Passport Procedure Manual

Draft

1. Administrative Overview
2. Passport has contracted Beacon Health Strategies, LLC to manage the delivery of behavioral health and substance disorder services for its Members. Providers may access Beacons website, [www.beaconhealthstrategies.com](http://www.beaconhealthstrategies.com), for answers to frequently asked questions, Beacon’s clinical practice guidelines, clinical articles, links to numerous clinical resources and important information.
3. Beacon’s secure web portal, eServices, provides information such as: verifying Members eligibility claims statuses, check number of visits available, submit authorization requests and authorization submission history. This service can be accessed twenty-four (24) hours a day, seven days a week.
4. Access to Care
5. Passport and Beacon adhere to State and national Committee for Quality Assurance (NCQA) guidelines for access standards for member appointments. Transformations shall comply with these standards in requests for services.
6. Members do not need a referral to access behavioral health services.
7. Transformations, and its Providers, may only provide such behavioral health and physical health services within the scope of their license(s) and must adhere to the following;

-emergency care with crisis stabilization within twenty-four (24) hours

-urgent care within forty eight (48) hours

-Post Discharge from Acute Hospitalization within 7 days of discharge

-other routine referrals/appointments within ten (10) days.

1. Transformations will adhere to the following guidelines to ensure that Members have adequate access to services;

# On-Call: Transformations shall provide 24-hour on-call services for all Members in treatment; and, ensure that all Members in treatment are aware of how to contact the treating or covering provider after hours and during provider vacations.

# Crisis Intervention: Services will be available 24 hours per day, 7 days per week; Transformations will provide these services during operating hours; and after hours, shall have a live telephone answering service or an answering machine that specifically directs a Member in crisis to a covering physician, agency-affiliated staff, crisis team or hospital emergency room.

# Outpatient Services: Transformations shall have services available Monday through Friday from 9:00 a.m. to 5:00 p.m. EST at a minimum; and, Evening and/or weekend hours will be available at least two (2) days per week.

1. Transformations Providers shall contact Members who have missed appointments within twenty-four (24) hours to reschedule appointments.
2. Behavioral Health Benefits
3. Transformations shall provide behavioral health services to Members in accordance with its established contract, determined to be medically necessary, follow authorization procedures and include DSM-IV (or DSM-V upon implementation) multi-axial classification (when required) with documentation in the Members medical record.
4. Approved services, expectations and/or descriptions with corresponding CPT codes for Transformations can be found in Appendix A (to be developed).
5. Care Management-this reads like duplicity to me. Is it what Beacon provides or is it the TCM services that can be utilized by an outside of Beacon provider. Uncertain how to write it based on my confusion. Help please. Section 16.4
6. Medical Necessity

Transformations, and its Providers, shall identify medical necessity within requests for authorization, documentation and discharge reports in accordance with the Kentucky Administrative Regulations (907 KAR 3:130).

1. Level-of-Care Criteria
2. Transformations, and its Providers, shall comply with Beacon’s LOCC in determining appropriate care for Members.
3. Transformations shall communicate with Beacon in situations of an individual’s needs, and/or the local service delivery system issues, in support of the Member in situations where LOCC is not met in order to meet the needs of the individual.
4. Transformations, and its Providers, must refer Members with known or suspected and untreated physical health problems or disorders to the Primary Care Physician (PCP) with the Members or the Members’ legal guardian’s consent. Refusal to release information to the PCP will be documented in the Members medical chart.
5. Utilization Management Terms and Definitions

Transformations will provide all necessary information to Beacon to guide UM reviews and decision making in relation to requests for Member service(s). The chart below describes the definitions for utilization review including the types of authorization requests and UM determinations which guide Beacon’s UM reviews and decision making. (add graph from page 197 and 198 of Provider Manual).

1. Authorization Procedures and Requirements
2. Transformations, and its Providers, are responsible for following Beacon procedures and requirements to ensure payment for properly submitted claims. Administrative denials may be rendered by Beacon when applicable authorization procedures, including timeframes, are not followed. Transformations will not bill Members for services denied.
3. Transformations, and its Providers, shall determine Member’s eligibility prior to provision of initial and ongoing services. Transformations, and its Providers, understand that possession of a health plan member identification card does not guarantee Member eligibility. Providers can check eServices or call the IVR line at (888)210-2018.
4. I have left out 16.5.2.1, 16.5.2.2and 16.5.2.3 as I do not see how they fit our services. Please check this.
5. Transformations shall follow Passport/Beacon’s outpatient treatment guidelines in requests for service(s). Members are allowed thirty (30) initial therapy sessions (Initial Encounters (IE)) by an appropriate Provider without prior authorization and meeting medical necessity criteria. Providers shall submit the electronic Outpatient Request Form (eORF) at the 25th IE for ongoing service requests.
6. Transformations, and its Providers, shall ask new patients if they have been treated by other therapists in order to ensure payment for services. Providers shall access eServices to look up the number of IE’s that have been billed to Beacon, with the understanding that all services by other providers may not have been billed yet and are not listed. Providers can contact Beacon directly to determine patient history of treatment. (add chart from page 201 and 02)
7. Transformations, and its Providers, shall provide medical necessity information to support service(s) requests which require prior authorization via eServices. Providers can access authorization decisions on eServices which will clearly specify the number of units (sessions) approved, the timeframe within the authorization can be used and explanations of any modifications or denials.
8. I did not include section 16.5.2.4.2 or 16.5.4.3 as they are not in our service delivery plan. Please check.
9. Transformations shall provide requests for authorization in its original form, specific to the dates of service requested and tailored to the Member’s individual needs. Submission of authorizations which are incomplete, lacking in specificity, or incorrectly filled out may be rejected or returned to the Provider by Beacon with an explanation of action(s) which must be taken to resubmit the request.
10. Transformations, and its Providers, shall set specific termination goals and discharge criteria for Members utilizing Beacon’s LOCC for determining medical necessity of continuing outpatient care.
11. Transformations, and its Providers, shall expect service request decision and notification of such decision according to Beacons established time frame(s). (add chart, page 206)
12. Quality Improvement
13. Transformations shall use outcome measurement tools for all members in order to identify progress, barriers, identify potentially high-risk Members who may need intensive behavioral health, medical, and/or social care management interventions.
14. Transformations shall communicate (with Member, or Members guardian’s consent) with Primary Care Providers (PCP’s) on a regular basis. Initial and quarterly (or more frequently if clinically indicated) summary reports of a Members’ behavioral health status to the PCP in order to ensure coordination and improve the quality of member care. (add Communication between Behavioral Health Providers and Other Service Providers chart, page 207 and 208)
15. Transformations shall provide Passport/Beacon aggregate data, including demographic information and clinical and functional status, without member-specific clinical information. (ask about this.)
16. Transformations, and its Providers, shall communicate reason(s) for Member transfers following the protocol found on the Communication between Behavioral Health Providers and Other Service Providers chart.
17. Transformations, and its Providers, shall participate in inpatient discharge planning as appropriate and have an appointment with the Member within seven (7) days. Members who miss appointments will be contacted within twenty-four (24) hours to reschedule. Transformations, and its Providers, shall work with Beacon to remove barriers which prevent a Member from keeping appointments to ensure that necessary supports are in place to maintain placement in the community and to prevent unnecessary readmissions.
18. Transformations, and its Providers, shall assist members in accessing free or discounted medication through the Kentucky Prescription Assistance Program (KPAP) or other similar assistance programs. (ask about this)
19. Reportable Incidents and Events

