MITS BITS PROVIDER INFORMATION RELEASE

Prior Authorization and Behavioral Health Integration

May 16, 2018

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Prior Authorization (PA) and Behavioral Health Integration

Medicaid managed care plans (MCPs) are responsible for prior authorizations for those services which require such approval for their members. With behavioral health integration, MCPs must honor any prior authorization approved by fee-for-service (FFS) Medicaid until it expires. MCPs will then use FFS criteria (until June 30, 2019) to process any new prior authorization requests. Any current authorizations will be transferred to the member's respective MCP; providers do not need to take any action.

Behavioral Health Expedited Prior Authorization

Assertive community treatment (ACT), intensive home based treatment (IHBT), and substance use disorder (SUD) residential treatment (applies to the 31st day of the first two admissions in a calendar year, and to the first day of any subsequent admissions in that year) will be prior authorized as expeditiously as the member's health condition requires but no later than 48 hours after receipt of the request. Providers should notify the MCP on the first day of ALL SUD residential stays in order to allow for care coordination activities to benefit the member.

For standard authorization decisions, the MCP must provide notice to the provider and member as expeditiously as the member's health condition requires but no later than ten calendar days following receipt of the request for service (OAC rule 5160-26-03.1).

Uniform Prior Authorization Form

In preparation for BH integration, MCPs will review prior authorization requests for services for their members beginning June 1, 2018. A single form is available for use across all managed care plans. It can be found online HERE, or via the BH Redesign website at: http://bh.medicaid.ohio.gov/Provider/Medicaid-Managed-Care-Plans.

MCP Provider Services

Questions regarding MCP prior authorization process and status should be directed to the MCPs at:

	Contact Info
Aetna	• 1-855-364-0974, option 2, then 4
Buckeye	• 1-866-296-8731
CareSource	• Business Hours: 1-800-488-0134 • After Hours: 1-866-206-7861 (MyCare) or 1-866-206-0554 (Medicaid)
Molina	• 1-855-322-4079
Paramount	• 419-887-2520 and toll free: 1-800-891-2520
UnitedHealthcare	• 1-866-261-7692 (prompt 4)

FFS Prior Authorization Tips

- To disenroll clients from IHBT and ACT prior to July 1, 2018, providers can use the MITS PA subsystem by entering a new end date for the requested PA service span. There is no need to contact Kepro to disenroll clients from IHBT or ACT. After July 1st, providers can disenroll clients from IHBT and ACT by contacting the MCP at the number above.

- Be sure to submit clinical documentation with a valid signature and date. Kepro staff will mark PA requests "pending additional information" when providers submit clinical documentation without valid, dated signature or no signature at all.
    - Documentation submitted to support an approved prior authorization must include either:
        - Practitioner's physical (handwritten) signature and date, or
        - An electronic signature, which is only acceptable if it clearly delineates who signed along with the date and time of signature. Typed or stamped signatures are never accepted.