Banner
University Health Plans
Banner – University Family Care

Welcome to the Behavioral Health Prior Authorization/ Utilization Management Training for Banner University Family Care Providers

We appreciate your service to our members and your attendance here today.

Banner
University Health Plans

Behavioral Health Prior Authorization/Utilization Management Training

Presented by

Lynda Crooms

Beth Pfile

Sr. Managers of BH CM

Banner University Health Plans

Welcome!

Please Sign In

Get your Packet of Information

Meet Gloria and Idalia!

Training Packets

Packets include:

1. All of our forms
2. Prior Authorization Grid
3. Letter to Facilities- Effective November 8, 2019
4. PYX Mobile App - Spanish and English

This Training will be posted on our website including the slide deck and the revised Chapter of Securing Services and Prior Authorization from the Banner Behavioral Health Provider Manual Supplement.

Agenda
BUFC- ACC UM PA
Updates Effective November 8, 2019

1. Review requirements for requesting prior authorization and continued stay.
2. Discuss concerns and upcoming changes to processes.
3. Review discharge planning and reporting requirements.
4. Review requirements for retrospective review.

Finding Current Information

The most current information and forms are always available on our website at:

https://www.banneruhp.com/

BUHP Behavioral Health Provider Manual Supplement

Medical Management/ Securing Services and Prior Authorization

Behavioral Health Prior Authorization Form

Banner University Health Plans
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Behavioral Health Prior Authorization Form

Today's Date: _____
Health Plan:
- ☐ Banner – Complete Care (ACC)
- ☐ Banner - University Family Care (ALTCS)
- ☐ Banner - Advantage (Medicare)

** Please attach **ALL** pertinent clinical Information with your submission.
** Fax Completed form to:
Fax: (520) 694-0599

Requesting Provider Name & Type:
_____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
NPI ID: _____
Tax ID: _____

Direct Contact/Backline for Requesting Provider:
_____
Backline #: _____
Fax #: _____
Email Address: _____

- ☐ **Standard (up to 14 days for approval)**
- ☐ **Expedited (up to 72 hours for approval)**

*Expedited authorization may be requested when the provider determines that using the standard time frame could **seriously jeopardize the member's life and/or health or ability to attain, maintain or regain maximum function.**

Place of Service: **(If facility info is not noted above)**
Facility Information
Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
NPI ID: _____
Tax ID: _____

Member Name Last: _____
Member Name: First: _____
Date of Birth: _____
AHCCCS ID#: _____

(Which specialty provider are you referring the member to)
Name of the Specialist to:
_____
Specialty Type: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
NPI #: _____
Tax ID #: _____
Out Of Network Provider: ☐ Yes ☐ No

Procedure Requesting: _____
HCPC//CPT Code/Units: _____
HCPC//CPT Code/Units: _____
HCPC//CPT Code/Units: _____
HCPC//CPT Code/Units: _____
Diagnosis ICD-10 Code: _____
Diagnosis ICD-10 Code: _____

Comments:

Note: Inappropriate Expedited requests may be downgraded to Standard by the Health Plan.
Further information can be found on the Behavioral Health Comprehensive Provider Manual Supplement

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Banner University Health Plans

Out of Home Application Form Page 1

Banner University Health Plans
Banner – University Family Care

OUT-OF-HOME (OOH) APPLICATION

This request is to be completed (typed) and submitted with the Behavioral Health Prior Authorization.

Send by Fax to:

BUHP Behavioral Health Prior Authorization Department at (520) 694-0599.

All fields must be filled out. Incomplete or handwritten forms will be returned to sender.

Date of Request: _____ **Request for:** Adult ☐ Child/Adolescent ☐

Request: ☐ Behavioral Health Residential Facility (BHRF) ☐ Home Care Training to Home Care Client (HCTC)
☐ Behavioral Health Inpatient Facility (BHIF/RTC)

Member's Name:_____ **Age:**____ **DOB:**_____ **Gender:** _____

AHCCCS ID: _____

Member's Primary Language: ☐ English ☐ Spanish ☐ Other (specify): _____

Legal Status (Adults only) ☐ COT ☐ Voluntary

Are all ART/CFT members in agreement of this level of care? ☐ Yes ☐ No

Behavioral Health Category: ☐ GMH ☐ SU ☐ Child **Funding Source:** ☐ T19 ☐ T21

Where is the member currently living? ☐ Home ☐ DOC ☐ House ☐ Jail ☐ Respite ☐ Shelter
☐ Other: _____
If other than home – admission date: _____
Facility: _____
Name of the proposed OOH Facility: _____
Address: _____

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Further information can be found on the Behavioral Health Comprehensive Provider Manual Supplement

Banner University Health Plans

Out of Home Application Form Page 2

If applicable

Legal guardian: _____ **Phone #:** _____ **Ext:** _____

Fax #: _____

Street address: _____ **City:** _____

State: _____ **Zip Code:** _____

Legal guardian's primary language: ☐ English ☐ Spanish ☐ Other (specify): _____

Requesting Outpatient Provider Agency: _____

Name of person completing request: _____ **Phone #:** _____ **Ext:** _____

Staff email: _____ **Fax #:** _____

Clinical Director Name: _____

Signature: _____ **Date:** _____

Why is an out of home intervention being requested at this time?

