

Welcome

Welcome to Northeast Behavioral Health, LLC (NBH)! NBH is the state-designated mental health care provider for Medicaid recipients in 12 counties of northeast Colorado. This manual will provide you with what you need to know to better understand NBH's continuum of mental health services.

NBH consumers from the 12 county region are served by Centennial Mental Health Center, Larimer Center for Mental Health, North Range Behavioral Health, and a network of private providers. The NBH provider network has over 250 caring professionals to meet consumer needs.

As a NBH network provider, NBH will work with you to coordinate the different mental health services your consumers may need. Please read the following pages carefully. The information included in this manual will provide you with a better understanding of what to expect from your network affiliation with NBH. If you have any questions about the information contained in this manual, our staff welcomes your call.

NBH Mission

*To provide a comprehensive array
of superior behavioral health services
that support safe, successful, and self-sufficient
lives throughout our twelve counties.*

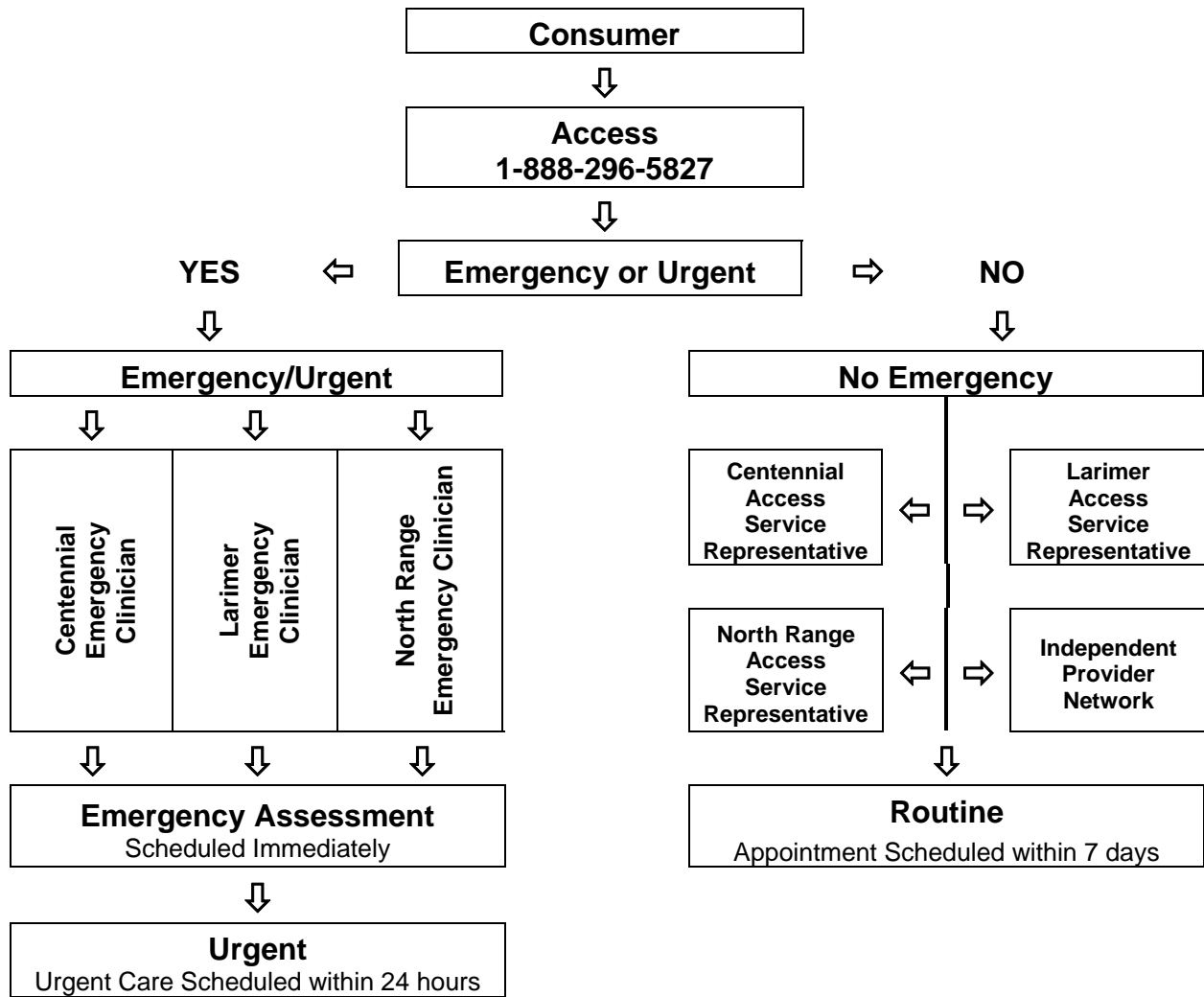
Northeast Behavioral Health, LLC

1300 N 17th Avenue
 Greeley, CO 80631
 970-347-2366
 1-888-296-5827
 Fax: 970-392-1354
www.northeastbho.org

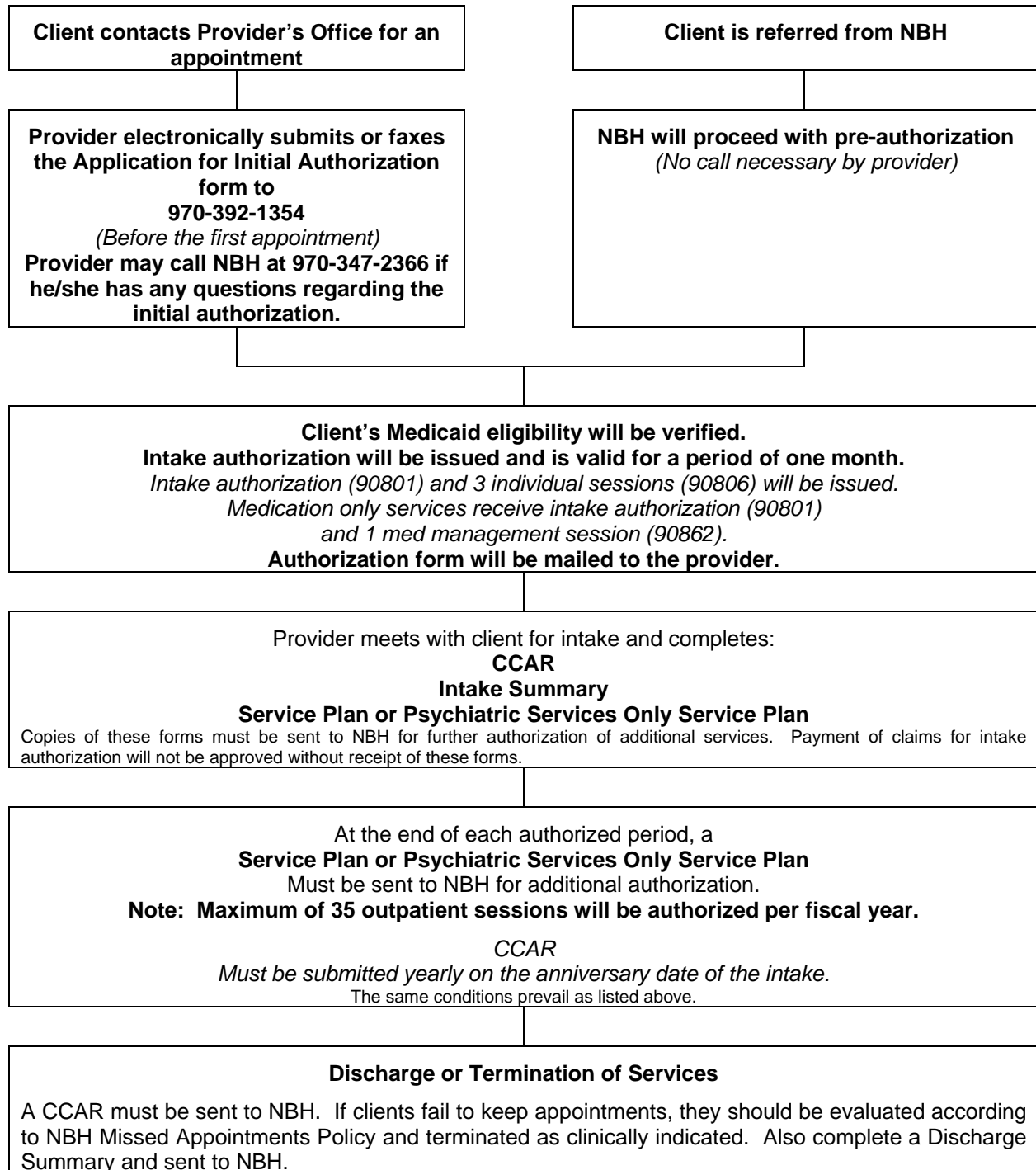
NBH Staff:

