

Behavioral Health Provider Training: Program Overview & Helpful Information



Overview

- The Passport Behavioral Health Program provides members with access to a full continuum of recovery and resiliency focused behavioral health services through our network of contracted providers.
- The primary goal of the program is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings.
- By ensuring that all Passport members receive timely access to quality, clinically-appropriate behavioral health care services, we believe we can achieve our mission of improving the health and quality of life of our members.
- Passport Health Plan (Passport) has contracted with Beacon Health Strategies, LLC to assist in the delivery of behavioral health services for Passport members.

Behavioral Health Program Philosophy

- To Improve the health and quality of life of our members.
- Enhance continuity and coordination with behavioral health care providers as well with physical health care providers.
- Establish innovative preventive and screening programs to decrease the incidence, emergence or worsening of behavioral health disorders.
- Ensure members and advocates receive timely and satisfactory service from the Passport network of providers and the Passport benefit administrator.
- Maintain positive and collaborative working relationships with network practitioners and ensure provider satisfaction.
- Responsibly contain health care costs.

The Clinical Approach

- We believe effective clinical programs always begin with the individual. We believe in recovery: consumers should live and thrive in the community, with family and friends, engaging in gainful activity.
- We drive value for members and support consumer recovery by increasing information flows, building care systems, and measuring outcomes across behavioral health, medical, social and medication domains.
- Analytics, informed by local knowledge and reality, drive better decision-making and meaningful improvement in health status.

Integrated Partner Model combines physical, behavioral and social systems of care

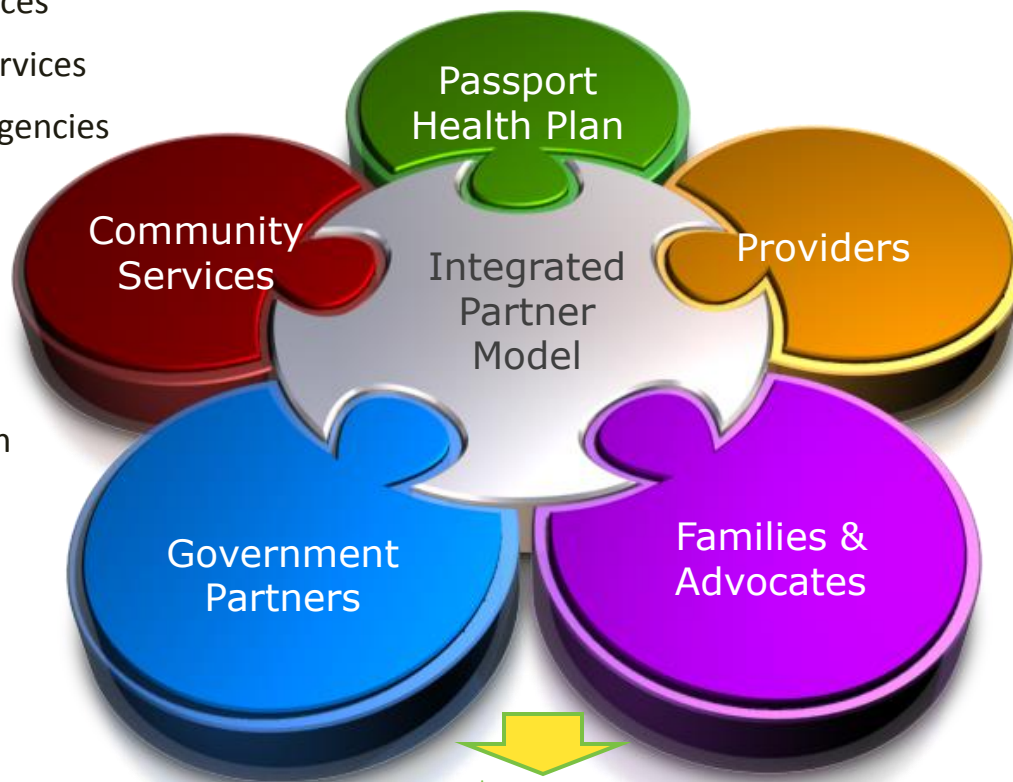
- After School Programs
- Rec. Programs
- Housing Services
- Mentoring Services
- Faith-based agencies