_____

Who will be involved with member's treatment? Family, friends, supports

_____

What outpatient services have been tried? CHECK ALL THAT APPLY.

☐ None	☐ Home-based therapy	☐ Peer support
☐ Behavior Coach	☐ Independent living skills	☐ Respite
☐ Crisis stabilization team	☐ Individual counseling	☐ Skills training and development
☐ Dialectical Behavior Therapy (DBT)	☐ Medication management	☐ Substance abuse IOP
☐ Family counseling	☐ Other in-home services	☐ Vocational assessment & training
☐ Functional Behavioral Analysis (FBA)	☐ Parent partner	☐ Other:

Banner University Health Plans

Out of Home Application Form Page 3

Measurable Goals for this Out of Home Admission:

Specify the goals the member will accomplish at the treatment facility.

Target Behavior	Goal
Example: Decrease craving to low	A substance free lifestyle

Required documentation checklist for OOH Admission request: (to be included)

****Please note: OOH request will not be reviewed without the following documentation. ****

- ☐ ART/CFT notes for the past 30 days
- ☐ ASAM if request is for OOH substance abuse treatment
- ☐ Current Complete Care Plan (must be updated with requested service identified in the plan)
- ☐ Most recent psychiatric evaluation or psychiatric progress note and medication notes
- ☐ Psychiatric progress notes for the last 30 days
- ☐ Medical/physical status/orders/progress notes, (including rationale for personal care services)

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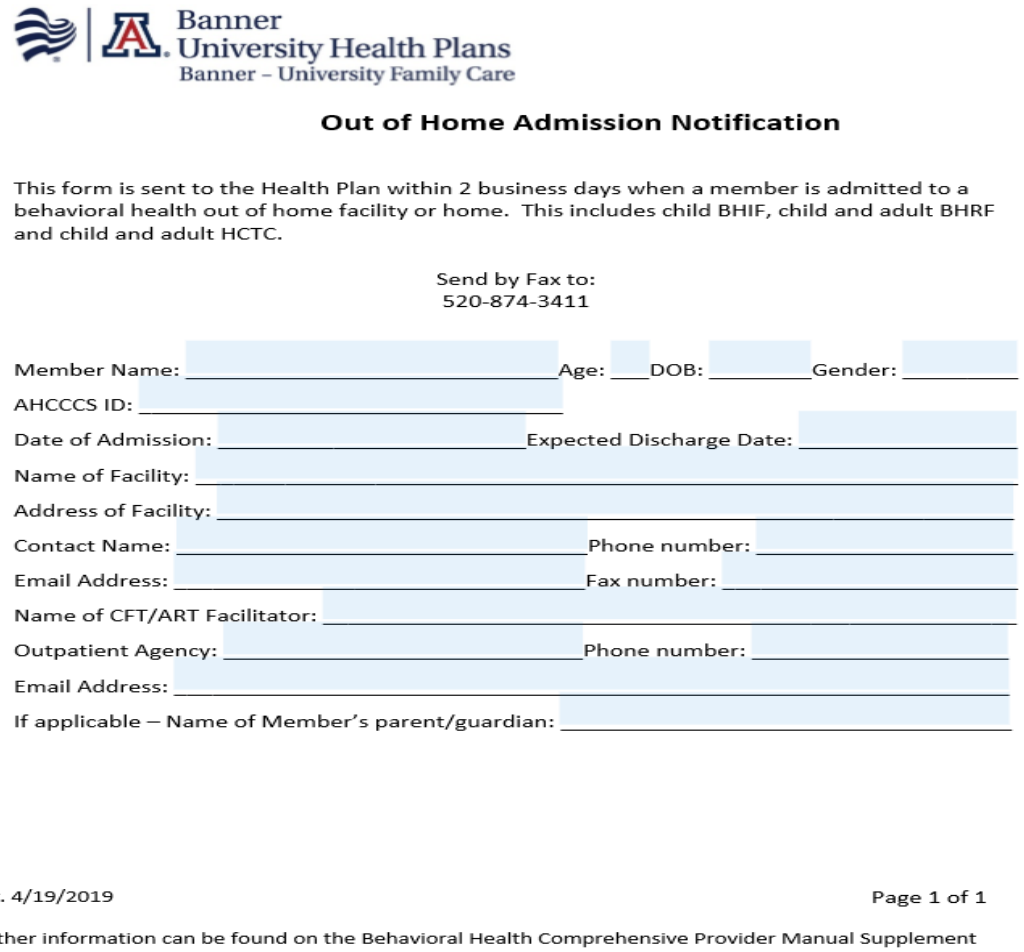
Further information can be found on the Behavioral Health Comprehensive Provider Manual Supplement

Out of Home Notification of Admission



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Out of Home Admission Notification

This form is sent to the Health Plan within 2 business days when a member is admitted to a behavioral health out of home facility or home. This includes child BHIF, child and adult BHRF and child and adult HCTC.

