
PROVIDER FORUM

BH Prior Authorizations, Discharge Planning, and MOUD Incentive Program



June 22, 2023

21st Century Cures Act

All Delaware network providers must be enrolled in the Delaware Medical Assistance Program (DMAP).

This applies to all Highmark Health Options (HHO) network providers who furnish, order, refer, or prescribe items or services to Delaware Medicaid members.

Providers should have received a notice from DMAP to attest or complete a new Provider Enrollment Application.

- If you have not received a letter or responded to the request, reach out to Gainwell Technologies.
- Failure to fulfill this requirement will result in termination and/or nonpayment of claims.



Contact Gainwell Provider Services with questions about DMAP enrollment applications on the Provider Portal.

1-800-999-3371

Option 0, then Option 4.

OR

DelawarePret@GainwellTechnologies.com

Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Agenda



- Behavioral Health Utilization Management (UM)
- Submitting Prior Authorization (PA) Requests
- Medical Director Review
- Benefit Changes: Applied Behavioral Analysis (ABA)
- Overview of Care Coordination
- Discharge Planning
- Coleman Care Transitions Intervention
- Pregnant & Postpartum Women with Opioid Use Disorder Incentive Program

Behavioral Health Utilization Management



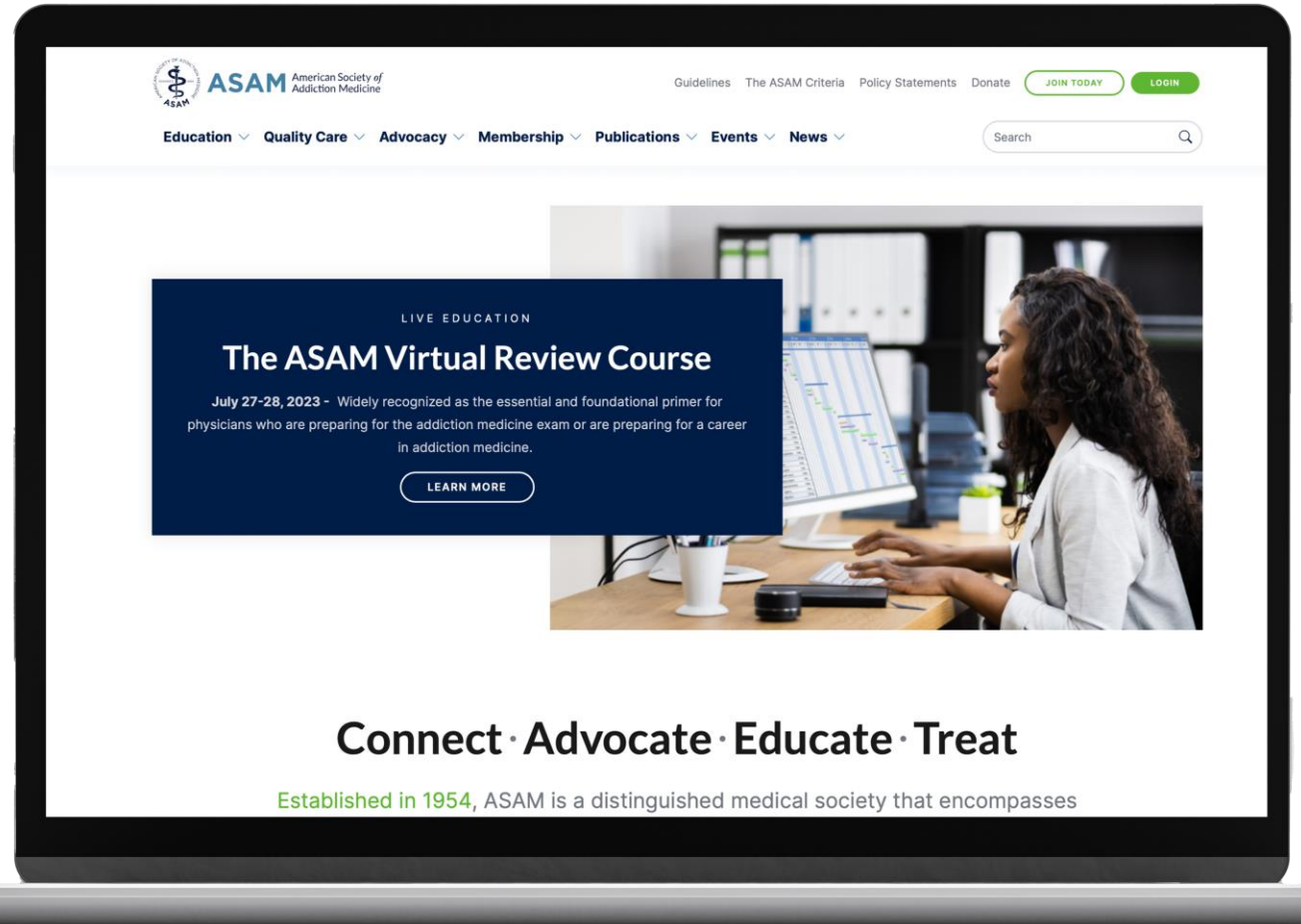
Behavioral Health Utilization Management

