

# Provider Orientation: Behavioral Utilization for Healthcare Providers

October 1, 2021



# Agenda

- Overview
- Review of Utilization Management Process
  - What services need authorization
  - How can Providers obtain authorization
  - How to submit reconsideration/appeals
- External Appeal Process

# Behavioral Health Program Overview

As of 10/1/21, MetroPlusHealth will be providing the Behavioral Health services previously delegated to Beacon Health Options. Services include:

- Provider network development & contracting
- Care management & coordination
- Utilization management
- Customer services & grievance management
- Claims processing & payment
- Quality management



MetroPlusHealth BH includes:

- Health and Recovery Plan (HARP)
- Children's services, including Voluntary Foster Care Agencies
- Behavioral Health services for other MetroPlusHealth Plan lines of business.



# Behavioral Health Utilization Management



A team of Licensed Clinicians (LMHC, LMSW, LCSW) and physicians specializing in BH of children, BH of adults, and substance use disorders. The BH utilization management team monitors and evaluates medical necessity and appropriateness of behavioral health services or procedures.

# Behavioral Health UM Teams

**Level of Care for Alcohol and Treatment Drug Referral (LOCATDR):** web-based tool that aids in determining the best level of care for a member with a substance use disorder.

**Interqual Criteria:** a screening tool used to determine the appropriateness of care for members in need of psychiatric treatment.

**PSYCKES:** Psychiatric Services and Clinical Knowledge Enhancement System (Psyckes), a web-based platform developed by New York State Office of Mental Health.

**NOA:** Notice of admission  
Pre-determined set of authorized dates per line of business upon submission of NOA documents.

# Evidence-Based Practice: Children

Patients are offered treatments with credible research evidence to support their efficacy in treating the target condition. These will include:

Trauma-focused cognitive behavioral therapy

Seven challenges

Adolescent community reinforcement

Assertive continuing care

Trauma informed child-parent psychotherapy

Multidimensional family therapy

Trauma informed care

Multisystemic therapy

Functional family therapy

Dialectical behavior therapy

Multi-dimensional treatment foster care



# Evidence-Based Practice: Adults

- The Plan shall adopt, disseminate, and implement the State selected clinical practice guidelines listed below as well as nationally recognized clinical practice guidelines, including other evidence-based and promising practices.
- a. SAMHSA's ACT Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products
- b. SAMHSA's Illness Management and Recovery Illness Management and Recovery - Practitioners Guides and Handouts (samhsa.gov)
- c. SAMHSA's Integrated Dual Disorder Treatment for co-occurring disorders Clinical Guide for Integrated Dual Disorder Treatment (IDDT) (easacommunity.org)
- d. SAMHSA's Supported Employment (Individual Placement and Support) Transforming Lives Through Supported Employment | SAMHSA; Supported Employment Evidence-Based Practices (EBP) KIT | SAMHSA
- e. SAMHSA's Family Psychoeducation Family Psychoeducation Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products
- f. Tobacco cessation
- g. OMH FEP practice guidelines nimh-white-paper-csc-for-fep\_147096.pdf (nih.gov)
- h. Seeking Safety Seeking Safety - Treatment Innovations (treatment-innovations.org)
- i. Motivational Enhancement Therapy Motivational Enhancement Therapy for AUD508.pdf Project MATCH Volume 2: Motivational Enhancement Therapy Manual (nih.gov)
- j. Twelve- Step Facilitation Project Match Volume 1: Twelve Step Facilitation Therapy Manual (nih.gov)
- k. Cognitive Behavioral Therapy for SUD Cognitive-Behavioral Therapy for Substance Use Disorders (nih.gov)
- l. Medication Assisted Recovery for SUD Medication-Assisted Treatment (MAT) | SAMHSA TIP 63: Medications for Opioid Use Disorder - Full Document | SAMHSA Publications and Digital Products

# Services Reviewed

in addition to BH Clinical Denials & Appeals for these Services

## INPATIENT BH SERVICES

- Inpatient psychiatric
- Substance Use Disorder Inpatient Detoxification
- Substance Use Disorder Inpatient Rehabilitation
- Intermediate Stay Unit
- Crisis Residence
- Out of network inpatient behavioral health care

