

MCO/ACO CBHI Authorization Processes 5/8/19

Authorization Parameters

Note: All authorization parameters below are floors not ceilings. If a provider uses up the units authorized in a given time parameter prior to the end of the end date of the authorization, the provider can contact the MCO/ACO to request additional units.

1 Unit = 15 min for IHT, IHBS, TM, FS&T
 1 Unit = 1 day for ICC

MCO/ACO	ICC with FS&T: Initial Authorizations	ICC with FS&T: Reauthorizations
MBHP and BeHealthy Partnership	90 units/90 days for ICC and FS&T	90 units/90 days for ICC and FS&T
AllWays Health Partners/Optum	Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services.	Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services.
Fallon Health/ Beacon	42 units/42 days for ICC and FS&T	90 units/90 days for ICC and FS&T
Tufts Health Plan	42 units/42 days for ICC and FS&T	90 units/ 90 days for ICC and FS&T
BMC Healthnet Plan/Beacon	42 units/42 days for ICC and FS&T	90 units/90 days for ICC and FS&T

IHT: 360 units/90 days (both initial and reauthorizations)* Please see the AllWays Health Partners/Optum section for their parameters.

TM: 208 units/90 days (both initial and reauthorizations)* Please see the AllWays Health Partners/Optum and Tufts Health Plan sections for their parameters.

IHBS: 240 units/60 days (both initial and reauthorizations)* Please see the AllWays Health Partners/Optum section for their parameters.

FS&T with IHT/OP Hubs: 208 units/90 days (both initial and reauthorizations)* Please see the AllWays Health Partners/Optum and Tufts Health Plan sections for their parameters.

Intensive Care Coordination

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<ul style="list-style-type: none"> • Complete the Initial Review Request in ProviderConnect at www.valueoptions.com/pclogin within 30 days prior to or following the requested start date and list all current or potential hub-dependent services/units in the Care Plan. • An authorization letter can be obtained via ProviderConnect. 	<ul style="list-style-type: none"> • Complete a Continuing Care (Concurrent) Request, with a copy of the updated Care Plan attached, in ProviderConnect at www.valueoptions.com/pclogin within 30 days prior to or following the requested start date.¹ • An authorization letter can be obtained via ProviderConnect. 	<ul style="list-style-type: none"> • Not required
AllWays Health Partners/ Optum	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure that treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required

¹ Failure to justify/document continued clinical need in ProviderConnect will result in the Member's MBHP health record having insufficient clinical information to warrant an authorization. This may call into question the medical necessity of ICC for the youth.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Fallon Health/ Beacon	<ul style="list-style-type: none"> • After the provider receives guardian consent for services, please complete an eServices review for initial auth at beaconhealthstrategies.com. • eServices will provide a reference number, and a confirmation letter will be sent to the agency. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. • Fallon Health/Beacon will retroactively authorize services for up to three business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • The ICC or his/her supervisor is to complete a telephonic review with the provider's Beacon CBHI-designated clinician. CBHI clinicians can be contacted directly or by calling (888) 877-7182. • Reviews are completed following the initial ICP creation. • If an initial ICP has not been created, the designated CBHI clinician/800# should be contacted for an extension. • The Beacon reviewer will issue auth #, units, and dates approved. 	<ul style="list-style-type: none"> • Please call your designated Beacon rep to supply discharge information or call (888) 877-7182.
Tufts Health Plan	<ul style="list-style-type: none"> • Fax notification is required. The form is faxed to Tufts Health Plan at (888) 977-0776. • Confirmation of notification will be faxed to the CSA provider. • Tufts Health Plan will retroactively authorize services for up to three business days. • Once the CPT meeting has occurred and the ICP is complete, the ICP should be faxed prior to last date of initial auth. If the CPT meeting and ICP are not completed within the initial authorization time frame, then the provider should call Tufts Health Plan at (888) 257-1985 for an extension. 	<ul style="list-style-type: none"> • Complete a telephonic review prior to the last covered day of initial auth and after the ICP is faxed. • Tufts Health Plan will retroactively authorize services for up to three business days. • An authorization letter will be faxed to the provider. 	<ul style="list-style-type: none"> • The provider is required to fax in the Intensive Care Coordination (ICC) Discharge Form that can be found at www.tuftshealthplan.com.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCOACO	Initial Authorizations	Reauthorizations	Discharge Reviews
BMC HealthNet Plan/Beacon	<ul style="list-style-type: none"> • After the provider has received guardian consent for services, please complete an eServices review for initial auth at beaconhealthstrategies.com. • eServices will provide a reference number, and a confirmation letter will be sent to the agency. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. • BMC/Beacon will retroactively authorize services for up to three business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • The ICC or his/her supervisor is to complete a telephonic review with the provider's Beacon CBHI-designated clinician. CBHI clinicians can be contacted directly or by calling (888) 217-3501. • Reviews are completed following the initial ICP creation. • If an initial ICP has not been created, the designated CBHI clinician/800# should be contacted for an extension. • The Beacon reviewer will issue auth #, units, and dates approved. 	<ul style="list-style-type: none"> • Please call your designated Beacon rep to supply discharge information or call (888) 217-3501.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