- On-site at health plan partner
- Behavioral Health clinicians co-located with Medical Management team

- BH Specialists
- Primary Care
- BH in Medical Home
- Hospitals
- Diversionary Services
- Mobile Crisis Teams

- Schools
- Mental Health
- Child Welfare
- Courts
- Medicaid
- DD/MR

- Member Advisory Committee
- NAMI
- Consumer Strategies
- Education / Outreach
- Peer Specialists
- Parent Advocates



Together, Passport and Beacon help provide connective tissue in a fragmented system of care.

Service Delivery

- Passport is committed to a recovery and resiliency approach to behavioral health treatment.
- Providers must be sensitive to the unique cultural and diversity needs of Passport members and ensure access to services for members with special needs such as physical disabilities or language needs. As per Title VI, providers are required by federal law to provide appropriate accommodations to meet the needs of members, including translation services.
- Inpatient providers must ensure that members are discharged with an aftercare appointment within 7 days of discharge. Passport can assist with this process.
- Passport may review/audit treatment records as part of our quality program and/or to conduct outlier management activities.
- Providers are encouraged to report suspected fraud and abuse to Passport.

Access and Availability

- Members must have access to ensure that the Medicaid Managed Care Participation standards are met.
- Behavioral Health providers require no referral when members request an appointment.
- Although answering services are allowed, a member must receive a callback promptly and not be put on hold for an extended time.
- If provider information changes (phone number changed or terminated, moved to another location, no longer accepting patients, etc.), inform Passport within 30 days so that members will be able to make appointments.
- If a provider requested is no longer at the practice, please assist member in finding another suitable clinician.

Behavioral Health Care Standards

- Care for non-life threatening emergency within 6 hours.
- Emergency Care with Crisis Stabilization are available within 24 hours.
- Urgent Care appointments are available within 48 hours.
- Services Post-Discharge from Acute Psychiatric appointment within 7 days.
- An appointment for routine office visit within 10 business days.
- All other service appointments are available within 60 days.
- Missed Appointment Follow-Ups are rescheduled within 24 hours.

Title VI Compliance

Title VI Civil Rights Act of 1964 -

Section 601 of Title VI of the Civil Rights Act of 1964 states that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Executive Order 13166 (LEP.gov) –

An order to clarify and support Title VI notes “people who are LEP (Limited English Proficiency) should have meaningful access to federally conducted and federally funded programs and activities”

Title VI Compliance

Requirements:

- Post a notice of individuals' rights providing information about communication assistance for individuals with limited English proficiency.
- Post taglines in the top 15 languages spoken by individuals with limited English proficiency, by state, that indicate the availability of language assistance
- "...or relying on unqualified staff, translators when providing language assistance services." This includes delivery of patient care in-language, serving as an interpreter between two parties with a language barrier and performing sight translation of written documents.
- Effective communication for individuals with disabilities, including sign language interpreters

Case Management

Case Management

- Passport also offers Case Management services to members who will benefit from various levels of Care Coordination:
 - ✓ Intensive Case Management,
 - ✓ Care Coordination, and
 - ✓ Case Collaboration.
- Our Case Managers work to create a Care Plan for the Passport member that targets the member's specific goals.
- Coordinates care and acts as liaison to enhance communication among providers.
- Assists with referrals/resources and advocates for effective care.
- Make a Case Manager referral for Passport members by calling the Behavioral Health Hotline directly at 1-855-834-5651.

