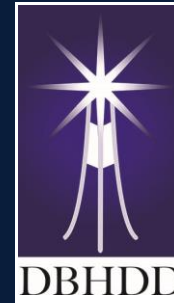




The Georgia  
Collaborative ASO



# Batch Provider Webinar

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June 10, 2015

# Introductions

- Department of Behavioral Health and Developmental Disabilities
  - Melissa Sperbeck, Deputy Chief of Staff
  - John Quesenberry, Director of Decision Support and Information Management
- Georgia Collaborative ASO
  - Jason Bearden, CEO, Georgia Collaborative ASO
  - Janet Gaspard, VP of Clinical Operations
  - Karen Vendetti, Senior Director of Eligibility
  - Casey Spencer, Supervisor, EDI Helpdesk
  - Brian Erdoes, BSA, EDI Helpdesk

# Agenda



- Companion Guide Update Preview
- Clinical Definitions and Rules Overview
- Frequently Asked Questions Review
- Question and Answer Open Forum





# Companion Guide Update Preview

# Response File Naming Conventions

Response files to submitted batch files will have the following naming conventions:

- Positions 1 – 10: Submission ID # (Date and Sequence Number)
  - Positions 1 – 3 represent year (ex: 015 = 2015)
  - Position 4 represent month: 1 – 9, A, B, C (ex: November = B)
  - Positions 5 – 6 represent day (ex: 01 – 31)
  - Sequence Number: Positions 7 – 10 represent sequence number
- Position 11: Letter indicating type of batch file:
  - R = Registration
  - A = Authorization
  - D = Discharge

# Response File Naming Conventions

- Position 12: Letter indicating type of response file
  - “R” for Summary File
  - “A” for Accepted File
  - “E” for Error/Rejected File
  - “P” for Pended File
  - “I” for Pended Resolution File (Registration)

EXAMPLE: 0154217470RA  
(Response to a Registration file that was  
received on 4/21/2015 with accepted records)

# Diagnostic Codes (ICD-9 / ICD-10)

## Diagnosis Codes (Fields #56 – 63)

- These fields will be modified to accept an ICD-9 diagnostic code for authorization requests that have start dates prior to 10/1/2015.
- ICD-10 diagnosis codes will be required for authorization requests with start dates of 10/1/2015 and later.
- The same fields will be used to enter either diagnostic code type based on appropriate date.

# Child & Adolescent Needs and Strengths (CANS)

- CANS Data Elements (Fields #72 – 188)
- CANS is ALWAYS required for the following services:
  - PRTF
  - CBAY
  - Intensive Family Intervention (IFI)
  - SAIOP (C&A)
  - Structured Residential Supports - AD (C&A)
- CANS is Conditionally Required IF the individual is less than 18 years of age for the following services:
  - Crisis Services
  - Non-Intensive Outpatient (NIO)



# Child & Adolescent Needs and Strengths (CANS)

- CANS is Not Required on Initial Requests if service is Non-Intensive Outpatient
- Two components have age requirements:
  - Transition to Adulthood (Required if the individual is ages 15 to 18 years old)
  - Ratings of Children 5 years and younger (Required for individuals age 5 and under)
- There are no additional sub modules based on ratings on required elements

# Adult Needs and Strengths Assessment (ANSA)

## ANSA Data Elements (Fields #189 – 307)

- ANSA is ALWAYS required for the following services:
  - Assertive Community Treatment (ACT)
  - Case Management (CM)
  - Community Support Team (CST)
  - Intensive Case Management (ICM)
  - Peer Support Program
  - Psychosocial Rehab Program
  - Supported Employment
  - Independent Residential (MH)
  - Semi-Independent Residential (MH)

# Adult Needs and Strengths Assessment (ANSA)

- Intensive Residential (MH)
- Treatment Court Services – MH
- Residential Detox
- Ambulatory Detox
- SAIOP (Adult)
- Opioid Maintenance
- Independent Residential (AD)
- Semi-Independent Residential (AD)
- Intensive Residential (AD)
- Treatment Court Services – AD
- Women's Treatment (WTRS) - Outpatient
- Women's Treatment (WTRS) - Residential

# Adult Needs and Strengths Assessment (ANSA)

- ANSA is Conditionally Required IF the individual is 18 years of age and older for the following services:
  - Crisis Services
  - Non-Intensive Outpatient
- ANSA is Not Required on Initial Requests if service is Non-Intensive Outpatient
- Sub modules can be required based on the ratings in the required modules

# Vitals & Withdrawal Symptoms Data Elements

## Withdrawal Symptoms Data Elements (Fields #394 – 406)

- These data elements will be optional when Type of Service = “Substance Use” or “Mental Health \ Substance Use”.

