



Beacon Expedited Authorization Approval (EXA) Website

September 2021

Connecting to the EXA Website

Click on the links below on masspartnership.com

The screenshot shows the MBHP website interface. At the top, there is a navigation bar with links: HOME, EMERGENCY SERVICES PROGRAM, FIND A PROVIDER, PROVIDERCONNECT, and BEHAVIORAL HEALTH PROVIDER LOG IN. Below this is a secondary navigation bar with links: Members and Families, Behavioral Health Providers, PCC Plan Providers, About, and Contact. A dropdown menu is open under 'Behavioral Health Providers', listing several options. A red arrow points to the 'Getting Started' link, and another red arrow points to the 'Expedited Authorization Website' link. A blue arrow points to the 'Expedited Authorization Website' link from the right. The website header features the MBHP logo and a photograph of a smiling woman and child. The footer includes the Beacon logo and system tray information.

http://www.masspartnership.com/provider/m/Login.aspx

On the Home Page, click into the Login.

Home Expedited Forms Login

 **beacon**
health options

MBHP Expedited Authorization Application

Welcome to MBHP Expedited Authorization Application

You are not logged in.

-  [Home](#)
-  [Expedited Forms](#)
-  [Login](#) 

Enter the User Name and Password provided by Beacon Health Options (Beacon).

The user name and password are the same, they are case-sensitive, and if not used in 180 days will automatically be locked. You may call the Northeast Access Line 24/7 to have your status changed if you become locked out.

Exp Search Login

 beacon
health options

MBHP Exp

Login Page

Log In

User Name: ←

Password:

Remember me next time.

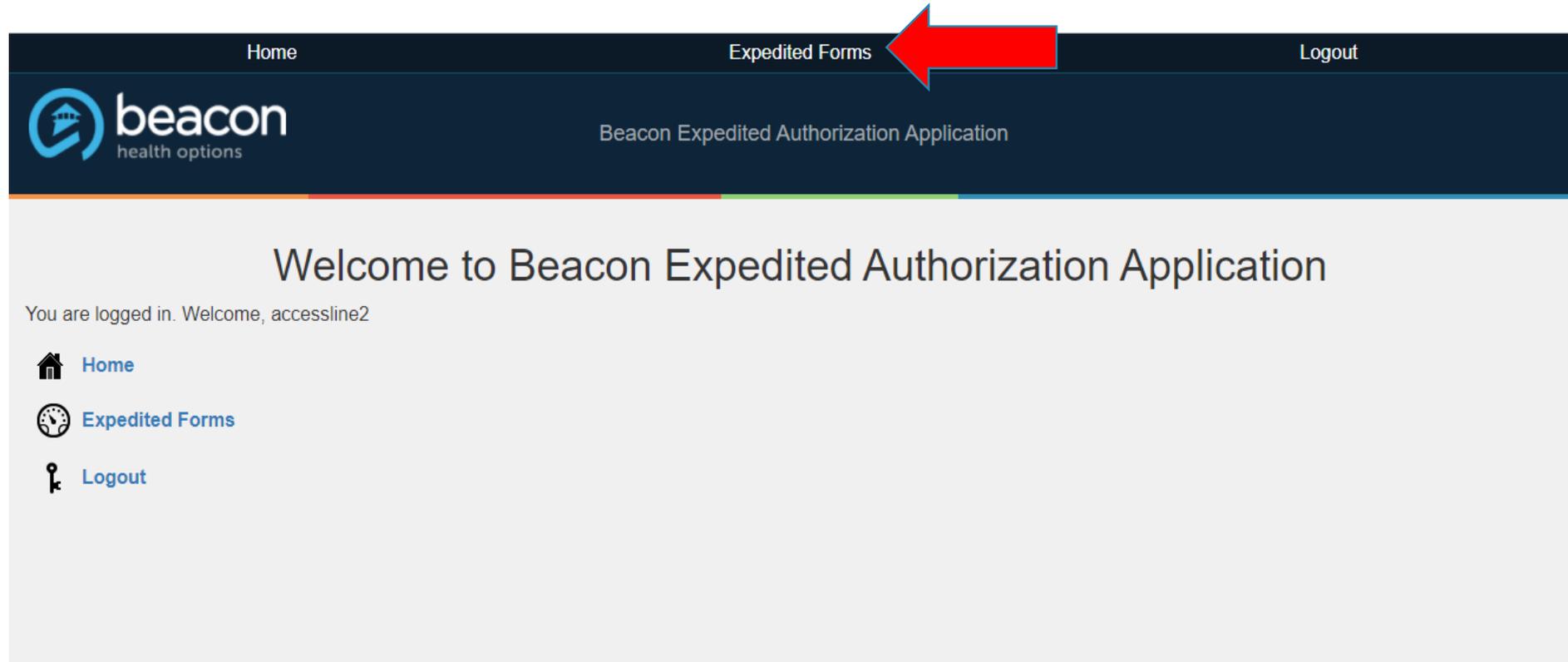
Log In

ATS (ASAM level 3.7) Providers, as of 1/1/17 please use Provider Connect for all new and ongoing requests. If you have questions about this please call MBHP Community Relations at 1-800-495-0086 or go to <https://www.masspartnership.com>.

Initial Expedited Auth or MSE password issues, contact Patty Talamini at 617-790-4115 or email Patty.Talamini@beaconhealthoptions.com. Thursday, June 07, 2018

You have reached the EXA Home Page.

