

Guidance on closing service and authorizations

Closing service episode of care guidance

Purpose

Provide guidance on the length of time an episode is to remain open, from the last date of contact/visit for an enrollee receiving Behavioral Health Services including Mental Health and Substance Use Disorder.

SUD

If an Enrollee has not actively participated in treatment, HCA recommends closing the service episode after no more than 45 days of no contact.

MH

If an Enrollee has not actively participated in treatment, HCA recommends closing the service episode after no more than 90 days of no contact.

Before closing

The Contractor has demonstrated reasonable efforts, meaning at least 3 or more attempts to re-engage the Enrollee into services. The Contractor may choose to discharge the Enrollee from services.

MCOs and providers will work internally on policies and procedures regarding discharge guidelines that include outreach to the client before discharging.

Authorization transaction guideline

Authorization

Definition: approval necessary prior to the receipt of care.

- MCOs are not required to submit the authorization transaction into BHDS because ProviderOne will receive encounter data for these services.
- BH-ASOs are required to submit the authorization transaction into BHDS for non-Medicaid reporting purposes such as SABG and MHBG.

Explanation

- The BH-ASOs are required to submit the authorization transaction in the supplemental transaction submissions because the enrollment information is not available in ProviderOne for these clients.
- The MCOs are not required to submit the authorization transaction in the supplemental transaction submissions because ProviderOne has enrollment information available to determine which MCO is responsible for the client's care.