



## PROVIDER ALERT

### CLARIFICATION NOTICE: Re: MARCH 20 PROVIDER ALERT ON AUTHORIZATION TIMEFRAMES

MAY 26, 2017

In response to concerns expressed by providers regarding the March 20, 2017 provider alert, Update on Authorization Timeframes, the Department and Beacon are clarifying the information.

The turnaround times referenced reflect a Beacon workflow process that is a benefit to providers. Instead of receiving a denial due to lack of meeting medical necessity, Beacon will keep an authorization request open for up to the time frames indicated in that alert to give the provider time to obtain the proper documentation. Instead of receiving an MNC denial, the provider is able to continue to submit documentation to support an authorization request. This process is normally invisible to providers but was shared as a way to inform providers that the documentation to meet MNC is crucial to the evaluation of an authorization for certain levels of care.

We are submitting this provider alert to assure providers that **Beacon partners with providers to promote prompt treatment at the most appropriate level of care to meet individuals' needs and is committed to making certain that providers receive accurate and timely information on authorizations. Beacon clinicians are available telephonically 24/7 to process urgent requests.**



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- For inpatient mental health and for ASAM Level 4.0 and for ASAM Levels 3.7 and 3.7 WM, reviews for medical necessity are made at the time of the call. For example, if an individual is in an ED and a request is made to send to an ASAM 3.7 WM program, the information is taken telephonically and a determination on Medical Necessity Criteria is made.
- For all other non-urgent levels of care requested online in ProviderConnect, almost all determinations are made within the first 3 days with the majority being made within one day. ASAM 3.3, 3.5 and 3.7 are given priority. If there is a reason to do an expedited review for a non-urgent level of care such as ASAM 3.5 or RTC where bed availability may be an issue, a provider can telephonically call in the request and Beacon will process it at the time of the call as though it was an urgent level of care.

We regret the confusion that the initial provider alert caused and appreciate the feedback from providers so that we could appropriately address the concerns.