



NYCCP Inpatient Provider Meeting

Western Region BHO Provider Meeting

December 9, 2011



Notice of Admission (NOA) Overview

WHAT IS THE HISTORY OF THE NOA AND WHY DOES BEACON USE IT?

The NOA is Beacon's secure online tool for providers to notice Beacon of IP admissions.

1. Opportunity

- A. Streamline inpatient and diversionary service authorization processes for key client BH provider network.
- B. Initiative expected to improve BH provider satisfaction and demonstrate innovative solutions offered by Beacon to our providers.

2. Baseline

- A. Behavioral health and substance abuse facilities required pre-certification, continued stay and discharge reviews.
- B. Network providers were looking for collaborative solutions for approving services and a reduction in the administrative burden placed on MH and SA providers for routine authorization requests.

Notice of Admission (NOA) Overview

WHAT IS THE HISTORY OF THE NOA AND WHY DOES BEACON USE IT?

3. Measuring Success -1 year post initial implementation

- A. 100% of BH providers expressed satisfaction with ease of NOA process .
- B. Beacon Health Strategies demonstrated a positive collaborative initiative that has resulted in process improvement and decreased administrative burden for Behavioral Health Providers allowing them to put greater focus on the delivery of care to their recipients.

4. Quantifiable improvements for Providers

A. Prior to implementing e-service NOA access, providers needed to call Beacon Health Strategies to:

- i. Pre-certify services through review of presenting clinical information (estimated 20 minutes).
- ii. Provide updated clinical reviews and discharge planning information (estimated 40 minute total).
- iii. Communicate via phone with possibility of multiple calls.
- iv. Baseline total of **60 minutes or more for each admission.**

B. Post Implementation of e-service NOA

- i. Provider registers the member on line (5-7 minutes).
- ii. Provider enters discharge information on line (5 minutes).
- iii. Total time through e-services NOA = approximately **13 minutes.**

Notice of Admission (NOA) Overview

LOG ON SCREEN

1. Providers must register with Beacon to gain access
2. Each user at the provider site has their own unique user ID

BEACON *eServices*

Eligibility/Benefits ▾
Authorization ▾
Registration/Authorization ▾
Beacon Select Program ▾
FARS/CFARS Assessment ▾
Community Care Mgmt. ▾
PsychTesting ▾
Case Management ▾
Claims ▾
Search History ▾
Provider Information ▾
Provider Reports ▾
Provider Materials ▾
Alerts ▾
Contact Us ▾
Help ▾
EDI Gateway ▾

LOGIN REGISTER

Enter Login Name you want to log as:

eAccount LoginID

eAccount Type

Search Reset

Provider

Notice of Admission (NOA) Overview

WELCOME SCREEN

1. Main navigation options on the left hand side
2. Options to check a recipients eligibility, view provider materials (user guides), submit NOA

The screenshot displays the BEACON eServices interface. At the top, there is a header with the logo and three images. Below the header, the user is logged in as [redacted], and there are 'MY ACCOUNT' and 'LOGOUT' buttons. A navigation menu on the left side lists various options, with 'NOA' highlighted by a red circle. The main content area shows a welcome message and a notification that the account is linked to a provider.

Notice of Admission (NOA) Overview

NOA OPTIONS

1. Enter a NOA
2. Complete a Discharge Summary
3. Print NOA/Discharge

The screenshot displays the BEACON eServices web application interface. At the top, there is a header with the BEACON eServices logo and three small images: a woman with a dog, an elderly woman, and a family. Below the header, the user is logged in as 'alicer'. There are 'MY ACCOUNT' and 'LOGOUT' buttons. A search bar contains the text 'NOA'. A navigation menu on the left lists various options, with 'NOA' selected. The 'NOA' dropdown menu is open, showing three options: 'Notice of Admission', 'Discharge Summary', and 'Print NOA/Discharge', which are circled in red. A large empty rectangular area is visible on the right side of the page.