Send by Fax to:
520-874-3411

Member Name: _____Age: ___DOB: _____Gender: _____
AHCCCS ID: _____
Date of Admission: _____Expected Discharge Date: _____
Name of Facility: _____
Address of Facility: _____
Contact Name: _____Phone number: _____
Email Address: _____Fax number: _____
Name of CFT/ART Facilitator: _____
Outpatient Agency: _____Phone number: _____
Email Address: _____
If applicable – Name of Member's parent/guardian: _____

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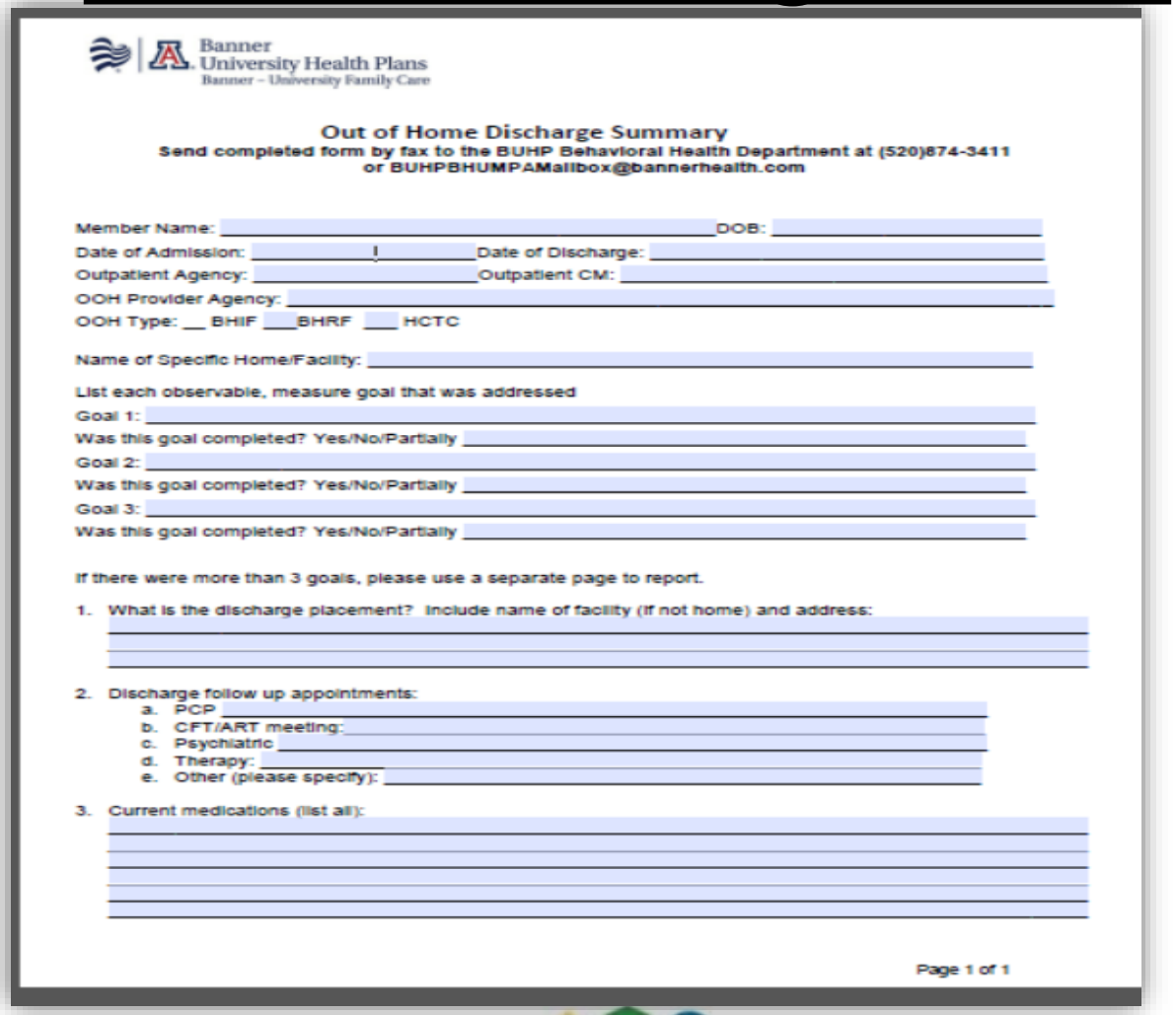
Further information can be found on the Behavioral Health Comprehensive Provider Manual Supplement

BUHP Discharge Form



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Out of Home Discharge Summary

Send completed form by fax to the BUHP Behavioral Health Department at (520)874-3411 or BUHPBHUMPAMailbox@bannerhealth.com

Member Name: _____ DOB: _____

Date of Admission: _____ Date of Discharge: _____

Outpatient Agency: _____ Outpatient CM: _____

OOH Provider Agency: _____

OOH Type: __ BHIF ___BHRF ___ HCTC

Name of Specific Home/Facility: _____

List each observable, measure goal that was addressed

Goal 1: _____

Was this goal completed? Yes/No/Partially _____

Goal 2: _____

Was this goal completed? Yes/No/Partially _____

Goal 3: _____

Was this goal completed? Yes/No/Partially _____

If there were more than 3 goals, please use a separate page to report.

1. What is the discharge placement? Include name of facility (if not home) and address:
   _____
   _____
   _____
2. Discharge follow up appointments:
   a. PCP _____
   b. CFT/ART meeting: _____
   c. Psychiatric _____
   d. Therapy: _____
   e. Other (please specify): _____
3. Current medications (list all):
   _____
   _____
   _____
   _____
   _____
   _____

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Concurrent Review Form Page 1

Out of Home Concurrent Review Form

Banner University Health Plans
Banner – University Family Care

This form is to be TYPED.

