



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

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December 2019

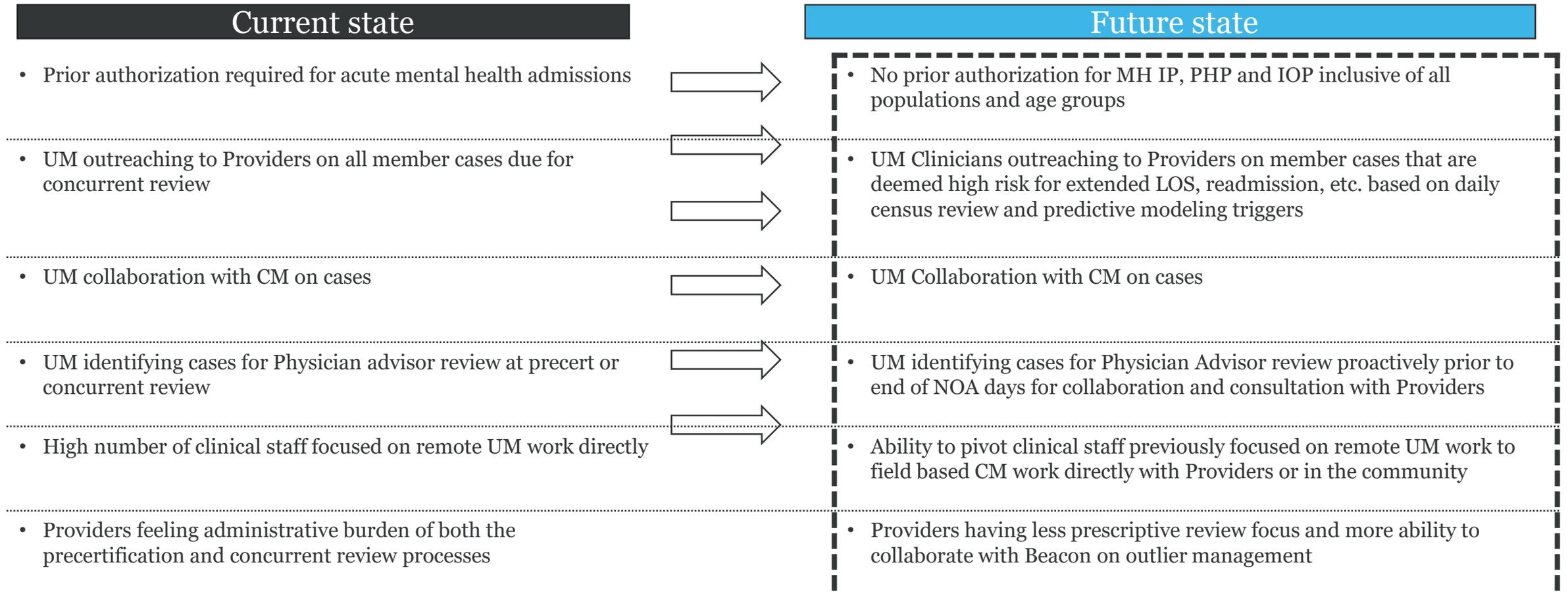
# Overview

- 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.

# 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

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



# Applicable Services

- All Mental Health Higher Level of Care services:

Inpatient

Partial Hospitalization

Intensive Outpatient

# 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

# 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.

# 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

# Provider Requirements

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

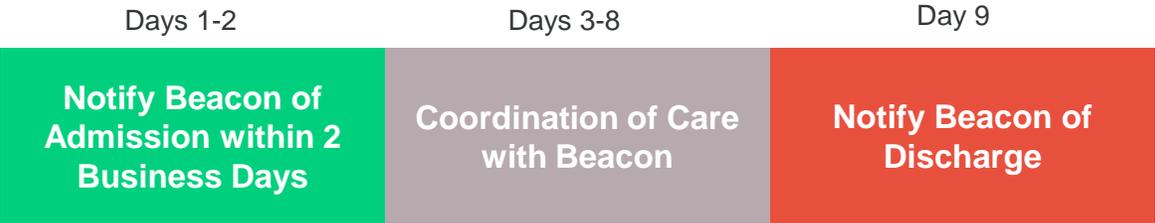
No change to the request process;  
call Beacon to request additional  
days

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

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

# Examples

## Example: Inpatient Admission



- Example: Partial Hospitalization Admission



# 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**



Chapter

# 02

# Notification and Treatment Plan Form



# 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.

Chapter

# 03

## Submitting Notification of Admission Online using eServices



# eServices

What is eServices?