## Vitals Data Elements (Fields #407 – 430)

- These data elements will be optional when Type of Service = “Substance Use” or “Mental Health \ Substance Use”.



# ASAM Criteria (6 Dimensions)

## ASAM Data Elements (Fields #431 – 436)

- These data elements will be optional when Type of Service = “Substance Use” or “Mental Health \ Substance Use” until 7/1/2016. Between Go-Live and 7/1/2016, providers should begin training and reporting ASAM dimensions prior to being made required.

## Additional Data Element Changes

- Does the individual have dependent children under age 19? (Field #330)
  - A value for “Unknown” will be added
- How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days? (Field #450)
  - Required except for Inpatient, Inpatient Detox, CSU and CSU Detox.
- Employment Data Elements (Fields #473 – 480)
  - Required except for Inpatient, Inpatient Detox, CSU, CSU Detox, PRTF, and Residential Detox.
  - Other conditional logic remains.

# PASRR Facility and PASRR Specialized BH Services

- If Service is PASRR Facility Auth or PASRR Specialized Services then the following data elements are not required:
  - SPMI/SED Questions (Fields #308 – 309)
  - What is the individual's housing status/stability at the present time? (Field #312)
  - Total days of homelessness in the past 90 days (Field #313)
  - Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.) (Field #314)
  - Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the authorization start date? (Field #315)

## PASRR Facility and PASRR Specialized BH Service (Continued)

- (Continued) If Service is PASRR Facility Auth or PASRR Specialized Services then the following data elements are not required:
  - Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date? (Field #316)
  - How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days? (6 months for PRTF requests) (Field #317)
  - What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days? (past 6 months for PRTF requests) (Field #318)

# PASRR Facility and PASRR Specialized BH Services (Continued)

- (Continued) If Service is PASRR Facility Auth or PASRR Specialized Services then the following data elements are not required:
  - Is the individual currently pregnant (Field #321)
  - Does the individual have dependent children under the age of 19? (Field #324)
  - Planned Discharge Level of Care (Field #372)
  - Planned Discharge Residence (Field #373)
  - Expected Discharge Date (Field #375)
  - Substance Use Section (Fields #377 – 393)
  - Legal Status (Field #437)
  - Legal Involvement (Field #438)



# PASRR Facility and PASRR Specialized BH Services (Continued)

- (Continued) If Service is PASRR Facility Auth or PASRR Specialized Services then the following data elements are not required:
  - Legal Custody (Field #439)
  - Has individual been involved with criminal/juvenile justice system in past year? (Field #440)
  - Number of arrests in past 30 days (Field #441)
  - Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date? (Field #442)
  - How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days? (Field #444)

# PASRR Facility and PASRR Specialized BH Services (Continued)

- (Continued) If Service is PASRR Facility Auth or PASRR Specialized Services then the following data elements are not required:
  - How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days? (Field #445)
  - Income & Sources Section (Fields #446 – 457)
  - Non-Cash Benefits Section (Fields #458 – 460)
  - Health Insurance Section (Fields #461 – 463) (Note: This section is required for PASRR Specialized Services)
  - School Section (Fields #464 – 466)
  - Employment Section (Fields #467 – 474)



# Clinical Definitions and Rules Overview

# Data Dictionary

Now	The Georgia Collaborative ASO
Registration/New Episode Request	Registration is separate process from authorization for services. Authorization for services for new individual is called initial authorization request. Active registration with eligibility for funds must be in place prior but is not combined with the authorization request.
Services Packages	Types of care - Individual service groupings can be selected based on the type of care by the provider. No pre-determined bundles/packages will be given.
Service Groups	Service classes are groupings of service codes and services. Providers can bill for any code within the class.
Ongoing Authorization	Concurrent authorization requests for additional services when current authorization timeframe is expiring. Can request up to 30 days prior to expiration date of current auth.
Discharge Review	Still a discharge! DBHDD & Collaborative are working on plan for which types of care require a discharge.