Utilization Management (UM) is a system for reviewing the appropriate and efficient allocation of Health Care Services that are provided, or proposed to be provided, to a member.

Behavioral Health Utilization Management

Evidence-based criteria utilized for decision-making include:

- American Society of Addiction Medicine (ASAM)
- Change Healthcare Interqual® Criteria



Behavioral Health Utilization Management

Documentation for prior authorization is submitted by a provider for a medical necessity review.



Submitting Prior Authorization Requests

Submitting Prior Authorization Requests



Submit Behavioral Health UM prior authorization requests via **fax: 855-412-7997**



Behavioral Health UM Prior Authorization Forms are on the Highmark Health Options (HHO) website under the Provider tab:
<https://www.highmarkhealthoptions.com/providers/provider-resources/provider-forms.html>

Submitting Prior Authorization Requests

Completed forms help maximize provider time and efficiency for prior authorization requests.

Behavioral Health UM Prior Authorization Forms include:

- [Inpatient Psychiatric Admission Prior Authorization Request Form](#)
- [Substance Use Disorder Prior Authorization Request Form](#)
- [Substance Use Disorder \(SUD\) 48-Hour Notification of Admission \(ASAM\) Form](#)
- [Outpatient Behavioral Health Prior Authorization Request Form](#)



Submitting Prior Authorization Requests

- Complete corresponding Prior Authorization form in its entirety.
 - Include substantial clinical data supporting the request. Lack of clinical may result in Medical Director (MD) review.
 - While not required, other pertinent information that a provider feels is needed, can be faxed as well.
-



Submitting Prior Authorization Requests



Provide detailed and accurate information related to member demographics:

- Name
- Date of Birth
- Member ID Number or Medicaid Number
- Level of Care being requested



Incorrect data could cause a delay in authorization.

Medical Director Review








Medical Director Review

A Medical Director Review occurs when there is a lack of sufficient clinical to support an admission or continued stay.

Medical Director Review

Some reasons a case could be sent to Medical Director Review include:

-  Insufficient or incorrect information
-  Clinical information not supporting medical necessity
-  Lack of progression in treatment
-  Lack of discharge planning
-  Length of stay



Medical Director Review

Providers can request a peer-to-peer review in the event of an MD review denial.



Peer-to-peer reviews can be requested by calling **844-278-8451**.

Benefit Changes: Applied Behavioral Analysis (ABA)

Applied Behavioral Analysis (ABA)

- Effective January 1, 2023, ABA services will be provided entirely by HHO.
 - Services are no longer carved out after 30 visits.
- Authorization is based on medical necessity.
- Approved units can be customized to needs of the member.



Applied Behavioral Analysis (ABA)

The ABA Prior Authorization Request Form is available on the HHO website under the Provider tab at:

<https://www.highmarkhealthoptions.com/providers/provider-resources/provider-forms.html>



The screenshot shows a web interface with a light blue header and a list of forms. The header is labeled 'Forms and Reports'. Below it, there are three rows, each with a PDF icon and a link to a form. The third row is highlighted in a darker shade of blue.