## OUTPATIENT BH SERVICES

- Assertive Community Treatment (ACT)
- Continuing Day Treatment Program
- Personalized Recovery Oriented Services (PROS)
- Substance Use Disorder Outpatient Detoxification
- Substance Use Disorder Residential Treatment Program
- Opioid Treatment Program
- ECT(Electroconvulsive Therapy)
- Out of network outpatient behavioral health care
- Applied Behavioral Analysis (ABA)
- Children's Special Services (CSS)
- Home and Community Based Services (HCBS/CORE)
- Partial Hospitalization Program (PHP)
- Crisis Respite



# Required Mental Health Authorizations (1 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non-Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) <b>H+H Auths Required</b>	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
CPEP (Comprehensive Psychiatric Emergency Program) / Obs Beds	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd	Not covered Benefit	No Auth Req'd
IP MH (Mental Health)	NOA	NOA	NOA	Pre Cert	NOA	NOA	NOA	NOA	Pre Cert only if a Covered benefit
IP SUD (Substance Use)	NOA	NOA	NOA	Pre Cert	NOA	NOA	NOA	NOA	Pre Cert only if a Covered benefit
RTC (Residential Treatment Centers) Stabilization	NOA	NOA	NOA	Not covered Benefit	Rehab 28 Stabilization = not a covered benefit	NOA	Rehab 28 Stabilization = not a covered benefit	Rehab 28 Stabilization = not a covered benefit	Pre Cert only if a Covered benefit
RTC (Residential Treatment Centers) Rehabilitation	NOA	NOA	NOA	Not covered Benefit	Rehab 28 Stabilization = not a covered benefit	NOA	Rehab 28 Stabilization = not a covered benefit	Rehab 28 Stabilization = not a covered benefit	Pre Cert only if a Covered benefit
Intermediate Stay Unit	Pre Cert	Pre Cert	Pre Cert	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
Crisis Residence	NOA	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
PHP (Partial Hospital Program)	NOA	NOA	NOA	Pre Cert	NOA	NOA	NOA	NOA	Pre Cert only if a Covered benefit
IOP MH/SUD	NOA	NOA	NOA	Pre Cert	NOA	NOA	NOA	NOA	Pre Cert only if a Covered benefit
CDT (Continuing Day Tx)	Pre Cert	18 + only - Auth Required	Pre Cert	Not covered Benefit	Pre Cert	Pre Cert	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
ACT (Assertive Community Treatment)	Pre Cert	18 + only - Auth Required (except for pre-admission)	Pre Cert	Not covered Benefit	Only Covered 18+ No Auth Req'd	Not covered Benefit	Only Covered 18+ No Auth Req'd	Gold Care Not covered Benefit Commercial Only Covered 18+ No Auth Req'd	Pre Cert only if a Covered benefit
PROS	Preadmission no auth req (up to 60 days). Prior auth after ISR Submitted	Preadmission no auth req (up to 60 days). Prior auth after ISR Submitted	Preadmission no auth req (up to 60 days). Prior auth after ISR Submitted	Not covered Benefit	Only Covered 18+ Preadmission no auth req (up to 60 days). Prior auth after ISR Submitted	Not covered Benefit	Only Covered 18+ No Auth Req'd	Only Covered 18+ No Auth Req'd	Pre Cert only if a Covered benefit
OP Psychotherapy	No Auth Required	No Auth Required	No Auth Required	No Auth Required	No Auth Required	No Auth Required	No Auth Required	No Auth Required	Pre Cert only if a Covered benefit

# Required Mental Health Authorizations (2 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non-Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) H+H Auths Required	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
TMS	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
ECT	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
Psych Testing	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
Neuro Psych Testing	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Psychosocial Rehab (PSR)	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Community Psychiatric Support & Treatment (CPST)	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Peer Supports	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Substance Abuse Peer Supports	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Habilitative Residential Support	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Family Support & Training	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Habilitative Residential Support (Habilitation)	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit

