200.30.13 - Service Delivery Authorization

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Status: Approved

1.0 Definitions

1.1 "Concurrent Request" means a request for coverage of care or services made while a member is in the process of receiving the requested care or services, even if GOBHI did not previously approve the earlier care.

1.2 "Licensed Independent Practitioner" means a practitioner who is certified, registered, and/or licensed by a recognized Oregon State Board to operate independent of supervision in the delivery of services to enrolled Members.

1.3 "Organizational Provider" means a Provider who is certified by Addictions and Mental Health Division (AMH) to provide either Outpatient Mental Health and/or Chemical Dependency Services.

1.4 "Service Authorization Request" means a Member's initial or continuing request for the provision of a service, including Member requests made by their provider or the Member's authorized representative.

1.5 "Specialty Outpatient" means Applied Behavioral Analysis (ABA), Eating Disorder Treatment, Electroconvulsive Therapy (ECT), Substance Use Disorder – Medically Assisted Therapy (MAT), Neuropsychological Testing and Psychological Testing.

1.6 Urgent Pre-Service Request: A request for care or services where application of the time frame for making routine or non-life threatening care determinations:

1.6.1 Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or

1.6.2 In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

2.0 Policy

Each Credentialed Practitioner and Organizational Provider will be provided authorization for the delivery of an approved set of services based on an initial Service Authorization Request. Approvals will be made based on Medical appropriateness of the request, practice recommendations, and Members enrollment in the CCO or MHO.

3.0 Procedure

3.1 Practitioners, Organizational Providers, Members, and authorized Representatives of the Member can request Authorization of services. Members and authorized Representatives are not required to have permission from a PCP or other outside entity prior to requesting services.

3.2 GOBHI prohibits the use of incentives that encourage inappropriate Utilization Management decision-making. GOBHI affirms that:

- 3.2.1 Utilization Management decision-making is based only on appropriateness of care and service and the existence of coverage.
- 3.2.2 GOBHI does not specifically reward Practitioners or other individuals involved in Utilization Management for issuing denials of coverage.
- 3.2.3 Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization.

3.3 GOBHI requires the following minimum data for UM decision making:

- 3.3.1 Assessment and/or ASAM:
  - 3.3.1.1 Mental Health – Developed or updated within the previous six months.
  - 3.3.1.2 Substance Use Disorders – Developed or updated within the previous thirty days.
- 3.3.2 Service Plan developed or updated within the previous thirty days.
- 3.3.3 Progress notes for the previous thirty (30) days, or the maximum available if the individual has been receiving services for less than thirty days.
- 3.3.4 Medication Authorization Records containing a current record of prescribed medications.
- 3.3.5 Communication with licensed healthcare practitioners:
- 3.3.6 Notes from communications with licensed healthcare practitioners relevant to current request.
  - 3.3.6.1 GOBHI UM physician reviewer and/or UM coordinators direct conversations with licensed healthcare practitioners engaged in individual's care.
  - 3.3.6.2 All other data deemed relevant to decision making by the assigned GOBHI physician reviewer.

3.4 Not all services require authorization.

- 3.4.1 GOBHI develops and maintains current list(s) of services that have authorization requirements, as listed in the attached Appendix 1.
- 3.4.2 The following do not require pre-service authorization.
  - Emergency services.
  - Office-based ambulatory care
- 3.4.3 In addition to other mechanisms, this information is communicated to Members and Practitioners on GOBHI's website.
- 3.4.4 For general reference purposes, the authorization requirements that were current as of the date of approval of this procedure are included

as Appendix 1 to this procedure. The most current information can be found on GOBHI's website.

3.5 Emergent & Urgent Sub-Acute and Acute Care Placements:

3.5.1 In the event that a Member is placed into either a Sub-Acute or Acute Care facility, the Provider will be required to notify GOBHI within 24 hours Monday through Friday and prior to Noon on the first business day following the weekend following a placement during the weekend.

3.5.2 Failure to make notification within the required time frames may delay or prevent payment of otherwise appropriate claims, and can result in a "Corrective Action Plan."

