

To: All Banner University Health Plan (BUHP) Contracted Psychiatric/Behavioral Health Providers for Psychiatric Level 1 Hospitals, Psychiatric Sub Acute Facilities, Behavioral Health Inpatient Facilities (BHIF) and Behavioral Health Residential Facilities (BHRF)

From: Sandy Stein, M.D. Medical Director for Complete Care
Kristin Frounfelker, Director of Behavioral Health Medical Management

Re: BUHP Behavioral Health Medical Management Updates for Administrative Denials and Discharge Summaries

Date: Effective November 8, 2019

Administrative Denials

BUHP is committed to conducting comprehensive utilization management (UM) activities to ensure our members receive care in the most appropriate and least restrictive setting while ensuring appropriate utilization of resources. In order to conduct quality UM, it is essential for BUHP to receive the required documentation supporting medical necessity within the required timeframes as documented in the BUHP Behavioral Health Provider Manual Supplement. Deficiencies in receiving this information have been identified. These deficiencies have impacted our ability to conduct quality UM and has potentially contributed to extended lengths of stay and readmissions. We are asking for your support and partnership to ensure our member's receive services in the most appropriate setting by submitting the required information to BUFC. In the event that we do not receive the information we will be issuing Administrative Denials to all providers required to participate in the prior authorization and concurrent review process based on the following circumstances:

- Failure of the facility to submit ALL of the required documentation/clinical information per the required timelines to conduct comprehensive utilization review activities to determine medical necessity for admission and/or concurrent review/continued stay **and/or**
- Failure to provide the services required

Administrative denials are based on the lack of information submitted in the required timeframes and/or deficiency in provision of services required and not based on medical necessity criteria.

For concurrent review/continued stay administrative denials will be issued in the following situations:

- **For Psychiatric hospitalization and sub-acute detox:** Submittal of the documentation for concurrent review is due by noon on the last covered day of the date range of the authorization. Any time an UM reviewer requests clinical documentation for submittal, it is due within 24 hours of the request. Submittals after 24 hours will be considered untimely and subject to an Administrative Denial. Submittal of clinical documentation after 24 hours of the UM reviewers request, will be considered untimely. Administrative Denials will be issued when there is lack of documentation/information to demonstrate BHMP services daily for each day, including weekends and holidays. All Psychiatric hospitals and sub-acute facilities providing detoxification services are required to submit BHMP progress notes for each day.
- **For sub-acute facilities that do not conduct detox:** Submittal of the clinical documentation for concurrent review is due by noon on the last covered day of the date range of the authorization. Any time an UM reviewer requests clinical documentation for submittal, it is due within 24 hours of the request. Submittals after 24 hours will be considered untimely and subject to an Administrative Denial. Administrative denials will be issued when there is lack of documentation/information to demonstrate BHMP services for any weekday or if a psychiatric assessment has not been conducted within 24 hours of admission. All sub-acute facilities that are providing services that exclude detoxification services must submit BHMP progress notes at a minimum of all weekdays and a psychiatric assessment within 24 hours of admission.
- Administrative Denials for weekend days when no psychiatric coverage is available and/or no BHMP notes are submitted is not intended to be punitive. Such denials rather represent advocacy on behalf of our members with mental health disorders. These members are entitled to receive appropriate care and treatment, on par with the services received by members on other medical units. They are entitled to remain on locked and highly restricted units for the minimum amount of time necessary to safely and adequately treat their symptoms, and to allow for a transition to a lower level of care.
- **For BHIFs:** Submittal of the clinical documentation for concurrent review is due prior to noon seven (7) calendar days prior to the last covered day of the current authorization date range. Any time an UM reviewer requests clinical documentation for submittal, it is due within 24 hours of the request. Submittals after 24 hours will be considered untimely and subject to an Administrative Denial. Administrative denials will be issued for concurrent review/continued stay of BHIFs when there is lack of timely documentation/information to demonstrate required services have been provided consistent with the required interventions including the following:
 - Psychiatric services at a minimum of every other week, to provide active psychiatric treatment including a focus on psychosocial interventions and pharmacotherapy to meet individualized needs
 - Clinical assessment at a minimum on a daily basis that includes close, continuous, 24 hour skilled medical/nursing supervision
 - Individual and family therapy each a minimum of once a week. If family therapy is not being provided rationale must be documented in the clinical record and submitted.

- Group therapy and/or an individualized or family therapy service on a daily basis
- Active and individualized ongoing positive behavioral management
- School or vocational programming

Additionally, an Administrative Denial will be issued at any time when a BUHP UM Reviewer requests information and it is not submitted within 24 hours of the request.

Administrative Denials may be submitted for an Appeal to the BUHP Grievance and Appeals Department.

Discharge Summary

BUHP requires for all providers to submit the Discharge Plan/Summary to the Health Plan and the outpatient behavioral health provider within 24 hours of discharge. Discharge Plan/Summary must be submitted to: BUHPUMPAMailbox@bannerhealth.com.

At a minimum the Discharge Plan/Summary must contain the following information:

- Date of discharge
- Discharge diagnosis
- Discharge instructions including follow up services
- Discharge medications including the following: dosage, instructions and number of days of medications provided if applicable (for hospitals and BHIFs)

Delays in submitting the Discharge Summary to the Health Plan may result in a delay of claims payment. The Health Plan must have accurate documentation to confirm the date of discharge and the discharge information.

Additionally, please see our new requirements related to requests for Retrospective Reviews for psychiatric facilities in our revised chapter of Securing Services and Prior Authorization in the BUHP Behavioral Health Provider Manual Supplement.

Providers are encouraged to review the chapter of Securing Services and Prior Authorization in the BUHP Behavioral Health Provider Manual Supplement found on our website at:

<https://www.banneruhp.com>

For all inquiries, mail to BUHPBHUMPAMailbox@bannerhealth.com