

Date: May 19, 2015

Behavioral Health Services Update: Changes to Behavioral Health Utilization Review Processes & Forms Effective June 15, 2015

Background

As UCare Behavioral Health continues to work towards improving UCare member and provider experiences, we have identified areas where we can refine current Utilization Management and Behavioral Health Case Management practices. ***This Bulletin serves as notification to behavioral health providers that UCare Behavioral Health will implement Utilization and Case Management enhancements, including form revisions, effective June 15, 2015.***

Summary of Changes Effective June 15, 2015:

- Provider-friendly forms online that are in a fillable electronic format
- Enhanced clinical reviews including medical necessity and level of care reviews done in conjunction with UCare Behavioral Health clinicians and UCare providers
- Fully integrated Behavioral Health Utilization Management and Case Management services to enhance patient access to benefits, services and appropriate levels of care
- Inpatient Mental Health facilities will be contacted on the third business day to assist in the discharge planning process, continuity of care, and transition of care needs

How these Changes Impact UCare Behavioral Health Providers:

As these changes are implemented, providers will notice an increase in interactions with UCare Behavioral Health Utilization Review Clinicians when requesting Authorizations. Our goal is to assist providers in ensuring that patients are receiving the right care at the right time and with the right provider. We want to partner with providers to improve patient health outcomes and the care experience.

What is NOT Changing?

There will be no changes to the Authorization and Notification [Requirement Grids](#) or claims submission processes. Contact information for Behavioral Health, phone numbers and fax numbers will remain the same.

Form Changes Effective June 15, 2015:

UCare Behavioral Health has revised all Mental Health and Chemical Dependency forms to improve processing time and reduce provider administrative work. There are now five (5) required forms:

- Chemical Dependency Notice of Admission and Outpatient Request Form
- Mental Health Notice of Admission and Residential Request Form
- Mental Health Outpatient Request Form
- Psych Testing Request Form
- Mental Health and Chemical Dependency Retro Authorization Request Form

*The newly designed forms will be required as of Monday, **June 15, 2015**. By that day, the new forms will be posted on UCare's [Eligibility & Authorizations](#) web page below the 2015 Authorization and Notification Requirement Grids.*

Advantages of the form changes include:

- Ease of completion due to newly designed format that includes fillable text format
- Simplifies and reduces required information
- Decreased processing time overall
- More intuitive layout including “How To” instructions for each form and updated “*Authorization Overview Document*” outlining which form to use
- Separate forms for Mental Health and Chemical Dependency to avoid confusion
- Separates inpatient and residential services from outpatient services
- Additional new form for Retrospective Authorization requests (requests that are 30 days post service)

Tips to Enhance the Utilization Review Process:

To avoid delays during the adoption of the new processes, here are some suggestions of information to have available to help providers be prepared during the utilization review process:

- Patient demographic information such as full name, DOB, phone number.
- Clinical summary including brief history of present illness, current symptoms, treatment plan, progress notes, anticipated length of stay and/or date of discharge.
- Discharge Planning such as aftercare or follow-up including appointment dates and times and future treatment plans if applicable.
- Treatment plan and progress towards goals. Incomplete treatment plans, those with generic goals or those not related to the diagnosis are subject to clinical review and potential denials.
- Consider appropriate spans of time/ appropriate timeframes on requests for services. The length of service time (or span) requested should meet medical necessity criteria and are reviewed on a case by case basis. Lengthy requests for services could be shortened based on a medical necessity review.

Reminder About Authorization and Notification Definitions:

The following definitions are found in UCare's Provider Manual in [Chapter 5](#):

Approval Authority: UCare or an organization delegated by UCare to approve or deny prior authorization requests.

Prior Authorization: An approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, if it is an eligible expense, is appropriate, and that other alternatives have been considered.

Notification: The process of informing UCare or delegates of UCare of a specific medical treatment or service prior to, or within a specified time period after, the start of the treatment or service.

If requesting a procedure that is listed in the Authorization & Notification Requirement grids as requiring an Authorization, the provider must obtain an Authorization prior to providing the service. For services indicated as requiring Notifications, the provider must notify UCare within the timeframe stated.

Information for Inpatient Providers Regarding Discharge Planning:

In order for UCare to effectively integrate Utilization Management and Case Management services, and to best assure our members are receiving access to benefits, services, and the appropriate levels of care, it is imperative that providers communicate with our Utilization Management clinicians when a behavioral health discharge occurs. Providers discharging UCare members from an inpatient mental health or chemical dependency hospital setting and Children's Mental Health Group Residential Treatment (Rule 5) settings are expected to contact UCare Behavioral Health Utilization Review clinicians within one (1) business day of a member being discharged. Please be prepared to share the information contained in a full clinical discharge summary. Inpatient facilities should contact the Utilization Management clinician they have most frequently communicated with in the past, or call UCare Behavioral Health if uncertain of the contact person.

Important Reminder when Faxing UCare Forms:

To avoid potential HIPAA violations, use ***the correct fax number for UCare Behavioral Health which is 1-855-307-6981***. Please inform all agency staff who send the Authorization/Notifications of this important detail and make sure that any preprogrammed faxes have the correct number. Please also remind agency staff that the PHI information included on forms falls under HIPAA rules and may be subject to required reporting if misdirected. Any faxes sent to incorrect numbers will need to be resubmitted to UCare Behavioral Health.

Important Behavioral Health Resources and Phone Numbers

[Customer Services](#) (for UCare member inquiries)

[UCare Provider Manual](#)

[Behavioral Health Authorization and Notification Requirement Grids](#)

[Behavioral Health Forms](#)

[Authorization Overview Document](#) (forms and process guide)

[UCare Provider webpage](#)

[UCare Provider Portal](#) (authorization lookup, claims status)

UCare Behavioral Health for Authorization and Notification questions:

612-676-3300 or 1-888-531-1493

UCare Provider Assistance Center for claim and billing questions:

612-676-3300 or 1-888-531-1493

UCare Provider Assistance Center for Provider Portal questions:

1-866-245-9297

Behavioral Health Fax number: 1-855-307-6981