Family Support and Training (FS&T) with In-Home Therapy/Outpatient Hubs

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If ICC is the hub, see above for ICC authorization processes. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If IHT or Outpatient Therapy is the hub, the FS&T provider calls the MBHP IVR at (888) 899-6277 and follow the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If ICC is the hub, see above for ICC authorization processes. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If IHT or Outpatient Therapy is the hub, the FS&T provider calls MBHP IVR at (888) 899-6277 and follow the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
AllWays Health Partners/ Optum	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards 	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required
Fallon Health/ Beacon	<ul style="list-style-type: none"> • After guardian consent is obtained, FS&T or their supervisor contacts (888) 877-7182 to do a telephonic review. • The Beacon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to the provider for confirmation. • Fallon Health/Beacon will back date three business days. • Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 877-7182 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 877-7182 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The FS&T provider obtains consent from the family for involvement in FS&T services. • The FS&T is included in the CSA Day rate. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • Tufts Health Plan has removed the prior authorization requirement. • Providers can submit claims directly to Tufts Health Plan. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The FS&T is included in the CSA Day rate. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • Tufts Health Plan has removed the prior authorization requirement. • Providers can submit claims directly to Tufts Health Plan. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Not required
BMC Healthnet Plan/ Beacon	<ul style="list-style-type: none"> • After guardian consent is obtained, FS&T or their supervisor contacts (888) 217-3501 to do a telephonic review. • The Beacon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to provider for confirmation. • BMC/Beacon will back date three business days. • Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 217-3501 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 217-3501 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

In-Home Therapy (IHT)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHT units and frequency of IHT that are medically necessary and agreed upon by the Care Planning Team. The IHT provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHT units and frequency of IHT that are medically necessary and agreed upon by the Care Planning Team. The IHT provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For Youth NOT Involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

	<p>www.masspartnership.com.</p> <ul style="list-style-type: none"> • Authorizations can be requested 14 days prior to or after the requested start date of the authorization. • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	<p>Authorizations can be requested 14 days prior to or after the requested start date of the authorization</p> <ul style="list-style-type: none"> • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	
AllWays Health Partners/ Optum	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required
Fallon Health/ Beacon	<ul style="list-style-type: none"> • Once the provider receives guardian consent for services, eServices is then used for initial review (IHT.INI) via beaconhealthstrategies.com. • A reference number will be given at the end of the online review. • Authorization letters will be sent/faxed for confirmation. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request 	<ul style="list-style-type: none"> • All concurrent reviews for In Home Therapy are completed on eServices via Beaconhealthstrategies.com. Please choose IHT.EXT from the drop down. • Reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. • Authorizations can also be confirmed online after about one hour of submission on eServices. Providers 	<ul style="list-style-type: none"> • Discharge reviews can be completed on eServices via beaconhealthstrategies.com. Please choose IHT.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