Case Management – LOC – Intensive Case Management (ICM)

Criteria include but are not limited to:

- Prior history of acute admissions with re-admission within 60 days.
- High lethality.
- Severe, persistent psychiatric symptoms, and lack of family, or social support which puts the member at risk of acute admission.
- Co-morbid medical condition combined with psychiatric and/or substance abuse issues could result in exacerbation of fragile medical status.
- Pregnant, or 90 days post partum and using substances, or requires acute behavioral health services.
- Child living with significant family dysfunction and instability following discharge from inpatient which places the member at risk of requiring acute admission that requires assistance to link family, providers and state agencies.

Case Management

Care Coordination

Is a short term intervention for members with potential risk due to barriers in services, poor transitional care, and/or co-morbid medical issues that require brief targeted care management interventions.

Case Collaboration

Consultations are episodic case management interventions aimed at integrating medical and behavioral health care, and improving access to services. Members are typically identified by Medical Case Managers, PCPs or other community providers seeing behavioral health input and information regarding insurance based and community services.

Consultations are generally opened and closed within 30 days. They may include member outreach contacts.

Working with Passport Behavioral Health

Welcome Letter

Once credentialing and enrollment has been completed, you will receive a Welcome Letter:

- The letter will contain the Passport ID and effective date.
- Claims can be submitted to our behavioral health partner upon receipt.

Until you receive this letter, you are advised not to be seeing Passport members for services nor can you see members without a Kentucky Medicaid ID.

Online Resources

- Website: www.passporthealthplan.com/providers
- Provider Manual
 - Section 16 pertains to Behavioral Health
 - <http://passporthealthplan.com/provider-manual/>
- eNews
 - To register and view recent eNews: <http://passporthealthplan.com/providers/provider-communications/>
- Forms
 - [Add A Practitioner Form](#)
 - [Practice Demographic Form](#)
 - [Provider Information Change Form](#)
 - [Provider Tax ID Change Request Form](#)
 - [Provider Termination Request Form](#)
- Online tools and tutorials
 - [E-services Tutorial](#)
 - Application/Contracting/Credentialing Process
 - Webinars (coming soon)

Adding New Practitioners to an Existing Group

- To add practitioners to an existing group, please complete an [Adding Practitioner](#) form for each clinician. The **Adding Practitioner** form is found on our website at the following link:
<http://passporthealthplan.com/providers/forms>
- If the clinician does not have a Medicaid number, please complete the appropriate MAP 811 form.
- Please submit completed form to our Provider Enrollment department at Passport.Enrollment@passporthealthplan.com
- Providers who require Credentialing will have their application sent to Aperture Credentialing, LLC with 24 hours of receipt of enrollment application*

Complete process will take 45-90 days to complete

**Failure to respond to three requests from Aperture for additional information will result in the application being termed.*

Making Changes to Your Provider Information

- Please note: all changes, additions and terminations must be submitted to Passport Health Plan using the forms found on our website: www.passporthealthplan.com/providers/forms/
- To change demographic information:
 - Please complete a **Provider Information Change** form found on our website
- To remove a clinician from a group:
 - Per DMS, Passport must be notified by the Provider on all clinician terminations.
 - Please complete a **Provider Termination Request** form found on our website

Please submit completed forms to our Provider Enrollment department at Passport.Enrollment@passporthealthplan.com

Utilization Management

Utilization Management

- The Passport Behavioral Health Program uses medical necessity criteria that complies with regulatory mandates. The medical necessity criteria is MCG criteria for mental health services and American Society of Addiction Medicine (ASAM) criteria for substance use disorder services. We provide utilization management for inpatient, outpatient and community support services using these level of care (LOC) criteria.
- This LOC criteria is available to Passport network providers through eServices. Please go to <https://provider.beaconhs.com/> and choose the Provider Materials link to review the criteria. You can also call the Behavioral Health Access Line at 1-855-834-5651.

