Washington Provider FAQ

BACKGROUND

1. **What is Beacon's role in the Integrated Managed Care Regions?**

   Some services in the community, such as response services for individuals experiencing a behavioral health crisis, must be available to all individuals in a regional service area regardless of their insurance status or income level. For this reason, the Health Care Authority (HCA) has a contract with an organization known as the Behavioral Health Administrative Service Organization (BH-ASO). Beacon is contracted with the HCA to fulfill the role of the BH-ASO for the Integrated Managed Care Regions of Southwest Washington (Clark and Skamania Counties) and North Central Washington (Grant, Chelan and Douglas Counties). You can read more about the role of the BH-ASO here [http://www.hca.wa.gov/hw/Documents/bh-aso_factsheet.pdf].

2. **What services does Beacon cover?**

   The BH-ASO is responsible for a subset of crisis related services for Apple Health (Medicaid) clients, and to the extent resources are available, for providing limited behavioral health services to individuals who are not eligible for Apple Health. Beacon also carries out several regional administrative functions such as administering the regional ombudsman and federal block grants.

3. **Does Beacon cover any state-funded services for Apple Health clients?**

   No. All state funded or "wrap around" mental health and substance use services for Apple Health Managed Care Enrollees are the responsibility of the respective managed care organization – Amerigroup, Community Health Plan of Washington, Coordinated Care or Molina Health Care.

4. **When did this change take effect?**

   In Southwest Washington, April 1, 2016, and in North Central Washington, January 1, 2018. The remaining regions in Washington will take effect in 2019 and 2020.

5. **What services will the BH-ASO provide to anyone in the region, regardless of insurance status?**

   In the regions that Beacon operates as the BH-ASO, Beacon provides the following services to anyone in the region who is experiencing a mental health or substance use crisis:

A. A 24/7/365 regional crisis hotline to triage, refer and dispatch calls for mental health and substance use crises
B. Behavioral health crisis services, including the dispatch of mobile crisis teams staffed by behavioral health professionals and certified peer counselors
C. Short-term substance use crisis services for people intoxicated or incapacitated in public
D. Designated Mental Health Professionals (DMHPs) who can apply the Mental Health Involuntary Treatment Act, available 24/7 to conduct Involuntary Treatment Act assessments and file detention petitions
E. Addiction specialist who can apply the substance use involuntary commitment statute, including services to identify and evaluate alcohol and drug involved individuals who may need protective custody, detention, etc. The addiction specialist will also manage case findings and legal proceedings for substance use involuntary commitment cases.

6. What services may be available to people who are low-Income, uninsured and not eligible for Medicaid?

Beacon provides publicly funded, medically necessary mental health and substance use services to non-Medicaid eligible individuals who meet financial eligibility criteria. For individuals who meet criteria, Beacon has a network of providers to deliver service.

Services may include:

1. Mental health evaluation and treatment services for individuals who are involuntarily detained or agree to a voluntary commitment
2. Residential substance use treatment services for individuals involuntarily detained as described in state law
3. Outpatient mental health or substance use treatment services, in accordance with a Less Restrictive Alternative court order
4. Within available resources and when medical necessity is met, Beacon may provide additional outpatient or residential substance use and/or mental health services.

7. If I have more questions after reading the FAQ, who can I call?

Please call Beacon at 855-228-6502

CLIENT REGISTRATION

8. For non-crisis services, to non-Apple Health enrollees, how should providers work with Beacon to register those members for services?

Beacon needs to create a unique ID for all non-Medicaid individuals who receive state or federal grant-funded services. Providers will need to use this ID to request a service authorization and

to indicate which funds the individual is eligible for prior to requesting services. This process is called “client registration.”

For the registration process, please follow these steps:

1. Call Beacon customer service at **855-228-6502** and provide them the name, date of birth and other identifying information for the individual you are requesting to serve. Say you are calling to “register a member for Southwest Washington ASO” or “register a member for North Central ASO” depending on which region you are from.
2. The customer service representative will enter that information into Beacon’s Connects system and give you a member ID number.
3. Complete a paper registration form with basic client demographic information and also the funds that support the services you are providing.
4. Log into Provider Connect and use the member ID provided by the customer service to find look up the member.
5. Attach the paper registration form.
6. If the service requires authorization, request the service authorization in Provider Connect.

9. I’m a crisis provider and none of my services require prior authorization. Do I still need to register clients via Beacon’s system? Does that apply to Medicaid individuals as well?

Yes, crisis teams also need to register clients they see, including Medicaid individuals. See Question 8 for the registration process.

Crisis teams are also expected to send daily clinical data following the process below:

1. Crisis Teams send Beacon clinical summaries daily on all individuals served to the fax number: **(855) 677-7674 or email BeaconWAASO@beaconhealthoptions.com**
2. A Beacon care coordinator confirms eligibility with a MCO (if applicable) and shares information daily to the health plan for care coordination.
3. Crisis Teams submit encounter data. The encounter data will be processed against the eligibility records for the enrollees of the MCOs and also those manually created for non-Medicaid individuals.

10. Will Beacon be able to have a data interface with my electronic medical record to get the registration information, rather than requiring my staff to enter the information directly into Provider Connect?

No, Beacon will not interface directly with provider EMRs to get patient registration information. Providers will need to provide this information via Provider Connect. Beacon will not be able to pay claims without this information.