To start a new precert, click on the Expedited Forms Tab.



To open a new auth request form, select Expedited Auth-ESP.

Please note: Next-day evaluations will no longer be a stand-alone submission and will be explained further on in the presentation.

Home Expedited Forms Logout

Beacon Expedited Authorization Application

Expedited Forms

- Expedited Auth - ESP
- Next Day Evaluation - ESP (Read Only)
- Commercial Notice of Admission (NOA) - Inpatient Provider Only
- Extended Concurrent Review - Inpatient
- Expedited Review - EATS

At this point you will see all of your agency's EXA submissions and the current status on each one. To create a new submission, click on Authorization Request.

Submitted Expedited Auths

[Authorization Request](#) 

[Go To Archive Page](#)

[Refresh Queue](#)

Submitter Name:

Date Requested:

[Search](#) [Show All](#)

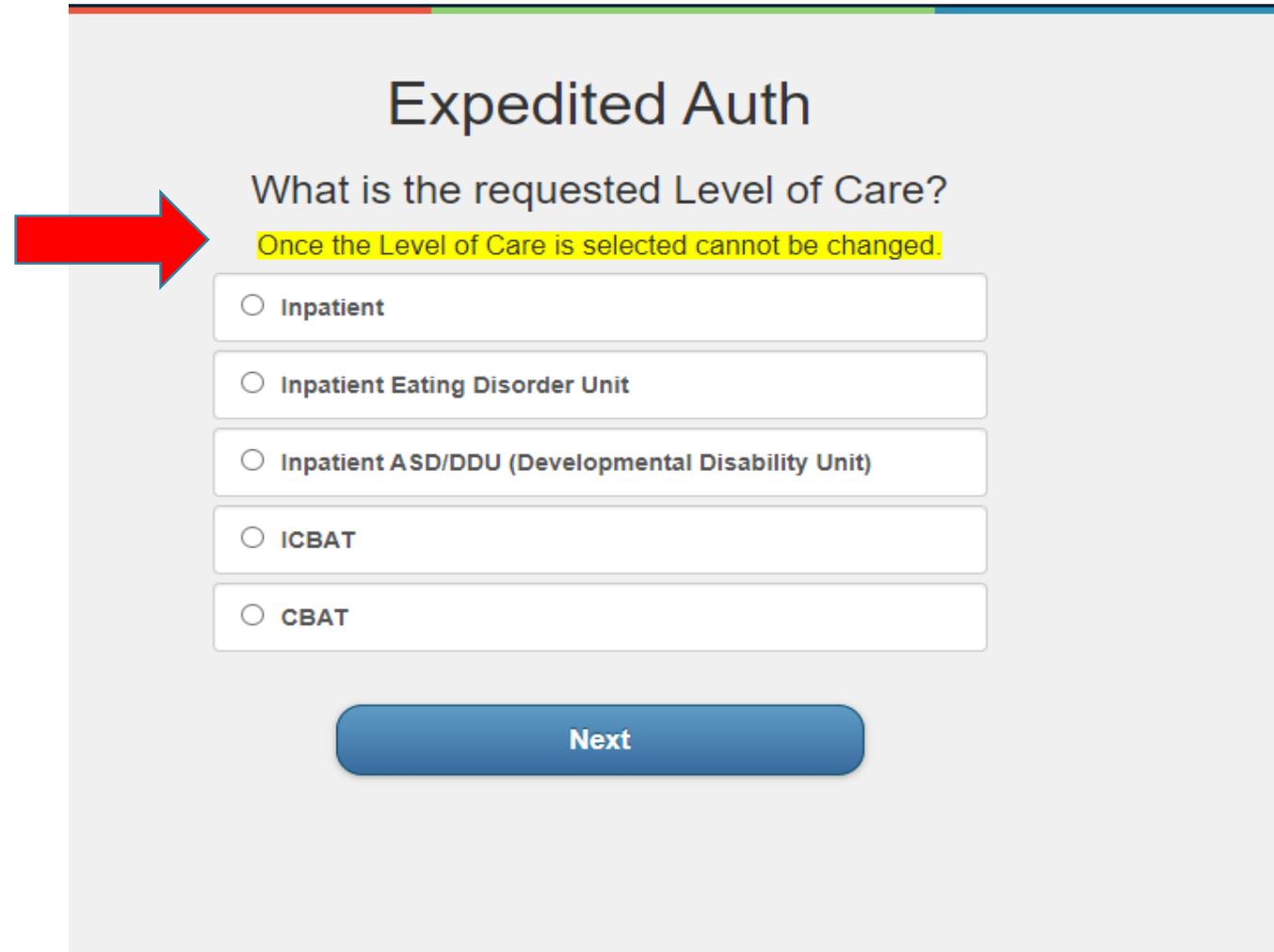
Page 1 of 1

+ 123543 fName fName 8/24/2021 05:06 PM Auto approved by Algorithm Next Day Evaluation Due on 8/25/2021 05:06 PM
+ 123542 Member First Name Member Last Name 8/24/2021 04:48 PM Auto approved by Algorithm Next Day Evaluation Due on 8/25/2021 04:48 PM
+ 123540 Jane Doe 8/16/2021 04:18 PM Approved Next Day Evaluation Due on 8/26/2021 03:31 PM
+ 123541 August September 8/16/2021 04:04 PM Auto approved by Algorithm Next Day Evaluation Due on 8/19/2021 03:38 PM
+ 123537 mName fName 3/26/2021 12:15 PM Approved Next Day Evaluation Due on 3/27/2021 12:15 PM
+ 123534 John Doe 2/26/2021 02:54 PM Approved Next Day Evaluation Due on 3/17/2021 10:22 AM
+ 123529 Jane Doe 11/09/2020 06:59 PM Approved Next Day Evaluation Due on 11/10/2020 06:59 PM
+ 123528 First Last 11/09/2020 06:16 PM Approved Next Day Evaluation Due on 8/25/2021 04:15 PM
+ 123492 e f 3/27/2020 03:21 PM Auto approved by Algorithm Next Day Evaluation Due on 8/17/2021 02:48 PM
+ 123538 Jane Doe 4/20/2021 11:18 AM Submitted Inpatient Pended