# Required Mental Health Authorizations (3 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non-Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) H+H Auths Required	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
HCBS (Home & Community Based Services) - Vocational/Employment Supports	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Education Support Services	Not covered Benefit	NOA	NOA	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Intensive Crisis Respite	Not covered Benefit	No Auth Req'd	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Short Term Crisis Respite	Not covered Benefit	No Auth Req'd	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
HCBS (Home & Community Based Services) - Transportation Add-on	Not covered Benefit	No Auth Req'd	No Auth Req'd If H4 / H6	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit
Child and Family Treatment Supports and Services (CFTSS) - Other Licensed Practitioner (OLP)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Child and Family Treatment Supports and Services (CFTSS) - Psychosocial Rehabilitation (PSR)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Child and Family Treatment Supports and Services (CFTSS) - Community Psychiatric Support and Treatment (CPST)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Child and Family Treatment Supports and Services (CFTSS) - Family Peer Supports and Services (FPSS)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Child and Family Treatment Supports and Services (CFTSS) - Youth Peer Supports and Treatment (YPST)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State

# Required Mental Health Authorizations (4 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non-Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) H+H Auths Required	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
Child and Family Treatment Supports and Services (CFTSS) - Crisis Intervention (CI)	No Auth Req'd	Not covered Benefit	No Auth Req'd	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Day Habilitation	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Community Habilitation	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Caregiver/Family Supports and Services	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Community Self-Advocacy and Supports	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Supported Employment	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Prevocational Services	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Palliative Care- Expressive Therapy	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State

# Required Mental Health Authorizations (5 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non- Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) <b>H+H Auths Required</b>	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Palliative Care- Massage Therapy	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Palliative Care- Bereavement	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Palliative Care- Pain and Symptom Mgmt	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Crisis Respite	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Respite	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Respite	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Adaptive and Assistive Equipment	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Vehicle Modification	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State



# Required Mental Health Authorizations (6 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non- Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) <b>H+H Auths Required</b>	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
Children's Home and Community Based Services (HCBS) - Children's HCBS Environmental Modification	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert OON/ No Out of State
ABA Services - 97151 (H0031) - Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other QHP's time face-to-face with patient, and/or guardian(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
ABA Services - H0032 - Mental health service plan development by nonphysician	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
ABA Services - 0362(H2019) - Behavior identification supporting assessment, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on-site, * with the assistance of two or more technicians,*for a patient who exhibits destructive behavior, *completed in an environment that is customized to a patient's behavior	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
ABA Services - 97152 - Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face to face with the patient, each 15 minutes	Pre Cert	Not covered Benefit	Pre Cert	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit

# Required Mental Health Authorizations (7 of 7)

	Medicaid & NY Children (MCD TANF / MDC SSI / QMP SNP / QMP TANF / QMP SSI)	MetroPlus Enhanced (HARP) SNP Enhanced / QMP Enhanced	HIV Special Needs (Medicaid SNP)	Medicare Advantage [Dual] / Medicare Premium (Medicare)	CHP (Child Health Plus)	Essential Plan 1&2 Non- Aliessa / Essential Plan 3&4 Aliessa (Essential Plan)	MetroPlusGold / GoldPlus / GoldPrime / Silver Plus / Platinum Plus / MedPlus Catastrophic / MetroPlusGold // BronzePlus / BronzePlus HAS / Silver Prime / SHOP (Exchange HBE // QHP Prime) <b>H+H Auths Required</b>	MetroPlus GoldCare 1, 1A, 1B, II, IIA, IIB (GoldCare - H+H Employees - Commercial)	OON/Out of State
<p>ABA Services - 0373T - Adaptive behavior treatment with protocol modification, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on site, * with the assistance of two or more technicians,*for a patient who exhibits destructive behavior,* completed in an environment that is customized to a patient's behavior</p>	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert	Pre Cert	Pre Cert	Pre Cert	Pre Cert only if a Covered benefit
<p>ABA Service - 0359T - Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report</p>	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Not covered Benefit	Pre Cert	Not covered Benefit	Not covered Benefit	Pre Cert only if a Covered benefit

# Clinical Practice Guidelines

- Used as a decision support tool to assist in the management of certain types of preventive and clinical care.
- Utilization Management policies and procedures, benefit coverage, and member educational materials are consistent with guidelines
- Some MetroPlusHealth guidelines are:
  - Child preventative health
  - Depression screening in Children, Adolescents, and Adults
  - Alcohol and substance abuse
  - Behavioral health screening

