

## Behavioral Health Services Update

### Utilization Management Changes Effective August 19, 2020

Previous guidance issued regarding utilization management practices for Behavioral Health Services due to COVID-19 is expiring. Starting August 19, 2020, MVP Health Care® (MVP) will make the following Utilization Management (UM) changes:

### Requirements for Inpatient and Residential

#### Admission Requirements

For **all lines of business, excluding self-funded plans**, MVP requires notification for all Inpatient and Residential Mental Health and Substance Use Treatment admissions. Providers are expected to notify MVP within two business days of admission by completing the necessary forms and when indicated, submitting supporting clinical information. Forms may be accessed by visiting [mvphealthcare.com/providers/forms](http://mvphealthcare.com/providers/forms), then select *Behavioral Health*.

- For children and adolescents, ages 0-17, admitted to Inpatient Mental Health, providers are to use the *Two Business Day Notification and Initial Treatment Plan Request* form.
- For adults ages 18+ admitted to Inpatient Mental Health, and admissions of all ages to Mental Health Residential, providers are to use the *Mental Health Notification of Admission* form. Supporting clinical information evidencing medical necessity of the service is required.
- For Substance Use Treatment admissions, providers are to use the *Substance Use Disorder Two Business Day Notification and Initial Treatment Request* form. A copy of the completed LOCADTR is also required.
- Vermont providers are to use *Authorization Request Form (VT)*. Supporting clinical information evidencing medical necessity of the service is required.

Providers will receive verbal and written notice once notification requirements have been met. Completed notifications will cover the first 14 days of a Mental Health admission and the first 28 days of a Substance Use admission.

#### Concurrent Review Requirements

*MVP will not conduct concurrent review on all admissions.* Concurrent reviews will be completed based upon member need and high-risk quality indicators. An MVP clinician will contact facilities at the time a member's admission has been identified for periodic consultation and/or utilization review. These conversations are meant to be collaborative and for purposes of care

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To receive future FastFax messages by email, send a request to [MVPFastFax@mvphealthcare.com](mailto:MVPFastFax@mvphealthcare.com).

**Questions?** Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



coordination, to ensure the member is progressing, addressing barriers to care, and that the discharge plan is adequate to meet the ongoing recovery needs of the member.

*If not contacted by an MVP clinician*, it is the provider's responsibility to notify MVP if a member continues in treatment after the expiration of the initial notification period. This is to be completed weekly for Inpatient admissions and every two weeks for Residential admissions. These notices of continuation in care, to include anticipated discharge date, can be faxed to **1-855-853-4850** or emailed to **BHServices@mvphealthcare.com**.

Providers will receive verbal notice of all continued treatment requests. Written notice is only completed for those cases in which concurrent utilization review is conducted.

For **self-funded plans**, all urgent Inpatient admissions require notification within two business days of admission. For all non-urgent and planned Inpatient and Residential admissions, prior authorization is required. All services are subject to medical necessity review and approval. MVP accepts the above listed forms for Inpatient and Residential admissions. Providers will receive verbal and written notice of all continued treatment requests.

## Discharge Review Requirements

For **all lines of business**, providers must notify MVP within one business day of the member's discharge, including those members who may have left against medical advice (AMA). Providers are expected to provide:

- date of discharge
- date of follow-up appointment
- discharge setting and address
- member phone number, if available
- any prescribed medications (including name, dose, and frequency)
- any other details of aftercare appointment(s)

Providers can contact the assigned MVP Clinician, or submit information via fax at **1-855-853-4850** or email to **BHServices@mvphealthcare.com**.

## Retrospective Reviews

For any admission in which notification or authorization is not received, MVP will conduct retrospective review at the time clinical information is submitted. Authorization is required for purposes of claims payment and services are subject to medical necessity review. Retrospective reviews can be faxed to **1-855-853-4850** or emailed to **BHServices@mvphealthcare.com**.

MVP reserves the right to retrospectively review Inpatient and Residential admissions for those treatment episodes in which notification was received but utilization review was not conducted.

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## **Authorization Requirements for Outpatient**

When the following benefits are covered in a Member’s plan, MVP requires authorization for these outpatient services:

<b>Service</b>	<b>Line(s) of Business</b>	<b>Required Form / Documentation</b>
Applied Behavioral Analysis*	Child Health Plus (CHP) Essential Plan Exchange Plans Commercial Plans	<i>ABA Authorization Request Form</i> and required documentation outlined on the form
Assertive Community Treatment (ACT)	HARP Medicaid	Copies of the most recent comprehensive assessment, comprehensive service plan, and goals.
Personalized Recovery Oriented Services (PROS)	HARP Medicaid	Copies of the most recent assessment, Individualized Recovery Plan (IRP), and goals.
Transcranial Magnetic Stimulation (TMS)	All	<i>Behavioral Health Outpatient Authorization Request Form</i> and supporting clinical documentation evidencing medical necessity of the service

\*Benefits for self-funded plans must be verified prior to rendering services.

Forms may be accessed by visiting [mvphealthcare.com/providers/forms](http://mvphealthcare.com/providers/forms), then select *Behavioral Health*. All requests for outpatient services can be faxed to **1-855-853-4850** or emailed to [BHServices@mvphealthcare.com](mailto:BHServices@mvphealthcare.com).

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