

## Ninety-day continuity of care period for behavioral health authorizations

**Background:** For the March 1, 2019, implementation of the Provider-Led Arkansas Shared Savings Entity (PASSE) program, Summit Community Care will observe a 90-day period of continuity of care for all members with existing behavioral health authorizations. No service will be denied for circumstances where authorizations were in place and authorized by the Arkansas Department of Human Services prior to March 1, 2019.

The continuity of care period applies to both participating and nonparticipating behavioral health providers, who will receive a minimum of the Medicaid fee schedule for those 90 days.

✦ **What this means to you:** In order to ensure appropriate processing of these behavioral health claims during the continuity of care implementation period, please continue to utilize the appropriate HCPCS/CPT codes identified for these services.

In order to establish a staggered authorization process, all behavioral health authorizations with expiration dates during the 90-day period will be reviewed by Summit Community Care Utilization Management (UM) team for authorization for services requested by the provider. However, the original behavioral health authorizations approved prior to the March 31, 2019, start date will be paid through May 31, 2019. Care coordinators will continue to work with providers and members to develop Person-Centered Service Plans (PCSPs). These PCSPs will assist providers and the UM team in reviewing the needs of our members.

In order to receive the same options/authorizations for new behavioral health members, providers must ensure appropriate documentation is submitted to justify care for the member. Care coordinators will still complete the PCSP with the provider and member.

### How long will the waiver last?

The behavioral health continuity of care waiver begins on March 1, 2019, and runs through May 31, 2019. At the end of the implementation waiver, all approved behavioral health authorizations will be paid according to rates established in your provider contract.

Our continuity of care policy ensures there is no lapse in care or previously authorized by traditional Medicaid or another PASSE managed care organization for members who have recently joined Summit Community Care.

Beginning June 1, 2019, prior authorization for continuity of care **will be** required. Providers will need to contact Summit Community Care as soon as possible for new authorizations.

### What resources are available to me?

More information can be found by visiting the provider website at <https://www.summitcommunitycare.com/provider> or by calling Provider Services toll free at 1 844-462-0022.