# Covered Services –Higher Levels of Care

4 tier process to determine type of care

FY2016 Behavioral Health Services

**Level of Service = Inpatient**

revised 2015.04.23

1	2	3	4							
Level of Service	Type of Service (MH, SU, MHSU)	Level of Care	Type of Care	Service Class Code	Service Groups Available	Service Description	Initial Auth Length	Concurrent Auth Length	Max Auth Units	Max Daily Units
Inpt	MH, MHSU	Inpatient	Behavioral	IPF	20102	Community Based Inpatient (Psych)	varies	varies	varies	1
Inpt	SU	Inpatient	Detox	IPF	20102	Community Based Inpatient (Detox)	varies	varies	varies	1
Inpt	MH, MHSU	Crisis Stabilization Unit	Behavioral	CSU	20101	Crisis Stabilization	5	5	5	1
Inpt	SU	Crisis Stabilization Unit	Detox	CSU	20101	Crisis Stabilization	5	5	5	1
Inpt	MH	PRTF	Behavioral	PRT	20506	PRTF	30	30	30	1
Inpt	SU	Residential	Detox	IDF	21101	Residential Detox	5	varies	5	1
Inpt	MH	Nursing Home	Behavioral	PAS	999L2	PASRR Nuring Facility	0	NA	0	NA

Q: How restrictive will the validation be for the combination of LOS/TOS/LOC/TOC/SC?

A: The combinations must be exact.



