

Division of Mental Health & Addiction Services
wellnessrecoveryprevention

laying the foundation for healthy communities, together

IME Training Phase II

IME Phase II Training

- Phase II of IME to include
 - Full Utilization Management of Managed Initiatives by the IME
 - Significant Changes in NJSAMS
 - Changes in Claims
 - Conversion of Slot Based Contracts to Fee For Service

Timeline

- **May 24th**-Admission to Managed Initiatives
Require clinical review by IME via NJSAMS
- **May 24th**- State claims require a PA from the IME
to receive payment
- **July 1st**-The new Initiatives (SAPT and NJSI) are
implemented as Managed Initiatives
- **July 11th**-Medicaid claims require a PA from the
IME to receive payment

UTILIZATION PARAMETERS

Managed
PA - YES

vs.

Un-Managed
PA - NO

Managed
Will Require PA by IME

Medicaid
DUII
SJI
MATI
SAPT- July 1
NJSI- July 1

Un-Managed
No PA

MAP-DOC
MAP-SPB
DCI
SAI
County
DCF
Women's Set Aside
Specialty Services

Prior Authorization Definitions

Administrative Authorization- Authorization generated by provider directly with the Fiscal Agent. Does not get reviewed or generated by the IME

Clinical Authorization – Authorization by the IME after reviewing the client DSM, LOCI and Levels of Functioning

Continuing Care Review (Extension Request)- Continuing Care is a clinical review that is currently called the Extension Request.

Initial Clinical PA Requirements by Service and Payer

SERVICE	MEDICAID	STATE
Outpatient	No initial Continuing care once \$6000 cap is reached per client, per provider	No Initial No Continuing Care
Opioid Treatment	Yes	No Initial No Continuing Care
Intensive Outpatient	Yes	Yes
Partial Care	Yes	Yes
Detoxification	Yes*	Yes
Short Term Residential	Yes*	Yes
Halfway House	N/A	Yes

Prior-Authorization (PA) for OP and MOP

- State funded OP and MOP do NOT require a PA
- Medicaid funded OP does NOT require a PA until \$6000 cap is reached per client, per provider
- MOP *DOES* require a PA
- Provider will submit a Medicaid PA request for OP or Methadone as they do for other LOC

Clinical *UM Parameters*

	IOP/PC	STR*	HWH	LTR	Detox*	OP	OTP
Length of Initial PA	60 days State	14 days State	90 days State	60 days State	5 days State	State N/A	N/A State**
	Up to 60 days Medicaid	Up to 14 days- Medicaid	N/A Medicaid	N/A Medicaid	5 days Medicaid	Medicaid TBD	1 year Medicaid
Length of each Extension (CCR)	30 days State	7 or 14 days State	7, 14 or 30 days State	7, 14 or 30 days State	5 days State	N/A State	N/A State
	Up to 30 days Medicaid	Up to 14 days Medicaid	N/A Medicaid	N/A Medicaid	Up to 5 days Medicaid	TBD Medicaid	1 year Medicaid

State Clinical UM Parameters

- On May 24, 2016, state parameters length of stay parameters for each authorization will not change
- Those changes will be implemented as part of the year end cut over and the implementation of the new initiatives

Administrative Authorizations State Only

Secured by provider

IOP- 30 days

STR- 7 or 14 day, depending on the length of the clinical PA

HWH- 7, 14, 30 days depending on the length of the clinical PA

LTR- 7, 14, 30 days depending on the length of the clinical PA

OP – every thirty days

Methadone- 28 days

Continuation of Care(ERL) State

- IOP/PC
 - 30 day authorization can request day 21 thru 30
 - 60 day authorizations can be requested day 50 thru 60
- STR
 - 7 day authorization - day 3 thru 7
 - 14 day authorization - day 7 thru 14
- HWH
 - 7 day authorization - day 3 thru 7
 - 14 day authorization - day 7 thru 14
 - 30 day authorization - day 21 thru 30
 - 90 day authorization - day 74 thru 90