Send completed form by fax to the BUHP Behavioral Health Department at (520) 874-3411 or BUHPBHUMPAMailbox@bannerhealth.com .

Today's Date:_____

Member Name:_____Date of Birth: _____

Outpatient Agency:_____Outpatient CM: _____

OOH Provider Agency:_____

OOH Type: ☐BHIF ☐ BHRF ☐ HCTC

Name of Specific Home/Facility: _____

Date of admission:_____Last Covered Day:_____Reviewed Period: From_____To_____

OOH Agency Reviewer:_____Phone #: _____

Clinical Update:

1. What are the **current** target symptoms/behaviors being addressed in this level of care:

2. List each observable, measurable goal being addressed and progress towards its completion. If there are more goals, please list each one and describe the progress.

Goal #1:	
Progress:	
Goal #2	
Progress:	
Goal #3	
Progress	

Concurrent Review Form Page 2

Member's Name: _____

3. **What is the member's current level of functioning? If not documented above, include information on ADLs, interpersonal interactions, and/or work performance.**

4. **What interventions [not services] were used during this reporting period to address thecurrent target symptoms and accomplish the above goals?**

5. **What family or other natural supports occurred during this reporting period?**

6. **What were the dates and outcomes of the clinical team meetings (CFT or ART's) during this reporting period?**

7. **Current Diagnosis:**

   Psychiatric Diagnosis: _____

   Medical Diagnosis: _____

8. **What are the member's current medications:**

Psychotropic Medications with directions	Medical Medications with directions

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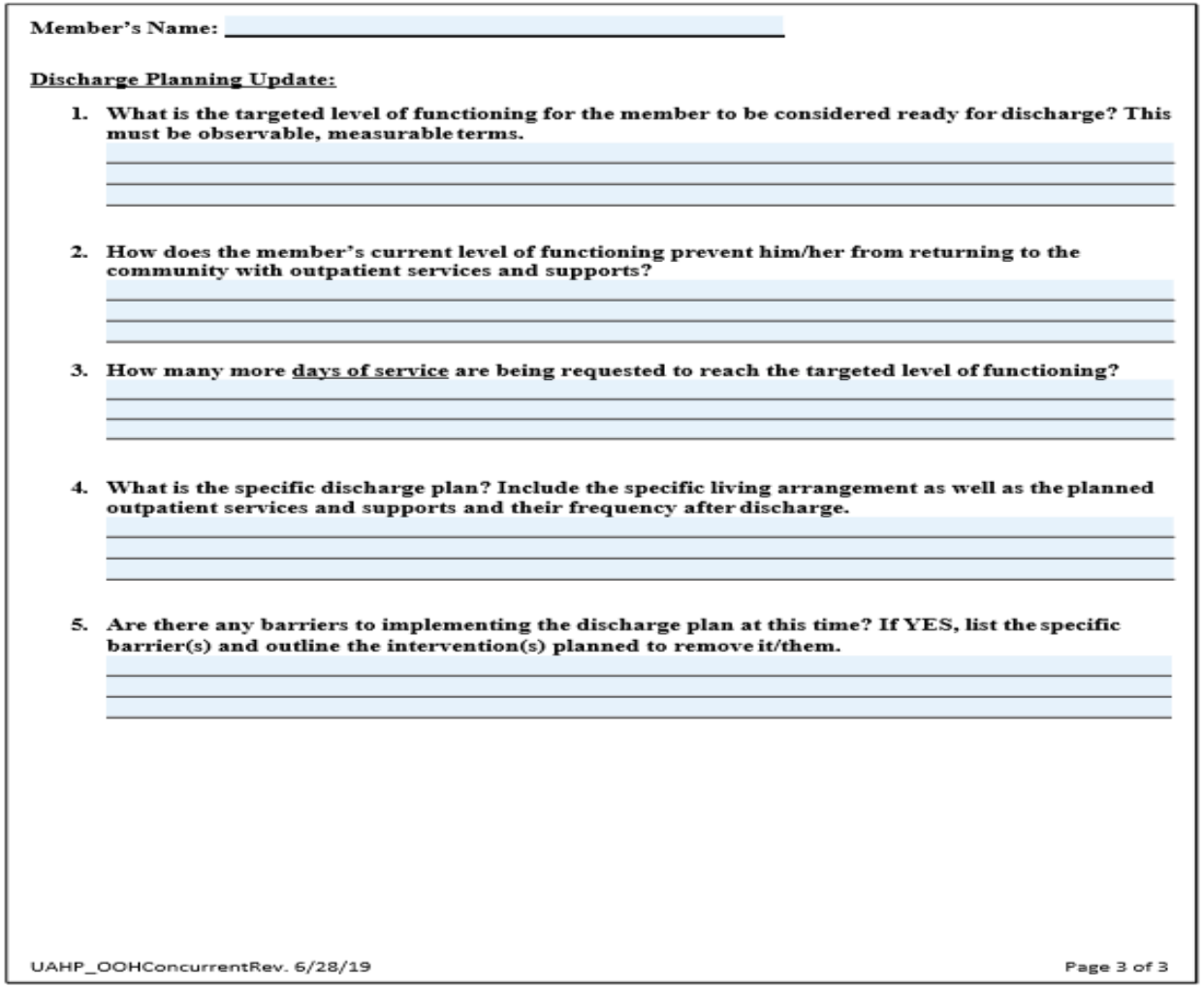
Banner University Health Plans