Karen Thompson	Executive Director	970-347-2366
John Rattle	Chief Financial Officer	970-347-2366
Julie Kellaway	Director of Quality Improvement	970-347-2366
Carol Staples	Director of Consumer and Family Affairs	970-347-2367
John Rennick	Medical Director	970-347-2366
Maureen Huff	Director of Clinical Services	970-347-2366
Anne Mitchell	Director of Utilization Management	970-347-2282
Heidi Bemowski	Assistant Director of Quality Improvement	970-347-2377
Laurie Paquette	Intensive Services Coordinator	970-347-2296
Pam Johnson	Outpatient Coordinator	970-347-2375
LaRue Leffingwell	Compliance and Contract Coordinator	970-347-2374
Nacole Shawcross	Provider Coordinator	970-347-2498
Sylvia Job	Claims	970-347-2379
Terri Houkcom	Authorization	970-347-2366
Jason Brokaw	CCARs	970-347-2307

ACCESS TO CARE FLOWCHART



AUTHORIZATION PROCESS



PROVIDER ASSISTANCE AND INFORMATION

INTAKE, REFERRAL AND PROVIDER ASSISTANCE

For access to care and all other consumer related services, please call NBH for assistance at the following telephone number:

Northeast Behavioral Health, LLC

1-888-296-5827

Utilization Department: Utilization managers are available 24 hours a day, seven days a week for:

- › Pre-authorization for all levels of care;
- › Utilization review;
- › Consultation;
- › Consumer referrals; and
- › Concurrent reviews and continued authorizations.

Providers also may consult with a utilization manager, or a care coordinator regarding a consumer's treatment needs related to:

- › Medication management;
- › Psychological testing (prior authorization required);
- › Aftercare (upon program/facility discharge) with an outpatient therapist or structured program;
- › Referral to a different level of care, including discharge;
- › Community resource information; and
- › Non-emergent authorization for services.

Consumer/Providers may call NBH from 8:00 a.m. to 5:00 p.m., Monday through Friday for any of the following:

- › Verification of Medicaid eligibility;
- › Written inquiries;
- › Benefit explanations;
- › Prevention, Education, and Outreach referral information; and
- › Consumer referral

Provider Relations Department: Provider Relations staff members are available from 8: a.m. to 5:00 p.m., Monday through Friday. The Provider Relations staff is available for:

- › Credentialing and re-credentialing;
- › .Network monitoring;
- › Network management;
- › Application Status;
- › Updating provider demographic data; and
- › Provider education.

Claims Department: (970-347-2379) Claims department personnel are available from 7:30 a.m. to 5:00 p.m., Monday through Thursday and 7:30 a.m. to 2:30 p.m. on Friday. The staff of this department is responsible for:

- › Claim inquiries;
- › Explanation of Benefits; and
- › Claims Appeal.

Provider Availability

All NBH providers are expected to see Medicaid consumers within the following guidelines:

ROUTINE: Within seven (7) calendar days of a request for a routine appointment.

URGENT: Urgent care shall be available within twenty-four (24) hours.

EMERGENCY: Emergency condition means a condition when acute symptoms are of sufficient severity that the prudent layperson, or one who possesses an average knowledge of health and medicine, could reasonable expect that the absence of immediate medical attention or mental health services could result in the following:

- (1) Placing the health, safety, and/or well being of the individual, or another person in serious jeopardy.
- (2) Leaving the person in a state of psychiatric impairment so severe that the person could not be reasonable expected to take care of himself/herself.

In all cases, providers must notify NBH immediately at the following numbers:

- Northeast Behavioral Health, L.L.C. (888) 296-5827
- Larimer Center for Mental Health (970) 494-4200
- Centennial Mental Health Center (970) 522-4392
- North Range Behavioral Health..... (970) 347-2120

Emergency psychiatric admissions of up to 72 hours will be authorized if the consumer's situation meets emergency hospitalization criteria. Refer to Section Five after that period. Providers must follow the inpatient concurrent review process. All NBH providers must offer 24-hour emergency access to their consumers and have formal arrangements or emergency coverage. For details, please refer to the next section, titled Coverage Then the therapist is Unavailable.

