Outpatient Changes for Contracted Behavioral Health Providers

Prior Authorization Process for ACT and IHBT

Agenda

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Clinical Program Manager**

1 New changes

2 Prior authorization process

3 Accessing your prior authorization

New Changes

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New changes and requirements

Why we're implementing the changes

- Create a streamlined process for the providers and UHC Community Plan

The new changes

- Beginning June 15, 2021, United Healthcare Community Plan of Ohio will begin a new online prior authorization process for the following services:

Service	Code
Assertive Community Treatment (ACT)	H0040
Intensive Home-Based Treatment (IHBT)	H2015

- Level of Care Guidelines: providerexpress.com > Clinical Resources > State-Specific Criteria> State/Contract Specific Criteria > Ohio Medicaid Level of Care Guidelines
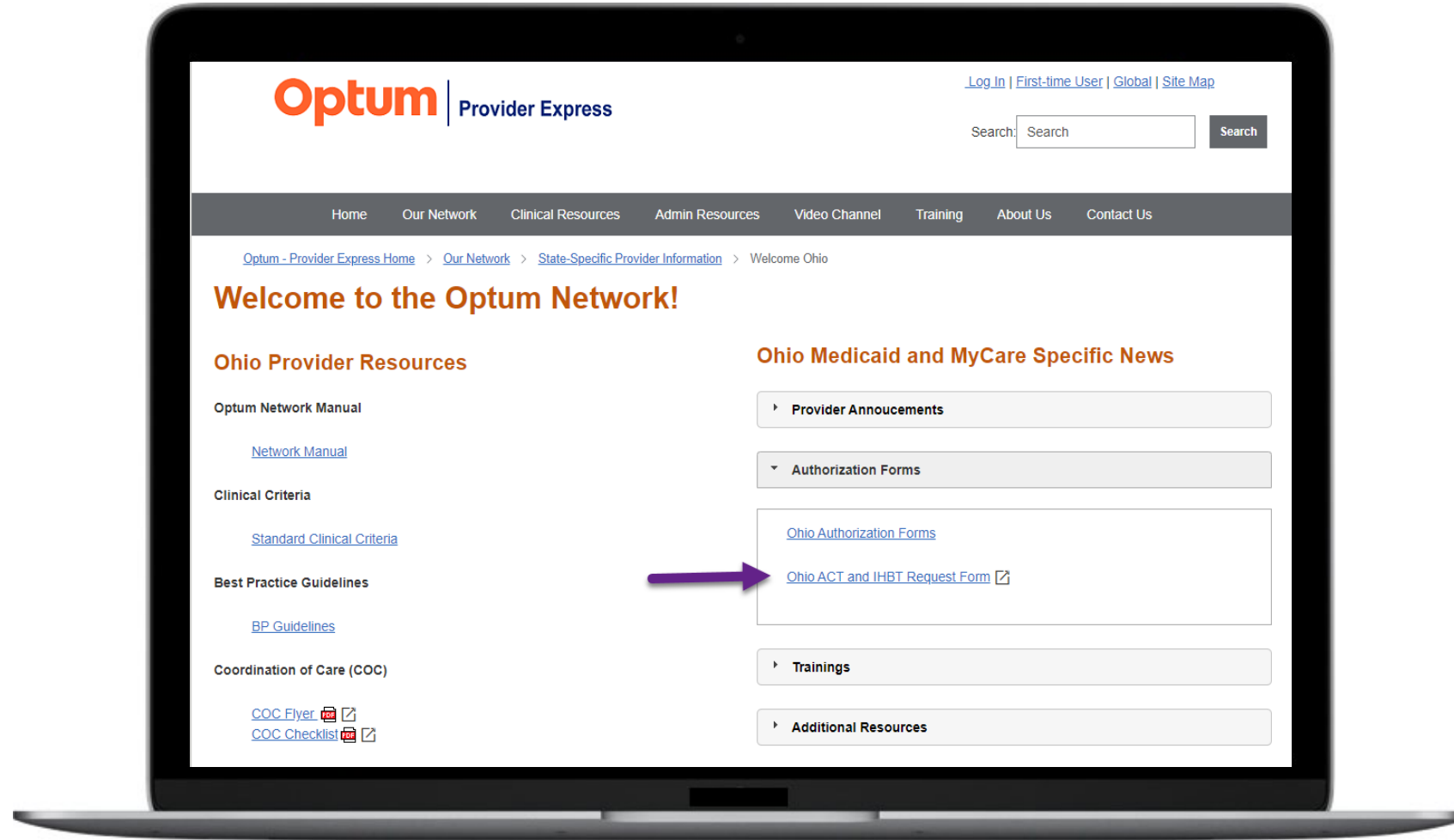
Prior Authorization Process

Prior authorization process

How we're implementing the changes

- Beginning June 15, 2021, providers can begin submitting new authorization requests through a portal located on the Provider Express website.

