

Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please enter your name and email address in the Q&A section



March SUD Expanded Benefit Provider Forum

Agenda

- 01 Welcome & Introductions

- 02 Timely Submissions of Initial and Concurrent Authorization Requests

- 03 New! Service Authorization Review Form

- 04 Updates

- 05 Upcoming Events

- 06 Questions & Open Discussion

Chapter

01

Welcome & Introductions

Welcome!

Please enter your name, organization, and email
In the Chat



Beacon / Health Colorado / Northeast Health Partners

- Contact Information
COProviderRelations@BeaconHealthOptions.com
- Barbara Rhodes, Manager of Provider Relations
Barbara.Rhodes@beaconhealthoptions.com

Signal MSO



Contact Information

Main Number: (303) 639-9320

- Heather Dolan hdolan@signalbhn.org
- Kelly McDermott kmcdermott@signalbhn.org

Diversus Health MSO



Contact Information

Main Number: (719) 572-6100

- Jessie Spiers Jessie.Spiers@diversushealth.org
- Angela Manley Angela.Manley@diversushealth.org

Chapter

02

Timely Submissions of Initial and Concurrent Authorization Requests

Expectation

Initial requests should be submitted within 24 hours of the admission date. Requests submitted outside of this timeframe will be administratively denied

Concurrent reviews should be submitted no later than the last day of admission.

For If the last covered day falls on a weekend for

Clinical information must be current (within 3 days of the date of service you are requesting).

Examples

3.7 WM –

Initial authorizations, only – contact Beacon for registration within 24-hours of admission. Four (4) days are given.

Concurrent reviews - require authorization.

Example: Member admits to facility on 2/18/21, provider must contact Beacon by phone, fax, or Provider Connect no later than 2/19/21.

Concurrent: Should member require more than 4 days, provider must contact Beacon and present current clinical and request authorization. Beacon clinical will determine if medical necessity is met. Additional days are determined from clinical presented.

Example: Member admits to facility on 2/18/21 through 2/21/21 and requires additional days. Provider must contact Beacon no later than 2/21/21 to request concurrent authorization. If last covered day falls on a weekend, provider must contact Beacon on Monday.

Concurrent: If member discharges after day 4, and concurrent authorization was not requested, dates of service after day 4 will be **administratively denied**.

Social Detox (3.2 WM) –

Initial authorizations, only – contact Beacon for registration within 24 business hours of admission. Four (4) days are authorized.

Concurrent reviews - require authorization.

Example: Member admits to facility on 2/20/21, provider must contact Beacon by phone, fax, or Provider Connect no later than 2/22/21.

Concurrent: Should member require more than 4 days, provider must contact Beacon and present current clinical and request authorization. Beacon clinical will determine if medical necessity is met. Additional days are determined from clinical presented.

Example: Member admits to facility on 2/20/21 through 2/23/21 and requires additional days. Provider must contact Beacon no later than 2/23/21 to request concurrent authorization. If last covered day falls on a weekend, provider must contact Beacon on Monday.

Concurrent: If member discharges after day 4, and concurrent authorization was not requested, dates of service after day 4 will be **administratively denied**.

3.5 RTC, 3.1 RTC— Prior authorization is required. Clinical information must be current (within 3 days of the date of service you are requesting).

Initial authorizations: if approved, may be authorized up to 10 days. This could vary from clinical presented.

Concurrent authorizations: length of stay determined from clinical presented.

Example – Initial authorization request: If member admitted on 2/2/21 and provider submits clinical on 2/18/21, DOS 2/2/21 to 2/17/21 are administratively denied. Authorization can start on 2/18/21 if approved based on clinical presented.

Example – Concurrent authorization request: If the last covered date is 2/10/21 and provider does not submit requests for additional days until 2/18/21, DOS 2/10/21 to 2/17/21 are administratively denied. Any additional days that Beacon approves will start on 2/18/21.

3.7 IP– Prior authorization is required. Clinical information must be current (within 3 days of the date of service you are requesting).

Initial authorizations: if approved, may be authorized up to 4 days. This could vary from clinical presented.

Concurrent authorizations: length of stay determined from clinical presented.

Example – Initial authorization request: If member admitted on 2/2/21 and provider submits clinical on 2/18/21, DOS 2/2/21 to 2/17/21 are administratively denied. Authorization can start on 2/18/21 if approved based on clinical presented.