Forms and Reports	
	Abortion Consent Form
	Advance Directive Form
	Applied Behavioral Analysis (ABA) Prior Authorization Request Form

Care Coordination

Care Coordination Overview



No cost program available
to all Highmark Health
Options members



All members are eligible

- Member's consent
to participate in program
is required

Care Coordination Overview

The Care Coordinator:

- Develops a member-centric care plan to meet member's health and wellness goals.
 - Helps the member understand their Health Options Medicaid Benefits.
 - Provides education on medications, treatment options, disease processes, etc.
-



Care Coordination Overview

The Care Coordinator:

Connects the member to resources for housing finances, transportation, state waiver programs and other services in the community.

- Assist with referrals to LTSS, DSAMH PROMISE, Wayspring etc.



Coordinates care with member's PCP, specialists, therapist, and other care team members.

Assists the member with issues regarding medical equipment, medications, appointments, or any other barriers to care.

Discharge Planning



Care Coordinator's Role in Discharge Planning

- Assist members across the continuum of care to ensure a smooth and safe transition between care settings.
- Strengths-based, holistic approach aimed at optimizing outcomes by empowering members and their family/caregivers to take an active role in their care and treatment.

Care Coordinator's Role in Discharge Planning

Early identification and intervention of issues to:

- Improve member outcomes.
- Reduce risk of readmissions.
- Collaborate with facility to coordinate needs for members and identify barriers to care/discharge.

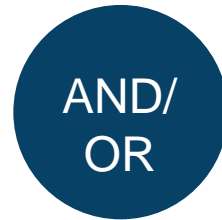


Care Coordinator's Role in Discharge Planning

As part of the interdisciplinary team, HHO staff will be able to participate in discharge planning meetings.



In person



**Virtually through
Teams or Zoom**

Coleman Care Transitions Intervention

Coleman Care Transitions Intervention

- The Coleman Care Transition Intervention was designed to address potential threats to quality and safety during care transitions.
- The model focuses on providing members and their family/caregiver with tools and support to encourage them to actively participate in the transition of care.



Coleman Care Transitions Intervention

Members identified for this model are those who have:



Highest likelihood of admission



Multiple medications prescribed



Serious or multiple chronic illnesses



A risk for new health conditions or worsening existing conditions following a hospital stay

Coleman Care Transitions Intervention

Member outreach is conducted during hospitalization and post-discharge.



- Face to face visits are conducted prior to discharge and post-discharge.

Emphasis on member self-management through the Four Pillars to prevent readmission.



Four Pillars of the Coleman Model

Medication Self-Management	Dynamic Patient-Centered Record	Follow-Up	Red Flags
<ul style="list-style-type: none">• Patient is knowledgeable about medications• Patient has a medication management system	<ul style="list-style-type: none">• Patient understands and utilizes the personal health record (PHR) to facilitate communication and ensure continuity of care plan across providers and settings• Patient or informal caregiver manages the PHR	<ul style="list-style-type: none">• Patient schedules and completes follow-up visit with the PCP or specialist• Patient is empowered to be an active participant in these interactions	<ul style="list-style-type: none">• Patient is knowledgeable about indications that their condition is worsening and how to respond

Mills, W. (n.d). *An overview of transitions of care.* <https://www.slideshare.net/TWUce/tcgec-module-1-overview-updated-36035026>

Pregnant & Postpartum Women with Opioid Use Disorder

Delaware Statistics

Substance use disorders (SUD) overdoses are the most common cause of pregnancy-associated deaths in Delaware.



