New York Mental Health Notification of Admission

Overview

- 2020 State legislation regarding Utilization Management for child mental health services will change how you <u>notify and work with Beacon.</u>

- 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.

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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
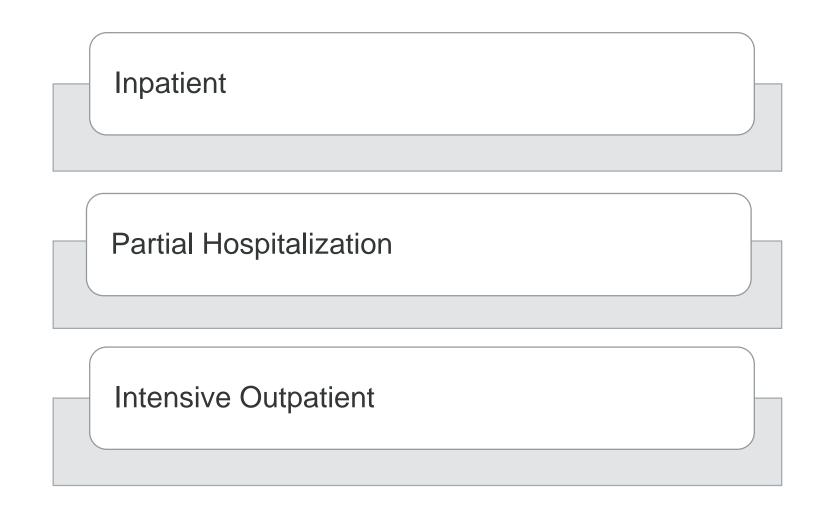- Providers will also have access to recorded webinar as well as materials presented

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

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

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Applicable Services

- All Mental Health Higher Level of Care services:

Inpatient

Partial Hospitalization

Intensive Outpatient

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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

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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.

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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

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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

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Examples

Example: Inpatient Admission

Days 1-2	Days 3-8	Day 9
Notify Beacon of Admission within 2 Business Days	**Coordination of Care with Beacon**	**Notify Beacon of Discharge**

- Example: Partial Hospitalization Admission

Days 1-2	Days 3-12	Day 13	Day 14+	Day of D/C
Notify Beacon of Admission within 2 Business Days	**Coordination of Care with Beacon**	**Notify Beacon for Con't Stay Review**	**Coordination of Care with Beacon**	**Notify Beacon of Discharge**

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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

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Notification and Treatment Plan Form

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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.

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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

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Submitting Notifications of Admission Online

eServices – NY MH NOA

eServices – Mental Health Notice Of Admission

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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 *

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

[Submit]

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

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

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eServices – Mental Health NOA Summary

Reference #
may be used to
print 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)

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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,

Mental Health NOA Discharge

NY Mental Health Discharge List

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	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**

(Sort the Discharge List by clicking the column headings)

Left navigation menu:
- 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) ▼

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Submitting Discharges from Mental Health

Discharge

Diagnosis	DSM-5	ICD-10	ICD-9
Primary Diagnosis: *	Adjustment disorders, With disturbance of conduc ▼	F43.24 ▼	309.3 ▼
Additional BH/SA Dx's:	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

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Print Notifications

04

Submitting Notification of Admission Online Using ProviderConnect

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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.

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Enter an Authorization Request

Disclaimer

Search a Member

Member Information

Service Address

Requested Services Header

Mental Health Notice of Admission

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   ☐ Treatment Providers   ☐ Foster Care Agency

☐ Family Supports   ☐ Employment Supports   ☐ Local Government Unit

☐ Social Supports   ☐ Dept. of Social Services   ☐ SPOA

☐ 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

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Mental Health Notice of Admission

Mental Health Notice of Admission

Social Elements Impacting Diagnosis

* Check all that apply

☐ None   ☐ Problems with access to health care services   ☐ Housing problems (Not Homelessness)   ☐ Problems related to the social environment

☐ Educational problems   ☐ Problems related to interaction w/legal system/crime   ☐ Occupational problems   ☐ Homelessness

☐ Financial problems   ☐ Problems with primary support group   ☐ Unknown   ☐ Medical disabilities that impact diagnosis or must be accommodated for in treatment

☐ Other psychosocial and environmental problems

Functional Assessment

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

Assessment Measure: SELECT...   Assessment Score: [____]

Secondary Assessment Measure: SELECT...   Assessment Score: [____]

ASAM Criteria

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

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Mental Health Notice of Admission

ASAM Criteria

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
○ Low ○ Medium ○ High	○ Low ○ Medium ○ High	○ Low ○ Medium ○ High

Dimension 4	Dimension 5	Dimension 6
Readiness To Change	Relapse Potential	Recovery Environment
○ Low ○ Medium ○ High	○ Low ○ Medium ○ High	○ Low ○ Medium ○ High

Projected Duration and Frequency of Treatment

Projected Date of Discharge

Estimated Number of Units

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

▼* Narrative Entry　　　　　(0 of 2000)

Back Save Request as Draft Submit

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Results

Review NOA

Selecting NOA

Search Results

Complete Discharge Review

Discharge Review Screens

Aftercare

05

Frequently Asked Questions

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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

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FAQ

Q. When does this change go into effect?

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

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

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

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.

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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.

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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.

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Resources and Contact Information

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Resources

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

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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

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Thank You

Contact Us

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

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.

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