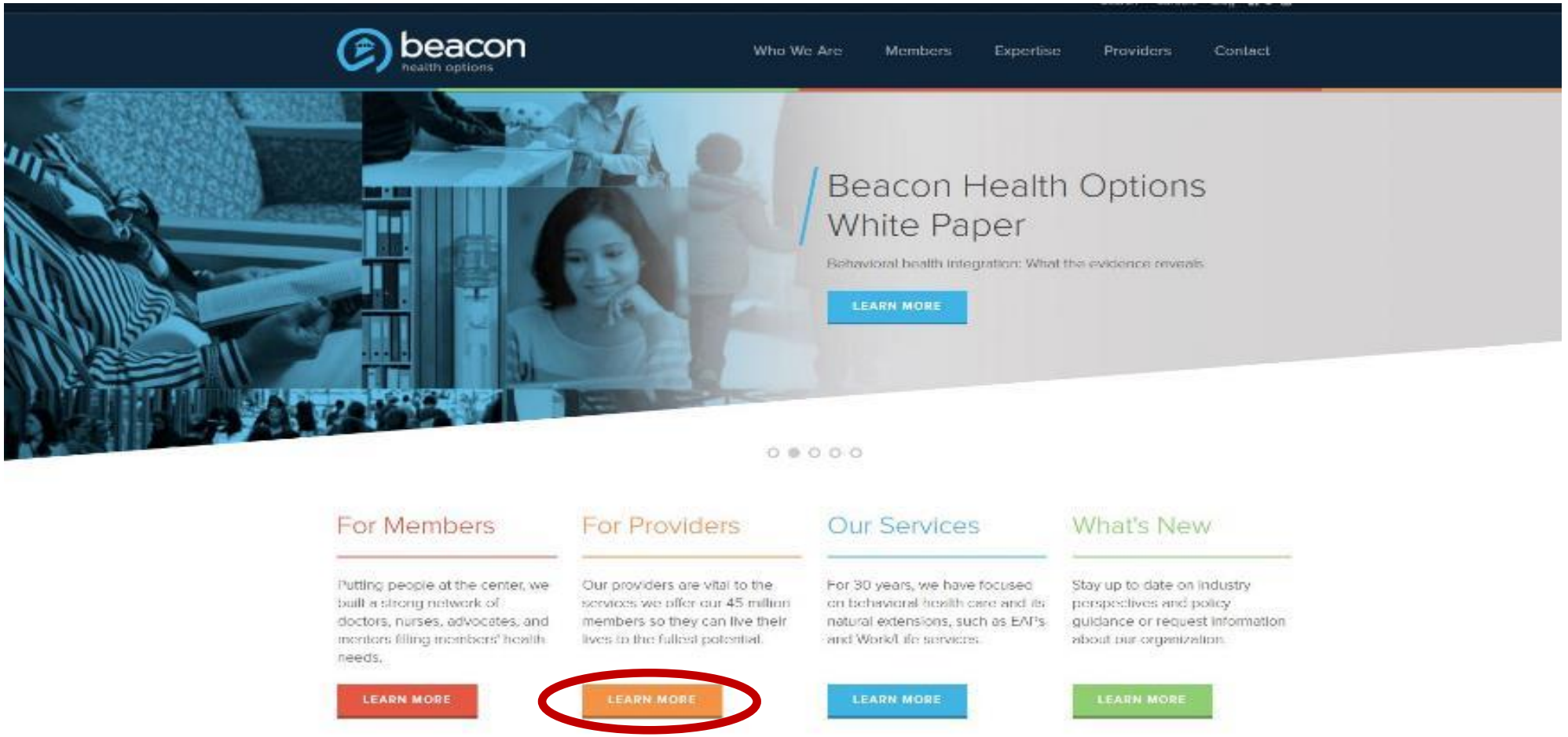
Chapter

06

Resources and Contact Information

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Resources



https://www.beaconhealthoptions.com/

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Resources

- Beacon Health Options best practice guidelines: https://www.beaconhealthoptions.com/providers/beacon/network/new-york-best-practices/
- Beacon Health Options On Track Outcomes Program https://www.beaconhealthoptions.com/providers/beacon/important-tools/on-track/
- BH Billing guidelines, coding taxonomy, HCBS Fee Schedule, HARP HCBS Rate codes: https://www.omh.ny.gov/omhweb/bho/billing-services.html
- The Managed Care Technical Assistance Center – provides a variety of tools and training to assist providers improve their business and clinical practices as they navigate the changing healthcare environment: http://mctac.org
- Center for Practice Innovation – online training courses, videos and educational materials: http://practiceinnovations.org/ConsumersandFamilies/tabid/207/Default.aspx

beacon

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Resources

Beacon Health Options On Track Outcomes Program - https://www.beaconhealthoptions.com/providers/beacon/important-tools/on-track/

- The goal of On Track is to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes. On Track is designed to support clinicians as they help their clients achieve their goals. Beacon clinicians may use On Track for all of their EAP counseling or outpatient psychotherapy clients, including, if they choose, those clients who are not Beacon members!
- Individual clinicians with access to the Beacon's ProviderConnect portal can access On Track tools by clicking on the program links after logging in.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Training related requests/questions

NY Provider Relations Training

nyptrainings@beaconhealthoptions.com

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Thank You

Contact Us

	Beacon Health Strategies	Beacon Health Options (formerly ValueOptions)
Website and EDI	**eServices** Phone: 866-206-6120 eServices@beaconhealthoptions.com **Electronic Data Interchange** Phone: 888-204-5581 EDI.Operations@beaconhealthoptions.com	**EDI Helpdesk** Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com
PaySpan	**PaySpan Registration Provider Support** Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com	Unable to locate your registration code? Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days
Provider Relations	**Provider Relations** Phone: 844-265-7592 Provider.Relations@beaconhealthoptions.com	**National Provider Services Line** Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization

Post-webinar Survey

Your opinion matters

Please complete a short simple survey at the end of our webinar.

Your honest responses will help us to improve our training.

© Beacon Health Options, Inc. 2020 – May not be published or distributed without authorization