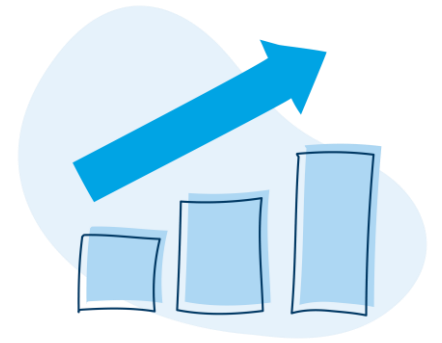
1 in 5 pregnant and postpartum people (PPP) on Delaware Medicaid has a SUD diagnosis



10% of PPP has an opioid use disorder (OUD) diagnosis



5% of infants covered by Medicaid we diagnosed with neonatal abstinence syndrome as result of OUD while pregnant

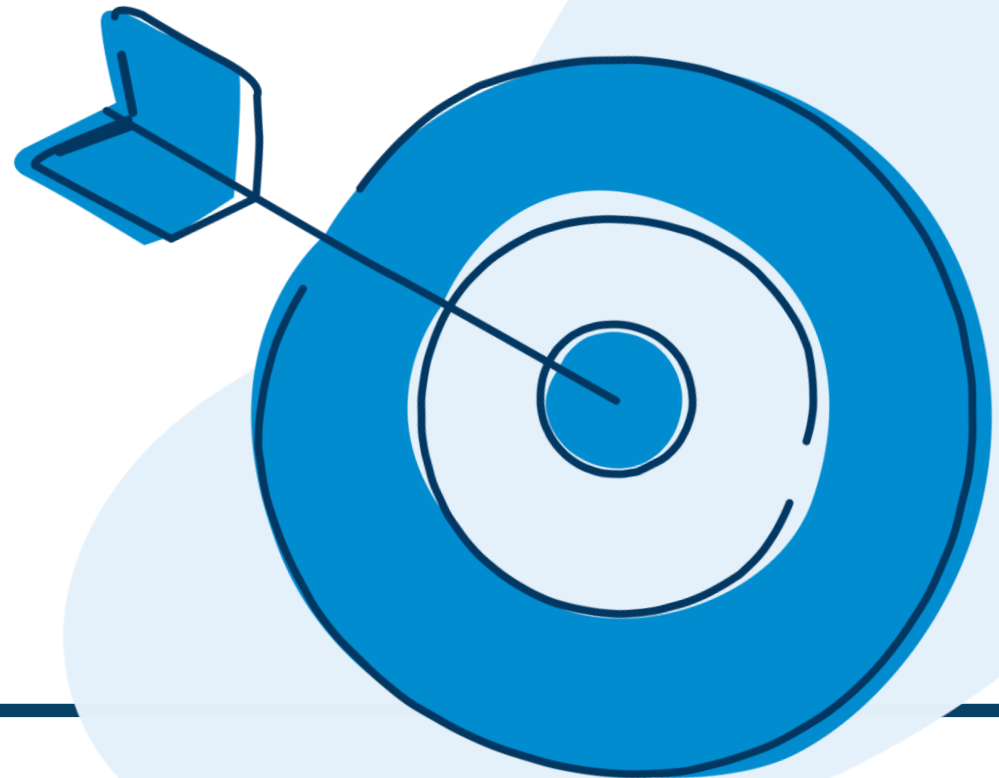


Rates of OUD among PPP increased from 7.1% to 10.6% from 2014 to 2019

Goals

Improve the rate of pregnant and postpartum people with OUD who utilize pharmacotherapy (methadone or buprenorphine) for treatment by:

- Incentivizing providers to refer members to Maternal Opioid Use Disorder treatment programs.
- Incentivizing members to complete at least 14 days of treatment with one of the above-named medications.





Provider Incentive Program

Engages providers to refer identified members that have an OUD diagnosis to a treating provider for Methadone or Buprenorphine.

Provider Incentive Program

To receive the incentive, complete a HHO Referral Request for OUD Treatment form and submit the form either by:

Fax: **888-576-4895**

Email: **Quality_of_Care@highmark.com**

At the end of each month, you will receive \$100.00 for each referral submitted to HHO.