Concurrent Review Form Page 3



Member's Name: _____

Discharge Planning Update:

1. **What is the targeted level of functioning for the member to be considered ready for discharge? This must be observable, measurable terms.**

2. **How does the member's current level of functioning prevent him/her from returning to the community with outpatient services and supports?**

3. **How many more days of service are being requested to reach the targeted level of functioning?**

4. **What is the specific discharge plan? Include the specific living arrangement as well as the planned outpatient services and supports and their frequency after discharge.**

5. **Are there any barriers to implementing the discharge plan at this time? If YES, list the specific barrier(s) and outline the intervention(s) planned to remove it/them.**

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Banner University Health Plans

Authorization Criteria

- BUHP utilizes MCG Criteria for Care Based Guidelines
- BUHP utilizes AHCCCS required criteria when applicable.
- BUHP has additional criteria for BHRF

Administrative vs Medical Necessity Denials

- Administrative Denials are issued when the provider fails to submit all of the clinical information necessary to conduct utilization management. This includes failure to submit the information per the required time frames.
  - ✓Administrative Denials do not require physician approval.
- Medical Necessity Denials are issued when the clinical document submitted does not support the clinically indicated criteria for that level of care.
  - ✓Medical necessity denials are determined by a physician.

Administrative Denials Due To:

- It often takes multiple days to receive additional information we request.
- No response is received to our requests for additional information.
- Once the additional information is received, important pieces are missing.
- Information is received late.
- Documentation does not include components that show active treatment.
- Documentation does not show active discharge planning from date of admission and throughout the stay.

23 Hour Observation Reporting

- NO Prior Authorization is required
- Notification to the Health Plan IS required.
- Confirm if RBHA is representing your agency and reporting to Banner Behavioral Health Medical Management
- If you are not sure or the RBHA is not reporting 23 hour notification on your behalf- send all notifications to :

  BUHPCareMgmtBHMailbox@bannerhealth.com

Please request our formal template!

Notification of Inpatient Admission

(Inpatient- Level 1 Psychiatric Facility, Sub-acute facilities, Detox Facilities.)

- The CON (Medicaid only) and FACE sheet (all demographics) MUST be faxed within 72 hours of the admission.
- An authorization number will be issued. Dates will be provided when medical necessity is demonstrated.
- An authorization number is not a guarantee of payment.
- If not received within the time frame, ADMINISTRATIVE DENIALS will be issued.

Documentation needed for Hospital Initial Authorization

The following documents are required to be provided to the UM reviewer within 24 hours *upon request:*

- Attending/Psychiatrist admitting evaluation, DX, Differential DX, MSE
- History and Physical (H&P)
- Admission/Intake Assessment
- CIWA, CINA, COWS protocol, if applicable
- Proposed Treatment Plan
- Medication Administration Record (MAR)
- Estimated Length of Stay / Discharge Criteria
- Discharge plan/barriers

Inpatient- Initial Authorization

- When documentation is submitted timely, (within 24 hours of UM Reviewer's request) documentation is reviewed for medical necessity and specific dates will be authorized, if met.
- Health plan reviewer notifies the facility reviewer the specific dates authorized, including the last covered day.
- Administrative Denials will be issued when documentation is not submitted timely.

Admission Criteria for Hospital

See the **Banner Behavioral Health Provider Manual Supplement**

- Admission Clinical Criteria/ Behavioral and Functioning
- Admission Clinical Criteria for Eating Disorders
- Requirements related to Court Ordered Evaluation/Court Ordered Treatment

Inpatient Concurrent Review

- Updated clinical documentation is required by 12:00 NOON on the last covered day (LCD) of the authorization.
- All requests for clinical information must be supplied within 24 hours of the UM Reviewer's request.
- ADMINISTRATIAVE DENIAL WILL BE ISSUED IF NOT RECEIVED by 12:00 NOON on the LCD.

Concurrent Review Documents Required

- Subsequent attending psychiatrist notes for each day of hospitalization
- Medication Administration Record (MAR)
- CIWA/CINA/COWS, as applicable
- All physician orders
- Lab results as applicable
- Estimated length of Stay/ Discharge plan/barriers

*** For Sub-acute facilities NOT providing detox, BHMP notes must be provided at a minimum M-F.**

If items are missing, an ADMINISTRATIVE DENIAL will be issued.

Inpatient- Concurrent Review

- When documentation is submitted by noon on the last covered day, documentation is reviewed for medical necessity and specific dates will be authorized, if met.
- Health plan reviewer notifies the facility reviewer the specific dates authorized, including the last covered day.

Hospital Administrative Denials

- For concurrent review/continued stay Administrative Denials will be issued in the following situations:

- **For Psychiatric hospitalization and sub-acute detox**: 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 for each day.

- **For sub-acute facilities that do not conduct detox**: 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.