Select the level of care that you are requesting.

Once you make a selection and choose Next, you cannot go back.

You will need to cancel the request and open a new request if you need a different Level of Care.



Expedited Auth

What is the requested Level of Care?

Once the Level of Care is selected cannot be changed.

- Inpatient
- Inpatient Eating Disorder Unit
- Inpatient ASD/DDU (Developmental Disability Unit)
- ICBAT
- CBAT

Next

There are 5 sections to the EXA denoted by the 5 black tabs below.

Expedited Auth

Save Form Clear Form

Level of Care: Inpatient

- + ESP Information
- + Member Information
- + Initial Clinical Presentation
- + Disposition
- + Summary

Save Form Cancel Delete Form Submit

ESP Information

Your agency name should auto-populate. Fill out each field completely.

Please include the phone number so you can be reached in case of questions as well as a secondary phone number, i.e., your cell.

If you cannot be reached we will call the ESP agency that you indicate below.

Level of Care: Inpatient

ESP Information

Provider: Access Line

Evaluator Name and Licensure Level, (if not licensed, Master Degree or Nursing Degree):

ESP Office Name:

ESP Office Address:

Tax ID:

Telephone:

Telephone 2 (optional):

Member Information

Selections cover basic Member demographics such as name, age, and living situation, etc. Drop-downs will appear on the tabs to pick specifics as indicated by down arrows.

Member Information

Member First Name:

Member Last Name:

Member DOB(mm/dd/yyyy):

Age:

Members Current Living Situation
None Selected 

Marital Status:
None Selected 

Primary Language:
English 

Race/Ethnicity:
None Selected 

Gender:
 Female Male Other Transgender female Transgender male

Primary Care Physician Name:

Guardian:
None Selected 



Member Information cont.

Pay close attention to insurance selections and ensuring that the MMIS and SS numbers are correct. Follow all prompts to ensure sections are filled out accurately.

Beacon Insurance Plans:

None Selected

ID# or MMIS#

SSN#

Other Insurance, in addition to above (TPL):

Requested Level of Care:

Inpatient

Member Current Location: (please write location of Member, and how they arrived at this location. Give full name of facility, if Hospital please note if in ED or on Med floor. If evaluated at ESP office, DMH, DCF, or DYS facility, or in the home, please include Hospital member will be sent if placement not immediately found and member unable to stay a current location. DO NOT USE ABBREVIATIONS.)

Date and Time First Arrived at ED? If arrived, please enter date & time:

Not seen in ED Arrived Date/Time:

Date and Time of Intervention Requested, please enter date & time:

Date: Time: 00:00 am

Date and Time of Intervention Started, please enter date & time:

Date: Time: 00:00 am

Currently on Sec. 12?

No

Initial Clinical Presentation

Select diagnosis for behavioral health and medical. Presenting problem: should clearly describe the Member baseline and how current presentation is acutely different requiring LOC request.

Initial Clinical Presentation

Diagnosis
Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Behavioral Health Diagnosis

Primary Diagnostic Category:
None Selected

Primary Diagnostic Code:
Please Select Code

Additional Diagnostic Category:
None Selected

Additional Diagnostic Code:
Please Select Code

Primary Medical Diagnosis

Primary Diagnostic Category:
None Selected

Primary Diagnostic Code:
Please Select Code

Presenting Problem: (please briefly describe immediate concern and why Member is being evaluated at this time. Describe acute stressors and what led to this presentation.)
DO NOT INCLUDE EXPLETIVES (swear words).

2000 characters left

Precipitant: (please describe the acute stressor that led to today's evaluation.)

1000 characters left

Initial Clinical Presentation cont.

Risk Assessments must be filled out completely.

Member Risk to Self: ?

0 - None 1 - Mild or Mildly Incapacitating 2 - Moderate or Moderately Incapacitating 3 - Severe or Severe Incapacitating N/A

Ideation:

Yes No

Plan:

Yes No

Means:

Yes No

Prior Attempt within the Last Year:

Yes No

If any Yes, Please describe history of SI/HI including lethality, how rescued, if/what medical treatment was necessary. Please address if Member has remorse about event:

1000 characters left

Member Risk to Others: ?

0 - None 1 - Mild or Mildly Incapacitating 2 - Moderate or Moderately Incapacitating 3 - Severe or Severe Incapacitating N/A

Ideation:

Yes No

Plan:

Yes No

Means:

Yes No

Prior Attempt:

Yes No

Psychosis Symptoms:

Yes No

Initial Clinical Presentation cont.

Auditory/Visual/Delusions/Paranoia:

Yes No

Command Hallucinations:

Yes No

Documented or Recent History of Violence within the past week:

Yes No

Is there state agency involvement?