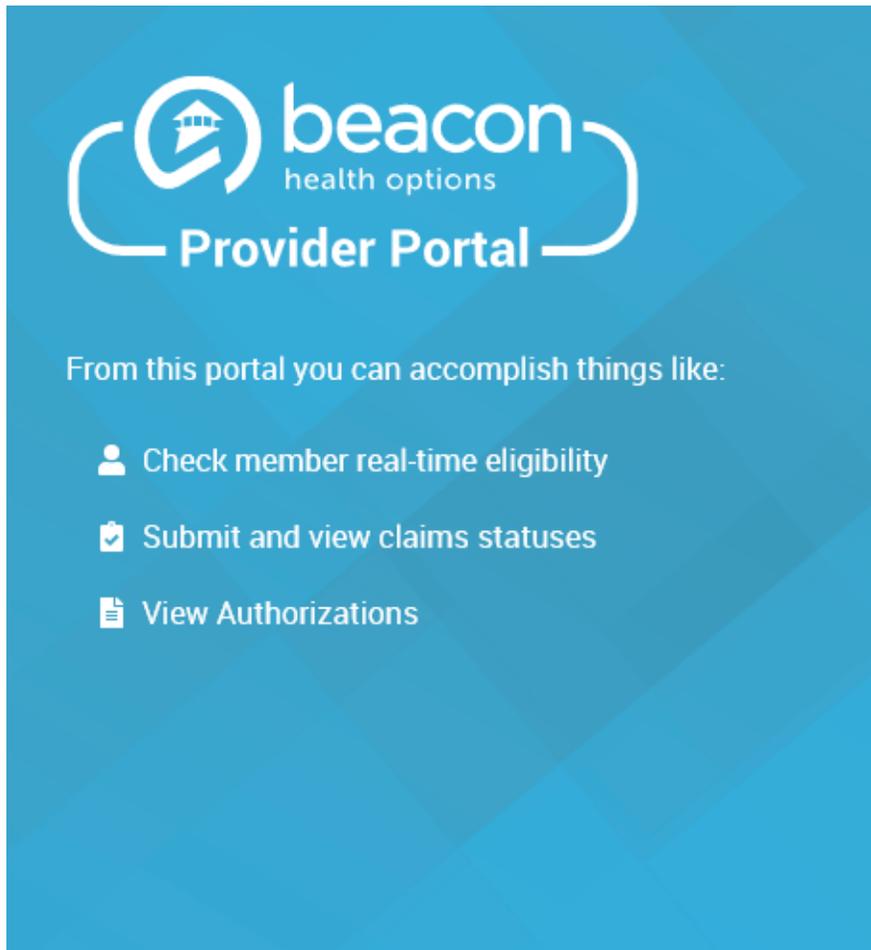
This is a free service that Beacon offers to all contracted and in-network providers. The goal of using eServices is to make clinical, administrative, and claims transactions **easy** to do. By utilizing eServices you will be able to perform the following:

- 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](https://providerportal.beaconhealthoptions.com)



# Submitting Notifications of Admission Online



 **beacon**  
health options  
**Provider Portal**

From this portal you can accomplish things like:

-  Check member real-time eligibility
-  Submit and view claims statuses
-  View Authorizations

Login below

Please use your existing *eServices* or *ProviderConnect* credentials

Username

[Forgot Username](#)

Password

[Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)



# eServices – NY MH NOA

- Eligibility/Benefits
- Authorization
- PsychTesting
- NY MH NOA**
- Submit Notification
- Discharge Summary
- Print Reference#
- MH NOA Search History
- Claims
- Manage Providers
- Manage Alerts
- Provider Information
- Provider Reports
- Discharge
- Recovery Coach
- Recovery Support Navigator (RSN)
- Manage Users
- Alerts (0)

## Mental Health Notice of Admission

### Member Information

Member: NOGLER, EDWIN (BEST ID: NE5311353870 )  
City, State:  
DOB: 10/08/1982  
Member Pregnant:   
Is Member Homeless? \*

### Service Requested

Services:   
Site of Service: \*   
From Date: \*   
Time:  

Next

# eServices – Mental Health Notice Of Admission

- Eligibility/Benefits
- Authorization
- PsychTesting
- NY MH NOA**
- Submit Notification
- Discharge Summary
- Print Reference#
- MH NOA Search History
- Claims
- Manage Providers
- Manage Alerts
- Provider Information
- Provider Reports
- Discharge
- Recovery Coach
- Recovery Support Navigator (RSN)
- Manage Users
- Alerts (0)

## Mental Health Notice of Admission

### Member Information

Member: NOGLER, EDWIN (BEST ID: NE5311353870)  
City, State:  
DOB: 10/08/1982

### Clinician Assigned

Clinician FirstName: \*   
Clinician LastName: \*   
Phone Number: \*   
Ext:   
Clinician Email:

