Illinois Treatment Authorization Requests

Behavioral Health

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.
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.*
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

• National Institute on Drug Abuse: www.nida.nih.gov

• National Registry of Evidence-Based Programs and Practices: www.nrepp.samhsa.org
Questions?

• Provider Services: 866-329-4701

• Provider Relations: ProviderRelations_IL@centene.com

• IlliniCare Health website: www.IlliniCare.com