Emergency telephone contacts must be responded to within 15 minutes. For in-person emergency services the acceptable standards are:

- In-person within one (1) hour of contact in urban and suburban areas.
- In-person within two (2) hours of contact in rural areas and frontier areas.

The standard applies to the time that occurs for a qualified mental health professional to contact the consumer requesting emergency services. If a consumer does not accept the offered appointment and chooses a later appointment the intent of the standard has been met, so long as the offered appointment is within the prescribed timeframes as stated above.

Coverage when the Provider is Unavailable

Providers are responsible for arranging 24-hour/7 days per week coverage for their clients. Please Note: Use of hospital emergency departments or a Community Mental Health Center is unacceptable unless a contractual arrangement exists. NBH suggests setting up a voicemail with the phone number of the call coverage therapist when call coverage is needed. The voicemail can state that if the client is a danger to self or others, to go to the nearest emergency room.

How Consumers Access Mental Health Services

A consumer can access the NBH service system in the following ways:

1. Consumer, family members, providers, or advocates for consumers can call NBH (1-888-296-5827) 24 hours a day, 7 days a week for emergency or non-emergency situations, clinical assessment, and referral to the most appropriate provider.
 - Hearing-impaired callers will be transferred to TDD lines.
 - Callers who speak non-English languages will be transferred to appropriate providers.
 - Callers with non-mental health Medicaid benefit questions will be referred to Medicaid's direct number or hot line at 1-800-221-3943.
2. Consumers can call or walk into any one of NBH's service locations or private provider offices in the community to request services. Private providers must be credentialed and contracted with NRBH prior to providing non-emergency services.
3. Consumers can be referred by their primary care physician, social service caseworker, court systems or other community agency through the access points described above.

4. Consumers can go to or be brought to any hospital emergency room for an ER evaluation. A specialized face-to-face evaluation will be performed by the local mental health center's emergency team or their affiliates for immediate treatment planning

NBH consumers may choose to receive care from any mental health center in the State or an independent provider. If a consumer currently is receiving mental health services or wants services from a provider that is not part of the NBH Independent Provider Network, the consumer may request that NBH contract with the provider. A consumer or provider can receive information about the Independent Provider Network by calling 970-347-2366.

Pre-authorization

All non-emergency care must be pre-authorized by NBH. If pre-authorization is not obtained for non-emergency treatment, a denial of claims payment will result.

Eligibility Verification

Medicaid eligible consumers in many areas of Colorado are enrolled for mental health benefits through NBH. Eligibility and NBH enrollment should be confirmed before the first visit. This can be done by submitting via electronic forms or faxing the Application for Initial Authorization form to 970-392-1354 or by calling 888-296-5827 with the consumer's name, social security number, Medicaid ID number, date of birth, and first date of service. We recommend re-verifying eligibility prior to each consumer visit as eligibility is subject to change.

Authorizations

The Referral Authorization Letter will define the number and type of session, the payment rate, and the timeframe for completion of services authorized. If the provider believes the consumer needs additional treatment, he/she must submit via electronic forms, mail or fax a written treatment plan to NBH.

After initial hospital emergency department triage, authorization for further evaluation and/or treatment must be obtained from NBH's utilization management or emergency services teams.

Other Insurance Coverage

In the event a Medicaid eligible consumer has other insurance coverage, known as third party liability or TPL, the provider must inform NBH of such coverage and provide a copy of the insurance information. The NBH TPL form is available in Section 10 of this manual. The Provider may submit to NBH a secondary billing, along with a copy of the primary payor's explanation of benefits, within ninety (90) days of payment to Provider by the primary payor. NBH, as secondary carrier, shall pay Provider the rates, less any payment received from the primary carrier.

Service Benefits

In-Network Service Benefits:

- › Services of the benefit plan are available through network providers who are contracted for specific services. For more information of specific available services, call 1-888-296-5827. All providers must be credentialed and contracted to participate in NBH's Network. In certain circumstances a single case contract may be arranged with a non-network provider.
- › Benefits are in effect only when the provider adheres to NBH's authorization and utilization management procedures.

Out-of-Network Benefits:

- › There are no benefits available for out-of-network services. Services provided for psychiatric emergencies are the only benefit allowed to out-of-network providers.