Notice of Admission (NOA) Overview

SEARCH FOR THE RECIPIENT

1. 2 step process
 2. Member ID or DOB (use the Medicaid CIN # for Member ID)
- and
3. First or Last Name

The screenshot displays the BEACON eServices interface. At the top, there is a navigation bar with the BEACON eServices logo and three small images of people. Below the logo, it says "You are logged in as" followed by a redacted name. To the right are "MY ACCOUNT" and "LOGOUT" buttons. A left-hand navigation menu lists various services, with "Notice of Admission" highlighted in yellow. The main content area shows a search form for a "NOA" (Notice of Admission). The form is divided into two steps, both requiring at least one field to be filled. Step 1 includes fields for "Member ID:" and "(OR) DOB:". Step 2 includes fields for "First Name:" and "(OR) Last Name:". A "Search for Member" button is located at the bottom of the form and is circled in red.

Notice of Admission (NOA) Overview

SERVICE REQUEST INFO

1. Pregnancy Indicator.
2. Service Type (IP Detox/ IP MH / IP Rehab, etc)
3. For SU we collect the Substance being used
4. Date of admission (from date)

The screenshot displays the BEACON eServices web application interface. At the top, there is a navigation bar with the BEACON eServices logo and three small images. Below the navigation bar, a user is logged in, and there are buttons for 'MY ACCOUNT' and 'LOGOUT'. A left-hand navigation menu contains various options, with 'Notice of Admission' highlighted in yellow. The main content area is titled 'NOA for [redacted]' and is divided into two sections: 'Member Information' and 'Service Requested'. The 'Member Information' section includes fields for Member ID, City/State, DOB, and Member Pregnant (with a dropdown menu and a '(Required)' label). The 'Service Requested' section includes fields for Substances (dropdown), Services (text input with 'Inpatient Detoxification'), Site of Service (dropdown with '(Required)' label), and From Date (calendar icon and '12/7/2011'). A 'Next' button is located at the bottom right of the form.

Notice of Admission (NOA) Overview

ADMISSION DETAILS

1. If it is a SU admission collect:
 - A. Substance
 - B. Last usage data
 - C. Method
 - D. First use age
 - E. Quantity

The screenshot shows the BEACON eServices web application interface. At the top, there is a navigation bar with the BEACON eServices logo and three small images. Below the navigation bar, there is a user login status and two buttons: 'MY ACCOUNT' and 'LOGOUT'. A left-hand navigation menu contains various options, with 'Notice of Admission' highlighted in yellow. The main content area displays the 'Notification of Admission For Detox' form. The form is divided into three sections: 'Member Information', 'Reporter Information', and 'Substance Abuse Details'. The 'Substance Abuse Details' section is circled in red. The form fields are as follows:

- Member Information:** Member: A [redacted], City, State: N [redacted], DOB: 0 [redacted]
- Reporter Information:** Reporter FirstName: A [redacted] (Required), Reporter LastName: N [redacted] (Required), Phone Number: S [redacted] (Required), Ext: [redacted], Reporter Email: A [redacted]
- Substance Abuse Details:** Substance: Oxycontin, Last Use: [redacted], Method: [redacted] (Required), First Use Age: [redacted], Quantity: [redacted]

Notice of Admission (NOA) Overview

ADMISSION DETAILS CONT.

1. Diagnosis Info
 - A. State is requiring all Axis be completed
2. Action Plan

Member Diagnosis Information

Axis I: (Primary Substance Abuse) (Required)

Axis II:

Axis III: (Required)

Axis IV:

Axis V: HGAF: LGAF: CGAF:

BP/Pulse/Temperature:

Symptoms Of Withdrawal:

Action Plan:

PCP Contacted:

Outpatient Provider: (Required)

Treatment Plan:

Discharge Plan:

Submit

Please be patient after clicking the Submit button—this may take a few moments.