3.6 Concurrent Request:

3.6.1 Time frame: GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within 24 hours of receipt of the request.

3.6.2 Extensions: GOBHI may extend the time frame by an additional 24 hours if:

3.6.2.1 The request to extend care was not made prior to 24 hours before the expiration of the prescribed period of time or number of treatments.

3.6.2.2 The request to approve additional days for care is related to care not approved by GOBHI previously and GOBHI documents that it made at least one attempt to obtain the necessary information within 24 hours of the request, but was unable to.

3.7 Urgent Preservice Request:

3.7.1 Time Frame: GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within 48 hours of receipt of the request.

3.7.2 Extensions: In rare instances, GOBHI may extend the time frame due to a lack of information once, for 48 hours, under the following conditions:

3.7.2.1 Within 24 hours of receipt of the request, GOBHI asks the member or the member's representative for the information necessary to make the decision.

3.7.2.2 GOBHI gives the member at least 48 hours to provide the information.

3.7.2.3 The extension period, within which GOBHI must make a decision, begins:

3.7.2.4 On the date when GOBHI receives the member's response (even if not all of the information is provided), or;

3.7.2.5 At the end of the time period given to the member to provide the information, if no response is received from the member or the member's authorized representative.

3.7.2.6 In accordance with OAR 410-141-3225 (9) (D), GOBHI will ensure that at least 95% of authorization decisions in this category are made within the initial time frame.

3.7.3 Note that this category includes:
3.7.3.1 Authorizations for alcohol and drug services.
3.7.3.2 Expedited prior authorizations, as referenced in OAR 410-141-3420 (7) (d).

3.8 Non-urgent Preservice Requests:
3.8.1 Time Frame: For all other prior authorization requests, GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within 14 calendar days of receipt of the request.
3.8.2 Extensions: In rare instances, if the request lacks clinical information, GOBHI may extend the time frame up to 14 calendar days, under the following conditions:
3.8.2.1 GOBHI asks the member or the member's representative for the specific information necessary to make the decision within 12 calendar days.
3.8.2.2 The extension period, within which GOBHI must make a decision, begins:
3.8.2.2.1 On the date when GOBHI receives the member's response (even if not all of the information is provided), or;
3.8.2.2.2 At the end of the time period given to the member to supply the information, if no response is received from the member or the member's authorized representative.
3.8.2.3 In accordance with OAR 410-141-3225 (9) (D), GOBHI will ensure that at least 95% of authorization decisions in this category are made within the initial time frame.

3.9 Post-service Request:
3.9.1 Time Frame: GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within 14 calendar days of receipt of the request.
3.9.2 Extensions: In rare instances, if the request lacks clinical information, GOBHI may extend the time frame up to 14 calendar days, under the following conditions:
3.9.2.1 GOBHI asks the member or the member's representative for the specific information necessary to make the decision within 12 calendar days.
3.9.2.2 The extension period, within which GOBHI must make a decision, begins:
3.9.2.2.1 On the date when GOBHI receives the member's response (even if not all of the information is provided), or;
3.9.2.2.2 At the end of the time period given to the member to supply the information, if no response is received from the member or the member's authorized representative.

3.9.2.3 In accordance with OAR 410-141-3225 (9)(D), GOBHI will ensure that at least 95% of authorization decisions in this category are made within the initial time frame

3.10 Members or their authorized representative may voluntarily agree to extend the decision-making time frame for authorization requests. In instances where the member or authorized representative did not request the extension, GOBHI will justify to the Oregon Health Authority, upon request, how the extension is in the member's best interest.

3.11 Emergent & Urgent Sub-Acute and Acute Care Placements:

3.11.1 In the event that Practitioners and Organizational Providers learn one of their Members is in either Sub-Acute or Acute Care, they will be required to notify the contracted entity responsible for Sub-Acute and Acute Care placements within 24 hours Monday through Friday and prior to noon on the first business day following a placement during the weekend.

3.11.2 Failure to make notification within the required time frames may delay or prevent payment of otherwise appropriate claims and can result in a "Corrective Action Plan."

3.12 A Health Care Professional with the appropriate clinical expertise will review all Authorization request.

3.12.1 GOBHI will utilize current practice guidelines, evidenced based practices and accompanying service intensity, frequency, and duration recommendations, and consultations with requesting Practitioner/Provider when making Authorization decisions.

