



# 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

Current state		Future state
<ul style="list-style-type: none"><li>• Prior authorization required for acute mental health admissions</li></ul>	→	<ul style="list-style-type: none"><li>• No prior authorization for MH IP, PHP and IOP inclusive of all populations and age groups</li></ul>
<ul style="list-style-type: none"><li>• UM outreaching to Providers on all member cases due for concurrent review</li></ul>	→	<ul style="list-style-type: none"><li>• 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</li></ul>
<ul style="list-style-type: none"><li>• UM collaboration with CM on cases</li></ul>	→	<ul style="list-style-type: none"><li>• UM Collaboration with CM on cases</li></ul>
<ul style="list-style-type: none"><li>• UM identifying cases for Physician advisor review at precert or concurrent review</li></ul>	→	<ul style="list-style-type: none"><li>• UM identifying cases for Physician Advisor review proactively prior to end of NOA days for collaboration and consultation with Providers</li></ul>
<ul style="list-style-type: none"><li>• High number of clinical staff focused on remote UM work directly</li></ul>	→	<ul style="list-style-type: none"><li>• Ability to pivot clinical staff previously focused on remote UM work to field based CM work directly with Providers or in the community</li></ul>
<ul style="list-style-type: none"><li>• Providers feeling administrative burden of both the precertification and concurrent review processes</li></ul>		<ul style="list-style-type: none"><li>• Providers having less prescriptive review focus and more ability to collaborate with Beacon on outlier management</li></ul>

# 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

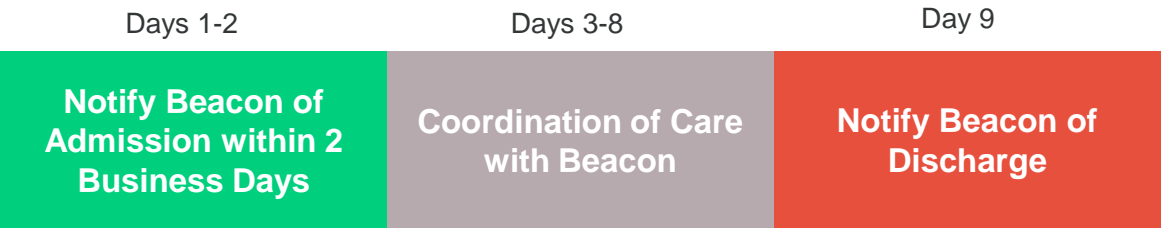
No change to the request process;  
call Beacon to request additional  
days

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: \*

Acute Inpatient Psychiatric Services  
Intensive Outpatient Program (IOP)  
Partial Hospitalization Program(PHP)

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: \*

First

Clinician LastName: \*

User

Phone Number: \*

6178033877

Ext:

Clinician Email:

jovan.ribic@gmail.com

Diagnosis

DSM-5

ICD-10

ICD-9

Primary Diagnosis: \*

Choose an Item

Choose an Item

Choose an Item

Additional BH/SA Dx's:

Choose an Item

Choose an Item

Choose an Item

Choose an Item

☐ 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



18

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# 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 :

Acute Inpatient Psychiatric Services ▾

## 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 \*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> No Supports              | <input type="checkbox"/> Treatment Providers      | <input type="checkbox"/> Foster Care Agency    |
| <input type="checkbox"/> Family Supports          | <input type="checkbox"/> Employment Supports      | <input type="checkbox"/> Local Government Unit |
| <input type="checkbox"/> Social Support           | <input type="checkbox"/> Dept. of Social Services | <input type="checkbox"/> SPOA                  |
| <input type="checkbox"/> Other Community Services |   |  |

Submit

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

# eServices – Mental Health NOA Summary

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)

beacon  
health options

[Click Here](#) to go back to member search

 [Print this page](#)

Thank you for completing 'Beacon Health Options' Mental Health Notice of Admission.

Upon discharge, please log in and complete the Discharge Summary to ensure proper payment of services and coordination of care.

The reference number for your request can be found below. Please keep this number for your records and to access this record in the future.  
Note that this number is not an authorization number for use in submitting a claim.

Date: **12/9/2019**

Dear **Test Disregard - beng used for a site fee clean up**

Thank you for completing this Mental Health Notice of Admission for the following member:

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**  
NOA From Date: **12/9/2019**      NOA To Date: **1/10/2020**

If you anticipate **EDWIN NOGLER** remaining at **Test Disregard - beng used for a site fee clean up** beyond **1/10/2020** we request that you contact Beacon on **1/9/2020** to conduct a clinical review for continued treatment.