Clinical/Authorizations

11. What are the hours of operation for the Beacon Clinical Department?

Clinical staff is available from 8:00AM to 5:00PM PST.

12. What is the transition plan for current non-Medicaid funded clients that I am seeing?

Beacon is honoring all existing BHO authorizations. Providers will need to contact Beacon for services that the BHO previously authorized as soon as possible to get a new authorization for payment.

13. What will be the means to obtain authorization (i.e. online, faxing of treatment plan, calling to talk to someone?)

Providers should enter authorization requests through the online provider connect system. If providers are unable to use that system Beacon will accept phone requests, but the preference is for all providers to use ProviderConnect.

14. What is the procedure for after-hours authorizations?

On line authorization requests can be submitted 24/7 online via Provider Connect. In addition, Beacon has telephonic coverage Monday through Friday from 8:00 AM to 5:00 PM PST.

15. How will authorization decisions be acknowledged?
Authorization decisions will be available online via ProviderConnect. Providers have the option to print or download the authorization.

16. What information will Beacon get from the BHO on existing members in care?

The first time you obtain authorization from Beacon, you will need to enter information into the Beacon system such as: medication and progress notes. If you need information from the current vendor system, it is recommended that you print or download before the transition. When additional authorizations are completed by Beacon, the system will pre-populate certain data.

17. If a patient is treated by a mental health provider and a separate SUD provider, will two requests and authorizations be necessary to cover the co-occurring treatment?

Yes**.**

18. Do providers need to obtain separate authorizations for each service a participant receives, or can they combine these into one?

Separate authorization requests are required for each type of care. Providers who cover multiple types of care for an individual will need to do separate requests for each of the types of care that require authorization. These can be done in sequence at one time via ProviderConnect.

19. How many days will providers have to request an authorization after patient is admitted to the program?

Providers must enter client data into Beacon's system as soon as funding has been verified, which will serve as a request for authorization. For urgent services (Inpatient MH Voluntary, Crisis Stabilization, Detox), authorization requests should be submitted within 24 hours of admittance. For non-urgent services (Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Respite Care, Clubhouse, Residential), authorization requests should be submitted prior to admittance.

20. What is the turnaround time for authorizations?

Standard Determination Timeframes		
Request Type	**Timing**	**Determination**
Initial Review- Urgent: Inpatient MH Voluntary, Crisis Stabilization, Detox	Within 24 hours of admit	Within 12 hours
Initial Review- Non-Urgent: Residential	Prior to treatment	Within 24 hours for Mental Health, within 72 hours for Substance Use
Initial Review- Non Urgent: Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Respite Care, Clubhouse	Prior to treatment	Within15 calendar days
Concurrent- Urgent: Inpatient MH Voluntary, Crisis Stabilization, Detox	More than 24 hours from *authorization* expiration	Within 24 hours
Concurrent- Non-Urgent: Residential	More than 24 hours from *authorization* expiration	Within 24 hours for Mental Health, within 72 hours for Substance Use
Concurrent-Non-Urgent: Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Respite Care, Clubhouse Respite Care, Clubhouse	Prior to *authorization* term	Within15 calendar days
Retrospective	After services provided and client discharged	Within 30 calendar days

21. When can providers begin entering authorization requests into Beacon's system?

Providers may begin to enter authorization requests on effective dates of Beacon being the BH-ASO in their regions (Southwest Washington April 1, 2016; North Central Washington January 1, 2018).

22. Once information is entered into ProviderConnect will it be available to update upon subsequent reviews?

Beacon system has the ability to allow providers to review previous authorizations as well as enter requests for continued authorizations. During the continued authorization request process updates can be made to numerous clinical areas including diagnoses, risks and impairments, medications, and treatment plans.

23. Can providers submit inpatient authorizations electronically or telephonically?

All authorization requests can be submitted electronically or telephonically. However, providers are encouraged to use the electronic option.

24. **How will providers receive notification of an authorization denial?**

The status of any authorization can be viewed on ProviderConnect. Additionally, a phone notification is made to the provider and denial letters are generated and mailed to the provider. A letter is also mailed to the client to the address on file.

25. Will your audits be documentation reviews or Quality of Care?

Both.

RATES AND SERVICES

26. Will providers be required to bill all other insurers and get a rejection for services prior to billing Beacon as the payer of last resort?

Yes, providers must collect payment from any third-party coverage that the client has. Providers must submit an EOB showing denial for service before Beacon will pay. For Medicare beneficiaries, services that are not covered by Medicare will not require proof of a denial.

27. Will Beacon be able to receive electronic claims through the 837 process?

Yes, Beacon will be able to receive electronic claims through the 837 process.

28. We are not licensed as a Medicare facility – if someone shows up with Medicare can we bill Beacon?

If the service is Medicare reimbursable, then no, Beacon would not be the payer. They will need to see a Medicare provider. If the service is not Medicare reimbursable (i.e. sobering) and they don't have Medicaid, Beacon would be the payer so long as the individual met the income requirements.

29. How long does a provider have to submit claims for payment?

Beacon's timely filing limit is 180 days.

DATA/REPORTING REQUIREMENTS

30. What will be Beacon's data reporting requirements?

Beacon will require claims or encounters from all contracted providers. Additional data reporting requirements may be included within individual provider contracts.