



illinicare health™

# Illinois Treatment Authorization Requests

*Behavioral Health*

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12/20/2017

# Services Providers



- IlliniCare Health has contracted with the following provider types:
  - Hospitals offering acute psychiatric care and detoxification services, including crisis stabilization units, and Intensive Outpatient Programs (IOPs)
  - Rule 132 Community Mental Health Centers (CMHCs)
  - Licensed and certified DASAs
  - Federally Qualified Health Centers (FQHCs)
  - Independent Psychiatrists and Psychiatric Nurse Practitioners

# Providing Services



- IlliniCare Health will **NOT** require prior authorization for emergency care.
- Life threatening conditions and post-stabilization care determinations will occur within **one hour** of request.
- For In-Network Providers:
  - Prior authorization is **NOT** required for an initial evaluation and five (5) follow-up sessions for individual, family, or group outpatient therapy.
  - Prior authorization is **NOT** required for medication management.
- Prior authorization **IS REQUIRED** for outpatient therapy beyond the initial six (6) sessions. Utilization Management (UM) will make a determination within **14 days** of receipt of the request.

# When to Complete an OTR



- Outpatient Treatment Request (OTR) forms are required when you need to request additional outpatient services (beyond the initial 6).
  - Refer to the Covered Professional Services and Authorization Guidelines document for a list of specific billing codes that require authorization.

The OTR Form and the Covered Professional Services and Authorization Guidelines are posted online at [www.IlliniCare.com](http://www.IlliniCare.com).

# Common Claim Denials



- Claim authorization and service provider not matching
- Services has exceeded the authorization limit
- Claim and authorization not matching
- Benefit limit for services without an authorization has been met
- No authorization on file

# Clinical Review Process



- The OTR Review Process will be guided by three essential questions:
  1. **Recovery** – Are the interventions built on client strengths and intended to reduce or eliminate the impact of the mental health condition so the client can live in their community with a sense of respect, hope, empowerment, and self-determination?
  2. **Resiliency** – Do the interventions harness, or promote the development of, inner strengths that will help clients rebound from and adapt to current and future trauma, adversity, or stressors?
  3. **Results** – Are the interventions based upon evidence-based standards of care with demonstrated efficacy in addressing the problems for which the client sought services?

# Inpatient Authorizations



- *All inpatient authorization requests are conducted via live telephonic review.*
- Providers must call IlliniCare Health within 24 hours of admission; after-hours calls will be automatically routed to NurseWise and authorized until the next business day, when a live review must be completed.
- InterQual Medical Necessity Criteria are used to evaluate requests for mental health treatment, and American Society of Addiction Medicine (ASAM) criteria are applied to all chemical dependency requests.
- IlliniCare Health focuses on collaboration to ensure the best care and outcomes possible, and coordination with the Case Management/Care Coordination staff is imperative.

# Essential Elements of the OTR



- Treatment modalities (e.g., individual, family, group, CBS)
- Estimated number of sessions to complete the treatment episode
- Communication with the Primary Care Provider (or scheduled date)
- Evaluation by a Psychiatrist (or scheduled date) and current medications
- Overall progress and treatment compliance
- Measureable, observable discharge criteria (when will services terminate?)



# Essential Elements of the OTR



- Describe the clinical reason(s) the member initially sought treatment
- Describe the current symptoms and their current impact on member functioning
- Mental health / substance abuse treatment history
- Axes I – V, using the DSM-IV Multi-axial format
- Risk Assessment (current suicidality, homicidiality, and/or violent behavior)
- Measureable goals / objectives / interventions
  - Be SMART

# SMART Goals



Objective goals are *not* vague!