3.12.2 Decisions to deny, reduce, or suspend services will be reviewed by the Chief Medical Officer or appropriately licensed designee prior to the delivery of a NOA.

3.13 GOBHI differentiates decisions based on medical necessity and clinical appropriateness from those based on benefit limitations and administrative criteria.

3.13.1 Medical necessity decisions are based on applying Medical Necessity Criteria (see Policy 200.73.02) to requests for coverage of care or services that are covered benefits as well as care or services that may be covered or not covered depending on the circumstances. Steps will include review of a request by a licensed health care practitioner operating within the scope of the practitioner's license for determination that:

3.13.1.1 The services requested are safe, effective, and consistent with Nationally accepted standards,

3.13.1.2 The services are not experimental or investigational,

3.13.1.3 The services are individualized, specific, and consistent with the individual's signs, symptoms, history, and diagnosis.

3.13.1.4 There is clear and convincing evidence within the assessment that a behavioral health condition exists,

3.13.1.5 This behavioral health condition has a detrimental impact on the health and functioning of the individual,

3.13.1.6 The services identified for treatment have a historical pattern of ameliorating the symptoms or will help restore and maintain the individual's health and functioning.

3.13.2 Clinical appropriateness decisions are based on applying criteria other than Medical Necessity Criteria to requests for coverage of care or services that are covered benefits as well as care or services that may be covered or not covered depending on the circumstances. For example, a request for coverage of out of network care when the benefit limits out of network coverage to care or service that cannot be provided in-network is a clinical appropriateness determination.

3.14 Benefit denials are those for services that are specifically excluded from a Member's benefit plan and thus not covered by GOBHI under any circumstances. A benefit denial also includes denials of requests for extension of treatments beyond specific numeric limitations and restrictions (such as number of units of service or age) imposed in the Member's benefit plan. The process for determining whether a benefit denial exists consists of a review of the request by a licensed health care practitioner operating within the scope of the practitioner's license for determination of whether:

3.14.1 There is clear and convincing evidence within the assessment that a behavioral health condition exists,

3.14.2 The behavioral health condition has been determined by the Health Evidence Review Commission (HERC) of the State of Oregon to be a covered condition,

3.14.3 The services requested, if condition is covered under HERC guidelines, have been approved by HERC in treating the covered condition.

3.14.4 Service extension requests will be reviewed based on HERC guidelines governing those services.

3.15 Administrative denials are those where an official requirement has not been met. Administrative denials are commonly issued for services that required prior-authorization when such authorization was not requested or obtained prior to delivery of the service.

3.16 Notices of Action: Upon review by GOBHIs' UM Physician Reviewer, when a denial, reduction, or suspension is Authorized, GOBHI's NOA Policies and Procedures will be followed.

4.0 Effectiveness Criteria:

N/A.

Appendix 1

Covered Service	**Authorization**	**Authorization**

	Required (In Network)	**Required (Out of Net-work)**
Emergency Services		
Crisis	No	No
Substance Use Disorder		
Outpatient	No	Yes
Intensive Outpatient (IOP)	No	Yes
Residential	Yes	Yes
Withdrawal Management (Detox)	Yes	Yes
Mental Health Services		
Outpatient	No	Yes
Intensive Outpatient (IOP)	No	Yes
Partial Hospitalization (PHP)	No	Yes
Respite	Yes	Yes
Psychiatric Day Treatment	No	Yes
Residential (PRTS)	Yes	Yes
Inpatient	Yes	Yes
Specialty Services		
Applied Behavioral Analysis (ABA)	Yes	Yes
Eating Disorder Treatment		
Outpatient	No	Yes
Intensive Outpatient	No	Yes
Partial Hospitalization (PHP)	Yes	Yes
Residential	Yes	Yes
Inpatient	Yes	Yes
Electroconvulsive Therapy (ECT)	Yes	Yes
Medication-Assisted Therapy	Yes	Yes
Neuropsychological Testing	Yes	Yes
Psychological Testing	Yes	Yes