**To access further information on the clinical practice guidelines please see Appendix V of the Provider's Manual located on the MetroPlus Provider Portal:**

**<https://www.metroplus.org/Provider>**

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# Behavioral Health UM Process

## Provider Notification to MetroPlusHealth & Event Set Up

Providers notify MetroPlusHealth of authorization need via phone, fax or portal. The BH UM Coordinators will set up the event information in our information system

## Review & Authorization

BH UM Clinicians conduct a preauthorization, concurrent or retrospective review upon receipt of clinical information to assess for medical necessity

## Treatment and Discharge Planning

BH UM Clinicians assist with treatment and discharge planning by providing treatment history, family and related provider contact information and resources to enhance member's connectivity to supportive services. BH UM Clinicians will collaborate with BH CM to initiate Care Management



# Provider Communication of Clinical Information



Providers can provide clinical information for review via the web portal at [providers.metroplus.org](https://providers.metroplus.org).



Telephonically at 1-800-303-9626.  
The phone IVR will direct providers to the appropriate behavioral health queue.



**By Fax:**

- BH UM Fax: 212-908-5208
- BH UM Appeals Fax: 212-908-5209

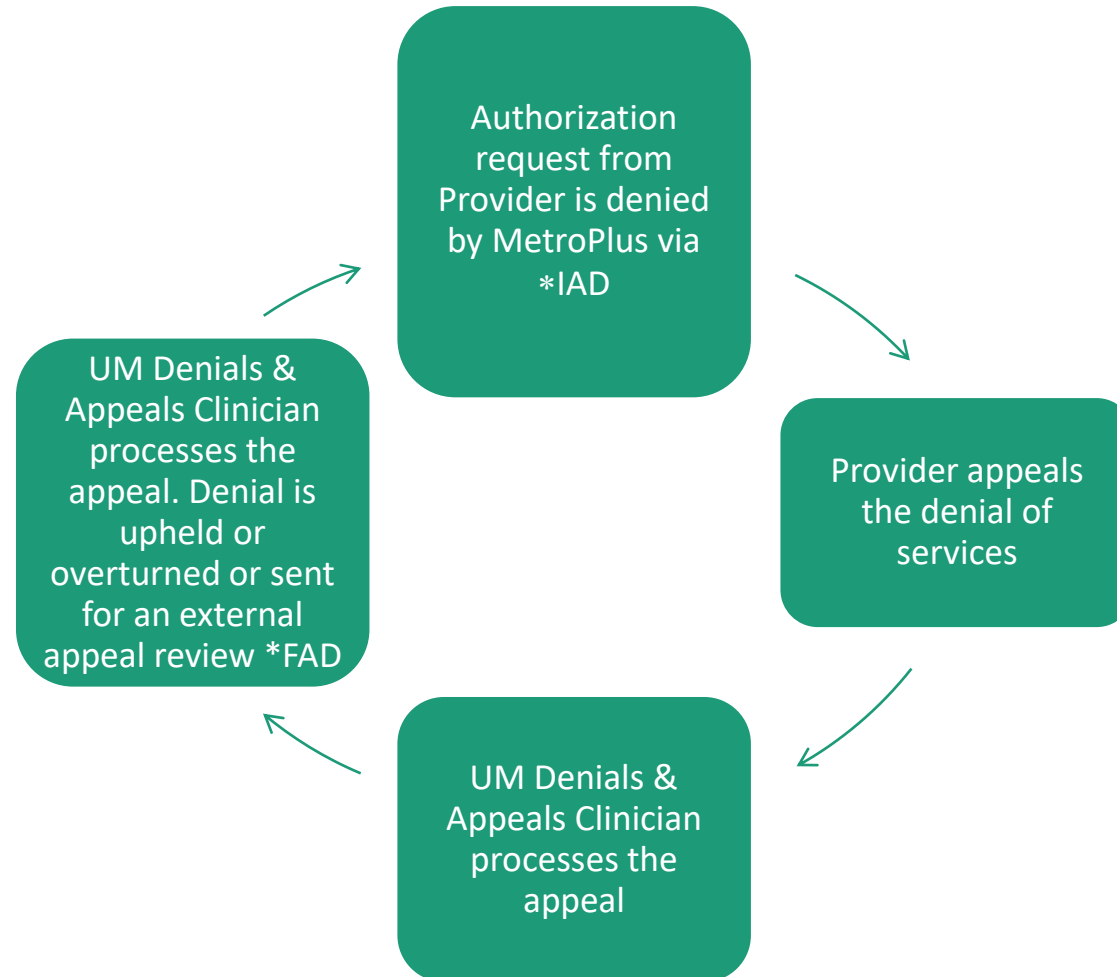
# Adverse Determination Reviews

- MetroPlusEnsures ensures Behavioral Health Utilization Department utilizes Physician Advisors who are Board Certified in General Psychiatry
- Physician Advisor certified in addiction treatment reviews all denials for inpatient SUD treatment
- MetroPlusHealth ensures adverse determinations are made by clinicians with the appropriate training and experience as required by the New York Public Health Law

## DEFINITIONS:

- **Physician Advisor:** A physician who possesses a current and valid non-restricted license to practice medicine specializes in behavioral health and has experience in the delivery of mental health and/or addiction course of treatment. New York Medical Directors and Associate Medical Directors are licensed by New York State. For reviews of treatment for substance use disorder, A physician who possess a current and valid non-restricted license to practice medicine and who specializes in behavioral health and who has experience in the delivery of substance use disorder treatment
- **Peer Advisors/peer reviewers:** A Behavioral Health clinical staff that has similar credentials and licensure as those who typically provide the treatment in question and has experience treating the same condition that is the subject of review. Such experience shall include consideration of age, where the age of the member is relevant to the determination of whether a requested service is medically necessary. A health care professional other than a licensed physician who has experience in the delivery of substance use disorder treatment and, where applicable, possesses a current and valid license