**S**PECIFIC – who, what, when, where, and how.

**M**EASURABLE – intensity, frequency, duration of symptoms.

**A**TTAINABLE – within the member's scope for the current treatment episode?

**R**EALISTIC – is the bar set too high or too low for this member?

**T**IME-LIMITED – what is a realistic timeframe to complete the treatment goals?

# OTR Review



- IlliniCare Health and InterQual medical necessity criteria are applied to all outpatient treatment requests, both for pre-authorization and concurrent review.
- Completed OTR's are faxed to **844-528-3453**.
  - The fax system accepts attachments to ORTs (e.g., progress notes, treatment plan reviews/updates)

*IlliniCare Health medical necessity criteria and a list of services requiring prior authorization can be found online at [IlliniCare.com](http://IlliniCare.com).*

# OTR Review



- Do the requested services represent the least restrictive level of care available that will safely address the needs of the member?
- Does the clinical information provided clearly document the nature and severity of the member's functional impairments?
- If the request is for a continuation of services, is there adequate documentation that the client is making progress in treatment?
- Are the services being titrated in a manner that supports a planful termination and the development of an individualized aftercare / follow-up plan?

# UM Review Options



- When there are questions about treatment, Utilization Management (UM) may send to the provider a member-specific OTR Feedback Form, detailing what additional information to include on subsequent OTR submissions.
- UM may also send a diagnosis-specific Best Practice Intervention Strategies Form, which list research-supported treatment goals that might assist the provider in development of treatment goals.
- UM may also conduct telephonic outreach to the requesting provider in order to acquire additional information without requiring the submission of a modified OTR (to reduce administrative burden for the provider).

# UM Review Options



- When UM believes that a requested service does not meet the established MNC, the service request is sent to an independent Physician Advisor (psychiatrist or psychologist) for a medical necessity determination.
- PA Reviews may result in a finding to authorize the service as requested, or to authorize the request service at a reduced frequency and/or length of treatment.
- PA Review may result in a medical necessity denial, which is communicated in writing to the member and provider.
- Members and providers (on behalf of the members with written member consent) have appeal rights when services are denied.

# Denials and Appeals



- Members and providers (on behalf of members with written consent) have the right to request an appeal for any denial or non-certification decision (also known as an Action).
- Appeals can be made orally (for expedited appeals) or sent in writing (mandatory for standard appeals).
- IlliniCare Health will assign a different Physician Advisor, who was not involved in the denial decision, to review the appeal and make a medical necessity determination.
- An external review process is available if the member is still unsatisfied with the appeal review process.

# Care Coordination



- Care Coordination is a collaborative process of assessment, planning, and facilitation with the member, physician, family/significant other, and the providers of healthcare and support services to implement an individualized plan of care to meet an individual's health needs.
- IlliniCare Health takes a multi-disciplinary approach to help members with multiple co-morbidities obtain needed services through Integrated Care Teams (ICTs) that include:
  - Licensed behavioral health clinicians, registered nurses, social workers, and non-clinical staff

**Care Coordination Department: 866-329-4701**



# Care Coordination – ICTs



- ICTs focus on member strengths, empowering members to fully participate in all treatment decisions.
- ICTs identify and assist members with complex or chronic behavioral health and medical conditions. All members will receive Intensive Care Coordination services.
- ICTs foster communication and linkage to available resources that promote quality, cost-effective outcomes and maximize efficiency in utilization of available resources and plan benefits.

# Online Provider Resources



- Clinical training (also available on-site)
- E-Learning: free online training that provides CEU/CME credit
- Provider Manual
- Quick Reference Guide
- Frequently Asked Questions
- Provider Directory
- Cultural Competency Plan

We post bulletins and updated information frequently – check [www.IlliniCare.com](http://www.IlliniCare.com) often!

# Online Provider Resources



- Agency for Healthcare Research and Quality:  
[www.ahrq.gov](http://www.ahrq.gov)
- National Institute on Drug Abuse:  
[www.nida.nih.gov](http://www.nida.nih.gov)
- National Registry of Evidence-Based Programs and Practices: [www.nrepp.samhsa.org](http://www.nrepp.samhsa.org)

# Questions?



- Provider Services: 866-329-4701
- Provider Relations:  
[ProviderRelations\\_IL@centene.com](mailto:ProviderRelations_IL@centene.com)
- IlliniCare Health website: [www.IlliniCare.com](http://www.IlliniCare.com)