Provider Manual/Securing Services Update Training

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Agenda

1. Inpatient updates/changes/clarifications
    a. Same level transfers
    b. Utilization Review Form
    c. Telephonic Review later this year
    d. Retrospective Reviews
    e. Denials/p2p requests
    f. Updated Forms on the website
2. Out of Home Levels of care
    a. Between Facility Transfer Process & Form
    b. AHCCCS AMPM Policy 320 W
        1) ABHTH
        2) TFC
    c. Authorizations to non-contracted BHRF providers
    d. OOH emergent admissions
    e. BHRFs and Medication Assisted Treatment (MAT)
    f. Brief Intervention Providers (BIPs)

Inpatient Transfers

Same level facility moves including IMD transfers

Inpatient Transfer Process

Hospital Transfers to Other Hospital/Same Level of Care

All transfers from one hospital level of care *to the same level of car*e require a prior authorization.

When a member has been in the hospital level of care and requires a transfer to the same level of care it *is not considered an emergent admission.*

This *is considered a planned admission and requires a prior authorization.* Prior authorization must be obtained by submitting the Behavioral Health Prior Authorization Form and faxing to 520-694-0599.

IMD Transfers

Institutions for Mental Disease (IMD)

When a member is receiving services in an IMD facility and the length of the member's stay is anticipated to exceed 15 days, further **care of the member must be coordinated with and authorized by the Health Plan as part of the concurrent review process.**

Transfer of the member to another facility or to another level of care *does not constitute an emergent admission*, *nor are such transfers automatically authorized*, but rather are considered individually, based on a review of clinical documentation, a determination of medical necessity, and continuity of care considerations.

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Inpatient Utilization Review Form What to expect

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Inpatient Review Utilization Form

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Concurrent Inpatient Review Form

Email the completed form to BUHPBHUMPABHMailbox@bannerhealth.com on the date of review.

AHCCCS number:	**Member name:**	**Today's date:**
Facility name:	**Date of Birth:**	☐ **Child** ☐ **Adult**

General Information	
Admit Date:	**Admission Diagnosis:**
Has there been a change to court order status? ☐ **Yes** ☐ **No**	
If yes, current status: Court Order Type: ☐ **COE** ☐ **COT** ☐ **Voluntary**	**Date of status change:**
Does member have: ☐ **Guardian** ☐ **Durable power of attorney** ☐ **N/A** **Contact information for guardian / DPOA (if applicable):**	
Name of Outpatient Provider:	**Phone Contact of Outpatient Provider:**

What to expect

- We have developed a form to take the place of the request for clinical records to obtain information from facilities where we do not have access to their EMR.
- **Your notification of admission to us remains the same (provide the Face Sheet and CON).**
- We will respond with a request to complete the new form instead of our usual request for documents.
- You complete the form and return it to us to the mailbox on the form also copying a response to the UM reviewer you are working with.

Why did we do this?

- This change removes some of the paperwork burden on your part and should reduce administrative denials for missing paperwork.
- If the form is completed in its entirety, it should allow us to provide authorization decisions more quickly.
- Using this form will get your staff used to the types of questions that we will ask once we move to telephonic review.

  - Exclusion

- Facilities where we have access to your EMR (electronic medical record). We will continue to review as usual.
- Facilities who do not complete the form will continue reviews as per the usual process.

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Telephonic Utilization Review

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Inpatient Telephonic Utilization Review

What to expect: We will phase in reviews by facility. Facilities will be contacted prior to initiation.
Exclusion: Facilities where we have access to EMR will continue the current process.

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Retrospective Review Requirements

Retrospective Review Requirements

- Forms and information on the retro review process can be found here: https://www.banneruhp.com/-/media/files/project/uahp/prior-authorization-forms/buhp_retrospective-review-request-letter_feb2020.ashx?la=en

Banner University Health Plans

Medical Record Requirements for Retrospective Review for Covered Services

The needed documentation list below will assist Banner – University Health Plans (B – UHP) staff in processing your retrospective review requests timely without the need of requesting more documentation from you during the review period.

- ☐ If the service you are requesting approval for, requires a prior authorization to be paid, please explain why authorization was not completed prior to the service being provided.