Yes No Unknown

Does member need Developmental Disability Unit?

Yes No

Does member need Eating Disorder Unit?

Yes No

Is member medically admitted?

Yes No

COVID-19 Testing:

Please Select Results

Disposition

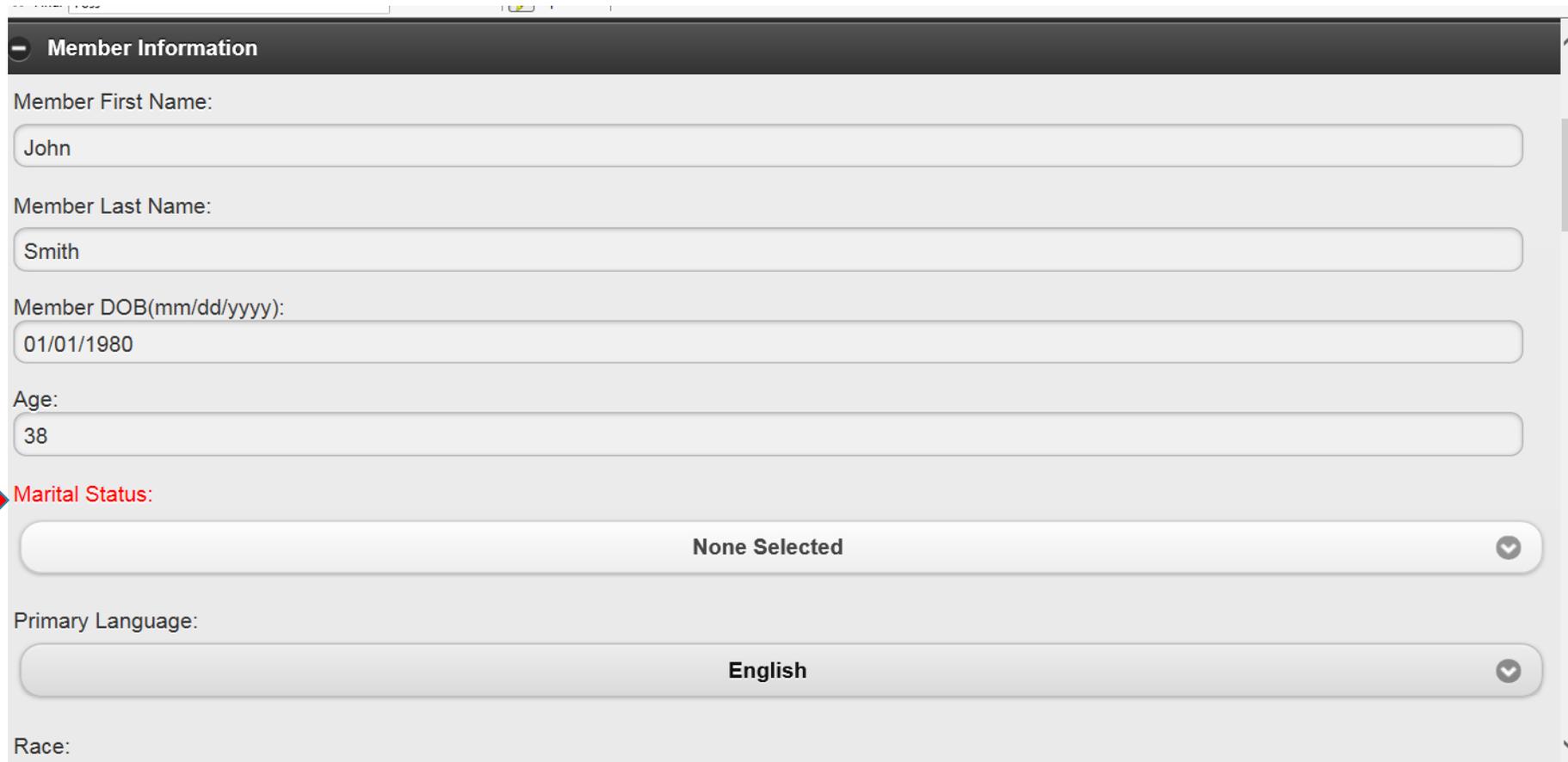
This field has two options. If no placement is located, select Will call back with bed (wcbwb). Barriers to placement will be displayed and need to be filled in as applicable. If a bed has been located, select provider from drop-down menu. If the provider is out of network, please call the Northeast Access Line.

The image shows two screenshots of a web form titled "Disposition".

Top Screenshot: The "Disposition" section is active. The first radio button, "Will call back with bed", is selected. Below it, the "Bed Provider" radio button is unselected. A section titled "Barriers To Placement:" contains a grid of 13 checkboxes, all of which are unselected. The barriers are: ASD-ID, Assaultive Risk, High, Medium, Low, Disposition, Facility-Geographic Preference, Language, Legal Issues, Medical, None, Not Identified, Out of Medicare Days, Pregnancy, Requires an Inpatient Single Room, Sexualized Behavior, Transportation, and Unsuccessful Previous Admission.

Bottom Screenshot: The "Disposition" section is active. The "Bed Provider" radio button is selected. Below it, the "Bed Found:" section has a "Yes" radio button selected. The "Provider:" section has a dropdown menu with the text "Please Select Provider" and a downward arrow. A large red arrow points to this dropdown menu. The "Will client be admitted after midnight?" section has a "Yes" checkbox unselected.