Example – Concurrent authorization request: If the last covered date is 2/10/21 and provider does not submit requests for additional days until 2/18/21, DOS 2/10/21 to 2/17/21 are administratively denied. Any additional days that Beacon approves will start on 2/18/21.

Chapter

03

New! Service Authorization Review Form



Beacon Health Options
Service Authorization Review Form
ASAM Levels 2.1/3.1/3.3/3.5/3.7/3.7 WM

Initial 3.7 and 3.7 WM requests MUST be called in.
No Service Authorization Needed for ASAM Levels 0.5/1.0/3.2 WM

Fax Completed Form and Current Treatment Plan to Beacon Health Options: 719-538-1439

Email Completed Form and Current Treatment Plan to Beacon Health Options: COMedicaidSUD@beaconhealthoptions.com

PLEASE TYPE INFORMATION IN THIS FORM – MUST BE COMPLETED BY CREDENTIALLED ADDICTION TREATMENT PROFESSIONAL
Supporting clinical information may be documented on last page or attached to this form. For adolescents criteria if additional documentation is needed please summarize in the additional clinical documentation section.

MEMBER INFORMATION				
Member Name: <input type="text"/>		DOB: <input type="text"/>		
Member Medicaid ID: <input type="text"/>		If retroactively enrolled, provide enrollment date: <input type="text"/>		
PROVIDER INFORMATION				
Provider/Facility: <input type="text"/>		Clinical Contact: <input type="text"/>		
Servicing Street Address: <input type="text"/>		Physician Contact: <input type="text"/>		
City State Zip: <input type="text"/>		Provider ID/NPI: <input type="text"/>		
Phone: <input type="text"/>		Fax: <input type="text"/>		
Email Address: <input type="text"/>		Utilization Review Contact: <input type="text"/>		
REQUESTED SERVICE START DATE: <input type="text"/>		<input type="checkbox"/> Initial Request <input type="checkbox"/> Concurrent Request		
ICD-10 DIAGNOSIS CODE(S)				
(Enter primary and any applicable co-occurring ICD-10 diagnosis codes)				
1. <input type="text"/>		3. <input type="text"/>		5. <input type="text"/>
2. <input type="text"/>		4. <input type="text"/>		6. <input type="text"/>
SUBSTANCE USE DISORDER TREATMENT HISTORY				
(Describe other ASAM Levels of Care utilized in past 12 months) (OR ATTACH IN CLINICAL NOTE)				
ASAM Level of Care	Name of Provider	Duration	Approximate Dates	Outcome
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEDICATION				
Please list medications, dosage, frequency and prescriber below (OR ATTACH MEDICATION LIST). N/A <input type="checkbox"/> Unable to Obtain <input type="checkbox"/>				
Name of Medication	Dosage	Frequency	Prescriber	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



ASAM LEVEL OF CARE REQUESTED AND NUMBER OF UNITS (1 unit = 1 day)			
Code/Description Check Appropriate Code	Units	Code/Description Check Appropriate Code	Units
<input type="checkbox"/> Non-hospital: H0015 ASAM 2.1 Mod HE HF Intensive Outpatient	<input type="text"/>	<input type="checkbox"/> Non-hospital: H2036 ASAM 3.7 MOD HF U7 Medically Monitored Intensive Inpatient Services	<input type="text"/>
<input type="checkbox"/> Hospital: Rev 0906 ASAM 2.1 Intensive Outpatient	<input type="text"/>	<input type="checkbox"/> Hospital: Rev 1000 ASAM 3.7 Medically Monitored Intensive Inpatient Services	<input type="text"/>
<input type="checkbox"/> Non-hospital: H2036 ASAM 3.1 Mod HF U1 Clinically Managed Low-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Non-hospital: H0010 ASAM 3.2 WM Mod HF Clinically Managed Residential Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital Special Connections: H2036 ASAM 3.1 Mod HF U1 HD Clinically Managed Low-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Non-hospital: H0011 ASAM 3.7 WM Mod HF Medically Monitored Inpatient Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital: H2036 ASAM 3.5 Mod HF U5 Clinically Managed High-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Hospital: Rev 1002 ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital Special Connections: H2036 ASAM 3.5 Mod HF U5 HD Clinically Managed High-Intensity Residential Services	<input type="text"/>		
		ESTIMATED DURATION OF THIS EPISODE OF CARE FOR REQUESTED ASAM LEVEL (days)	

Member's treatment plan is required. Please submit with your request.