Utilization Management

- Our application of LOC criteria and authorization procedures represent a set of formal techniques designed to monitor the use of, and/or evaluate the medical necessity, appropriateness, and efficacy of behavioral health care services.
- Depending on the service request, providers may use eServices to submit their requests (for example inpatient services require telephonic review and outpatient services may be submitted via eServices).
- Please see the Behavioral Health Provider Manual for a more detailed explanation as to authorization procedures.

UM Authorization Process for Outpatient Services

No authorization required for:

- Medication Management
- Injection Administration
- Comprehensive Medication Services
- Diagnostic Interview / Evaluation
- Mental Health/Substance Abuse Assessments and Screenings
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Peer Support
- Family, Individual and Group Therapy
- Health & Behavioral Assessment, Group and Intervention
- Substance Abuse Prevention Services
- Service Planning
- Crisis Services (including Therapy, Emergency Intervention, and Mobile Crisis)
- Psychoanalysis
- Narcosynthesis for Psych Diagnosis
- Biofeedback
- Alcohol and/or Drug Services, brief intervention

UM Authorization Process for Inpatient Services

Inpatient Authorizations

Telephonic Prior Authorization is Required for the following:

- Inpatient Mental Health
- Extended Care Unit (EPSDT Residential)
- Psychiatric Residential Treatment Facility (Level I and II)
- Substance Abuse Detoxification (in IMD and/or psych unit)
- Inpatient SA Rehabilitation
- Residential Services for Substance Abuse
- EPSDT Residential for Specialized Children Services
- Crisis Stabilization Unit
- ECT

FOR AUTHORIZATIONS CALL: 855-834-5651

UM Authorizations for Community Support Services

Community Support Services

Telephonic Prior Authorization is Required for the following:

- Partial Hospitalization
- Intensive Outpatient Program for Substance Use Disorders
- Intensive Outpatient Program for Behavioral Health
- Assertive Community Treatment

FOR AUTHORIZATIONS CALL: 1-855-834-5651

UM Authorizations for Community Support Services

Community Support Services

eServices Authorization is required within 2 weeks of initial date of service:

- Day Treatment
- Therapeutic Rehabilitation Program
- Mental Health Service NOS
- Alcohol / Drug Service NOS
- Targeted Case Management – all types
- Community Support Services
- Skills Development & Training

UM Appeals

- Appeal requests may be made by calling 1-855-834-5651, or by mail to:

Passport Health Plan Appeals
Attn: Beacon Health Strategies
500 Unicorn Park Drive, Ste 103
Woburn, MA 01801

- Appeal requests may be submitted via email to:

Woburn.appeals@beaconhealthoptions.com

Once the member or provider appeal is processed and a final determination is rendered, they may request an external appeal or State Fair Hearing with the Commonwealth of KY as appropriate based on the type of appeal.

TeleHealth Services

Telehealth Services

- Kentucky faces significant challenges in ensuring care is available to individuals across the state.
- Providers can provide care using telehealth technology (HIPAA compliant, web-based communication system).
- Provider must be an approved provider through the Kentucky Telehealth Network and comply with the requirements of the Kentucky Telehealth Board in order to seek Medicaid reimbursement for telehealth services.
- When you begin billing with the GT modifier, you are attesting that you have gone through the proper certification process with the Kentucky Telehealth Board.
- 907 KAR 3:170 lists the services that may be provide through telehealth.
- Currently Passport does not reimburse for code Q3014.

Laboratory Services

Laboratory Services

- Laboratory services are not reimbursed via the behavioral health benefit
- Claims for lab services are paid as a medical benefit
- **Electronic Claims Submission**
Emdeon (formery WebMD)
1-800-845-6592
Passport Health Plan electronic payer ID is 61129
- **Claims Submission**
Passport Health Plan
P.O. Box 7114
London, KY 40742

Targeted Case Management

Targeted Case Management

Targeted Case Management is an available service for Individuals with:

- Substance Use Disorders (SUD)
- Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions (CCC)
- Severe Emotional Disability (SED)
- Severe Mental Illness (SMI)

Billable code for TCM is T2023. This code is billed as a monthly service.