Notice of Admission (NOA) Overview

APPROVAL LETTER / RECEIPT CONFIRMATION

1. Letter contains all pertinent info:
 - A. Recipient info
 - B. Date of next review

The screenshot displays the Beacon eServices user interface. At the top, there is a navigation bar with the Beacon eServices logo and several small images of people. Below the navigation bar, the user is logged in as 'alicon'. A navigation menu on the left lists various services, with 'Notice of Admission' highlighted. The main content area contains a confirmation letter from Beacon Health Strategies, LLC, dated 12/7/2011. The letter provides details about a member's admission for inpatient detoxification, including the member's name, ID, and the dates of admission (12/7/2011 to 12/12/2011). The letter also includes contact information for the Clinical Management Department and a request for a clinical review if the member is remaining at the site beyond the admission period.

You are logged in as **alicon** [MY ACCOUNT](#) [LOGOUT](#)

[Click Here to go back to member search](#) [Print this page](#)

Thank you for completing Beacon Health Strategies' Notice of Admission.

To obtain your additional day of authorization please log back in at www.beaconhealthstrategies.com and complete the discharge summary and your additional day will be authorized.

The reference number for your request can be found below. Please keep this number for your records and to access this record in the future. Note that this number is not an authorization number for use in submitting a claim. The authorization number will be available in the authorization section of e-Services within an hour of submitting your request.

Date: **12/7/2011**

Dear **[REDACTED]**

Thank you for completing this Notice of Admission (NOA) for the following member:

Member Name: **[REDACTED]**
Member ID: **[REDACTED]**
Member Product: **[REDACTED] Commercial**
Member DOB: **[REDACTED]**
Reference #: **533107**
Service Admitted to: **Inpatient Detoxification**
Date of Admission: **12/7/2011**
NOA From Date: **12/7/2011** NOA To Date: **12/12/2011**

If you anticipate **[REDACTED]** remaining at **[REDACTED]** site beyond **12/12/2011** we request that you contact BHS on or before **12/11/2011** to conduct a clinical review for continued treatment.

We thank you in advance for your collaboration in ensuring that the members receive the best clinical care.

If you have any questions concerning this Notice of Admission please contact BHS at **781 994 7500**. Please note this Notice of Admission is not a guarantee of payment. Final decisions related to **[REDACTED]** eligibility and coverage are made by the plan.

Thank you.

Sincerely,

Clinical Management Department
Beacon Health Strategies, LLC

Notice of Admission (NOA) Overview

DISCHARGE SUMMARY

1. Discharge Summary presents a listing of all recipients currently IP at the facility who are connected to the RBHO
2. All fields are sortable
3. When recipient is ready for discharge click the "Discharge Button"

The screenshot displays the BEACON eServices web application interface. The header features the BEACON eServices logo and navigation buttons for 'MY ACCOUNT' and 'LOGOUT'. A navigation menu on the left lists various services, with 'Discharge Summary' highlighted. The main content area shows a 'NOA Discharge List' table with columns for Registration Number, Patient Name, Admission Date, To Date, Service, Discharge Member, and Cancel Authorization. A red oval highlights the 'Discharge' and 'Cancel Authorization' buttons for each row in the table.

Registration Number	Patient Name	Admission Date	To Date	Service	Discharge Member	Cancel Authorization
513972	ST GEORGE	11/11/2011	11/16/2011	Detoxification	Discharge	Cancel
519806		11/20/2011	11/25/2011	Detoxification	Discharge	Cancel
519808		11/20/2011	11/26/2011	Detoxification	Discharge	Cancel
527693		12/01/2011	12/04/2011	Detoxification	Discharge	Cancel
528881		12/03/2011	12/06/2011	Detoxification	Discharge	Cancel
528270		12/02/2011	12/07/2011	Detoxification	Discharge	Cancel
528983		12/04/2011	12/07/2011	Detoxification	Discharge	Cancel
529889		12/05/2011	12/08/2011	Detoxification	Discharge	Cancel
528969		12/04/2011	12/09/2011	Detoxification	Discharge	Cancel
529955		12/05/2011	12/10/2011	Detoxification	Discharge	Cancel
529969		12/05/2011	12/10/2011	Detoxification	Discharge	Cancel