- To access the request form, go to: providerexpress.com > Our Network > State-Specific Provider Information > Ohio > Authorization Forms > **OH ACT and IHBT Request Form**

- Authorization is required for these services and can be submitted via the portal for both initial and continued stay requests for ACT and IHBT.

The Ohio page on Provider Express

Prior authorization process

The submission process

- Complete the online request form

- Use the "Attesting Individual's Email Address" to track where request is in the authorization process

- If you have checked uhcprovider.com and have not received a decision within 1 business day from the portal submission you can contact our team directly

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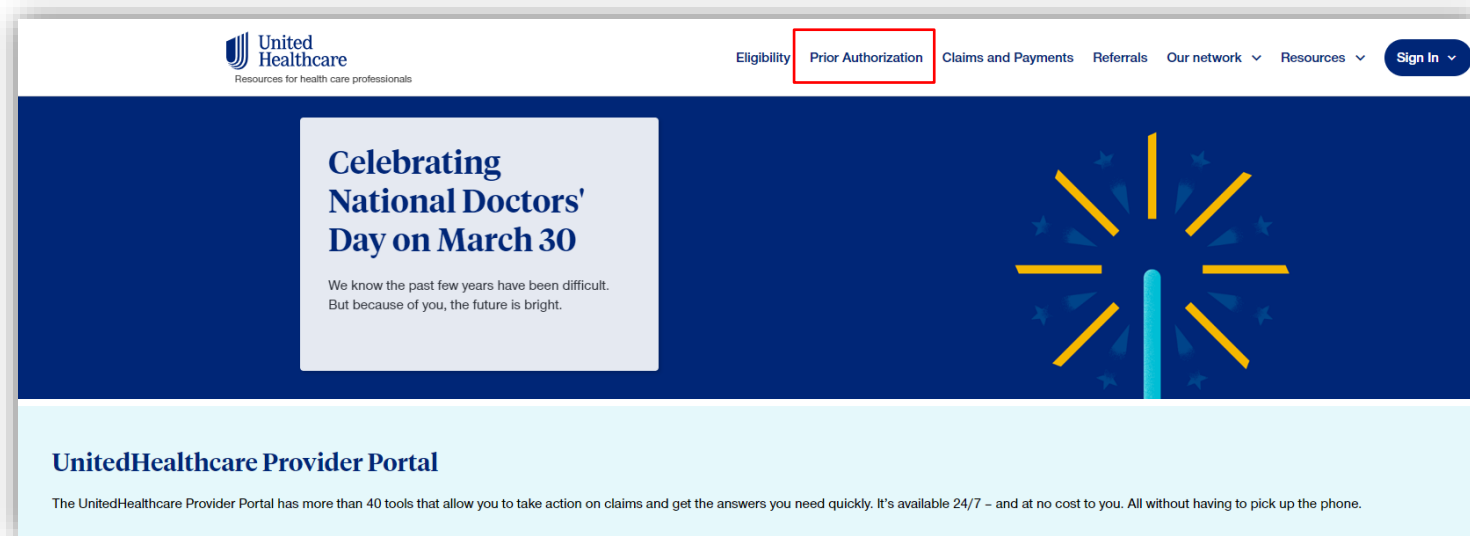
Prior authorization process

The review process

- Submission information will be reviewed against our current Adverse Benefit Determination (ABD) information.
    - ❑ If the service(s) requested has an ABD on file, a rejection email or telephone call will occur advising to follow the appeals process

- If services are deemed medically necessary, the care provider will receive telephonic authorization information and providers can view authorization information via uhcprovider.com PAAN feature

- If additional information is needed to make an authorization determination, a licensed Care Advocate may outreach the requesting provider if clarification is needed

- If medical necessity is in question or the case would benefit from a Psychologist or Medical Director input, the Care Advocate may refer to a peer reviewer

- Live Peer Reviews are not required; providers may request the determination be made based on the information given to the Care Advocate and/or in the online submission

Prior authorization process

The review process continued

- An authorization will be created based on the request or final determination
  - ❏ If a requested service is determined to not meet our level of care guidelines, verbal notification will be made

