

SUBSTANCE USE DISORDER TREATMENT COMMUNITY OF PRACTICE

PRIOR AUTHORIZATION FOR SUBSTANCE USE DISORDER TREATMENT

Friday, January 4, 2019
9:00AM-12:00PM



WELCOME

Agenda

9:00 – 9:20	Welcome and Introductions
9:20 – 9:50	Overview of Prior Authorizations
9:50 – 11:00	Panel Discussion with Insurance Companies
11:00 – 11:30	Prior Authorization Provider Perspective
11:30 – 11:50	Group Discussion
11:50 – 12:00	Assessment of Needs

What is a Community of Practice (CoP)?

- A Community of Practice (CoP) refers to a group of people who share a common interest, passion or a concern for something they do and who interact regularly to learn how to do it better. *(Wenger, 2006)*
- A CoP is a group that is created with the goal of gaining knowledge and sharing information and experiences related to a specific topic.

Purpose of Treatment CoP

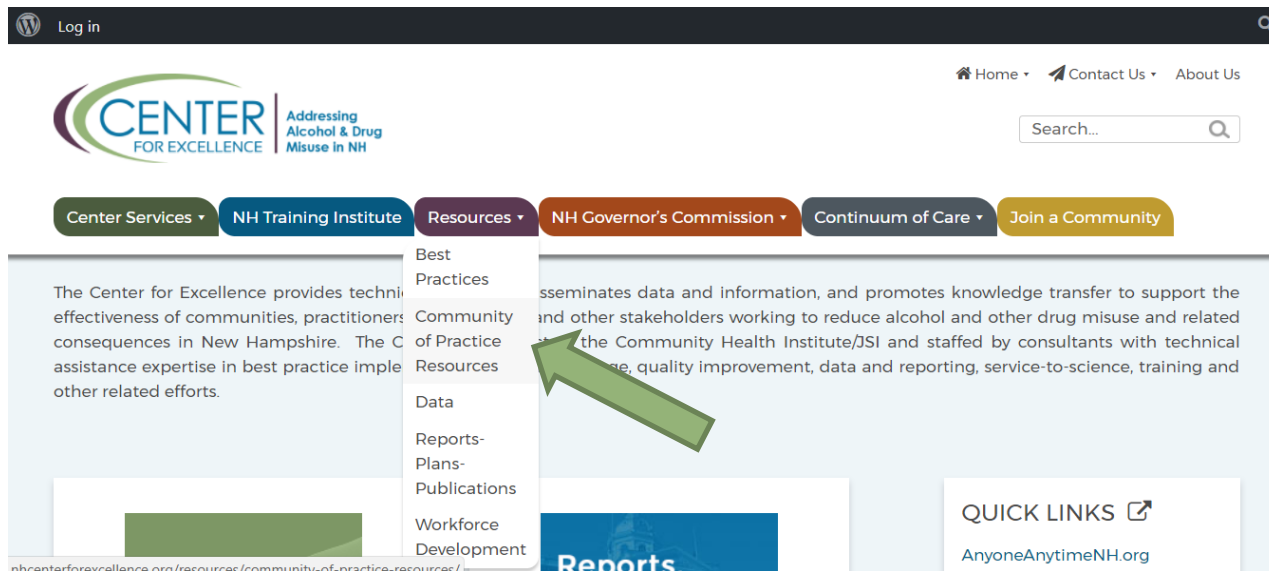
To bring together SUD treatment organizations, private clinicians and other providers to gain knowledge and share information and experiences.



Resources & Tools

All materials will be posted on the NH Center for Excellence website.

<http://nhcenterforexcellence.org/resources/community-of-practice-resources/>



SUD Treatment Google Group

To join the email-based Google group, email
Adelaide Murray at Adelaide_murray@jsi.com

To share resources and join discussions, email:
TxCoP@googlegroups.com.

Technical Assistance

TA may be requested.

<http://nhcenterforexcellence.org/center-services/request-ta/>

The screenshot shows the website's navigation menu with the following items: Center Services, NH Training Institute, Resources, NH Governor's Commission, Continuum of Care, and Join a Community. The 'Center Services' dropdown menu is open, and a green arrow points to the 'Request Technical Assistance' link. The page header includes a 'Log in' button, a search bar, and navigation links for Home, Contact Us, and About Us. The footer contains the 'QUICK LINKS' section with the URL 'AnyoneAnytimeNH.org'.