(Sort the Discharge List by clicking the column headings)

Notice of Admission (NOA) Overview

DISCHARGE SCREEN

1. At discharge we will collect:
 - A. where the recipient is being discharged to (lesser LOC, community, etc)
 - B. Diagnosis info (State requires all Axis to be completed)

Member Information

Member: [Redacted]
City, State: [Redacted]
DOB: [Redacted]

Reporter Information

Reporter FirstName: [Redacted] (Required)
Reporter LastName: [Redacted] (Required)
Phone Number: [Redacted] (Required)
Ext: [Redacted]
Reporter Email: [Redacted]

Discharge Information

Discharge Date: 11/11/2011 (Required)
Discharge To: Outpatient Clinic (Required)
Discharge Reason: Planned (Required)

Member Diagnosis Information

Axis I: (Primary Substance Abuse) [Redacted] (Required)
Axis II: [Redacted]
Axis III: [Redacted] (Required)
Axis IV: [Redacted]
Axis V: [Redacted]
HGAF: [Redacted] LGAF: [Redacted] CGAF: [Redacted]

Notice of Admission (NOA) Overview

DISCHARGE SCREEN CONT

- C. Aftercare Info (what providers does the recipient have appointments with, MH, PH, other)

Member Diagnosis Information		
Axis I: (Primary Substance Abuse)	<input type="text"/>	(Required)
	<input type="text"/>	
Axis II:	<input type="text"/>	
Axis III:	<input type="text"/>	(Required)
	<input type="text"/>	
Axis IV:	<input type="text"/>	
Axis V:	HGAF: <input type="text"/> LGAF: <input type="text"/> CGAF: <input type="text"/>	

After Care Service Information		
Provider Name	<input type="text"/>	(Required)
Provider Phone	<input type="text"/>	(Required)
Appointment Date	<input type="text"/>	(Required)
Member Phone	<input type="text"/>	(Required)
Member Address	<input type="text"/>	(Required)

After Care Service Information		
Provider Name	<input type="text"/>	
Provider Phone	<input type="text"/>	
Appointment Date	<input type="text"/>	
Member Phone	<input type="text"/>	
Member Address	<input type="text"/>	

SUBMIT REQUEST

Notice of Admission (NOA) Overview

DISCHARGE SUMMARY ACKNOWLEDGEMENT

1. We acknowledge a complete discharge with a printout of the discharge info

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: Provider Reports, Manage Users, Provider Materials, Alerts (0), Contact Us, Help, EDI Gateway, Detox NOA, Notice of Admission, Discharge Summary (highlighted in green), and Print NOA/Discharge. To the right of the menu, there are several text elements: a link 'Click Here to go back to the discharge list', a 'Print this page' button with a printer icon, and a green message 'Thank you for completing the discharge summary.' Below these are labels for various fields: Discharge Result, eRecord, Reference Number (with value 533108), Submitted By, Submission Date And Time, Reporter Information, First Name, Last Name, Phone, Email (Optional), Service Information, Member, Authorization Record ID, Discharge Date, Discharged To, Discharged To, Discharge Reason, Planned, Diagnosis Information, Axis I, Axis I (b), Axis II, Axis III, Axis III (free text), Axis IV, Axis V-HGAF, Axis V-LGAF, Axis V-CGAF, After-Care Appointment 1, Provider Name, Provider Phone, Appointment Date, and Member Phone. A large blue rectangular area covers the right side of the page, obscuring the content of the Submitted By, Reporter Information, and other fields.

Next Steps

1. Contact info for each Facility
 - A. Main point of contact for NYCCP/Beacon

2. Provider Registration with eServices

3. WebEx demo's of the live system
 - A. To begin next week and occur regularly through 1/1