	<p>was entered correctly.</p> <ul style="list-style-type: none">• Fallon Health/Beacon will back date two calendar days (48 hours).• Additional units can be requested on eServices, prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested.• Authorizations should also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly.	<p>should check dates and units to ensure request was entered correctly.</p>	
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Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The ICC provider convenes a CPT meeting; the family and CPT identify the need for IHT and documents need and goals for IHT in ICP. • The ICC provider obtains consent from family to make an IHT referral. • The IHT provider should call Tufts Health Plan at (888) 257-1985 to request an initial authorization via a telephonic review. Tufts Health Plan will retroactively authorize services up to one business day. • An authorization letter and cover letter will be faxed to the IHT provider. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • IHT should get consent from the family to start this service. • The IHT provider should call Tufts Health Plan at (888) 257-1985 to request an initial authorization via a telephonic review. Tufts Health Plan will retroactively authorize services up to one business day. • An authorization letter and cover letter will be faxed to the IHT provider. 	<p>For BOTH youth involved/not involved in ICC, the process is the same:</p> <ul style="list-style-type: none"> • Prior to the prior authorization's end date or exhaustion of units, the IHT provider should call Tufts Health Plan at (888) 257-1985. During the concurrent review, Tufts Health Plan will discuss all updates on the treatment plan, progress towards goals, and ongoing coordination between the service provider and other services being received by the youth and family. • Tufts Health Plan will not retroactively authorize services for reauthorizations. 	<ul style="list-style-type: none"> • Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
BMC Healthnet Plan/ Beacon	<ul style="list-style-type: none"> • Once the provider receives guardian consent for services, eServices is then used for initial review (IHT.INI) via beaconhealthstrategies.com. • A reference number will be given at the end of the online review. • Authorization letters will be sent/faxed for confirmation. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly. • BMC/Beacon will back date two calendar days (48 hours). Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. • Authorizations should also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly. 	<ul style="list-style-type: none"> • All concurrent reviews for In-Home Therapy are completed on eServices via beaconhealthstrategies.com. Please choose IHT.EXT from the drop down. • A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly. 	<ul style="list-style-type: none"> • Discharge reviews can be completed on eServices via beaconhealthstrategies.com. Please choose IHT.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

Therapeutic Mentoring (TM)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of TM units and frequency of TM that are medically necessary and agreed upon by the Care Planning Team. The TM provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. The TM provider calls the MBHP IVR 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of TM units and frequency of TM that are medically necessary and agreed upon by the Care Planning Team. The TM provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For Youth NOT Involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. The TM provider calls the MBHP IVR at (888) 899-6277 and follows the prompts 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

	<p>at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com.</p> <ul style="list-style-type: none"> • Authorizations can be requested 14 days prior to or after the requested start date of the authorization. • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	<p>as noted in the MBHP IVR Manual, posted at www.masspartnership.com.</p> <ul style="list-style-type: none"> • Authorizations can be requested 14 days prior to or after the requested start date of the authorization • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	
AllWays Health Partners/ Optum	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Fallon Health/ Beacon	<ul style="list-style-type: none"> • Once the TM provider receives guardian consent for services, initial authorization can be completed on eServices via beaconhealthstrategies.com. Please choose TM.NOA. Please have the Hub's CANS and ICP/tx plan available. • A reference number will be given at the end of the online review. • Authorization letters will be sent/faxed for confirmation. • Authorizations should be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly. • Fallon Health/Beacon will back date two business days. Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. 	<ul style="list-style-type: none"> • Concurrent reviews can be completed on eServices via beaconhealthstrategies.com. Please choose TM.CCR and have the Hub's CANS and ICP/tx plan available. 	<ul style="list-style-type: none"> • Discharge reviews can be completed on eServices via beaconhealthstrategies.com. Please choose TM.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan the need for a TM. Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan the continued need for a TM. Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
BMC Healthnet Plan/ Beacon	<ul style="list-style-type: none"> • Once the TM provider receives guardian consent for services, initial authorization can be completed on eServices via beaconhealthstrategies.com. Please choose TM.NOA. Please have the Hub's CANS and ICP/tx plan available. • A reference number will be given at the end of the online review. • Authorization letters will be sent/faxed for confirmation. • Authorizations should be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure request was entered correctly. • BMC/Beacon will back date two business days. Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. 	<ul style="list-style-type: none"> • Concurrent reviews can be completed on eServices via beaconhealthstrategies.com. Please choose TM. CCR and have the Hub's CANS and ICP/tx plan available. 	<ul style="list-style-type: none"> • Discharge reviews can be completed on eServices via beaconhealthstrategies.com. Please choose TM.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

