

Impact of RSPMI Revisions to Group Therapy?

1. How will the ACT 911 population be monitored to ensure adequate services are provided?
 - DBHS and Beacon personnel have been reviewing weekly reports regarding services to this population. Weekly meetings will start on October 25th, 2016 to include Beacon, DMS, DBHS and OMIG. Topics covered will include statistics regarding requested and approved units for group therapy overall as well as specific to the 911 population. Beacon will also be reviewing turnaround times relative to the 911 population and any provider specific questions/issues that have come up in the previous week.
2. What if a provider decides to close a site dedicated to serving the ACT 911 population?
 - RSPMI certification requires a provider to give written notice immediately to clients, DBHS, DMS, the Medicaid fiscal agent and the accrediting organization should a provider decide to close a site either temporarily or permanently. If a provider chooses to discontinue services to a beneficiary who was ordered to treatment per Act 911, the provider must engage with DBHS and DMS to effectuate a 90 day transition plan prior to discharging the individual from care.
3. ACT 911 patients require more intensive models of treatment. How can this population be served under the current payment structure when caps are implemented?
 - Effective beginning with dates of service 10/7/16 and forward, the Group Psychotherapy daily limit will change from 6 units to 4 units and a 100 unit yearly cap per state fiscal year has been added. A small number of individuals, approximately one percent of the total population receiving behavioral health services, are ordered to treatment per Act 911. The treatment plans for these individuals require an additional level of review to determine whether medical necessity is present to justify exceeding these limits. A process is already in place to allow for these reviews to occur.
4. What happens to the current prior authorizations that overlap the 10/1/16 effective date for the rule change?
 - The Division of Medical Services (DMS) and Beacon will honor prior authorizations and extension of benefits that have been previously authorized for beneficiaries who are ordered to treatment per Act 911. Beginning 10/1/16, Beacon will establish an expedited process to review requests for services for beneficiaries who are ordered to treatment per Act 911 within one business day of the request.
5. What changes to the authorization and billing processes should providers expect?
 - The established processes are unchanged. Providers should continue to follow the current established process for making review requests of Beacon. Providers need to be mindful of the 4 unit daily limit and the yearly 100 unit limit and that medical necessity for exceptions must be present and documented by individual review.

6. How can providers get help with adjusting their treatment planning processes?
 - Beacon hosted provider education webinars on 10/5 and 10/6 that reviewed the changes and the established processes for making review requests. Beacon will continue to provide education to RSPMI providers as requested.