### Diagnosis

Primary Diagnosis: \*

Additional BH/SA Dx's:

### DSM-5

### ICD-10

### ICD-9

N/A  Unknown

Medical Diagnosis 1: \*

Medical Diagnosis 2:

Medical Diagnosis 3:

Medical Diagnosis 4:

DESCRIPTION requires at least 6 characters to search

CODE requires at least 3 characters to search

### Description

### Code



# eServices – Mental Health Notice Of Admission

**ROI for coordination and care planning:**  
Was release of information signed for the PCP? \*  Yes  No  No PCP  Member Refused  
Was release of information signed for Outpatient Providers? \*  Yes  No  No OP Provider  Member Refused

**Initial Treatment Plan**  
Is the member Adherent to medication prescribed? \*  Yes  No  Unknown  No Medication Prescribed  
**LOC Requested :**

**Special Population Indicators**  
Is the member currently court ordered to receive Assisted Outpatient Treatment? \*  Yes  No  Unknown  N/A  
Does the member have a history of Assisted Outpatient Treatment? \*  Yes  No  Unknown  N/A

**Health Home**  
Is the member involved with a health home? \*  Yes  No  Unknown  N/A  
If no or unknown, is member eligible for a health home? \*  Yes  No  Unknown  N/A

**Additional Support Services**  
Please indicate which supports and services are involved or will be involved in member's care \*  
 No Supports  Treatment Providers  Foster Care Agency  
 Family Supports  Employment Supports  Local Government Unit  
 Social Support  Dept. of Social Services  SPOA  
 Other Community Services

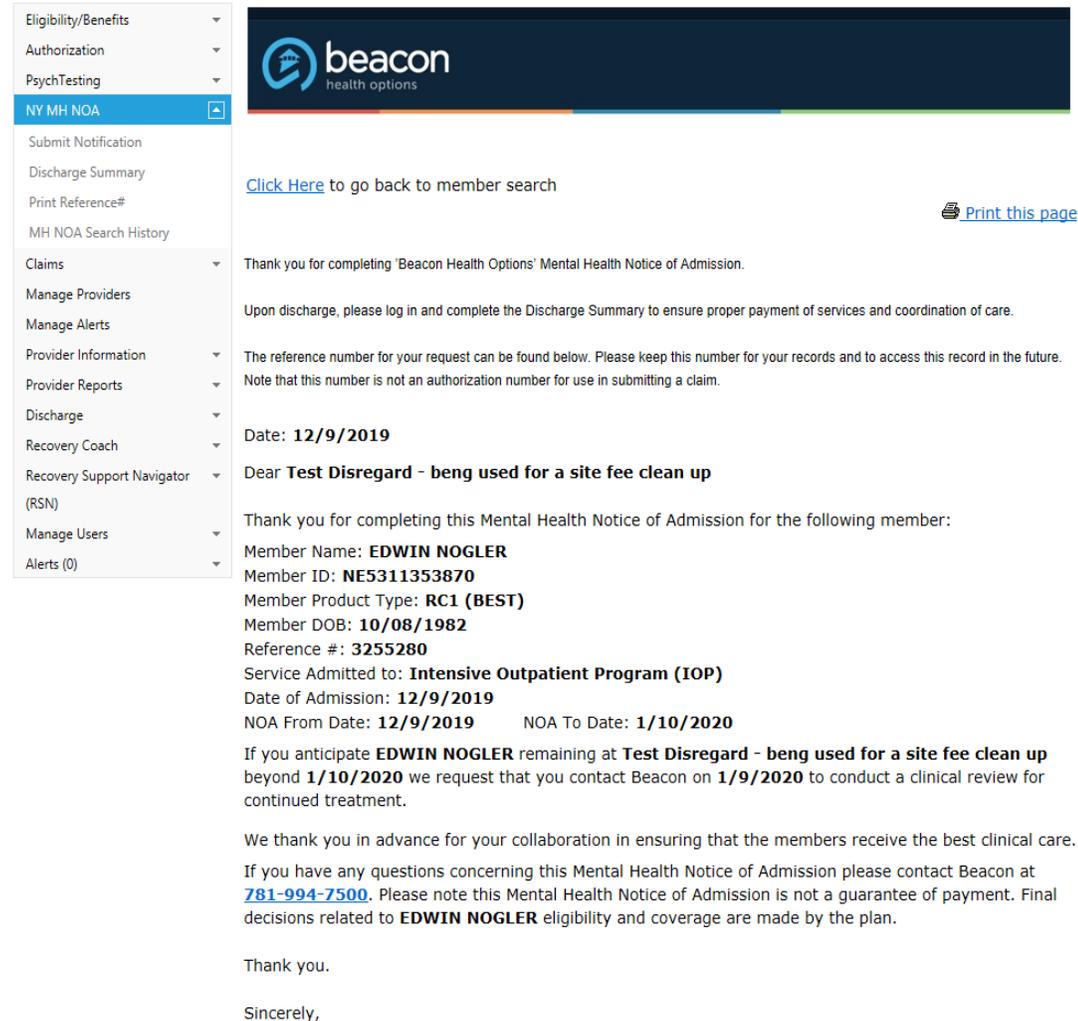
To Add Medications:  
Select Yes or No; a new box will pop up requesting details about the medication type, dosage, and frequency.