INTRODUCTIONS

INSURANCE PRE-AUTHORIZATION AND REVIEW

*Paul Kiernan, LADC – Clinical Specialist
NH Department of Health and Human Services
Bureau of Drug and Alcohol Services*

Prior Authorization Do's

The following would be helpful to share with insurance companies:

- What symptoms is the patient experiencing?
 - Mental health, SUD
- What are the problems that brought the patient to this level of care?
 - Be specific
- What are the patient's treatment goals?
 - Goal should resolve patient presenting problem

Prior Authorization Do's Continued

The following would be helpful to share with insurance companies:

- What are the patient's treatment objectives?
 - Dates
- What is the patient's diagnosis?
- What is the start date?

Prior Authorization Don'ts

The following would not be helpful to share with insurance companies:

- The treatment plan is that the: “Patient will complete IOP”
- Diagnosis as treatment problems
- An inability to identify specific patient symptoms
- A lack of rationale or evidence to support admit/treatment
- Program driven treatment goals based on a fixed length of stay

Prior Authorization Helpful Hints

- Have all of the information prepared.
- Have a clear idea of what the patient's problems are that make them appropriate for the level of care.
- Be able to back up your claims with the ASAM text and good clinical documentation.
- Meeting diagnostic criteria for a disorder is not the same as a problem.

Important Parts of ASAM Criteria for Insurance Authorizations and Reviews

- 3 Components of Imminent Danger, and Imminent Need (pg. 65-68 ASAM, 2013)
- 3 Continuing Service Criteria (pg. 299/302 ASAM, 2013)
- 4 Transfer/Discharge Criteria (pg. 303-306 ASAM, 2013)
- Understand requested Level of Care

Incorrect Treatment Planning Verbiage

Ongoing

Weekly

Daily

Correct Treatment Planning Verbiage

- On 2/26 and 2/27 patient will attend Relapse prevention groups
- Patient will role play 2 refusal skills in group on 2/28
- Patient will keep a cravings journal for the week of 3/1/19 and report on this during group on 3/7/19

Incorrect Problem Statements

- Patient has been diagnosed with Opioid Use Disorder Severe.
- Patient is on probation.
- Patient is in denial.
- Low self esteem.
- Lacks positive support system.
- Legal problems.
- Depression.
- Poor impulse control.

Correct Problem Statements

- “I have had made repeated attempts to stop using opioids and I can’t stop even after an overdose last week”.
- “I tested positive for Fentanyl. My probation officer is threatening to throw me in jail if I don’t do something”.
- “I got a DWI. I really don’t have a drinking problem, just in the wrong place at the wrong time”.
- “I am afraid to ask for a sponsor because I don’t think anyone would want to sponsor me”.

Correct Problem Statements Continued

- “All of my friends use drugs and I don’t have anyone in my life who’s sober”.
- “I want to get off of probation”.
- “I feel helpless and hopeless all the time and I just want to lay in bed all day long”.
- “When my wife makes me mad I lash out without thinking. Sometimes I even break things”.

Reasons for Denials

- The level of care is time driven and is not in line with ASAM.
 - Patients length of stay should be driven by treatment plans and treatment plan objectives.
- The assessment does not have adequate information to support recommended level of care.
 - Make sure that your assessment contains the information required for the treatment plans.

Reasons for Denials Continued

- Not being properly prepared for the authorization or review.
 - Make sure you have all of the components required for pre-auth and the patients progress is clearly documented in the progress notes.
- The patient does not meet the 3 criteria for imminent danger (specifically for high intensity residential services).
 - Become familiar with the correct application of the 3 components of Imminent Danger.

Authorization Goal

- The goal of Authorization and Review is not to get as many sessions as you can, it is to authorize sessions so the patient can resolve the problems that brought them to the given level of care.

PANEL DISCUSSION WITH INSURANCE COMPANIES

Panelists

- Harvard Pilgrim / Optum
 - Jessica Cleveland, *Facility-Based Care Advocate*
- Cigna
 - Amanda Kohorst, *Inpatient Team Lead*
- Cenpatico Behavioral Health
 - Megan Melanson, *Utilization Manager*
 - Amber Blesedell, *Utilization Manager, Outpatient Behavioral Health*
- Beacon Health Options
 - Keri Coy, *Clinical Manager*

PROVIDER PERSPECTIVE

*Nick Pfeifer & Sara Cleveland
Southeastern New Hampshire Services*

Assessment of Needs



Upcoming Meetings

Meetings will be held from 9:00 AM – 12:00 PM
in the Concord area on the following days:

March 29

June 28

September 27

December 5

Please save the dates!

Paul Kiernan, LADC

Paul.Kiernan@dhhs.nh.gov

Rekha Sreedhara, MPH

rsreedhara@jsi.com

Adelaide Murray, BS

amurray@jsi.com

Melissa Schoemmell, MPH

mschoemmell@jsi.com