In-Home Behavioral Services (IHBS)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. If ICC is the hub, the IHBS provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHBS units and frequency of IHBS that are medically necessary and agreed upon by the Care Planning Team. The IHBS provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. If the IHBS provider is requesting an authorization with a hub waiver, the IHBS provider calls (617) 790-5634 to perform a clinical review. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. If ICC is the hub, the IHBS provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHBS units and frequency of IHBS that are medically necessary and agreed upon by the Care Planning Team. The IHBS provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. If the IHBS provider is requesting an authorization with a hub waiver, the IHBS provider calls (617) 790-5634 to perform a clinical review. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. The IHBS provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

	<ul style="list-style-type: none"> • The IHBS provider calls the MBHP IVR at (888) 899-6277 and follows the prompts as noted in the MBHP IVR Manual, posted at www.masspartnership.com. • If the IHBS provider is requesting an authorization with a hub waiver, the IHBS provider calls (617) 790-5634 to perform a clinical review. • Authorizations can be requested 14 days prior to or after the requested start date of the authorization. • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	<ul style="list-style-type: none"> • If the IHBS provider is requesting an authorization with a hub waiver, the IHBS provider calls (617) 790-5634 to perform a clinical review. • Authorizations can be requested 14 days prior to or after the requested start date of the authorization. • An authorization letter can be obtained in ProviderConnect at www.valueoptions.com/pclogin. 	
AllWays Health Partners/ Optum	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Optum has removed pre-certification requirements for in-scope CBHI services. Services will be managed by the ALERT team through algorithms established specifically for these services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Fallon Health/ Beacon	<ul style="list-style-type: none"> • Once the IHBS provider receives guardian consent for services, IHBS or their supervisor contacts (888) 877-7182 to do a telephonic review. Please have hub CANS and tx plan/ICP available. If a provider is requesting a hub waiver, the same procedure is followed, i.e., call the 800# for review. • A Beacon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to the provider for confirmation. • Fallon Health/Beacon will back date two business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 877-7182 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 877-7182 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider obtains consent from the family for involvement in IHBS services. • If ICC is the hub, the IHBS provider verifies that the ICC provider has documented in the Care Plan the need for IHBS. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain initial authorization via a telephonic review. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider obtains consent from the family for involvement in IHBS services. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain initial authorization via a telephonic review. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • If ICC is the hub, the IHBS provider verifies that the ICC provider has documented in the Care Plan the need for IHBS. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain a subsequent authorization via a telephonic review prior to the PA end date or exhaustion of units. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain a subsequent authorization via a telephonic review prior to the PA end date or exhaustion of units. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services. 	<ul style="list-style-type: none"> • Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
BMC Healthnet Plan/ Beacon	<ul style="list-style-type: none"> • Once the IHBS provider receives guardian consent for services, IHBS or their supervisor contacts (888) 217-3501 to do a telephonic review. Please have hub CANS and tx plan/ICP available. If the a provider is requesting a hub waiver, the same procedure is followed, i.e., call the 800# for review. • The Beacon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to provider for confirmation. • BMC/Beacon will back date two business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 217-3501 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 217-3501 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.