We thank you in advance for your collaboration in ensuring that the members receive the best clinical care.

If you have any questions concerning this Mental Health Notice of Admission please contact Beacon at **781-994-7500**. Please note this Mental Health Notice of Admission is not a guarantee of payment. Final decisions related to **EDWIN NOGLER** eligibility and coverage are made by the plan.

Thank you.

Sincerely,

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**

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

[Discharge](#)

[Cancel](#)

Print this page

(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: \* First  
Reporter LastName: \* User  
Phone Number: \* 6178033877  
Ext:  
Reporter Email: jovan.ribic@gmail.com

### 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:

DSM-5

ICD-10

ICD-9

Adjustment disorders, With disturbance of conduc

F43.24

309.3

Choose an Item

Choose an Item

Choose an Item

Choose an Item

Choose an Item

Choose an Item

Choose an Item

Choose an Item

Choose an Item

DESCRIPTION requires at least 6 characters to search

CODE requires at least 3 characters to search

Description

Code

Medical Diagnosis 1:

Medical Diagnosis 2:

Medical Diagnosis 3:

Medical Diagnosis 4:

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

Provider Phone

Appointment Date

Member Phone

Member Address

Appointment Time

Physician/Therapist

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	▼

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

Print Discharge	
Please enter the Discharge Reference ID	<input type="text"/>
<div>Print Discharge</div>	



Chapter

# 04

## Submitting Notification of Admission Online Using ProviderConnect



# 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.



# Enter an Authorization Request

The screenshot displays the Beacon Health Options ProviderConnect interface. The top navigation bar includes the logo, a 'Switch Account' dropdown set to '065733-General Claims Account', and links to 'Beacon Health Options Home' and 'Provider'. The left sidebar contains a list of navigation items, with 'Enter an Authorization/Notification Request' highlighted by a red box and a red arrow. The main content area features a welcome message, a message center notification for 1144 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several expandable menus. The 'Enter or Review Authorization Requests' menu is expanded, and its item 'Enter an Authorization/Notification Request' is highlighted with a red box and a red arrow. Other visible menu items include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Claims', 'Enter or 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'.

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

Switch Account 065733-General Claims Account Beacon Health Options Home Provider

Home  
Specific Member Search  
Register Member  
Authorization Listing  
**Enter an Authorization/Notification Request**  
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  
Network Specific

Welcome [REDACTED] Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (1144 **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](#)
  - ▶ [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)
  - ▶ [Enter an Authorization/Notification Request](#)**
  - ▶ [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](#)

▶ [View My Recent Authorization Letters](#)

# Disclaimer



**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home


**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.

Next



# 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

ProviderConnect Home

Demographics Enrollment History COB Benefits Additional Information

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

Member

Member ID987654321

Alternate ID11111111

Member NameASLAN,SUSAN

Date of Birth12/02/1979

Address5 WARDROBE WAY  
NARNIA, VA 12345

Alternate Address

Marital Status-

Home Phone

Work Phone

Relationship1 - Self

GenderM - Male

Eligibility

Effective Date03/01/2004

Expiration Date

COB Effective Date?


Subscriber

Subscriber ID1111111111

Subscriber NameJAMES ROBERTS

Next

# Service Address



**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

### Provider

Provider ID  
TUMNUS - 123456

Provider Last Name  
TUMNUS

Provider First Name  
PETER


### Select Service Address

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

Back

Next

# Requested Services Header

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

### 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...

UploadFile

Click to attach a document

Delete

Click to delete an attached document


Attached Document:

Back

Next



# Mental Health Notice of Admission

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

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 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>	Authorized User <input type="text"/>

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

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

#### Primary Care Coordination

PCP Contacted Status  
SELECT ...

