



Behavioral Health UR Implementation

At Healthfirst, we always strive to keep providers up to date on new approaches, rules, or guidelines that might affect them.

In response to a requirement by the New York State Office of Mental Health (OMH), Healthfirst has implemented a **new, trigger-based approach to utilization review (UR)** for certain acute mental health services (MH) for all of our health plans, except for Medicare Advantage plans. Our new, trigger-based UR approach went into effect **Feb. 6, 2023**. Our Medicare line of business is excluded.

The new approach affects the following **MH services**:

- Inpatient programs
- Residential programs
- Partial hospitalization programs (PHP)
- Intensive outpatient programs (IOP)

Here's what this means:

- Healthfirst's new approach to UR more closely aligns with state and federal laws related to UR and behavioral health parity.
- The trigger-based UR approach is for acute MH services for children and adults receiving care with in-network and out-of-network providers.
- To support best member outcomes, **collaborative discharge planning** between providers and Healthfirst will continue to be a priority for **all members**.

Provider Alert

- Members meeting any of the following triggers are subject to **concurrent review**.

Triggers for adults include:

- 30-day MH readmission
- Three or more MH admissions in a rolling 12-month period
- Three or more medical/surgical admissions in the previous 12 months
- Four or more psychiatric emergency department (ED) visits in the previous 12 months
- State hospital discharge within the past six months
- First-episode psychosis (FEP)
- Assertive Community Treatment (ACT) wait list. ACT level of service determination (LOS-D) in system with no evidence of treatment with ACT.
- Has a TruCare Assisted Outpatient Treatment (AOT) program that has expired within the past five years
- Length of stay for current admission exceeds 30 days
- Admitting provider failed to notify Healthfirst of the admission, unless the provider was not aware of coverage

Triggers for children under 18 include:

- 30-day MH readmission
- Three UR plus MH admissions in a rolling 12-month period
- Four or more psychiatric ED visits in the past 12 months
- State Psychiatric Center (PC) discharge within six months, if initially transferred to the PC from a community hospital psychiatric unit
- First-episode psychosis (FEP)
- Current foster care involvement
- Length of stay for current admission exceeds 30 days

Provider Alert

- Admitting provider failed to notify Healthfirst of the admission, unless the provider was not aware of coverage

More information about the new UR approach can be found at:

- [New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services](#)
- [Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Service](#)

Questions?

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Services listed may not be in the benefit package of every line of business (LOB). For further details, see Healthfirst Summary of Benefits and Coverage. Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").

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