

## Frequently Asked Questions

### Authorizations for Inpatient Treatment of Substance Use Disorders

**1. What does the law require as it relates to Inpatient Treatment of Substance Use Disorders?**

This law requires Healthfirst to cover in-network medically necessary inpatient services for the treatment of substance use disorders, including detoxification, rehabilitation and residential treatment. There is no prior authorization or certification necessary and insurers may not conduct concurrent utilization review for the first 14-days of treatment.

**2. When will this change impact Substance Use Disorder care?**

This change impacts care starting January 1, 2017.

**3. Which providers are impacted by this change?**

This change applies only if the treatment is provided by an OASAS-certified facility that participates with the member's plan. In addition, it is limited to inpatient services for the treatment of substance use disorders. This includes detoxification, rehabilitation and residential treatment.

**4. Does this change impact Medicare?**

No, this change does not apply to Medicare. This applies to the following lines of business; Medicaid, Leaf Plans (Qualified Health Plans), Essential Plans and Total and Pro Plans.

**5. What authorization changes have been made?**

The first 14 days of inpatient substance use disorder treatment are exempt from prior authorization requirements, provided the inpatient or residential facility gives the insurer notice within 48 hours of the patient's admission and the initial treatment plan i.e. completed Appendix A and OASAS LOCADTR 3 as well as any other tool designated by OASAS.

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## **6. What information must be provided to Healthfirst?**

You must submit Appendix A which supports the initial treatment plan and you must also include the OASAS LOCADTR 3 criteria met. You may find Appendix A hyperlink included within the Memorandum attached as well on the OASAS website: [www.oasas.ny.gov/mancare](http://www.oasas.ny.gov/mancare).

## **7. What should I expect from Healthfirst?**

During the initial 14-days, the plan will contact facilities for periodic consultations. This consultation is not a mechanism for utilization review, including prior authorization, continued stay or concurrent review, but an opportunity for a dialogue about the patient's treatment plan and discharge planning between the facility and Healthfirst clinician.

## **8. If an inpatient or residential facility fails to provide notice of an admission and an initial treatment plan within 48 hours of admission, can a concurrent review of services begin immediately upon learning of the admission, even if it is during the initial 14-day period?**

Yes, if the inpatient or residential facility fails to notify Healthfirst of the inpatient admission or the initial treatment plan within 48 hours of the admission, we may begin concurrent review immediately upon learning of the admission, even if it is during the initial 14-day period.

## **9. How is medical necessity determined?**

The insurance law changes require an inpatient or residential facility to determine the patient's level of need and appropriate level of care by using an OASAS designated level of care tool. Designated tools will include OASAS LOCADTR 3 as well as any other tool designated by OASAS.

## **10. How do I send this information to Healthfirst?**

You may fax this information to Healthfirst Utilization Management at 646-313-4612.

## **11. Where can I find out more information?**

You may read more about the insurance law and access appendix A on the OASAS website: [www.oasas.ny.gov/mancare](http://www.oasas.ny.gov/mancare).