- Once the authorized units are used, additional units can be requested by completing another online submission

- Services will be authorized based on the clinical criteria found on <u>providerexpress.com</u> > Clinical Resources > State-Specific Criteria> State/Contract Specific Criteria > **Ohio Medicaid Level of Care Guidelines**

Prior authorization process

Information needed in submitted documentation:

- Medical Necessity Reviews will be based on Supplemental Clinical Criteria: Ohio Medicaid Current member clinical presentation will be reviewed, including:
  - ✓ Onset and initial need for the service
  - ✓ Diagnosis including supporting symptoms and behaviors
  - ✓ Risk issues including suicidal or homicidal concerns and substance abuse
  - ✓ Risk plan, if appropriate
  - ✓ Most recent Higher Level of Care Admission, including ER visit
  - ✓ Pertinent history of hospitalizations
  - ✓ Medications including coordination of care with all providers
  - ✓ Functional impairments and abilities
  - ✓ Individual Treatment Plan

Prior authorization process

Examples of clinical information being assessed:

Functional Abilities Over Time				
Functional Areas	**Start of Current Service**	**Progress (Abilities-Centric)**	**Goal**	**Intervention Plan**
• Work/School • Social/Play • Family/Relationships • Activities of Daily Living • Medical/Physical • Other	• What strengths/abilities were present when they started treatment? • What gaps/roadblocks/ barriers were interfering with their potential functioning? • Were they having any problems in the area of <functional area>? How often did these occur? • Were there concerns from others around them? • What did the member identify as their abilities and/or concerns? • What are the member's medical/behavioral comorbidities?	• How have their abilities improved or changed? • How much has this increased or decreased? • How has the progress been? Any set-Backs? • How are they doing now? • Does the member feel like they have made progress? • What has helped them to make this progress? • What types of interventions have worked well? • Are they taking any medications that help? • How do they utilize their support system/community supports? • What types of skills are they learning?	• What do you see as the outcome of this service? • What abilities does the member want to build and strengthen? • What do you anticipate the progress will be going forward? • How long do you anticipate this will take? • What would you and the member need to see to know the member is ready for a reduction in intensity?	• What services are being utilized to meet the member's goal? • What are the specific skills/interventions being taught/implemented? • How is the member engaging in meaningful activities within the community outside of the home?

Prior authorization process

Length of process:

- A decision will be made within 1 business day of the online submission date

- Authorization specifics:
  - ✓ If services are deemed medically necessary, start date of authorization will be the date of the portal submission or the requested start date
  - ✓ Please ensure that your contact information is updated to ensure correct processing of authorization
  - ✓ Authorization status can be checked using the "recovery email" on the request form link
  - ✓ Authorization information can be viewed via the Prior Authorization and Notification tab on UHCprovider.com

Staying current with "*My Practice Info*"

| Claim Inquiry | EPS | ALERT | Provider Reports | My Provider Express | My Practice Info | Message Ce... |
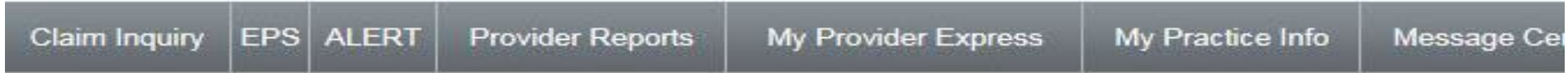
Keeping your information up to date ensures that referrals will find you, and that you get reimbursed promptly and accurately.

Change, and/or modify your address and other demographic information

Indicate your availability to accept new patients into your practice

Let us know if you are going to be away for an extended period-of-time

Accessing Your Prior Authorization

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UnitedHealthcare Provider Website