  _____

  _____

- ☐ Copy of Denial letter sent to you from B – UHP- if service denied
- ☐ Legal documentation of Court Ordered Evaluation along with dates of initiation and completion of the court ordered period.
- ☐ Certificate of Need (CON) for Psychiatric Retrospective Review
- ☐ Medical Records: (please do not send complete medical chart- only provide information pertinent to the requested service)
  - ☐ Recent progress notes
  - ☐ Recent Diagnostic Tests (imagery, labs, procedures)
  - ☐ Current medication/medication history
  - ☐ Current Treatment Plan
  - ☐ Current therapy notes
- ☐ Behavioral Health Residential Facility (BHRF) that utilized Substance Abuse Block Grants can submit for retrospective review once they identify the member is now on Medicaid/BUHP.

Retrospective Reviews and supporting documentation/medical records should be directly submitted to B – UHP claims department via mail or claim resubmission; (Please mark claim as

Medical Records Requirements for Retrospective Review for Covered Services

Retrospective Review Requirements

- **Important considerations:**
  - Use the Medical Records Requirements for Retrospective Review for Covered Services Form https://www.banneruhp.com/materials-and-services/prior-authorizations-and-referrals
  - Follow the process
    - Requests must include the date range for the requested review
    - Requests must be submitted within 30 days of discharge/completion of services.
    - Requests must contain all required documentation.
    - Label each document and submit only what is required.
  - Send a CON. Do not send a PA
    - Remember, unplanned inpatient admissions are emergent and do not require a PA, however, a signed Certification of Need should accompany your packet.

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Denials/Peer to Peer

Peer to Peer for both inpatient and outpatient

- The facility or outpatient provider/OOH provider has 24 hours to request and complete a peer to peer after a medical necessity criteria denial has been issued by the Health Plan Medical Director.
- It is up to the facility or provider to **request** the peer to peer. The health plan UM reviewer will then facilitate scheduling the peer to peer discussion.
- Outside of the 24 hours and for administrative denials, you will need to follow the appeals process.
- The appeals information is on the denial letters and in the provider manual.

Updates to Forms

1. New Transfer Request
2. Out of Home Application
3. Out of Home Admission Notification
4. BH PA Form

Please ensure you are obtaining forms from the website at https://www.banneruhp.com/materials-and-services/behavioral-health#Behavioral-Health-Materials-and-Forms

Any questions on the information presented thus far?