Benefit Exclusions and Limitations

- › Treatment of organic mental disorders;
- › Treatment of mental retardation or developmental disorders;
- › Treatment of autism;
- › Treatment for detoxification;
- › Treatment for obesity or weight loss not associated with anorexia nervosa or bulimia;
- › Tests or procedures conducted to rule out medical conditions;
- › Additional medical care, supplies or services required by individuals who have concomitant medical problems;
- › Care which is predominantly custodial in nature;
- › Speech therapy;
- › Smoking cessation and smoking cessation programs;
- › Treatment for chronic pain unless determined to be of predominantly psychological origin;
- › Treatment for conditions such as sexual addiction, compulsive gambling, co-dependency, or adult children of alcoholics and non-abusing family members where these are the primary diagnosis;
- › Treatment by telephone unless preauthorized by NBH;
- › Health care services, treatment and/or supplies that NBH's Medical Director deems to be experimental, investigational, or primarily for research purposes
- › Services such as sleep therapy, employment counseling, training and/or educational therapy for learning disabilities, or other educational services such as educational testing will be considered only if pre-authorized by NBH;
- › Services and treatments which are solely focused on personal or professional growth and development;
- › Services and treatments for children that the school system is required by law

- to provide;
- › Academic education;
 - › Electroconvulsive therapy (ECT), unless preauthorized;
 - › Psychological testing, including neuropsychological testing, unless preauthorized; and
 - › Services for treatment of chemical dependency without a co-existing mental health diagnosis.

Developmental Disabilities

NBH will be responsible for coordinating with the developmental disabilities service systems within the BHO's area for the provision of services to consumers who have co-occurring mental health and developmental disabilities diagnoses.

NBH will be responsible for all services necessary to treat the covered psychiatric diagnosis, regardless whether that diagnosis is primary or secondary. The criterion for determination if treatment is required is the criteria used to determine medical or clinical necessity.

Confidentiality

It is the policy of NBH to guard against unauthorized or inadvertent disclosure of confidential information at provider's offices and sites of care.

All treatment records shall be kept in locked file cabinets at the offices when not actively being used. Records must be returned to the file cabinets each evening and not kept in provider's offices overnight.

Collection of Co-Payment/Deductibles

Medicaid enrolled consumers covered in our program are not subject to co-payments or deductibles. Collection of fees directly from a Medicaid consumer may result in termination as a participating network provider. This includes collection of claims denied for payment by NBH.

Exception: Payment for services once benefit limits has been reached, i.e., 35 individual outpatient sessions or 45 inpatient days (refer to Section 8 for more information regarding benefit limits).

Claims Submission

Claims Submission and Processing section of this manual contains detail information regarding requirement for claim submission. If you have further questions, please call the Claims Department at 970-347-2366 or 1-888-296-5827.

Helpful Tips for Getting Your Claims Paid

1. **Check the validity of the authorization.** Based on medical necessity, authorization specify the treatment code, payment rate, type of service, number of sessions or units of care to be held within a certain time period. Make sure that the treatment codes, dates(s) of service and sessions or units of care being

billed fall within the requirements of the authorization.

2. **Verify the authorized provider.** The provider named on the claim form must match the provider specified on the authorization. All billed services must have been provided personally by the authorized provider.
3. **Verify eligibility.** If a consumer becomes ineligible for care before the number of sessions or units of care have been exhausted or the authorization time period has expired, the authorization will be invalid for the dates of service that fall in those time frames. You can verify eligibility by calling NBH at 970-347-2366 or 1-888-296-5827.
4. **Use the correct claim form.** NBH requires that outpatient providers file their claims on a HCFA-1500/CMS-1500 form. Inpatient facilities and PRTF's are required to use the UB-92/CMS-1450 form.
5. **Sign the claim form.** Claim forms must indicate the name of the provider actually rendering the service and must be signed by the individual providing care or his/her designee (or facsimile signature).
6. **Submit claim forms to the primary insurance company first.** If Medicaid is not the consumer's primary insurance plan, the claim must be submitted to the primary insurance company first. The notification of the decision from that insurance company must be attached to the claim form submitted to NBH. By Federal law, Medicaid is always the payer of last resort.
7. **All claim payments are contingent** upon receipt of fully completed clinical forms. These include the completions of the Colorado Consumer Assessment Record (CCAR), at the time of admission to treatment, discharge and annually if indicated. Service Plans and an Intake Summary are required at Intake. Updated Service Plan is required for each authorization extension. The Discharge Summary is completed when client is discharged.