Submit

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



# eServices – Mental Health NOA Summary



The screenshot displays the Beacon Health Options eServices interface. On the left is a navigation menu with categories like Eligibility/Benefits, Authorization, PsychTesting, NY MH NOA (selected), Claims, Manage Providers, Manage Alerts, Provider Information, Provider Reports, Discharge, Recovery Coach, Recovery Support Navigator (RSN), Manage Users, and Alerts (0). The main content area features the Beacon Health Options logo at the top. Below the logo, there is a link to return to member search and a 'Print this page' button. The primary message is a thank-you note for completing the Mental Health Notice of Admission. It includes the following details: Member Name: EDWIN NOGLER, Member ID: NE5311353870, Member Product Type: RC1 (BEST), Member DOB: 10/08/1982, Reference #: 3255280, Service Admitted to: Intensive Outpatient Program (IOP), Date of Admission: 12/9/2019, and NOA From Date: 12/9/2019 to NOA To Date: 1/10/2020. A note indicates that if the member remains at 'Test Disregard - beng used for a site fee clean up' beyond 1/10/2020, a clinical review should be requested. The message concludes with a thank-you and contact information for Beacon at 781-994-7500.

Reference #  
may be used to  
print NOA



# Mental Health NOA Discharge

- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NY MH NOA** ▾
- Submit Notification
- Discharge Summary
- Print Reference#
- MH NOA Search History
- Claims ▾
- Manage Providers
- Manage Alerts
- Provider Information ▾
- Provider Reports ▾
- Discharge ▾
- Recovery Coach ▾
- Recovery Support Navigator ▾
- (RSN)
- Manage Users ▾
- Alerts (0) ▾

**NY Mental Health Discharge List**

 [Print this page](#)

	Registration Number	Patient Name	AuthRecID	Admission Date	To Date	Service		
SiteName::Test Disregard - beng used for a site fee clean up								
	3255280	NOGLER, EDWIN	8830697	12/09/2019	01/10/2020	Intensive Outpatient Program	<a href="#">Discharge</a>	<a href="#">Cancel</a>

(Sort the Discharge List by clicking the column headings)



# Submitting Discharges from Mental Health

- Eligibility/Benefits
- Authorization
- PsychTesting
- NY MH NOA**
- Submit Notification
- Discharge Summary
- Print Reference#
- MH NOA Search History
- Claims
- Manage Providers
- Manage Alerts
- Provider Information
- Provider Reports
- Discharge
- Recovery Coach
- Recovery Support Navigator (RSN)
- Manage Users
- Alerts (0)

## NY Mental Health Notice of Discharge

### Member Information

Member: NOGLER, EDWIN (BEST ID: NE5311353870 )  
City, State:  
DOB: 10/08/1982

### Reporter Information

Reporter FirstName: \*   
Reporter LastName: \*   
Phone Number: \*   
Ext:   
Reporter Email:

### Discharge Information

Has the member's PCP been notified of the admission?  Yes  No  Refused  
Date of Occurrence:    
Outpatient Provider:   
Discharge Date: \*    
Discharge To: \*   
Discharge Reason: \*



# Discharge

**Diagnosis**

**Primary Diagnosis: \***

**Additional BH/SA Dx's:**

**DESCRIPTION** requires at least 6 characters to search      **CODE** requires at least 3 characters to search

	Description	Code
Medical Diagnosis 1:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 2:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 3:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 4:	<input type="text"/>	<input type="text"/>
	Unknown	

**After Care Service Information**

Provider Name

Provider Phone

Appointment Date

Member Phone

Member Address

Appointment Time

Physician/Therapist

After Care Service Information	
Provider Name	<input type="text"/>
Provider Phone	<input type="text"/>
Appointment Date	<input type="text"/>
Member Phone	<input type="text"/>
Member Address	<input type="text"/>
Appointment Time	<input type="text"/>
Physician/Therapist	<input type="text"/>