Continuation of Care(ERL) State

- **LTR**
 - 7 day authorization - day 3 thru 7
 - 14 day authorization - day 7 thru 14
 - 30 day authorization - day 21 thru 30
 - 60 day authorization – day 35 thru 60
- **Residential Withdrawal Management**
 - 5 day authorizations day 3 thru 5
 - Daily for all subsequent authorizations

Continuation of Care - Medicaid

- OP- 10 days prior to end date of current authorization
- IOP/PC – 10 days prior to end date of the current authorization

PREPARING FOR UTILIZATION MANAGEMENT

Affiliation Agreements

- A fully executed Affiliation Agreement is required to receive PAs for services delivered for all managed initiatives
- Medicaid is a Managed Initiative
 - If Medicaid is an agency's only public funding source, an Affiliation Agreement is still needed

DMHAS-Provider-IME Affiliation Agreements

- **Rutgers/UBHC** and **DHS** enter into the **Agreement** with the **Network Provider** to establish their respective roles in providing substance use treatment to eligible individuals.
- DHS/UBHC is not requiring updated Affiliation Agreements at this time. Providers will be notified when updated agreements are required
- Affiliation Agreement and Cover Letter from DHS found at the DMHAS website:

<http://www.state.nj.us/humanservices/dmhas/initiatives/managed/index.html>

Provider IME Affiliation Agreement Procedure

- Provider signs and returns three original copies to the address noted in the cover letter:
 - State of New Jersey
 - Department of Human Services
 - Division of Mental Health and Addiction Services
 - 222 South Warren Street
 - P.O. Box 700
 - Trenton, NJ 08625-0700
 - c/o Carol Pitonyak
- DHS and UBHC signs the three copies
 - One is kept on file at UBHC
 - One is kept on file at DHS
 - One fully signed/executed copy will be returned to the provider by UBHC

Preparing for the UM Process SCMS

- Update SCMS with most recent information
 - SCMS is used for contact information and referrals
 - SCMS provider registration form is on the DMHAS website
 - Completed form must be submitted to UBHC to receive SCMS login
 - UBHC will issue provider SCMS login information including the SCMS link upon receipt of the completed form

SCMS Service Capacity Management System

The IME database resource for consumer treatment referral options

SCMS displays a listing of available affiliated providers featuring detailed provider facility information available levels of treatment and participating initiatives based on site license ID# location.

For consumers looking for addiction services: 1-844-276-2777;

General IME Questions: imeinfo@ubhc.rutgers.edu

For providers who need to contact the IME: 1-844-276-2444

System Issues: scms@ubhc.rutgers.edu

Welcome Ime

[Log

Change Pas

SERVICE CAPACITY MANAGEMENT SYSTEM (SCMS)

Provider Network

Account Request

RUTGERS

IME Service Capacity Management System – Provider Tip Sheet

SCMS – Main Screen

After logging in, you'll be presented with the service information screen of your facility. All interactions occur on this page.

SERVICE CAPACITY MANAGEMENT SYSTEM (SCMS)

Welcome informationservicesstaff! [Log Out]

Change Password

Provider Network

Provider Availability Management

Account Request

Change your password/account information

Change Your Password

Password:

New Password:

Confirm New Password:

Licensing and Availability Management

Provider is licensed to operate **OP**.

Availability for **OP**:

Provider is licensed to operate **IOP**.

Availability for **IOP**:

Provider is licensed to operate **PC**.

Availability for **PC**:

Provider is not licensed to operate **OTP**.

Availability for **OTP**:

Provider is not licensed to operate **Meth IOP**.

Availability for **Meth IOP**:

Provider is not licensed to operate **Meth OP**.