# Behavioral Health Denials/Appeals



- \* *IAD (Initial Adverse Determination)*
- \* *FAD (Final Adverse Determination)*

# External Appeals Process

Before you ask for an External Appeal, you must file a Plan Appeal and get the plan's Final Adverse Determination; or

The member may ask for a Fast-Track Plan Appeal, and a Fast Track External Appeal at the same time; or

The member and the plan may jointly agree to skip the Plan Appeal process and go directly to the External Appeal.

You have 60 calendar days to request an External Appeal from when the plan's final Adverse Determination is received

The member has 4 months to request an External Appeal from when the plan's final Adverse Determination is received

To get an External Appeal application and instructions:

- Call MetroPlusHealth at 1-800-303-9626 (TTY: 711); or
- Call the New York State Department of Financial Services at 1-800-400-8882; or
- Go on line: [www.dfs.ny.gov](http://www.dfs.ny.gov)

The External Appeal decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing.

If the member requests an External Appeal and a Fair Hearing, the Fair Hearing decision will be the final decision about your benefits.

# Provider Services Is Here to Help You

Behavioral Health Provider Service Representatives are assigned by region and serve as a direct liaison between network providers and MetroPlusHealth  
**Bhproviderservices@metroplus.org**

## **Region: Brooklyn/ Staten Island**

Marya Abbas, BH Provider Service Representative

Mobile: 347-852-4446 | Email: [abbasma@metroplus.org](mailto:abbasma@metroplus.org)

Relationship Manager: Sheila Charles

Mobile: 646-296-4768 | Office: 212-908-8469

## **Region: Manhattan**

- Tina Amechand, BH Provider Service Representative
- Mobile: 347-640-2525 | Email: [amecht@metroplus.org](mailto:amecht@metroplus.org)
- Relationship Manager: Kenya McCall
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# Provider Services Is Here to Help You, Cont.

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## **Region: Queens/Long Island**

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# Conclusion

Thank you for participating in the MetroPlus Health Behavioral Health Utilization Management Provider Orientation.

Please click the link below to attest that you have completed the training  
<https://www.metroplus.org/provider/behavioral-health/bh-training-registration>

For any general queries or concerns please contact [bhproviderservices@metroplus.org](mailto:bhproviderservices@metroplus.org) to connect with a provider service representative.