**SUBMIT REQUEST**



# Print Notifications

- Eligibility/Benefits
- Authorization
- NY MH NOA**
- Submit Notification
- Discharge Summary
- Print Reference#
- Detox Search History
- Claims
- Manage Providers
- Manage Alerts
- Provider Information

<b>Print NOA Request</b>	
Please enter the NOA Reference ID	
<input type="text"/>	
<input type="button" value="Print NOA"/>	

<b>Print Discharge</b>	
Please enter the Discharge Reference ID	
<input type="text"/>	
<input type="button" value="Print Discharge"/>	



Chapter

# 04

## Submitting Notification of Admission Online Using ProviderConnect



# Provider Connect Services

<ul style="list-style-type: none"> <li>• Verify member benefits and eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• View and print forms</li> </ul>
<ul style="list-style-type: none"> <li>• Request and view authorizations</li> </ul>	<ul style="list-style-type: none"> <li>• Download and print authorization letters</li> </ul>
<ul style="list-style-type: none"> <li>• Submit claims and view status</li> </ul>	<ul style="list-style-type: none"> <li>• Access Provider Summary Vouchers (PSV)</li> </ul>
<ul style="list-style-type: none"> <li>• Submit updates to provider demographic information</li> </ul>	<ul style="list-style-type: none"> <li>• Submit credentialing applications</li> </ul>
<ul style="list-style-type: none"> <li>• Submit customer service inquiries</li> </ul>	<ul style="list-style-type: none"> <li>• Access ProviderConnect message center</li> </ul>

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.

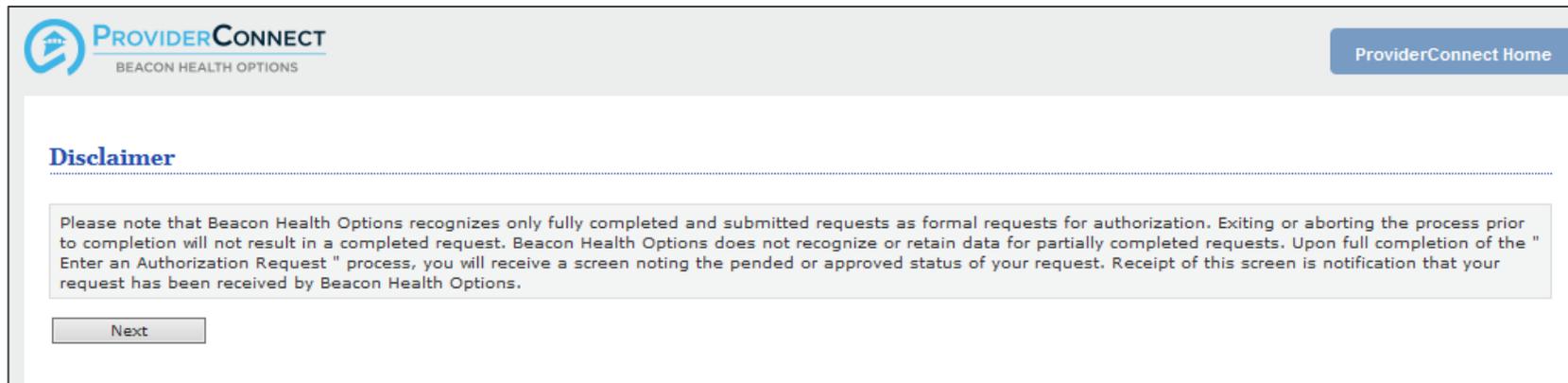


# Enter an Authorization Request

The screenshot shows the ProviderConnect website interface. The top navigation bar includes the logo, account information (Switch Account 065733-General Claims Account), and links for Beacon Health Options Home and Provider. The left sidebar contains a navigation menu with the following items: Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization/Notification Request (highlighted with a red box), View Clinical Drafts, Claim Listing and Submission, Enter EAP CAF, Enter an Individual Plan, Review Referrals, Enter Bed Tracking Information, Search Beds/Openings, Weekly Behavior Analysis Measures, EDI Homepage, Enter Member Reminders Reports, Print Spectrum Release of Information Form, ABA Availability Survey, My Online Profile, My Practice Information, Provider Credentialing Application, Relias/Essential Learning, Compliance, Handbooks, Forms, and Network Specific. The main content area features a welcome message, a message center notification (1144 NEW Messages), and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section includes several expandable categories: Link/Unlink Accounts (NEW), Eligibility and Benefits (Find a Specific Member, Register a Member), Enter or Review Authorization Requests (Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge; Enter an Authorization/Notification Request (highlighted with a red box); Enter an Individual Plan; Review an Authorization; View Clinical Drafts; Weekly Behavior Analysis Measures), Enter Member Reminders, Enter or Review Claims (Enter a Claim, Enter EAP CAF, View EAP CAF, Review a Claim, View My Recent Provider Summary Vouchers, PaySpan), Enter or Review Referrals (Enter a Referral, Review Referrals), Enter Bed Tracking Information, Search Beds/Openings, Update Demographic Information, Update Roster Information, Update ABA Paraprofessional Roster Information, and View My Recent Authorization Letters. There are also 'INBOX' and 'SENT' icons in the top right.



