Southwest Washington Provider FAQ

BACKGROUND

1. **What is Beacon's role in the Southwest Washington Early Adopter Region?**

   Beacon was contracted by the Health Care Authority (HCA) to fulfill the role of the BH-ASO for the Early Adopter Region. You can read more about the Early Adopter region here [http://www.hca.wa.gov/hw/Documents/earlyadopterfaqs092015.pdf] and also 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.

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 – Molina Health Care or Community Health Plan of Washington.

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

   April 1, 2016

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

   Beacon provides the following services to anyone in Clark and Skamania counties 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. Mental health crisis services, including the dispatch of mobile crisis outreach teams staffed by mental 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 who will help coordinate your care and ensure appropriate service delivery.

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 Care 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."
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?**

No, Clark and Skamania County crisis teams do not need to register clients. This is also true for Medicaid individuals. However, crisis teams are expected to send data following the process below:

1. Clark/Skamania County Crisis Teams send Beacon clinical summaries daily on all individuals served to the fax number: **(855) 677-7674**
2. A Beacon care coordinator creates eligibility profiles for non-Medicaid individuals and assigns crisis fund + SGF for payment. This step is not needed for Medicaid individuals who Beacon will have on the two eligibility files from the MCOs.
3. Clark and Skamania counties submit encounter data. The encounter data will be processed against the eligibility records for the enrollees of the two MCOs and also those manually created by Beacon 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's 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 RSN and DBHR authorizations. Providers will need to contact BEACON for services that the RSN or DBHR 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 form the RSN 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 participant data into BEACON's system as soon as funding has been verified, which will serve as a request for authorization.

20. What is the turnaround time for authorizations?

Standard Determination Timeframes

Request Type	Timing	Determination
Prospective *Urgent*	Prior to treatment	Within 72 hours
Prospective Non-urgent	Prior to treatment	Within15 calendar days (14 for contracts governed by *CMS*)
Concurrent *Urgent*	>24 hours of *authorization* expiration	Within 24 hours
Concurrent *Urgent*	<24 hours from *authorization* expiration	Within 72 hours
Concurrent Non-Urgent	Prior to *authorization* term	*Reverts to Prospective*, so within 72 hours/15 calendar days (14 for contracts governed by *CMS*)
Retrospective	After services	Within 30 calendar days

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

Providers may begin to enter authorization requests on April 1, 2016.

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

A. 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, Denial letters will be generated from the system and mailed to the provider.

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 payor 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.

DATA/REPORTING REQUIREMENTS

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

Beacon will require claims or encounters from all contracted providers. Additional data reporting requirements are being developed now. Check back at the website site for updates.