ASSESSMENT AND SCORING	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	
<input type="checkbox"/>	No withdrawal
<input type="checkbox"/>	Minimal Risk of severe withdrawal (ASAM Level 2.1)
<input type="checkbox"/>	Moderate risk of severe withdrawal (ASAM Level 2.5)
<input type="checkbox"/>	No withdrawal risk, or minimal or stable withdrawal (ASAM Level 3.1)
<input type="checkbox"/>	At minimal risk of severe withdrawal (ASAM Level 3.3 or 3.5)
<input type="checkbox"/>	ASAM LEVEL 3.7 ONLY: Patient has the potential for life threatening withdrawal (must meet at least two of the six dimensions, at least one of which is within dimension 1, 2, or 3)
<input type="checkbox"/>	ASAM LEVEL 3.7 WM ONLY: Patient has life threatening withdrawal symptoms, possible or experiencing seizures or DT's or other adverse reactions are imminent
Provide brief summary of the member's needs/strengths for Dimension 1(OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT): For members with an Opioid Use Disorder, please describe the plan to offer medication assisted treatment (MAT):	
<input type="text"/>	
ASAM Level: <input type="text"/>	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	



Chapter

04

Updates & Information

Clinical Request Inbox

Effective immediately you can email your clinical requests instead of faxing them (faxes will still be accepted)

COMedicaidSUD@beaconhealthoptions.com

Sending requests to this email box will ensure that requests are worked timely. If requests are sent to a specific person they could be delayed if that person is out of the office.

MAT Toolkit

The Centers for Medicare and Medicaid Services (CMS) requires that all providers receiving Medicaid reimbursement for residential and inpatient SUD services offer Medication Assisted Treatment (MAT) onsite, or facilitate access to MAT offsite.

The Department has partnered with the Office of Behavioral Health (OBH) at the Colorado Department of Human Services to develop a [MAT Toolkit for providers incorporating MAT into their programs](#).

<https://drive.google.com/file/d/1vAcsES96vAG9JTj2gawjJokbTgSidM2q/view>

Chapter

05

Upcoming Events

HCPF Provider Office Hours

The Department of Health Care Policy and Financing, in conjunction with its partners at the Colorado Office of Behavioral Health, Regional Accountable Entities, and Managed Services Organizations, will host a series of 60-minute Provider Office Hour sessions, where residential and inpatient SUD treatment providers may ask questions and receive support on issues relating to the SUD benefit expansion.

To submit a question or for more information visit

<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

First Wednesday of the month

Meeting Link:

meet.google.com/ypv-vtau-kfp

Call-in number: (419) 812-2582

PIN: 931 626 035#

Feb. 3 from 2 p.m. - 3 p.m.

Mar. 3 from 2 p.m.- 3 p.m.

Third Wednesday of the month

Meeting Link:

meet.google.com/jsw-mjwf-khk

Call-in number: (419) 812-2582

PIN: 931 626 035#

Feb. 17 from 2 p.m.- 3 p.m.

Mar. 17 from 2 p.m. - 3 p.m.

Upcoming Trainings

SUD Inpatient Treatment, Health First Colorado Providers

March 18

RAE 2 Northeast Health Partners – 1pm-4pm

<https://www.surveymonkey.com/r/8QGX5TV>

RAE 4 Health Colorado, Inc – 9am-12pm

<https://www.surveymonkey.com/r/8S722B9>

This training will cover

Standards that apply to the programs treatment documentation.

Review of the audit tool and discussion of how standards apply to each section.

Adverse Incident and Quality of Care issues reporting.

New Beacon Providers

If you are a New Provider to the Beacon network we will hold a separate training to go over the fundamentals of the Beacon Provider portal, Provider Connect, and billing processes.

Join us March 30th → To register email COProviderRelations@BeaconHealthOptions.com

For self service information prior to that training please visit
The RAE website → Provider tab → *Are you a newly contracted provider? Click here!* section
at the top of the page.

HOME / PROVIDERS

Providers

Upcoming Events / Get Involved! +

Are you a newly contracted provider? Click here!

Join Us Next Month!

The 3rd Tuesday of the month

April 20th at 10am

Chapter

06

Questions & Open Discussion

Thank You

Contact Us



 888-502-4189

 www.northeasthealthpartners.org

 northeasthealthpartners@beaconhealthoptions.com

 <https://www.facebook.com/northeasthealthpartners.org/>

 888-502-4185

 www.healthcoloradarae.com

 healthcolorado@beaconhealthoptions.com

 <https://www.facebook.com/healthcoloradarae/>