# Disclaimer



The screenshot shows a web interface for ProviderConnect. At the top left is the logo for PROVIDERCONNECT BEACON HEALTH OPTIONS. At the top right is a button labeled "ProviderConnect Home". Below the header, the word "Disclaimer" is displayed in blue. A text box contains the following disclaimer: "Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options." Below the text box is a "Next" button.

# Search a Member

 PROVIDERCONNECT  
BEACON HEALTH OPTIONS

[ProviderConnect Home](#)

## Search a Member

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="06202007"/>	(MMDDYYYY)

# Member Information

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

[Demographics](#) | [Enrollment History](#) | [COB](#) | [Benefits](#) | [Additional Information](#)

[ProviderConnect Home](#)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date?	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		

Subscriber	
Subscriber ID	111111111
Subscriber Name	JAMES ROBERTS

# Service Address

PROVIDERCONNECT  
BEACON HEALTH OPTIONSProviderConnect Home

**Provider**

Provider ID: TUMNUS - 123456  
Provider Last Name: TUMNUS  
Provider First Name: PETER

**Select Service Address**

Provider	Vendor
Capture	
Provider ID	Last Name
Tax ID	First Name
Alternate ID	Service Address
	Paid To Vendor ID
	Pay To Address
<input checked="" type="radio"/> 123456	PETER TUMNUS
TAX00001	14 BEAVER TRAIL
<a href="#">712345</a>	NARNIA, VA 12345 -
	00003
	XYZ ABC
	14 BEAVER TRAIL
	NARNIA, VA 12345 -



# Requested Services Header

ProviderConnect Home

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## Requested Services Header

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

\*Requested Start Date (MMDDYYYY)  
10012015

\*Level of Service  
INPATIENT/HLOC/SPECIALTY

\*Type of Service  
SELECT...

\*Level of Care  
SELECT...

\*Type of Care  
SELECT...

\*Admit Date (MMDDYYYY)  
04072015

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

---

▶ Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	<a href="#">712345</a>

---

▶ Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

---

## Attach a Document

*Complete the form below to attach a document with this Request*

*The following fields are only required if you are uploading a document*

\*Document Type: Does this Document contain clinical information about the Member? Yes  No

\*Document Description: SELECT...

*Click to attach a document*       *Click to delete an attached document*

Attached Document:



# Mental Health Notice of Admission

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

▼ NOTIFICATION    ► RESULTS

PAGE 1 of 2

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### Requested Services Header

Requested Start Date <b>04/07/2015</b>	Member Name <b>ASLAN, SUSAN</b>	Provider Name <b>TUMNUS, PETER</b>	Vendor ID <b>D00003</b>	<input type="button" value="Save Request as Draft"/>
Type of Request <b>INITIAL</b>	Member ID <b>987654321</b>	Provider ID <b>123456</b>	NPI # for Authorization <input type="text" value="SELECT..."/>	
Level of Service <b>INPATIENT/HLOC</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Inpatient</b>	Type of Care <b>Behavioral</b>	<a href="#">Authorized User</a> <input type="text"/>

*\* At least one contact name and phone number is required.*

Admitting Physician <input type="text"/>	Phone # <input type="text"/>	Ext <input type="text"/>	Attending Physician <input type="text"/>	Phone # <input type="text"/>	Ext <input type="text"/>
Preparer <input type="text"/>	Phone # <input type="text"/>	Ext <input type="text"/>	Utilization Review Contact <input type="text"/>	Phone # <input type="text"/>	Ext <input type="text"/>
				Fax <input type="text"/>	<input type="text"/>

#### Primary Care Coordination

PCP Contacted Status

PCP Contacted Name  Date Contacted  

Is the Member in active treatment with a behavioral health provider?  
 Yes  No  Unknown

Is there documentation of Member's consent to allow communication with PCP and aftercare providers?  
 Yes  No



# 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



# 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	* <a href="#">Diagnosis Code 1</a>	* <a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

#### Additional Behavioral Diagnosis

Diagnostic Category 2	<a href="#">Diagnosis Code 2</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

Diagnostic Category 3	<a href="#">Diagnosis Code 3</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