# Covered Services –Outpatient Services

4 tier process to determine type of care

FY2016 Behavioral Health  
**Level of Service = Outpatient**

Individual service groups within each type of care

POS = Place of Service

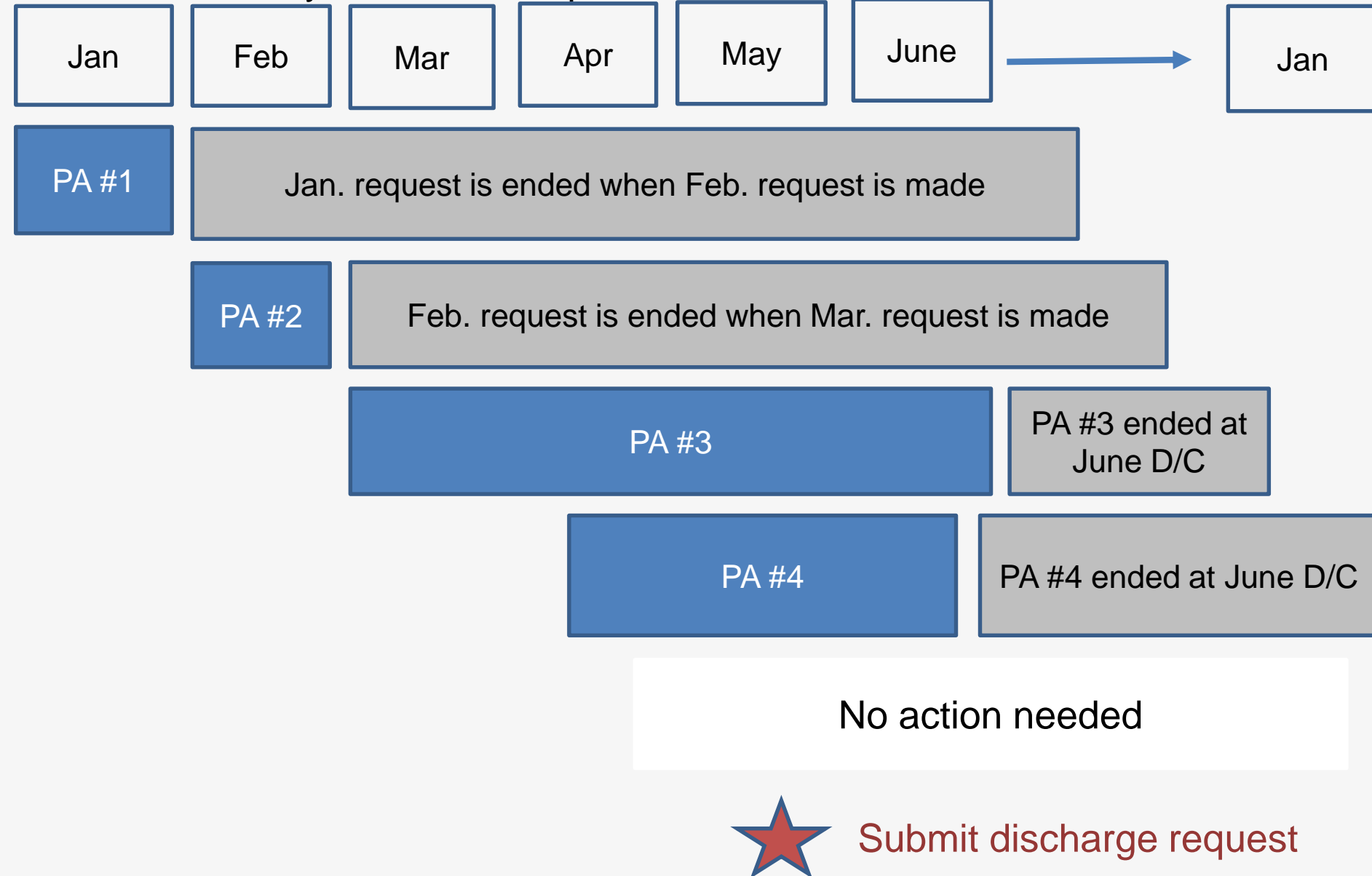
revised 2015.04.23

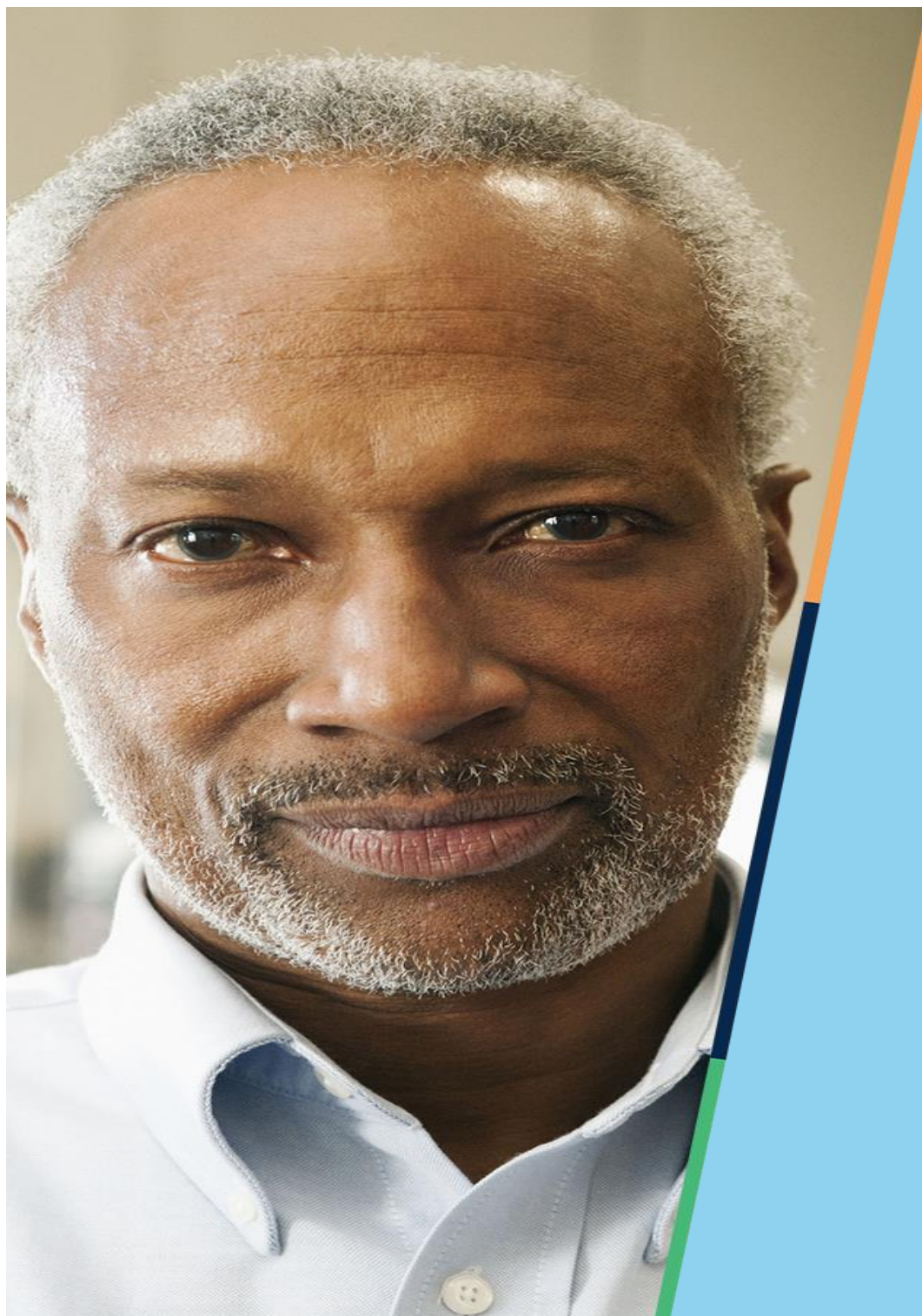
Level of Service	Type of Service MH, SU, MHSU	Level of Care	Type of Care	Service Class Code	Service Groups Available	Service Description	POS	Initial Auth		Concurrent Auth		Max Daily Units
								Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd	
Outpatient	MH, MHSU	Outpatient	ACT	ACT	20601	20601-ASSERTIVE COMMUNITY TREATMENT	11	90	240	90	240	60
				CT1	21202	21202-COMMUNITY TRANSITION PLANNING	11	90	50	90	50	12
Outpatient	SU	Outpatient	AMBULATORY DETOX	OPD	21102	21102-AMBULATORY DETOXIFICATION	22	14	32	varies	varies	24
				BHA	10101	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT	22	14	32	varies	varies	24
				DAS	10103	10103-DIAGNOSTIC ASSESSMENT	22	14	2	varies	varies	2
				CAO	10104	10104-INTERACTIVE COMPLEXITY ADD-ON CODE	22	14	22	varies	varies	4
				PEM	10120	10120-Psychiatric TPE (PAM)	22	14	40	varies	varies	2