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

<input type="checkbox"/> No Supports	<input type="checkbox"/> Treatment Providers	<input type="checkbox"/> Foster Care Agency
<input type="checkbox"/> Family Supports	<input type="checkbox"/> Employment Supports	<input type="checkbox"/> Local Government Unit
<input type="checkbox"/> Social Supports	<input type="checkbox"/> Dept. of Social Services	<input type="checkbox"/> SPOA
<input type="checkbox"/> Other Community Agencies		

## 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...		

#### Additional Behavioral Diagnosis

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

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

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

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

### 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...		

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

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

# 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

<u>Dimension 1</u>	<u>Dimension 2</u>	<u>Dimension 3</u>
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
<u>Dimension 4</u>	<u>Dimension 5</u>	<u>Dimension 6</u>
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/Behy/Cogn Conditions
<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>	<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>	<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>
<a href="#">Dimension 4</a>	<a href="#">Dimension 5</a>	<a href="#">Dimension 6</a>
Readiness To Change	Relapse Potential	Recovery Environment
<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>	<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>	<div><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</div>

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

# 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
<b>042208-1-12</b>	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	<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.)

<a href="#">Print Authorization Result</a> <small>Print the Results page (this page)</small>	<a href="#">Print Authorization Request</a> <small>Print the entire Authorization Request</small>	<a href="#">Download Authorization Request</a> <small>Download the entire Authorization Request</small>	<a href="#">Return to Provider Home</a> <small>Return to the ProviderConnect homepage</small>
---	--	--	--

# Review NOA

The screenshot displays the ProviderConnect web application interface. The top navigation bar includes the 'PROVIDERCONNECT' logo, a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left sidebar lists various navigation options such as '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', and 'Enter Member Reminders'. The main content area features a welcome message for 'PETER TUMNUS', a 'YOUR MESSAGE CENTER' section with 8 new messages, and a 'WHAT DO YOU WANT TO DO TODAY?' section. This section contains several expandable menu items: 'Link/Unlink Accounts' (marked NEW), 'Eligibility and Benefits' (with sub-options 'Find a Specific Member' and 'Register a Member'), 'Enter or Review Authorization Requests' (with sub-options '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' (highlighted with a red box and arrow), 'Update Monthly Wage Information', and 'View Clinical Drafts'), 'Enter or Review Claims' (with sub-options 'Enter a Claim', 'Enter EAP CAF', 'Review a Claim', 'View My Recent Provider Summary Vouchers', and 'PaySpan'), 'Enter or Review Referrals' (with sub-options 'Enter a Referral' and 'Review Referrals'), 'Enter Bed Tracking Information', and 'Search Beds/Opening'. Icons for 'INBOX' and 'SENT' messages are also visible.

# Selecting NOA

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

[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 a Referral](#)  
[Review Referrals](#)  
[Enter Bed Tracking Information](#)  

---

[EDI Homepage](#)  
[Enter Member Reminders](#)  
[On Track Outcomes](#)  
[Reports](#)  

---

[Print Spectrum Release of Information Form](#)

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

123456

---

Vendor ID

Member ID


Authorization #

(No spaces or dashes)

Client Authorization #


Effective Date

09162009

 (MMDDYYYY)

Expiration Date


09162009

 (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 '|'


View All

Search

Download



# Search Results

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

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
View Letter	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

[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](#)  

---

[Manage Users](#)  
[Enter an Individual Plan](#)  
[Enter Case Management Referral](#)

[ValueOptions Home](#) [Provider Home](#) [Contact Us](#) [Log Out](#)

[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  
BEACON HEALTH OPTIONS

ProviderConnect Home

Requested Services Header

Requested Start Date  
01/17/2014

Level of Service  
I - INPATIENT

Member Name  
ASLAN, SUSAN

Provider Name  
TUMNUS, PETER

Vendor ID  
00003

Type of Request  
INITIAL

Member ID  
987654321

Provider ID  
123456

Provider Alternate ID  
712345

Discharge Information

\*Actual Discharge Date (MMDDYYYY)

Type of Service  
P - MENTAL HEALTH

Level of Care Discharged From  
I - INPATIENT

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](#)

[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 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

SELECT... 

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



Who We AreMembersExpertiseProvidersContact



## Beacon Health Options White Paper

Behavioral health integration: What the evidence reveals

[LEARN MORE](#)

### For Members

Putting people at the center, we built a strong network of doctors, nurses, advocates, and mentors filling members' health needs.

[LEARN MORE](#)

### For Providers

Our providers are vital to the services we offer our 45 million members so they can live their lives to the fullest potential.

[LEARN MORE](#)

### Our Services

For 30 years, we have focused on behavioral health care and its natural extensions, such as EAP's and WorkLife services.

[LEARN MORE](#)

### What's New

Stay up to date on industry perspectives and policy guidance or request information about our organization.

[LEARN MORE](#)



<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.**