The first four sections of the EXA must be filled out in their entirety in order to be submitted. If any information is missing from the form when submitted, it will **highlight in red** to indicate it is a required field which must be completed.



The screenshot shows a form titled "Member Information" with the following fields:

- Member First Name: John
- Member Last Name: Smith
- Member DOB(mm/dd/yyyy): 01/01/1980
- Age: 38
- Marital Status: None Selected (highlighted in red with a red arrow pointing to it)
- Primary Language: English
- Race:

Summary Tab

This field will give you a readable version of what you are presenting to Beacon. Please read and review for accuracy before submission.

Summary

Date and Time First Arrived at ED:
Date and Time Intervention Requested:
Date and Time Intervention Started:

EXPAUTH: with Access Line at , is providing info and requesting Inpatient for this years old, None Selected, English speaking, currently at .

Living Situation:

Primary Care Physician:

Guardian:

Primary Behavioral Diagnosis:
Additional Behavioral Diagnosis:
Primary Medical Diagnosis:

Presenting Problem:

Precipitant:

Plan, Means
History:

Member Risk to Others:

Psychosis Symptoms:
Auditory/Visual/Delusions/Paranoia:
Command Hallucinations:
Documented or Recent History of Violence within the past week:

State Agency:

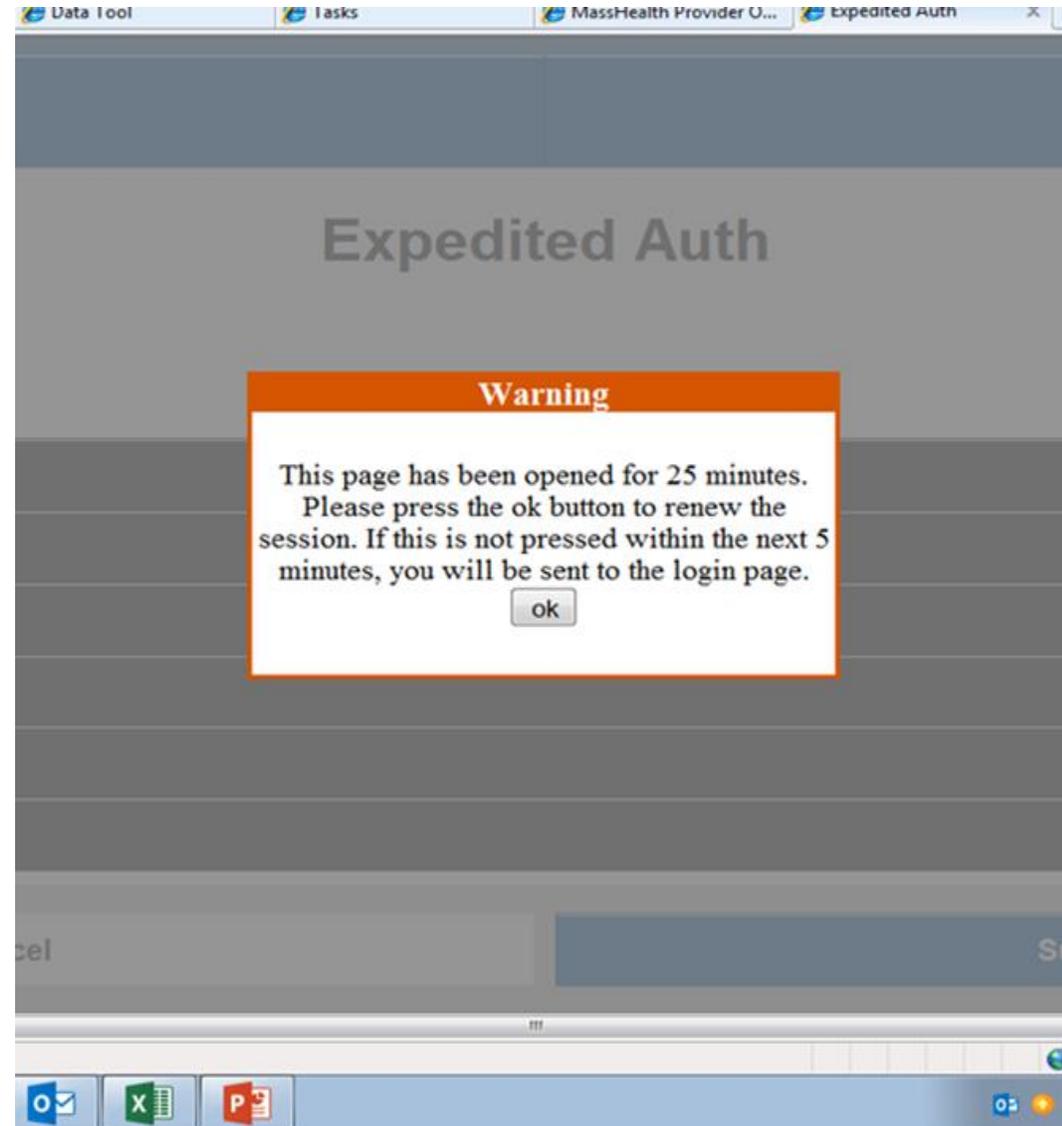
Does member need Developmental Disability Unit?

Does member need Eating Disorder Unit?

Is member medically admitted?