Required Reporting of Hospital Avoidable Days

Required clinical information to justify an Avoidable Day:

1. Clinical documentation must support the alternative discharge arrangements are not adequate to safely meet the needs of the member
2. If a required service is not current available, the Discharge Plan must clearly state this and identify the steps to be able to access needed services. Entries such as “deferred until patient stabilizes” “to be determined” or “placement pending” are not acceptable.
3. Evidence of active attempts to effectuate the discharge to a specified placement/level of care or community based service must be provided and resubmitted/update and reviewed by staff every 24 hours.
4. If there is insufficient discharge planning activities a Denial will be issued.

Discharge Planning

- Begins at admission.
- Include the ART/CFT and outpatient behavioral health provider.
- BUHP care managers are involved upon admission in certain cases.
- Facilities must request Urgent Engagement when member is not connected to an outpatient provider.
- Collaboration with the BUHP UM reviewer for other levels of care (BHRF, HCTC, Out Patient etc.)

Upon Hospital Discharge

Discharge summary must be submitted to the Health Plan within 24 hours of discharge.

The 4 items that are required in the DC summary:

1. Date of Discharge
2. Discharge Diagnosis
3. Discharge instructions including follow up services (Discharge appointments (required to have an appointment with prescriber or BHMP within 7 days)
4. Medication list

This confirms the authorization date range.

Discharge summary must be given to the member and the OP provider.

Questions about Inpatient Process

Requests for Prior Authorization for BHRF, BHIF and HCTC

- **Emergent:** BUHP Contracted Providers Only- does not require PA upon admission but requires notification within 2 business days and then ongoing concurrent review process.

- **Non- Emergent:** For BHRF, all requests are Expedited (72 hours)
  For BHIF and HCTC- Standard (14 days) and Expedited

If additional information is necessary to approve, a Notice of Extension (NOE) will be issued

BUHP reserves the right to downgrade any expedited request.

BUHP will deny all admissions to a Non Contracted BHRF.

Admission Criteria for BHRF/HCTC

- Banner- Behavioral Health Provider Manual Supplement

  BHRF Admission and Concurrent Review Criteria

  HCTC Admission and Concurrent Review Criteria

* It is the provider's responsibility to follow the admission and concurrent criteria to ensure medical necessity.

BHRF Exclusionary Criteria

BHRF Admissions cannot be used for:

- An alternative to preventative detention or incarceration
- As a means to ensure community safety in circumstances where a member is exhibiting primarily conduct disordered behavior without the presence of risk or functional impairment
- As a means of providing safe housing, shelter, supervision or permanency placement
- A behavioral health intervention when other less restrictive alternatives are available and meet the member's needs; including situations when the member/guardian/designated representative are unwilling to participate or,
- An intervention for runaway behaviors unrelated to a behavioral health condition.

Requirements for Prior Auth for BHRF/HCTC Admissions

Prior to submission:

- If the member has an outpatient clinical team, an ART/CFT should occur prior to submitting a request. The ART/CFT should drive the request for out of home care.
- Outpatient team submits the request for Out of Home admission.
- Submit for one level of care at a time.
- Must be with a BUHP contracted provider unless BUHP authorizes Out of Network and Single Case Agreement.

Emergent Admission Requirement for Initial Authorization for BHRF/HCTC

Submit within 2 business days:

- Behavioral Health Prior Authorization
- Out of Home Admission Notification
- Out of Home Application

After Medical Necessity is determined, the UM Reviewer will issue a brief authorization date range.

Concurrent review is expected if the member requires additional days

For BHRF Emergent Admission, member may be admitted even if not enrolled with a behavioral health provider, if medical necessity met.

Non Emergent- Requirements for BHRF/HCTC

- BHRF (H0018)/HCTC (S5109)
  - Behavioral Health Prior Authorization
  - Out of Home Application
  - BHRF-Additional documents supporting medical necessity for Substance Abuse- Completed ASAM required
- For all BHRF/HCTC admissions, the BHRF/HCTC provider must submit the Notice of Admission within 2 business days of the admission.
- Authorization will not be provided until the Notification of Admission is received.

BHRF Prior Authorization

- Authorization is good for up to 45 days. If member has not admitted within 45 days, then a new request is required to demonstrate that the member is still in need of this level of care.
- Administrative Denials will be issued if timely information is not sent.

BHRF Admission/Assessment and Care Plan

BUHP adheres to the AHCCCS Behavioral Health Residential Facility Policy 320-V in the AHCCCS Medical Provider Manual.

Please see all requirements needed for members admitted to a BHRF in the Behavioral Health Provider Manual Supplement.

Administrative Denials will be issued if these processes are not completed as per the manual.

BHRF Expected Treatment Outcomes & Goals

- Treatment must align with Az 12 Principles for Children or;
- Nine Guiding Principles for Recovery Oriented Adult BH Services
- Treatment goals must reflect the behavior and functioning of the member in a language the member understands.
- Goals should focus on BHRF required services such as: Counseling, Therapy, Skill training and Development, Health Prevention/Promotion Education and Medication Training and Support Services.

HCTC Prior Authorization

- Authorization is good for up to 45 days. If member has not admitted within 45 days, then a new request is required to demonstrate that the member is still in need of this level of care.

* It is the provider's responsibility to follow the admission and concurrent criteria to ensure medical necessity.