Targeted case management can be provided by enrolled Kentucky Medicaid providers that meet Kentucky criteria for providing case management in the 907 KAR 15:050.

Targeted Case Management

Authorization Requirements:

- Substance Use Disorder Targeted Case Management, Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions Targeted Case Management, and Targeted Case Management for Adults with Severe Mental Illness (SMI) or Children with Severe Emotional Disability (SED) require prior authorization.
- Please complete an e-Services Outpatient Request Form within the 14 calendar days of the service.

Targeted Case Management Modifier Types

Modifier Types:

- HF: Substance Use Disorder
- TG: Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions
- UA: Children with SED
- HE: Adults with SMI

Targeted Case Management Modifier Types

Please include the modifier to indicate whether the service was provided to a child or an adult for the Substance Use Disorder Targeted Case Management and Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions Targeted Case Management only:

- HA: Child or Adolescent
- HB: Adult

Provider must include modifier Type of the rendering provider providing the service, such as U4 to indicate the Certified Social Worker Provider Type.

For example, your submission for Targeted Case Management for a Substance Use Disorder provided by a Licensed Clinical Social Worker for a child would look like: T2023-HF-HA-AJ. (note: the rendering provider type should be the last modifier in this sequence.)

Billing and Reimbursement

Important Claim Reminders

- All claims must be received within Passport's timely filing limit of 180 days.
- All clean claim submissions (meaning no missing or incorrect numbers or information) will be processed and paid within 30 days.
- The top denial reasons for behavioral health claims submitted are :
 - Timely filing (claim denied as it was not received within 180 days).
 - Missing or incorrect NPI number. (All claims must list the rendering clinicians individual NPI number, along with the site NPI number. If either of these numbers are missing or entered incorrectly, the claim will deny.)
 - No authorization. (If the member has no authorization to see the provider, or the authorization has expired the claim will deny. It is important to make sure the member has an authorization in place , or has initial benefit visits remaining, before seeing them.)

Use of Modifiers

- All claims must be submitted with the appropriate modifier or the claims will deny.
- Please refer to the 10/06/14 eNews entitled “[Modifications to Behavioral Health Claims Submission Process](#)” for a list of modifiers and an example of a CMS 1500 claim form.

Submitting Claims

- Claims for Behavioral Health Services should be submitted on a CMS-1500 claim form. Instructions for using this claim form can be found at: <http://passporthealthplan.com/wp-content/uploads/2015/04/PROV51011-NPI-1500-Claim-Form-v2.pdf>
- Claims can be submitted in 3 ways:
 1. Paper claims mailed to:
 - Passport Health Plan
Attn: Claims
500 Unicorn Park Dr, Ste 103
Woburn, MA 01801
 - Out of Network Providers must submit paper claims
 2. Electronic Data Interchange (EDI)
 3. eServices

Electronic Data Interchange (EDI)

- EDI is the preferred method for receiving claims. We accept the standard HIPAA 837 format and provide 835 transactions.
- Beacon also uses 270/271 transactions for eligibility purposes.
- Beacon does allow EDI claims to be submitted from a Clearing House or Billing Agency.
- **EDI claims may also be submitted to Beacon via Emdeon. Beacon's Emdeon payer ID is 43324. Please note payer ID 61126 is incorrect for behavioral health, as it is for medical only.**
- **Passport Health Plan's ID is: 028.**

Electronic Data Interchange (EDI)

- All EDI claims submitted via Emdeon must include the member's Passport "Plan ID" and Beacon's Emdeon payer ID. Using just one or the other will cause claims to reject.
- EDI registration forms are on the Beacon web site at www.beaconhealthstrategies.com/private/pdfs/forms/EDI_Trading_Partner_Setup.pdf. Submit the EDI Registration forms and schedule test submissions with the EDI team.
- After test submissions have been completed, contact EDI Operations to request a production setup. They can be reached at 781-994-7500, or via email at edi.operations@beaconhs.com.