Diagnostic Category 4	<a href="#">Diagnosis Code 4</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

Diagnostic Category 5	<a href="#">Diagnosis Code 5</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

### 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	<a href="#">Diagnosis Code 1</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

Diagnostic Category 2	<a href="#">Diagnosis Code 2</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>

Diagnostic Category 3	<a href="#">Diagnosis Code 3</a>	<a href="#">Description</a>
SELECT...	<input type="text"/>	<input type="text"/>



# 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: 
 Assessment Score: 
 Secondary Assessment Measure: 
 Assessment Score:

---

**ASAM Criteria**

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
Dimension 4	Dimension 5	Dimension 6
Readiness To Change	Relapse Potential	Recovery Environment
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High



# Mental Health Notice of Admission

## ASAM Criteria

<a href="#">Dimension 1</a>	<a href="#">Dimension 2</a>	<a href="#">Dimension 3</a>
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
<a href="#">Dimension 4</a>	<a href="#">Dimension 5</a>	<a href="#">Dimension 6</a>
Readiness To Change	Relapse Potential	Recovery Environment
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> 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.

(0 of 2000)



# Results

**Determination Status:** \*\*\*\*\* PENDING \*\*\*\*\*

**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 <b>SUSAN ASLAN</b>	Member ID <b>987654321</b>	Member DOB <b>12/02/1979</b>	Subscriber Name <b>SUSAN ASLAN</b>	Subscriber ID <b>987654321</b>
Pended Authorization # <b>042208-1-12</b>	Client Authorization # <b>N/A</b>	Type of Request <b>CONCURRENT</b>		
Date of Admission/ Start of Services <b>04/22/2008</b>	Requested From <b>04/22/2008</b>	Submission Date <b>04/22/2008</b>		
Level of Service <b>INPATIENT/HLOC/SPECIALTY</b>	Type of Service <b>MENTAL HEALTH</b>	Level of Care <b>INPATIENT</b>	Type of Care <b>BEHAVIORAL</b>	
Reason Code <b>A70</b>				
Provider Name & Address <b>PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345</b>	Provider ID <b>123456</b>	Provider Alternate ID <a href="#">712345</a>		

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



# Review NOA

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ▾ ValueOptions Home Provider Home Contact Us Log Out

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization Request  
Enter a Treatment Plan  
View Clinical Drafts  
Enter a Special Program Application  
Complete Provider Forms  
Enter a Comprehensive Service Plan  
Claim Listing and Submission  
Enter EAP CAF

---

Manage Users  
Enter an Individual Plan  
Enter Case Management Referral  
Enter a Referral

---

Review Referrals  
Enter Bed Tracking Information  
Search Beds/Opening  
EDI Homepage  
Enter Member Reminders

---

**Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.**

YOUR MESSAGE CENTER (8 **NEW** ) Message

**Click on inbox to view your messages**

WHAT DO YOU WANT TO DO TODAY?

- [Link/Unlink Accounts](#) **NEW**
- ▾ [Eligibility and Benefits](#)
  - [Find a Specific Member](#)
  - [Register a Member](#)
- ▾ [Enter or Review Authorization Requests](#)
  - [Enter an Authorization Request](#)
  - [Enter an Individual Plan](#)
  - [Enter a Special Program Application](#)
  - [Enter a Comprehensive Service Plan](#)
  - [Enter a Treatment Plan](#)
  - [Review an Authorization](#)
  - [Update Monthly Wage Information](#)
  - [View Clinical Drafts](#)
- ▾ [Enter or Review Claims](#)
  - [Enter a Claim](#)
  - [Enter EAP CAF](#)
  - [Review a Claim](#)
  - [View My Recent Provider Summary Vouchers](#)
  - [PaySpan](#)
- ▾ [Enter or Review Referrals](#)
  - [Enter a Referral](#)
  - [Review Referrals](#)
- [Enter Bed Tracking Information](#)
- [Search Beds/Opening](#)

# Selecting NOA

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

### Search Authorizations

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

\* Provider ID

Vendor ID

Member ID

Authorization #  -  -  (No spaces or dashes)

Client Authorization #

Effective Date  (MMDDYYYY)

Expiration Date  (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.  
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From  (MMDDYYYY)

Activity Date To  (MMDDYYYY)

Delimiter Type  Comma ','    Pipe '|'



# Search Results



ValueOptions Home   Provider Home   Contact Us   Log Out

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization Request  
Enter a Treatment Plan  
View Clinical Drafts  
Enter a Special Program Application  
Complete Provider Forms  
Enter a Comprehensive Service Plan  
Claim Listing and Submission  
Enter EAP CAF