Out of Home Updates

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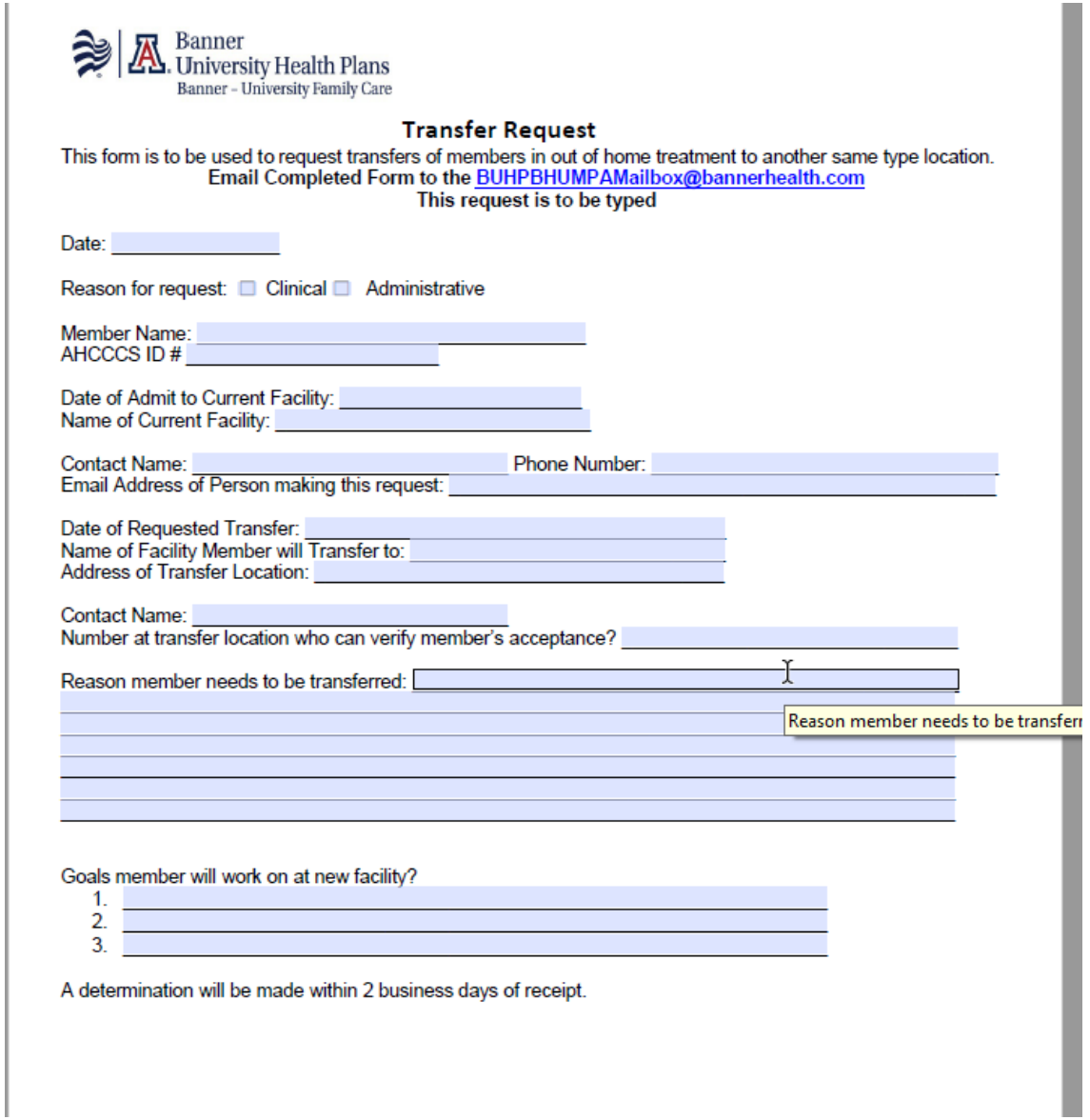
Out of Home
Between Facility Transfer
Form and Process

OOH Between Facility Transfer Request Form



Banner
University Health Plans
Banner - University Family Care

Transfer Request

This form is to be used to request transfers of members in out of home treatment to another same type location.
Email Completed Form to the BUHPBHUMPAMailbox@bannerhealth.com
This request is to be typed

Date: _____

Reason for request: ☐ Clinical ☐ Administrative

Member Name: _____
AHCCCS ID # _____

Date of Admit to Current Facility: _____
Name of Current Facility: _____

Contact Name: _____ Phone Number: _____
Email Address of Person making this request: _____

Date of Requested Transfer: _____
Name of Facility Member will Transfer to: _____
Address of Transfer Location: _____

Contact Name: _____
Number at transfer location who can verify member's acceptance? _____

Reason member needs to be transferred: _____

Reason member needs to be transferr

Goals member will work on at new facility?
1. _____
2. _____
3. _____

A determination will be made within 2 business days of receipt.

OOH Between Facility Transfer Process

- A prior authorization is required when an Out of Home (BHIF, BHRF or HCTC/TFC) is requested initially.
- If a provider determines that a member is better served in a different location that *is an equal level of care*, they may request a facility transfer by contacting their UM reviewer.
- Transfers can occur based on either **administrative or clinical reasons.**
- Transfers must be requested from and approved by the Health Plan ***prior to member transferring***.
- Transfers are not considered an emergency service as OOH facilities are not acute/emergency providers.

OOH Between Facility Transfer Process

- The transferring facility must obtain approval from a receiving facility for the transfer.
  - ➢ Complete the OOH Between Facility Transfer form in its entirety explaining the reason for the transfer.
  - ➢ Email the OOH Between Facility Transfer form to: BUHPBHUMPAMailbox@Bannerhealth.com
- ***The transferring provider must not transfer the member until they receive an authorization from the Health Plan.***
- The *transferring facility* must submit their discharge form to the Health Plan within 48 hours of the completed transfer.
- The receiving facility must submit their Notice of Admission within 2 business days of the member's arrival.