Referral Form

Download at hho.fyi/moud-form

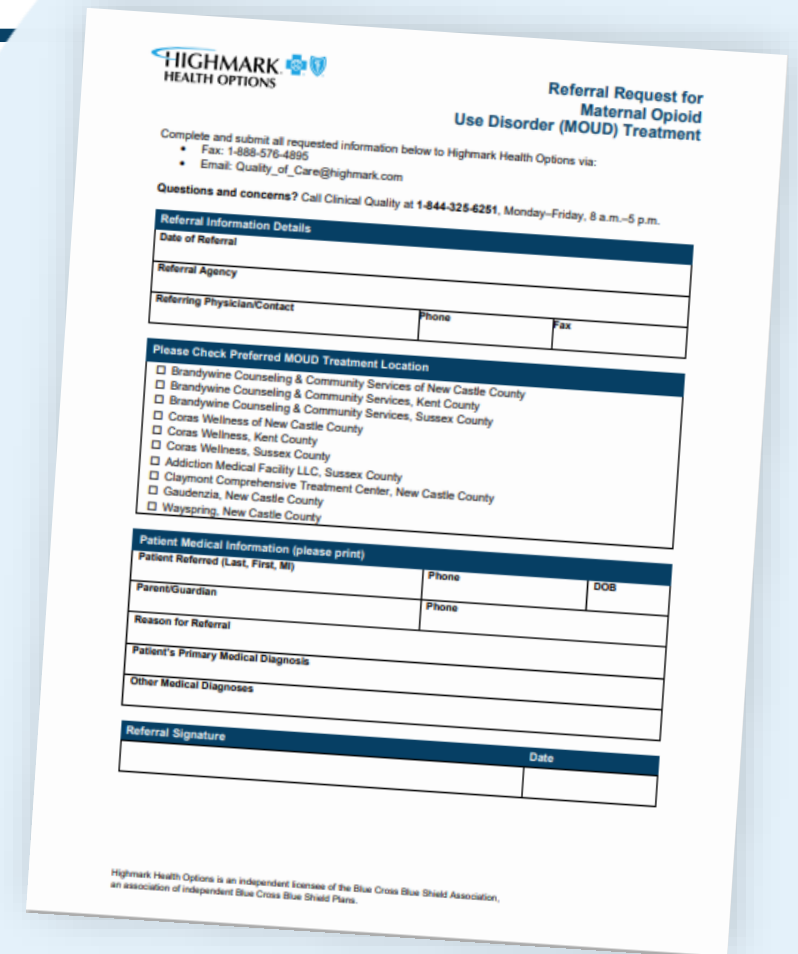
Complete and submit:



- Fax:
888-576-4895



- Email:
Quality_of_Care@highmark.com



HIGHMARK HEALTH OPTIONS

Referral Request for Maternal Opioid Use Disorder (MOUD) Treatment

Complete and submit all requested information below to Highmark Health Options via:

- Fax: 1-888-576-4895
- Email: Quality_of_Care@highmark.com

Questions and concerns? Call Clinical Quality at 1-844-325-6251, Monday-Friday, 8 a.m.-5 p.m.

Referral Information Details

Date of Referral _____

Referral Agency _____

Referring Physician/Contact _____ Phone _____ Fax _____

Please Check Preferred MOUD Treatment Location

- Brandywine Counseling & Community Services of New Castle County
- Brandywine Counseling & Community Services, Kent County
- Brandywine Counseling & Community Services, Sussex County
- Coras Wellness of New Castle County
- Coras Wellness, Kent County
- Coras Wellness, Sussex County
- Addiction Medical Facility LLC, Sussex County
- Claymont Comprehensive Treatment Center, New Castle County
- Gaudenzia, New Castle County
- Wayspring, New Castle County

Patient Medical Information (please print)

Patient Referred (Last, First, MI) _____ Phone _____ DOB _____

Parent/Guardian _____ Phone _____

Reason for Referral _____

Patient's Primary Medical Diagnosis _____

Other Medical Diagnoses _____

Referral Signature _____ **Date** _____

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.



Member Incentive Program

Based on your referral, members will receive \$100.00 after completion of 14 visits with their treating provider for Methadone, Buprenorphine, or combination of both.

Contact Information



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Questions?