---

Manage Users  
Enter an Individual Plan  
Enter Case Management Referral  
Enter a Referral

### Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # 	Member ID	Member DOB	Provider ID	Vendor ID	Service
<a href="#">View Letter</a>	Member Name		Provider Alt. ID	Alternate Provider	
<a href="#">01-02232011-1-3</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		<a href="#">712345</a>		EAP
<a href="#">01-042210-1-10</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		Inpatient
<a href="#">01-123101-1-2</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		<a href="#">712345</a>		Outpatient
<a href="#">04-111108-1-4</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		CST

# Complete Discharge Review

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization Request  
View Clinical Drafts  
Enter a Special Program Application  
Complete Provider Forms  
Enter a Comprehensive Service Plan  
Claim Listing and Submission  
Enter EAP CAF

Auth Summary   **Auth Details**   Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

**Authorization Header**

Member ID	<a href="#">987654321</a>
Member Name	SUSAN ASLAN
Authorization #	01- 042210- 1- 10
Client Auth #?	N/A
Authorization Status	O - Open
From Provider	PETER TUMNUS
Admit Date	12/01/2009
Discharge Date	

Return to search results  
Send Inquiry  
**Complete Discharge Review**

# Discharge Review Screens


ProviderConnect Home

---

### Requested Services Header

Requested Start Date <b>01/17/2014</b>	Level of Service <b>I - INPATIENT</b>	Member Name <b>ASLAN, SUSAN</b>	Provider Name <b>TUMNUS, PETER</b>	Vendor ID <b>00003</b>
	Type of Request <b>INITIAL</b>	Member ID <b>987654321</b>	Provider ID <b>123456</b>	Provider Alternate ID <a href="#">712345</a>

---

### Discharge Information

*Actual Discharge Date (MMDDYYYY) <input type="text"/>	Type of Service <b>P - MENTAL HEALTH</b>	Level of Care Discharged From <b>I - INPATIENT</b>
---	---	---

---

### 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 member's plan and/or summary plan description including covered diagnoses.

#### Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

* Diagnostic Category 1 ALCOHOL-RELATED DISORDERS	* Diagnosis Code 1 291.81	* Description Alcohol Withdrawal
--	------------------------------	-------------------------------------

Additional Behavioral Diagnoses

Diagnostic Category 2 SELECT...	Diagnosis Code 2 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 3 SELECT...	Diagnosis Code 3 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 4 SELECT...	Diagnosis Code 4 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 5 SELECT...	Diagnosis Code 5 <input type="text"/>	Description <input type="text"/>

---

#### Primary Medical Diagnoses

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

*Diagnostic Category 1 BLOOD, BLOOD-FORMING ORGANS, & IMMUNOLOGICAL	Diagnosis Code 1 D51	Description Vitamin B12 deficiency anemia
--	-------------------------	--



# Aftercare

Beacon Health Options Health Alert Preferences **\*\*NOTE: Beacon Health Options Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments. You MUST obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.\*\***

**\*Aftercare Behavioral Health Provider**

Arranged  Not Arranged  Do Not Know  Member Refused

**\*Aftercare Prescribing Physician**

Arranged  Not Arranged  Do Not Know  Member Refused

**Medical Care Physician**

Name

Phone #    Ext

Reason for Medical Physician Involvement

Scheduled Appointment Date (MMDDYYYY)

Scheduled Appointment Time (HH:MM:SS)

member Requests Appointment Reminder

\*Add one more behavioral health appointment?  Yes  No

[Return To Provider Home](#) [Save Discharge Information](#)

Chapter

# 05

# Frequently Asked Questions



# 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

# 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 31<sup>st</sup>, 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.

# 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.

# 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.

# 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.

Chapter

# 06

# Resources and Contact Information



# Resources

The screenshot shows the Beacon Health Options website. At the top is a dark blue navigation bar with the Beacon logo and menu items: Who We Are, Members, Expertise, Providers, and Contact. Below the navigation bar is a large hero section with a background image of people in a meeting. The hero section features the text "Beacon Health Options White Paper" and "Behavioral health integration: What the evidence reveals." Below this text is a blue "LEARN MORE" button. Underneath the hero section is a row of four content cards: "For Members", "For Providers", "Our Services", and "What's New". Each card has a short paragraph of text and a "LEARN MORE" button. The "LEARN MORE" button for the "For Providers" card is circled in red.

<https://www.beaconhealthoptions.com/>



# 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>





# 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.



**Training related requests/questions**

NY Provider Relations Training

[nyptrainings@beaconhealthoptions.com](mailto:nyptrainings@beaconhealthoptions.com)

# Thank You

## Contact Us



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

# 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.**