- UHCprovider.com
- Prior Authorization and Notification Tool

Accessing your prior authorizations online
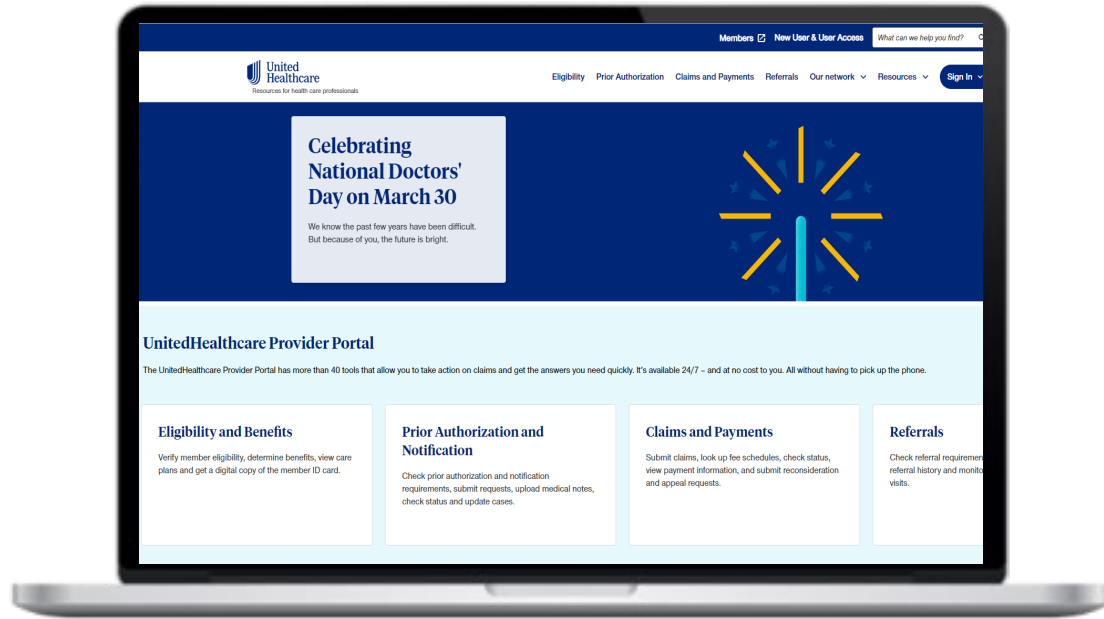
UHCprovider.com
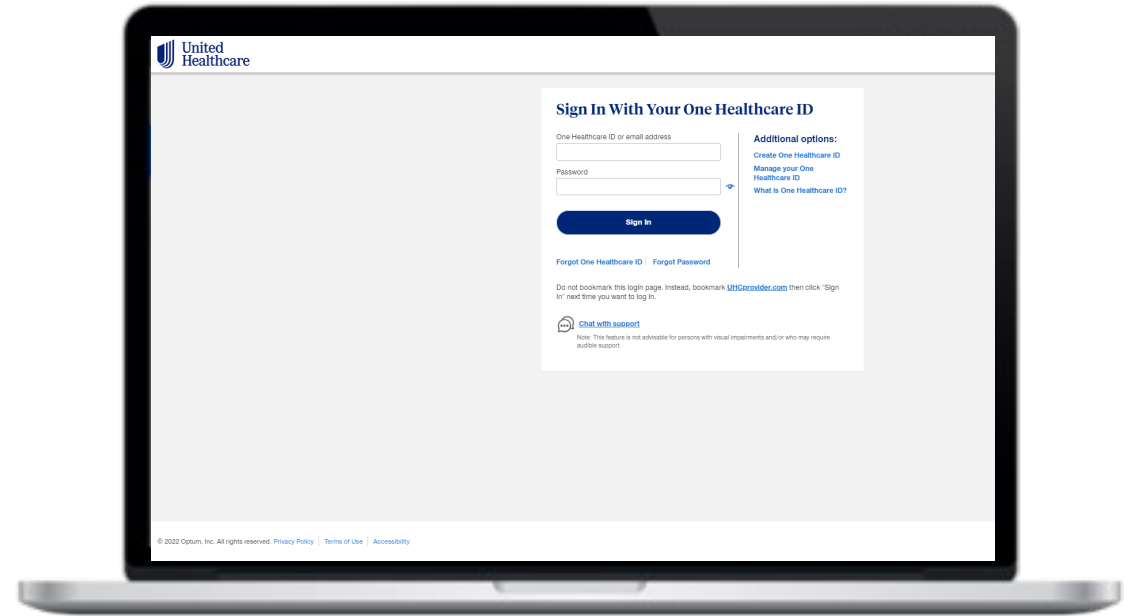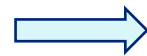
One Healthcare ID Log-In

Prior Authorization tab

Accessing your prior authorizations

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Accessing your prior authorizations cont.