# Authorization Scenario

Note: All non-intensive authorizations receive a 365 day authorization period

Month	Service Request/ Action	Units
Jan.	Non-Intensive OP [Family Therapy]	10
Feb.	Non-Intensive OP [Family Therapy]	20
Mar.	Non-Intensive OP [Family Therapy] [CSI]	20 5
Apr.	Supported Employment [Supported Employment]	3
May	Discontinue SE Continue Fam & CSI	
June	Discharged from agency	





# Frequently Asked Questions

# Registration

Q) Why would a separate file be created instead of the ASO system generating either an Accepted or Rejected response record upon resolution?

A) The pended file that is sent back with the original submission details the funds and time periods for those funds with an ID that begins with TEMP. The only reason for the pend is that the individual appears to be a possible duplicate of an individual already on file. Once this is resolved the update that is sent in the pended response file is what the individual's CID is. There is no fund information sent as that has already been reported.

# Registration

Q) If there is a pended resolution file provided does this mean that providers will not receive resolutions to any Pended records from a given submission file until all have been resolved?

A) No. You can receive multiple pended resolution files. The process to produce the file will be run twice a day and will include all resolved pended registrations.



# Registration

- Q) What is the expected time frame for providing the Pended Record Response file compared to processing of the original submission file?
- A) The original batch submission will be returned at the time of the next processing cycle. The pended response is on the same schedule. The turn around for the manual review and resolution is 48 hours.

# Authorization

Q) Will an error occur if an authorization is submitted and there is no active registration/funds assigned?

A) Yes, the authorization will not process without a valid registration. The individual will need to have an active registration with available funds at the time of the authorization request.

Q) How do the Service Classes relate to Service column in Appendix F? There are classes not listed in Appendix F.

A) The terms “Service Class” and “Service Group” can be used interchangeably with the term “Service” Appendix F. (The Service Class list is entirely separate from the LOS/TOS/LOC/TOC Mapping that is Appendix F. The service class list is to be used for the Service Class Code fields.)

# Authorization

Q) Are medications required to be completed?

A) There are fields on authorization for medication, these fields are optional. However, if a medication name is entered, the additional information regarding that medication is conditionally required. Version 1.5 of the Authorization Companion Guide released on 4/24 updated these fields to not required.

Q) Will a verified diagnosis be required with the first Authorization request?

A) The provider must follow DBHDD Policy regarding diagnoses. Per current DBHDD policy, provider must have a verified diagnosis within 30 days.

Regarding the authorization process, an initial request may include a provision diagnosis with a verified diagnosis to follow on the next authorization.

If the individual does not have a verified diagnosis the working diagnosis should be used for initial requests if needed to allow timely submission and ensure claims payment (in accordance with DBHDD policy)

## Definitions for the following ID-related fields

- Provider ID – Your Beacon Assigned Provider ID - Required
- Provider Name – The Provider or Facility name associated with the Beacon Assigned Provider ID - Not required
- Vendor ID – Your Beacon assigned Vendor ID, this is assigned to the location the payment will be going to, so there could be multiple providers assigned to one Vendor ID - Required
- Provider Alternate ID – This is a field for your use, if there is an additional provider ID that you need to have attached to your requests for your own purposes - Not required
- Authorized User – Your Beacon assigned Submitter ID for ProviderConnect - Required

# Discharge

## Update regarding Administrative Discharge:

- Administrative discharge will not roll out on 10/1
- DBHDD and the Collaborative are evaluating various solutions for future release

# Questions and Feedback

Questions and Comments?



# Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

[GACollaborative@beaconhealthoptions.com](mailto:GACollaborative@beaconhealthoptions.com)