Save Form Cancel Delete Form Submit

There is an automatic timeout on the EXA for security reasons. An EXA in progress will automatically be saved when not responded to within the five-minute timeframe.



After submitting the EXA, if it was auto approved, you will receive a message and an assigned confirmation number for your records. Please note this is NOT an Authorization number.

Expedited Auth

Your Authorization has been Auto Approved.

Your Confirmation Submission ID is:

#123544



An authorization will be generated and returned to you shortly after you submit a bed location.

Add New

Exit

After submitting the EXA, if it was NOT auto approved, you will receive additional clinical questions. Click on the tab to view additional clinical questions.

Expedited Auth

Save Form Clear Form

Level of Care: Inpatient

- + ESP Information
- + Member Information
- + Initial Clinical Presentation
- + **Additional Clinical Questions** ←
- + Disposition
- + Summary

Additional Clinical Information is required
Please complete "Additional Clinical Questions" section.

Save Form Cancel Delete Form Submit

Complete the mental status exam by checking off applicable descriptors and note in the narrative box below anything unusual or off baseline.

Additional Clinical Questions

Brief Mental Status Exam:
Please make a selection in each category and provide any additional information that you believe may be helpful regarding the member's mental status in the narrative below.

Orientation:

Time Place Person Situation Not Assessed

Thought Process:

Normal limits Illogical Delusional Hallucinating Paranoid

Ruminative Intact Derailed thinking Loose association Not Assessed

Mood:

Euthymic Unremarkable Depressed Tearful Anxious

Manic Other Not Assessed

Affect:

Full Range Constricted Range Flat Not Assessed

Danger To Others:

Does not appear dangerous to others Violent temper Threatens others Physical abuser Hostile

Assaultive Homicidal ideation Homicidal threats Homicide attempt Not Assessed

Aggressive ideation

Danger To Self:

Does not appear dangerous to self Suicidal ideation Current plan/means Recent attempt Past attempt

Self-injury Self-mutilation Not Assessed

Insight into Problem:

Takes responsibility Intellectual insight Emotional insight Slight awareness Blames others

Complete Denial Not Assessed

Judgment:

Good Fair Poor Impaired Not Assessed

Appetite/Weight change:

Not Significant Change in Appetite Decreased appetite Increased appetite Significant weight loss Significant weight gain

Not Assessed

Sleep Behavior:

No changes Adequate amount of sleep nightly Decreased sleep Increased sleep Insomnia - no sleep

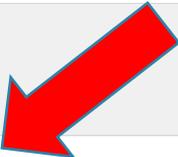
Disrupted sleep Not Assessed

Poor Impulse Control?

Yes No

Please describe Member's baseline behavior and how currently altered:

1000 characters left



Clinical Questions cont.

For the following categories (substance use, medications, OP providers), if yes is selected, you must fill in details. To add more than one substance use, Medications, or provider, click Add to display another row.

Substance Use:

Does the member have a substance use history?

Yes No Unknown

Please briefly describe Substance Use history:

1000 characters left

Medications:

Is member prescribed medications?

Yes No Unknown

Describe concerns with medications ie: compliance, side affects, etc:

1000 characters left

OP Provider:

Does Member currently have an OP Provider?

Yes No Unknown

Outcome of discussion with provider about member:

1000 characters left

Name of Substance	Date of last use	Quantity used	Frequency of use	Longest period of sobriety	
<input type="text" value="None Selected"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Please briefly describe Substance Use history:

1000 characters left

Name of Medication	Dose	Frequency	Date started	Member med adherent?	Reason member stopped taking (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="None Selected"/>	<input type="text"/>	<input type="button" value="Add"/>

Describe concerns with medications ie: compliance, side affects, etc:

1000 characters left



Clinical Questions cont.

Describe all attempts to maintain the Member in the community and why these have been ruled out. For youth cases, record all CBHI interventions and consultations that have taken place, referrals to CBHI treaters, etc. Describe goals for acute level of care including suggested treatment plans to address the Member's stressors and suggested step-down and discharge plan.

Alternate Levels of Care Considered:

Partial Hospitalization

Intensive Outpatient

EATS/DDAT

CCS

Outpatient Treatment

CBAT

ICBAT

Other

N/A

Explain attempts at Lower Level of Care, why member meets Medical Necessity Criteria for LOC requested and Goals of Treatment:

1000 characters left

The EXA may be saved at any time using the Save Form button. Only one EXA can be saved per login user name. The Clear Form button is used to clear or void an unfinished EXA.

The screenshot shows the 'ExpAuth Form' interface for Beacon Health Options. At the top, there is a dark blue header with the Beacon logo and 'health options' text on the left, and 'Exp' and 'Logout' links on the right. Below the header, the title 'Expedited Auth' is centered. Two blue buttons, 'Save Form' and 'Clear Form', are positioned horizontally. A red arrow points from the 'Clear Form' button to the 'Save Form' button, and another red arrow points from the 'Save Form' button to the 'Clear Form' button. Below these buttons is a list of expandable sections: '+ ESP Information', '+ Member Information', '+ Clinical Questions', '+ Disposition', and '+ Summary'. At the bottom of the form, there are two buttons: a white 'Cancel' button and a blue 'Submit' button.

The newly submitted EXA will initially post reading Submitted. After the EXA is entered on the Beacon side a message will be sent back indicating if the EXA has been Approved or **No Disposition Made, Call Access Line** if additional information is required. The queue will need to be refreshed to see this message.