Out of Home

- Authorizations to Non-contracted BHRF providers
- Emergent Admissions
- BIPs
- BHRFs & MAT

Auths to non-contracted BHRF providers

- All requests for non-contracted BHRFs must be submitted for a prior authorization. Non contracted BHRF authorizations will be determined based on medical necessity regarding special circumstances.

Emergent Admissions

- The emergent admission process is typically meant to be used as a step down from a higher level of care such as hospitalization.
- The emergent admission process should be used only when a member’s needs require placement immediately or within a timeframe that cannot be accommodated by the prior authorization process.

Brief Intervention Providers (BIPs)

- BHRF providers, including providers that are frequently described in the community as Brief Intervention Programs or BIPs, are still required to adhere the prior authorization requirements set forth in this chapter.
- BIPs are specialized programs rendered at the BHRF level of care and members must meet medical necessity for these services.

BHRFs and Medication Assisted Treatment (MAT)

- BHRF providers must ensure that members on Medication Assisted Treatment are not excluded from admission and are able to receive their MAT services to ensure compliance with the Arizona Opioid Epidemic Act SB 1001, Law enacted in 2018.
- Providers must have policies that specifically ensure that members have access to their MAT services and must train all staff on this requirement.

AHCCCS AMPM Policy 320 W

Changes that are coming soon for what was HCTC:

ABHTH
TFC

Adult: ABHTH-Adult Behavioral Health Therapeutic Home

What has changed?

- No longer called HCTC but instead is ABHTH or Adult Behavioral Health Therapeutic Home.
- Required Behavioral Health Professional (BHP) oversight at the provider.
- Exclusionary criteria added for adults: Runaway behaviors unrelated to a BH condition.

Criteria Common to Both ABHTH & TFC

- An assessment by a BHP is required that indicates a diagnosis with a BH condition that has symptoms and behaviors necessary for the request for this level of care.
- Recommendation must come through the ART or CFT process.
- Member not meet criteria for a higher level of care.
- The member cannot reasonably be expected to improve in a lower level of care.
- Treatment in a lower level of care has not been successful or is not available.
- A discharge plan must be documented at time of admission.
  - Including living arrangement and aftercare recommendations.

ABHTH and TFC-Therapeutic Foster Care Exclusionary Criteria

Admission to an ABHTH or TFC shall not be used as a substitute for the following:

1) An alternative to detention or incarceration,

2) As a means to ensure community safety in an individual exhibiting primarily conduct disordered behaviors,

3) As a means of providing safe housing, shelter, supervision or permanency placement,

4) As an alternative to parents'/guardians' or other agencies' capacity to provide for the member,

TFC-Therapeutic Foster Care
Exclusionary Criteria Continued

5) A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/health care decision maker is unwilling to participate in the less restrictive alternative, or an intervention for member runaway behaviors unrelated to a behavioral health condition.

Children: TFC-Therapeutic Foster Care

What's changed?

- No longer called HCTC, now called TFC or Therapeutic Foster Care.
- Treatment goals while member is in TFC must be developed that are:
  - Specific to the member's behavioral health condition that warranted treatment.
  - Measurable and Achievable, Relevant and Time Limited (SMART goals!)
  - Cannot be met in a less restrictive environment,
  - Based on the member's unique needs,
  - Include input from the member's family/healthcare decision-maker and designated representative choices where applicable, and
  - Support the member's improved or sustained functioning and integration into the community.

Children: TFC-Therapeutic Foster Care (cont.)

TFC Program Requirements—Discharge Planning:

- Discharge planning and transition planning details shall be included in the Service Plan and be updated as required.
- The CFT shall review and approve the plans as their support is required to successfully implement the details:

Children: TFC-Therapeutic Foster Care Service Planning (cont.)

- There is much more in the **15 page** policy and everyone that serves children is urged to read it carefully.

Before we go……

- ***Important information***

- You will receive a survey, please complete it. It helps us to determine if the information we provide and the format are meeting your needs.
- Please obtain the new forms from the website
- The Provider Manual and Securing Services section has been updated. Please review it.

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Any Questions?

Thank you for attending

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