

## Once You Have Received A Referral

All non-emergency care must be pre-authorized by Behavioral HealthCare, Inc. If pre-authorization is not obtained for non-emergency treatment, a denial of claims payment will result.

**Eligibility Verification:** Medicaid eligible consumers in many areas of Colorado are enrolled for mental health benefits through Behavioral HealthCare, Inc. Eligibility and BHI enrollment should be confirmed before the first visit. This can be done, by examination of the current Medicaid card or by calling (720) 490-4400 with the consumer's name, date of birth, and Medicaid ID number. We recommend re-verifying eligibility prior to each consumer visit as eligibility is subject to change.

**Network Providers:** The Referral Authorization Letter will define the number and the type of session, the payment rate and time frame for completion of services authorized. If the provider believes the consumer needs additional treatment, he/she must mail or fax a written progress note clarifying the need for additional treatment to BHI or the authorizing Mental Health Center at least 48 hours in advance of calling the Outpatient Utilization Manager for additional services. Psychological testing requires a separate preauthorization.

**Primary Care Physician (PCP):** Within the utilization management process, care must be coordinated with the consumer's medical/surgical primary care physician.

- 1) In order to coordinate care with the consumer's Primary Care Physician (PCP), providers will request a Release of Information of BHI consumers who have an identified Axis III diagnosis at intake
- 2) The provider will note the PCP's name and address on the PCP notification form and, will send the notification form and release of information form to BHI along with the Intake paperwork. IF the consumer does not have a PCP, the provider will note that on the PCP notification form, direct the consumer to the Health Colorado phone number, 303-839-2120 for Denver Metro, or 1-888-367-6557 in all other areas, and send it with the other intake documents to BHI.
- 3) BHI will fax or mail the consumers' PCP a notice of diagnosis and treatment along with the name and contact information for the provider.
- 4) A copy of the release of information and PCP notification will be filed in the consumers BHI file.

**Facilities/Programs:** As in outpatient care, facilities/programs receive referral authorizations from BHI's Outpatient Utilization Manager. In cases where consumers present at the facility/program for treatment, preauthorization of non-emergency services is required.

**Emergency Departments:** After initial hospital emergency department triage, authorization for further evaluation and/or treatment must be obtained from BHI's Emergency Services Team.

**Access to Additional and Alternative Services:** Providers must call (720) 490-4400 to refer a consumer to another network provider for consultation services or a new level of care. At that time, a BHI utilization manager or Care Coordinator will review the request. In all cases, preauthorization of care must be obtained.

**Authorization and Denial of Services:** A sample Referral Authorization Letter and Action Letter is in Section XII. This Action letter is sent to the consumer, provider and/or facility.