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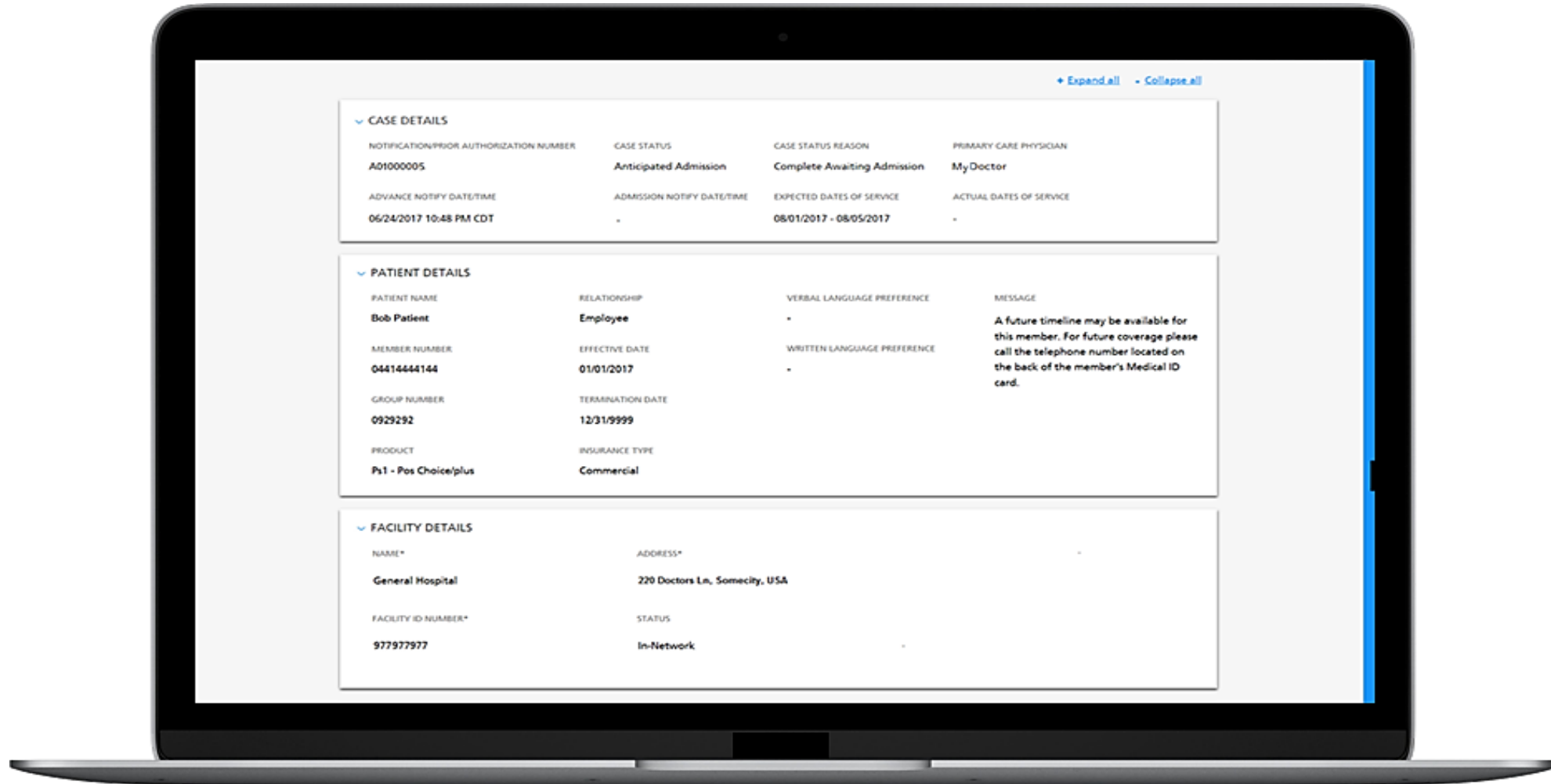
Accessing your prior authorizations cont.
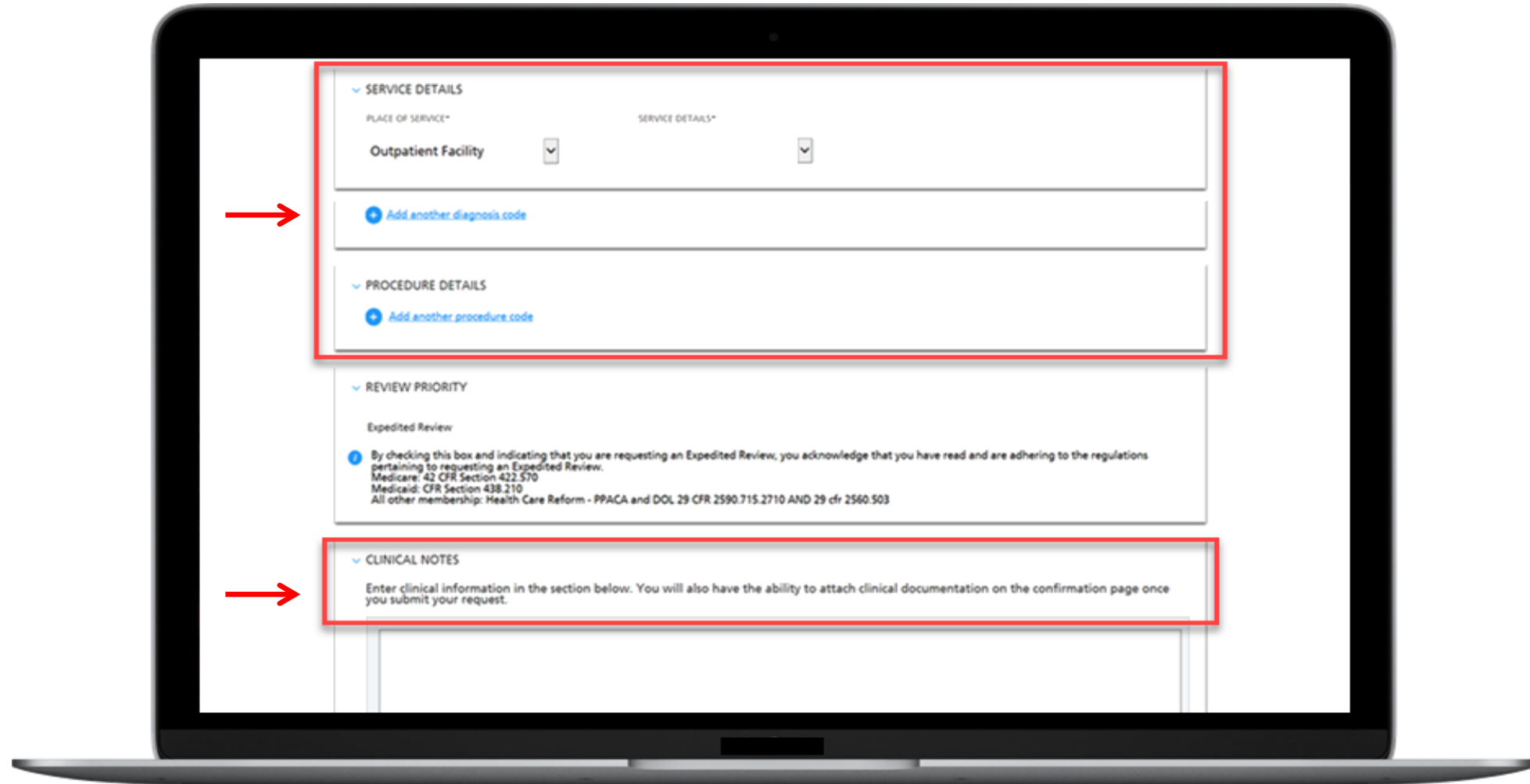
Prior Authorization and Notification Tool Resources

Live training session

UHCprovider.com > Menu > Resource Library > Training > Prior Authorization and Notification Overview

UHC On Air

- **UHCprovider.com** > Menu > Resource Library > UHC On Air

Other training resources

- **UHCprovider.com** > Menu > Prior Authorization and Notification > Prior Authorization and Notification Tool > Quick Reference Guides, Videos and Training Tools

Thank You!

Questions?

- Email STEM at stem.ca.admin@optum.com
- Contact your provider advocate

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Frequently Asked Questions

Where do I submit my authorization requests for ACT and IHBT?	The Ohio page of Provider Express To access the request form, go to: providerexpress.com > Our Network > State Specific Provider Information > Ohio > Authorization Forms > OH ACT and IHBT Request Form
Where do I check online for my authorizations?	Go to uhcprovider.com To access the Prior Authorization and Notification Tool: Sign in with your One Healthcare ID and Password > Prior Authorization and Notification Tool
If I am having trouble viewing my authorization online, who do I contact?	Technical Assistance: https://www.uhcprovider.com/en/contact-us/technical-assistance.html
Is the submission process the same for ACT and IHBT?	Yes. Please attach the recent assessment and Treatment Plan to each initial and continued stay request Please request the authorization within 24-48 hours of assessment

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