Transformations shall report all adverse incidents or other reportable incidents and sentinel events involving Members to Passport/Beacon following their outlined expectations. (add chart-page 209 and 210)

1. Behavioral Health Provider Billing Manual
2. Transformations shall utilize EDI or eServices in order to achieve the highest success rate of first-submission claims payment.
3. Transformations , and its Providers, shall provide billing information which has no defect and is complete (clean claim) including required, substantiating documentation of particular circumstance(s) warranting special treatment. Transformations understands that Beacon can return, reject, or disallow any claim, any group of claims, or submission received pending correction or explanation at any time.
4. Transformations shall fulfill and maintain by all Providers and billing agencies submitting electronic medical claims to Beacon the required edits, minimum submission standards, signature certification form, authorizing agreement and certification form, and data specifications. (ask about this)
5. Transformations is responsible for accuracy and valid reporting of all claims submitted for payment. Transformations shall provide a copy of its contract with its billing agency which indicates the responsibility of the billing service to report claim information as directed by the agency in compliance with all policies stated by Beacon. (need to get this to them)
6. Transformations shall not redistribute or disseminate information supplied by Beacon or collected internally within the computing and accounting systems of the agency or the billing agency (e.g., member files or statistical data) for any purpose other than accurate accounting of behavioral health claims. Transformations understands that sharing of such information outside of these boundaries will be considered an illegal use of confidential information. (ask? For clarification?)
7. Transformations will not directly bill health plan Members for covered services rendered under any circumstances, excluding when co-payments are appropriate.
8. Transformations understands that Beacon may recoup money paid due to errors in billing and/or payment, in accordance with Kentucky law and regulations. Recoupments and adjustments shall be processed on future claims and such reports will be noted on the EOB with Beacon’s record identification number (REC.ID) and the patient account number.
9. Transformations shall expect that all clean claims will be adjudicated within thirty (30) days from the date on which Beacon receives the claim.
10. Transformations shall submit appropriate HIPAA-compliant coding on all claims submissions and shall utilize the DSM-IV (or most recent) classification. (need to get the specific info to Metro if not covered or attending the training next week)
11. Transformations shall submit claims as soon as possible for prompt adjudication and no later than within 180 days of the dates of service(s).
12. Transformations shall comply with Passport/Beacon’s Coordination of Benefits policy when Members have other medical insurance, including Medicare. (This includes all insurance including any automobile (personal protection coverage or other medical coverage.)
* When it is determined that Passport/Beacon Health Strategies is the secondary payer, claims must be submitted with a copy of the primary insurance explanation of benefit’s report and received by Beacon within 60 days of the date on the EOB.
* Beacon Health Strategies reserves the right of recovery for all claims in which a primary payment was made prior to receiving COB information that deems Beacon the secondary payer. Recoupments and adjustments shall be applied to future claims processed, and reports shall be noted on the EOB.
1. Transformations shall follow Passport/Beacon’s established claim inquiry procedures, waiver request procedures, and adjust or void procedures when applicable.
2. Transformations shall work collaboratively with Passport/Beacon in the event of low approval rates or reconciliation of any billing issues to ensure its billing practices are in compliance with documented guidelines.
3. Transformations shall work with Beacon in regards to any grievances or concerns it experiences and will expect that all complaints will be resolved within thirty (30) days of notification. Transformations, or Passport, may request a fourteen (14) day extension for resolution of the grievance or appeal. In the event a Member complains or expresses concern regarding Beacon’s procedures or services, Plan procedures, covered benefits or services, or any aspect of the Member’s care received from Provider(s), he/she will be directed to call Beacon’s Ombudsperson at (855) 834-5651 or TTY at (866)727-9441.
4. Transformations, and its Providers, may request a peer review conversation (by the treating Provider) prior to or after an adverse determination upon request for reconsideration by calling (855)834-5651. (is this the best number??)