eServices

This is a free service for all contracted and in-network Passport providers. The goal of eServices is to make clinical, administrative, and claims transactions **easy** to do. By using eServices you will be able to:

- Submit requests for authorization
- Submit claims
- Verify member eligibility for Passport Health Plan
- Confirm authorization status
- Check claim status
- View claims performance information
- Access to provider manuals, forms, bulletins and mailings
- View or print frequently asked questions (FAQs)

- **A full tutorial on using eServices is available online:**
- <http://passporthealthplan.com/wp-content/uploads/2014/11/PHP-Claims-Webinar-2-25-16.pdf>

Additional Info: Waivers, Reconsiderations, Resubmissions

- All claim resubmissions must include the Rec ID from the original claim to prevent unnecessary timely filing denials.
- Waiver requests (for timely filing) may be submitted within 24 months from the qualifying event and must be accompanied by a claim form (available on www.beaconhealthstrategies.com).
- Qualifying events include: retroactive member eligibility; retroactive authorization and retroactive provider eligibility. If your request is not for one of these reasons, it will be denied and you must follow the procedure for reconsiderations.

Additional Info: Waivers, Reconsiderations, Resubmissions

- Once you have exhausted all other avenues, you can submit a request for reconsideration of the 24 month timely filing limit.
- Reconsiderations must include:
 - Copy of claim form with a cover letter explaining why claims were not filed in a timely manner, along with supporting documentation.
 - Screen prints of billing ledgers, certified mail receipts or documentation that claims were sent to a clearinghouse are not considered proof of timely filing.

Billing Multiple Hours of 90837

- 90837 Psychotherapy 53-60 minutes for the first hour.
- DMS will allow behavioral health providers to bill 99354 90-120 minutes for the second hour.
- For the third hour of services, behavioral health providers may utilize code 99355 150-180 minutes for the third hour.

Minimum Length of Psychotherapy	Code
53- 60 minutes (1 st hour)	90837
90-120 minutes (2 nd hour)	99354
150- 180 minutes (3 rd hour)	99355

- Add-on codes MUST be billed on same claim as the initial Psychotherapy code.

Contact Information

Contact Us

- Passport's Behavioral Health Access Line: (855) 834-5651
- Behavioral Health 24-hour Crisis Line: (844) 231-7946
- Main fax number: (781) 994-7633
- TTY Number (for hearing impaired): (781) 994-7660 or (866) 727-9441
- Claims Hotline: (888) 249-0478
- eServices Helpline: (866) 206-6120 Provider Relation Representatives do not have access to eServices. Therefore you must contact this number if you need assistance.
- IVR: (888) 210-2018
- Psychiatric Decision Support Line for PCPs: (866) 647-2343

All departments may be reached via the Passport Behavioral Health Access Line at (855) 834-5651

Contact Us

For behavioral health questions, please contact the Behavioral Health Mailbox,
Passportbehavioralhealth@passporthealthplan.com

- Micah Cain, Behavioral Health Manager: (502) 357-8887 Michah.Cain@passporthealthplan.com
- Travis Cavazos, Provider Relations (Western and Southern Kentucky Regions): (502) 212-6797
Travis.Cavazos@passporthealthplan.com
- Christine Drake, Provider Relations (Eastern and Northern Kentucky Regions): (502) 212-6704
Christine.Drake@passporthealthplan.com
- Teri Hardman, Provider Relations (CMHC, Louisville area): (502) 212-6713
Teri.Hardman@passporthealthplan.com

Passport Health Plan's mission is to improve the health and quality of life of our members.

We look forward to having you as part of our network!

Thank you for helping us with our mission of improving the health and quality of life of our members.