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 manage the delivery of behavioral health services for its’ members.
Behavioral Health Program Philosophy

• 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.

• Superior 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
- Schools
- Mental Health
- Child Welfare
- Courts
- Medicaid
- DD/MR
- BH Specialists
- Primary Care
- BH in Medical Home
- Hospitals
- Diversionary Services
- Mobile Crisis Teams
- 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.
Utilization Management

• The Passport Behavioral Health Program uses a Interqual medical necessity criteria (effective 4/1/17) that complies with regulatory mandates for behavioral health services and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder services. Use of these criteria are required by the state of Kentucky.

• We provide utilization management for inpatient, outpatient and community support services using the appropriate level of care (LOC) criteria based on the service requested.

• 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 Provider Services at 1-855-834-5651.

• 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 LOC, providers may request authorizations online for convenience.
Telehealth Services

- Kentucky faces significant challenges in ensuring care is available to individuals across the state.
- Providers can provide care using telehealth technology.
- Provider must be an approved provider through the Kentucky Telehealth Board in order to seek Medicaid reimbursement for telehealth services.
# 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
- 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
- Alcohol and/or Drug Services, brief intervention
- Individual and family therapy
For all other outpatient services:

- Submission of electronic Outpatient Request Form (eORF) is required.
- eORF form can be downloaded at Beacon’s website, https://provider.beaconhs.com, under “Provider Tools” and can be faxed to Beacon at 781-994-7633 or submitted directly through eServices.
UM Authorizations 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**

Crisis Stabilization Unit - Children—telephonic review or eServices authorization within first 48 hours.
**UM Authorizations for Community Support Services**

**COMMUNITY SUPPORT SERVICES**

<table>
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<th>Telephonic Prior Authorization is Required for the following:</th>
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<td>• Partial Hospitalization</td>
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<td>• Intensive Outpatient</td>
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<td>• Assertive Community Treatment</td>
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FOR AUTHORIZATIONS CALL: 1-855-834-5651
UM Appeals

• Providers may submit Passport appeals directly to Beacon.

• Appeal requests may be made by calling 1-855-834-5651, or by mail to: Beacon Health Strategies
  Attn: Passport Health Plan Appeals
  500 Unicorn Park Drive, Suite 103
  Woburn, MA 01801

• Once providers have received a final determination from Beacon, they may request an external appeal or State Fair Hearing with the Commonwealth of KY.
Case Management

- Passport also offers Case Management services to members who will benefit from various levels of Care Coordination:
  1. Intensive Case Management,
  2. Care Coordination, and
  3. Case Coordination.

- 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 Coordination
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.
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.

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.
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)

- **Screen shots from the eServices website appear on the following slides.**
Welcome to eServices, Beacon's web tool for providers.

All eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. eServices allows providers to:

- Verify member eligibility quickly and easily
- Request authorizations – eAuthorizations receive priority review!
- Confirm the status of authorizations and print all authorization details, including the number of units utilized
- Submit claims, including reconsiderations
- Check the status of claims
- View and print explanation of benefit (EOB) information
- View and print claims performance information
- View, update and print provider demographic and directory information
- View, print and download provider documentations such as manuals, forms, bulletins, mailings etc.

If you are not registered for eServices, simply click the Register link on this page to start!

EFT (Electronic Funds Transfer) begins September 22, 2011 as a payment option for providers in CA, FL, MA, NY, RI and WI.

- For payments AFTER 9/22/11, EOBs will still be mailed to providers who opt out of EFT, and electronic EOBs can be downloaded at www.payspanhealth.com.
- However, these EOBs will not be posted on eServices. EOBs for payments BEFORE 9/22/11 and for Touchstone claims with dates of service before 10/1/10 only, will remain available on Beacon’s eServices.
- Register for EFT and to access electronic EOBs by calling the PaySpan Health Provider Hotline at 877.331.7154.
eServices is simple to log into and use. You create your own username and password.
Once the account is activated, there are a host of clinical functions available. Beacon prefers that authorization requests be sent via eServices.
Submit an authorization is just a few key steps away!
Simply use the Member Search to find the member for which you are wanting an authorization. We now require three unique member identifiers for a Member Search. You will need: Passport Member ID or Medicaid (Alternative) ID, Member Date of Birth and Member Last Name.
Choose the type of service from the drop down menu.
Once you have entered all of the required fields, you may submit your request.
After you have successfully submitted your request, you will receive a reference number for your records.
Once you have an authorization in place, you may submit a claim via eServices. Inpatient and outpatient claims can be submitted via eServices.
Submitting a claim electronically takes less time and is more efficient than a paper claim. **Once the fields are entered just hit submit!**
Now that your claim has been submitted, you will receive a transaction number. You may also print the page for your records.
Claim reconsiderations may be done online, for claims that were submitted and denied and require an in depth review.
Once you have entered your claim info and explanation you can submit a reconsideration request.
Claims that may have denied for an incorrect procedure code or diagnosis code may also be re-submitted electronically.
Once the claim has been chosen, click on the resubmit link.
After you have clicked on re-submit, the information will automatically fill-in from the previous submission. You can then make corrections and re-submit. Re-submissions must be made within the timely filing limit of 180 days.
Electronic Data Interchange (EDI)

• EDI is the preferred method for receiving claims. We accept the standard HIPPA 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.

• Passport Health Plan’s ID is: 028.

• 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@beaconhealthoptions.com.
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.)
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 180 days 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.

• Once you have exhausted all other avenues, you can submit a request for reconsideration of the 180 day 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.
Contact Numbers

• Passport’s Behavioral Health Access Line:
  – (855) 834-5651

• 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

• IVR: (888) 210-2018

• PCP Consult Line: (866) 647-2343

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

Cynthia Bundy
Passport Behavioral Health Provider Relations Manager
(502) 213-8939
Cynthia.Bundy@passporthealthplan.com

Liz McKune, Ed.D.
Passport Director of Behavioral Health
(502) 585-7988
Liz.McKune@passporthealthplan.com

Brigid Adams Morgan
Beacon Health Strategies, Program Director for Passport
(502) 588-8572
Brigid.AdamsMorgan@beaconhealthoptions.com

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