HCTC Exclusionary Criteria-Child

HCTC cannot be used for:

- An alternative to preventative detention or incarceration or as a means to ensure community safety in a member/adolescent exhibiting primarily conduct disordered behavior
- The equivalent of providing safe housing, permanency placement or an alternative to parent's/guardian or another agency's capacity to provide for the child/adolescent.
- An intervention for runaway behaviors unrelated to a behavioral health condition.
- An intervention when other less restrictive alternatives are available and not being utilized.

HCTC Exclusionary Criteria-Adult

Adults must not meet any of the following:

- An alternative to preventative detention or incarceration or as a means to ensure community safety
- The equivalent of providing safe housing or an intervention for homelessness
- Active substance abuse
- An intervention when other less restrictive alternatives are available and not being utilized
- History of fire starting
- Registered sex offender

HCTC and Respite Care

- Banner does not require a temporary authorization for a respite episode during an HCTC care episode.
- Respite hours should be billed be the Respite provider accordingly to billing instructions.
- Billing issues should not occur since the HCTC provider should not be billing during the respite days.
- Banner will recoup any claim paid if respite was provided and the HCTC provider billed for the same time period.

Reporting of Respite Care from HCTC Providers

- HCTC Providers are required to notify the UM Reviewer within 3 days before the Respite services are delivered.
- Submit the following information:
  - Member Name
  - Name of HCTC Provider
  - Name of Respite Provider
  - Date and Time of Respite Service

Confirmation that member Emergency Contact has been given to the Respite provider

Treatment SMART Goals

Must be developed as the following:

1. Specific to member's behavioral health condition
2. Measurable and achievable in a reasonable period of time
3. Cannot be met in a less restrictive environment
4. Based on the member's unique needs and tailored to the member's family/guardian/representative's choices wherever possible
5. Support the member's improved or sustained functioning and integration into the community.

Request for BHRF/HCTC Authorizations that **do not meet criteria** for measurable and meaningful goals will be issued a Denial.

SMART Goals & Objectives

- Specific: Does your goal clearly and specifically state what you are trying to achieve? Is it lofty, large and vague?
- Measurable: How will you and the member know if progress is being made on achieving the goals? Can you quantify it or put numbers to outcomes?
- Attainable: Is achieving this goal depending on someone/thing else? Is there anything preventing this goal being accomplished?
- Relevant: Why is the goal important? What values does it reflect? What effect will it have on the member?
- Time bound: When will the member reach the goal?

Success vs Unsuccessful Goals

If goals are not SMART Goals, members are not set up for success.

Not SMART Goals

- Work on Depression
- Work on communicating feelings
- Learn coping skills and when to use them
- Sobriety

SMART Goal

- Goal-Member will report an overall improvement in mood in the next 3-6 months, using a rating scale 0-10 (0-low and 10 high)

  1)Objective- Member will exercise 2-3 weekly in the next 3-6 weeks

  2) Objective-Member will include fruits and vegetables in 3-4 meals weekly

  3) Objective- Member will make positive I statements, 1x daily in the next 3-6 weeks

  4) Objective- attend all medication appointments and take medication as directed, report all side effects daily

  5) Objective- member will attend individual tx to learn about CBT and report on 3 new ways to think about situations to reduce symptoms

SMART Goal

Goal- Member will learn and implement 2-3 new communication skills in the next 2-3 months

1) Objective- Member will attend family therapy bi weekly to identify 2-3 communication barrier/challenges.
2) Objective- Member will research 3-4 realistic new communication skills and practice them in family therapy
3) Objective-Member will practice learned communication skills 2-4x weekly in non clinical setting.
4) Member will attend communication group and journal feelings daily.

SMART Goal

Goal-Member will learn and implement 3-4 new coping skills in the next 1-2 months.

1) Objective- In the next 30 days member will create a list of utilized effective and ineffective coping skills.
2) Objective-In the next 30 days member will identify 4-5 new, and realistic, effective coping skills.
3) Objective- Member will attend individual therapy, 1x weekly, to increase awareness and use of coping skills

Sobriety SMART Goal

Achieve 60 days of continuous sobriety

- Identify triggers and replacement behaviors within 30 days
- Journal for 15 a minutes a day about pros of sobriety
- Develop a support network of 3 sober friends/peers/ sponsor
- Attend 8 12 Step meetings & decide AA/NA/CA is option for long term sobriety support.

Develop Coping Strategies

- Attend ind/group/family tx to discuss and own behaviors and impact on others.
- Identify past ineffective coping/choices and develop 5 new behaviors

Requirements for Requesting Concurrent Authorization for HCTC and BHRF

- OOH Concurrent review form to be completed by a clinician (BHRF) or the licensing professional (HCTC).
- Submitted within 14 calendar days, prior to the last covered day of the authorization or as requested by reviewer.
- ART/CFT notes
- Clinical documentation that support the need for continued treatment.
- ADMINISTRATIVE DENIALS will be issued if concurrent reviews are not submitted on time. For each day that the review is not received, a denial will be issued.

Upon BHRF/HTCT Discharge

Discharge summary must be submitted to the Health Plan within 24 hours of discharge.

The 4 items that are required in the DC summary:

1. Date of DC
2. Where is member going upon discharge? Specific address.
3. Medication list
4. Discharge appointments (required to have an appointment with prescriber or BHMP within 7 days)

This confirms the authorization date range.

