Presenting

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- Beth Bernasek BS LAC
Beacon Administration of KSSC Funded Treatment Services

• Administration began 10/1/18 for all dates of service 10/1/18 and after.
  - Portal access
  - Claims payment
  - Administrative Review
  - Clinical Review
  - Data Analysis and Reporting

• Clinical Issues
  - Contact the Clinical team
    - 866-645-8216
    - KansasClinical@BeaconHealthOptions.com

• Claims or Credentialing Issues
  - Contact Beth Bernasek - Provider Quality Manager
    - Office: 785-338-9018
    - Cell: 785-213-3562
    - Elizabeth.bernasek@beaconhealthoptions.com
    - SB123@beaconhealthoptions.com

Since 10/1/18
1245 offenders served
$3,447,000 in paid in more than 30,000 claims
72% of Offenders present with Amphetamine related diagnosis
Documents Required for Service Requests

• Detox, Initial 21 days of Level 3.3 tx during case, Level 3.1, Level 2 IOP and Level 1 OP
  o Client Placement Agreement (CPA)
  o Must indicate level of care requested, be signed by ISO and the Agreement date must be on or prior to the review start date/start date of services

• DAAP assessment Must have all 3
  o SB 123 assessment form fully completed
  o SASSI
  o Clinical Narrative

• Level 3.3 tx request for services following 21 days of billed services at level 3.3 tx during case – These are reviewed for medical necessity
  o CPA
  o Clinical to justify level of care included on Clinical Review Form found on Beacon’s website:
    — https://kansas.beaconhealthoptions.com/providers/kssc/
Submission of the CPA is Mandatory

- The Client Placement Agreement (CPA) is the agreement between the ISO.
  - Evidence of a hand shake
- Service Requests received without an attached, complete, and signed CPA are voided.

- CPAs must be obtained prior to admit to treatment services.
  - The only exception to this would be if an offender were admitted to social detox and SB123 eligibility was determined after admit.
Use the Authorization and Claims Submission Reference Guide

• Remember there is a 45-day timely filing rule being enforced from the date of service.
• Please bill the appropriate charge amount. Some providers are actually billing less than they can.
• All post sentence documents and service requests are submitted via ProviderConnect
<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Level of Service</th>
<th>Service Class</th>
<th>Type of Service</th>
<th>Level of care</th>
<th>Type of Care</th>
<th>Service Code (HCPCS Code)</th>
<th>Modifier</th>
<th>Place of Service</th>
<th>Charge Amount</th>
<th>Max Per Request</th>
<th>Utilization Guidance</th>
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<tbody>
<tr>
<td>Social Detox</td>
<td>INPATIENT/</td>
<td>SDX</td>
<td>SUBSTANCE USE</td>
<td>RESIDENTIAL</td>
<td>DETOX</td>
<td>H0014</td>
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<td>5 day max length of stay</td>
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<td>RES</td>
<td>SUBSTANCE USE</td>
<td>ASSERTIVE COMMUNITY</td>
<td>BEHAVIORAL</td>
<td>H0025</td>
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<td>180 day Cap</td>
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<td>RTC</td>
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<td>BEHAVIORAL</td>
<td>H0018</td>
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<td>$160.00</td>
<td>21 days initial 7 day concurrent</td>
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<td>RRE</td>
<td>SUBSTANCE USE</td>
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<td>U5</td>
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<td>FAM</td>
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<td>SASSI only</td>
<td>OUTPATIENT</td>
<td>EV2</td>
<td>SUBSTANCE USE</td>
<td>OUTPATIENT</td>
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<td>$5</td>
<td>1 unit</td>
<td>1 per case only, available under presentencing benefit package only</td>
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<td>4 per case</td>
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</table>
Eligibility

- The member ID in ProviderConnect is the KBI#+01. However, the true KBI#, KDOC# and SSN can all be used as alternative IDs for offender lookup.

- Eligibility is determined via TOADS. Do not send KDADS related eligibility documents.

- If Eligibility data in ProviderConnect does not match provider/ISO records
  - Provider reach out to the ISO to confirm eligibility.
  - If data continues to differ from what is in Provider Connect- please reach out to Beacon (PR or clinical).
  - Beacon will confirm upload information and reach out to KSSC as needed to confirm/adjust eligibility and notify the provider.

- If you do specific member search with KBI/KDOC # and DOB the FIRST page that pulls up (DEMOGRAPHICS) Should show you the member ID to submit claims under.
Claims Denials

Do you have an authorization for that level of care in Provider Connect?

- From the Member Demographic screen Click on the “View Member Auths” Button and then scroll down and Click “Search”

If you wish to use the ProviderConnect Message Center to communicate with this Member, please select the 'Enable Member Commu' (Note: You will be able to send a message only if the Member participates in Message Center communication.)
Search Authorizations

- Click the blue hyperlink that matches the service you’re looking for

<table>
<thead>
<tr>
<th>Auth #</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Provider ID</th>
<th>Vendor ID</th>
<th>Service</th>
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<td>987654321</td>
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<td>EAP</td>
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<td>ASLAN, SUSAN</td>
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<td>12345</td>
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<td>712345</td>
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<td>Inpatient</td>
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</table>
Find the Authorization Details

- On the next page, click the AUTH DETAILS tab

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

- Member ID: 987654321
- Member Name: SUSAN ASLAN
- Authorization #: 01-02232011-1-3
- Client Auth #: N/A
- Authorization Status: O - Open
- From Provider: PETER TUMNUS
- Admit Date: 01/14/2010
Authorization Details

- Auth details are at the bottom of the auth detail tab

** Note this is also the section you can CONFIRM the units that were authorized. (Ie. If you asked for 30 IOP units however 10 were authorized due to CAP.
Thank You

Contact Us

📞 866-645-8216
🌐 https://kansas.beaconhealthoptions.com/providers/kssc/

Send your clinical and eligibility questions here:
✉️ KansasClinical@beaconhealthoptions.com

Send your EDI and credentialing forms here:
✉️ SB123@beaconhealthoptions.com