Availability for **Meth OP**:

Provider Facility Information

Contact Provider (Telephone and Address)

Other Bed and Unit Information (if available)

Other Service Information (if available)

Meth OP	False
Meth IOP	False
IOP	1
Psycho Social	
IOP with Housing CH	
WASH	
MATI	
Meth Residential	
LTR	
STR	
Transportation Support	

Provider Bed and/or Slot Management

For questions and assistance, please email: imeinfo@ubhc.rutgers.edu

Preparing for UM Process NJSAMS

- NJSAMS files
 - Close out files on individuals inactive in treatment
 - Update for correct LOC and payer in NJSAMS
 - Authorizations will be given based on LOC in NJSAMS
 - Update for correct Payer Source
 - Authorizations will be given based on funding source in NJSAM

Preparing for UM Process Open Testing

- Using Log in that you will receive today participate in Open testing in NJSAMS version 3.4
- Coordinate agency testing with UBHC
- This will provide agency staff with familiarity and comfort level with the new process before going live
- Report any issue/problems to:
MBHOinput@dhs.state.nj.us for review and correction

Preparing for the UM Process

Medical Necessity

Review trainings materials on Medical Necessity at:
<http://www.state.nj.us/humanservices/dmhas/initiatives/managed/index.html>

This info will assist providers to submit required information on the first request

Important because IME will make first determination on the request in one hour, reconsiderations may take longer

UNDERSTANDING UTILIZATION MANAGEMENT REVIEW PROCESS

Fundamental Purpose in Utilization Management (UM)

Provide the client with the

- **“Right Level of Care and the “Right Dose” of treatment**
- Treatment authorization is approved when following criteria met:
 - Medical/Clinical necessity
 - Appropriateness of treatment to meet the need of the client
- When both medical/clinical necessity for treatment and the appropriateness of the treatment requested are established, an authorization for the treatment requested is issued by UM staff.

Criteria for Clinical Necessity for Treatment

- In NJSAMS provider communicates Clinical/ Medical Necessity with:
 1. DSM-5 Diagnosis number and Diagnostic criteria
 2. LOCI-3 (ASAM) with comments addressing patient's clinical SUD and MH symptoms in all six (6) ASAM Dimensions
 3. Impairments of Functioning at end of LOCI-3

Impairments of Functioning

Important for determining Medical Necessity and Appropriateness of Care

- Life Areas of Functioning Assessed in NJSAMS:
 - Family
 - Work
 - Community
 - School
 - Self Care (To be implemented at a later date)

Criteria for Appropriateness of Treatment Based on Severity of Illness Presented

- Severity of the Illness = determined by assessing consumer's symptoms that impair function:
- UM Goal = Match Severity of Illness (SI) presented with the treatment (LOC plus other services)
- **SI=IS - Severity of Illness = Intensity of Service**

RECONSIDERATIONS AND APPEALS

Reconsideration of IME Determination

- If provider and IME “disagree” on Medical Necessity and Appropriateness of Care, Provider IME and provider have ability to communicate regarding any authorization request
- Most often any clinical disagreement for an initial authorization or a continuing care authorization can be resolved with the UBHC staff and the Provider Agency using the common language of the ASAM Criteria.

Reconsideration of a Denial

- When requested, the **first reconsideration** review is conducted by the IME Utilization Management Supervisor or their representative. Should this review not resolve the denial issues then the provider may request an Advanced Review within the IME.
- When requested, **an Advanced level** review is conducted by the IME Medical Director or their representative with a clinical representative of the provider. This level of reconsideration review is traditionally a “doctor to doctor” review.

Denial of Request for Authorization Upheld

- When the two (2) denial reconsideration procedures within the IME do not result in a resolution of the denial and the IME denial is upheld,
 - **IME shall inform both the provider and DMHAS of the outcome of their reconsideration decision in writing within 24 hours of that IME denial decision**
- Provider can then use the DMHAS and/or Medicaid Appeal Processes

Appeal Process for State Funded Services

Full Policy to be posted on DMHAS Website will be posted on the website

Similar to current Extension Request Policy:

- Two levels of appeal

- Reviewed by Licensed Clinicians

- Provider continues to provide services during appeal process

- Provider paid during the appeal if appeal is confirmed

- No payment if appeal is denied

Appeal Process for Medicaid Funded Services

- Provider and/or client utilize the Fair Hearing Process
- Details found at www.state.nj.us/oal/hearings.html