Discharge summary must be given to the member and the OP provider.

BUHP Discharge Summary Form

Providers may use their own Discharge Summary Form or use the BUHP Discharge Form.

Questions for BHRF/HCTC PA/UM Processes?

BHIF Prior Authorizations

Requests must be indicated for Expedited or Standard on the Behavioral Health Prior Authorization Form

Banner will make a determination within the 14 days or 3 days respectfully.

If additional information is needed, a Notice of Extension is issued.

BHIF Non Emergent Admission Requirements for PA

- Behavioral Health Prior Authorization Form
- Updated Individual Service Plan, include goals for admission for BHIF
- Recent psychiatric evaluation or progress note that reflects current behaviors and functioning and diagnosis
- Certificate of Need (CON) within 72 hours
- Out of Home Application
- Most recent assessment, updated within the past year
- Child/Family Team notes indicating team recommendations
- Other reports from providers (psychological, specialty etc,) that support BHIF level of care

BHIF Emergent Admissions Required Documents for Authorization

These documents must be submitted within 2 business days of admission:

- Behavioral Health Prior Authorization
- Out of Home Admission Notification
- Out of Home Application
- CON within 72 hours.

*It is incumbent upon the BHIF provider to utilize the criteria in the Banner Behavioral Health Provider Manual Supplement to support the admission. Medical Necessity must be met for admission.

Concurrent Review for Emergent BHIF

Submit the Concurrent Review Form by the last covered day

Non Emergent BHIF Concurrent Review

Submitted by noon 7 days prior to the last covered day of the authorization.

Documents Required to Submit: to be completed by a clinician.

- BHMP notes
- ART/CFT notes
- Concurrent Review Form
- Medication List
- Discharge Plan
- RON must be submitted every 30 days and signed by the BHIF BHMP.
- Administrative denials will be issued if concurrent reviews are not submitted on time. For each day that the review is not received, a denial will be issued.

BHIF Exclusionary Criteria

BHIF services cannot be used for:

- An alternative to incarceration, preventative detention, or to ensure community safety in a child/adolescent exhibiting primarily delinquent/antisocial behavior including runaway or;
- The equivalent of safe housing, permanency placement or;
- An alternative to parents'/guardian or another's agency capacity to provider for the child or adolescent or;
- An intervention when other less restrictive alternatives are available and not being utilized.

BHIF Administrative Denials

Issued when lack of documentation to demonstrate :

1. Psychiatric services at a minimum every other week, or more as indicated, with a focus on psychosocial interventions and pharmacotherapy to meet member's needs
2. Clinical assessment on a daily basis that includes close, continuous 24 hour skilled medical/nursing supervision
3. Individual and family therapy each, a minimum of 1x per week or more to meet member's needs. IF family tx is not being provided a rationale must be documented in the clinical record.
4. Group tx and/or individual or family tx on a daily basis
5. Active and individualized ongoing positive behavioral management
6. School or vocational programming.

BHIF Avoidable Days

Required clinical information to justify an Avoidable Day:

1. Clinical documentation must support the alternative discharge arrangements are not adequate to safely meet the needs of the member
2. If a required service is not current available, the Discharge Plan must clearly state this and identify the steps to be able to access needed services. Entries such as “deferred until patient stabilizes” “to be determined” or “placement pending” are not acceptable.
3. Evidence of active attempts to effectuate the discharge to a specified placement/level of care or community based service must be provided and resubmitted/update and reviewed by staff every 24 hours.
4. If there is insufficient discharge planning activities a Medical Necessity Denial will be issued.

Upon BHIF Discharge

Discharge summary must be submitted to the Health Plan within 24 hours of discharge.

The 4 items that are required in the DC summary:

1. Date of Discharge
2. Discharge Diagnosis
3. Discharge instructions including follow up services (Discharge appointments (required to have an appointment with prescriber or BHMP within 7 days)
4. Medication list

This confirms the authorization date range.

Discharge summary must be given to the member and the OP provider.

Questions for about BHIF PA/UM Processes?

Retrospective Review

- Retrospective review is a process that occurs after treatment has been completed.
- BUHP only does Retrospective Review for inpatient hospitalizations.
- Requests for Retrospective Review must be submitted within 30 days from the completed service. If past 30 days, Administrative denials will be issued.

Requirements for Retrospective Reviews

- Documentation must substantiate that timely notification of admission or concurrent review was not reasonably possible prior to the member's discharge.
- Review is submitted due to Prior Period Coverage.
- Exceptions- BHRF that serve Non TXIX members with SABG funds, then member becomes Banner member during a prior period coverage, BHRF may submit for TXIX Retrospective Review consideration. Must meet medical necessity.
- All retrospective reviews are submitted through the BUHP Claims Department.

Appeals

- Providers may submit an Appeal for any denial.
- See the Provider Manual for Appeal information and time frames.

Questions about Retrospective Reviews?

PYX for Adult BHRF Providers

- Watch for announcement of BUHP Training on implementing BUHP's PYX Mobile Application for Adult members discharging from BHRFs.
- Training and requirements will be January 28, 2020 and January 30, 2020 via online.
- Letters will be going out to all Adult BHRF Providers.
- Keep checking our website for further details.

BUHP UM Reviewers

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Thank You!