The screenshot displays the 'Submitted Expedited Auths' interface. At the top, there are three blue buttons: 'New Form', 'Go To Archive Page', and 'Refresh Queue'. Below these buttons are search filters for 'Submitter Name' and 'Date Requested', along with 'Search' and 'Show All' buttons. The page indicates 'Page 1 of 1'. A table below shows a list of items with their IDs, timestamps, and statuses. A red arrow points to the 'Refresh Queue' button, and three red arrows point to the status updates in the table rows.

ID	Timestamp	Status
70941	12/28/17 1:39 PM	Submitted
70940	12/28/17 1:37 PM	Approved
70939	12/28/17 1:35 PM	Disposition Not Made, Please Call MBHP 1-800-495-0086

Disposition Change

Clicking on the EXA line will open the disposition drop down. You may chose the Bed Found from this drop down. The Bed Found can be used when a placement has been secured. Click on the provider Tab to pick the facility where the bed is secured and SUBMIT.

The screenshot displays a web application interface with the following elements:

- Three blue buttons at the top: "New Form", "Go To Archive Page", and "Refresh Queue".
- Form fields for "Submitter Name:" and "Date Requested:" with corresponding input boxes.
- Two buttons: "Search" and "Show All".
- Page indicator: "Page 1 of 1".
- A list item with a minus icon, ID "70941", date "12/28/17", time "1:39 PM", and status "Submitted".
- A dropdown menu for "Bed Found:" with the option "Bed Found" selected. A red arrow points to this dropdown.
- A dropdown menu for "Provider:" with the option "None Selected" selected. A red arrow points to this dropdown.

The Northeast Access Line will authorize the bed and return the authorization number and number of days through the EXA. The Approved status will change to Authorized when this has been completed. The queue will need to be refreshed to see this change.

Submitted Expedited Auths

New Form

Go To Archive Page

Refresh Queue

Submitter Name:

Requested:

Search

1 of 1

70941 12/28/17 1:39 PM Approved
70940 12/28/17 1:37 PM Approved
70939 12/28/17 1:35 PM Disposition Not Made, Please Call MBHP 1-800-495-0086

Submitted Expedited Auths

New Form

Go To Archive Page

Refresh Queue

Submitter Name:

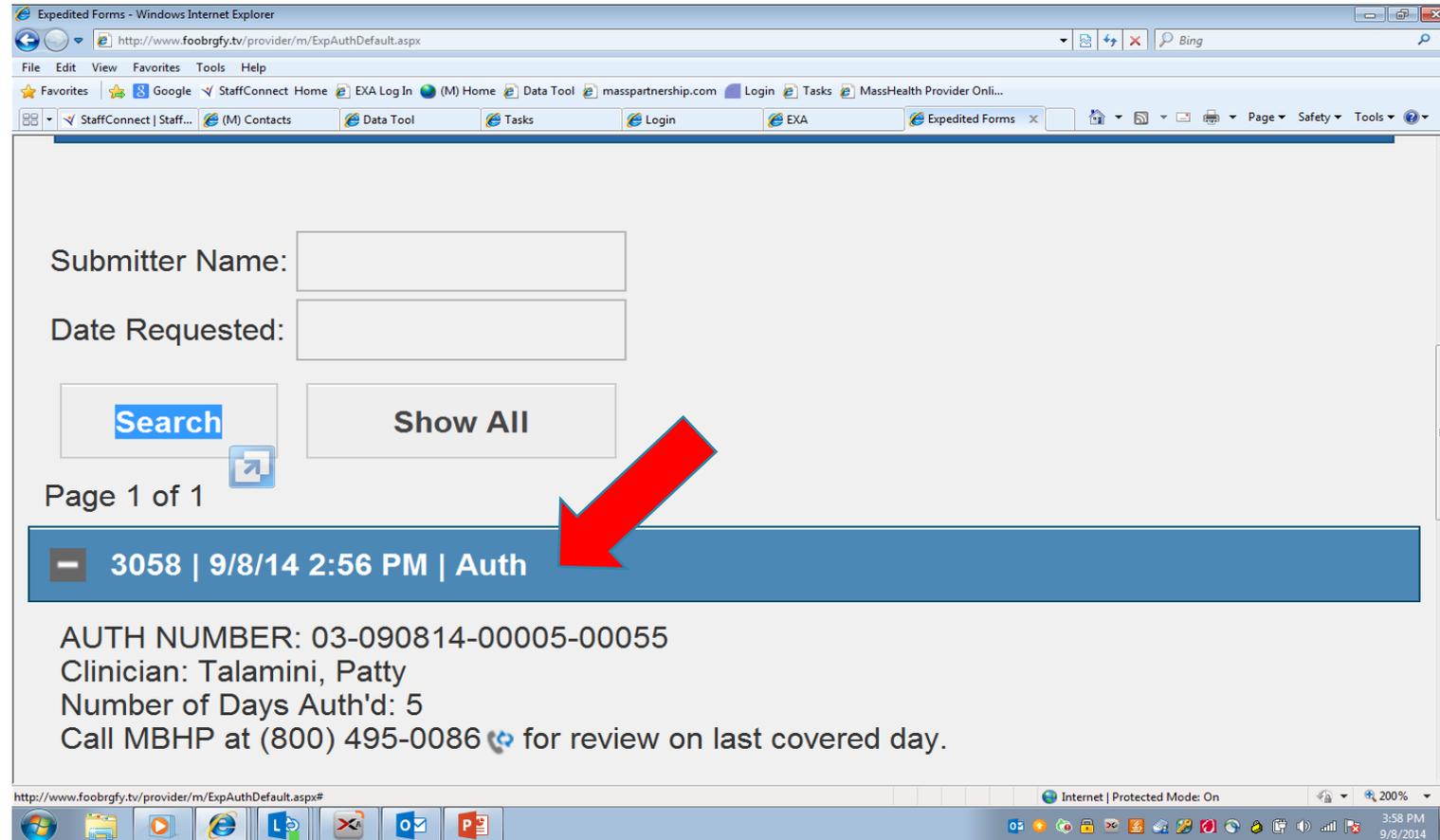
Date Requested:

Search

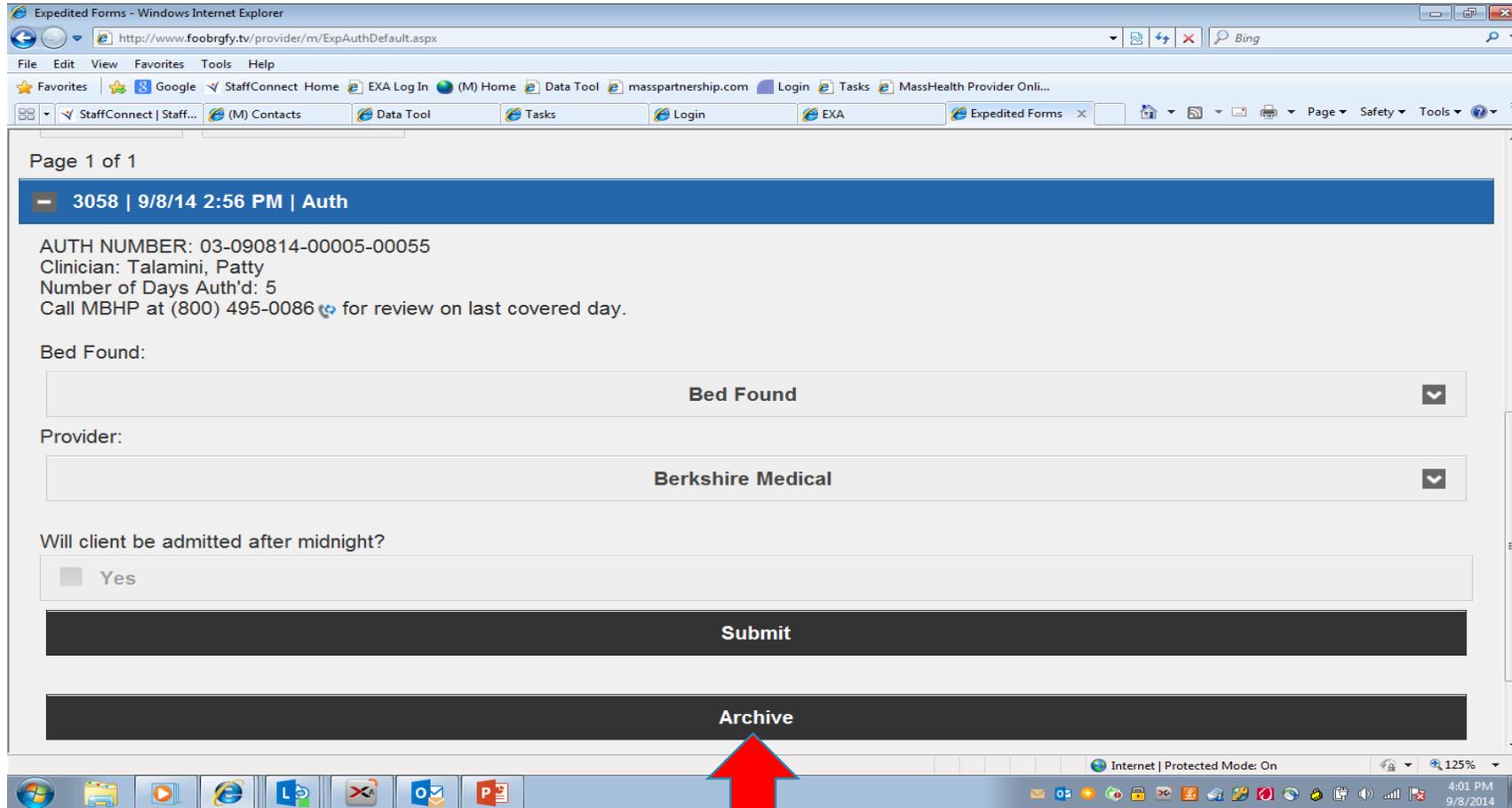
Page 1 of 1

+ 70941 12/28/17 1:39 PM Authorized
+ 70940 12/28/17 1:37 PM Approved
+ 70939 12/28/17 1:35 PM Disposition Not Made, Please Call MBHP 1-800-495-0086

Clicking on the Auth Line will open the Auth return.



After retrieving the auth number, the EXA can be archived by clicking on the Archive tab.



Next-Day Evaluations (NDE)

When an NDE is due you will be notified several ways. The top of your screen will display a message telling you that Next-Day Evaluations are due. You will also hear a ding that audibly alerts you that an NDE is due. This will continue until the NDE is completed and submitted back to Beacon with the updated clinical information, withdrawal, or bed placement.

Please advise that there are EXA request(s) due for a Next Day Evaluation!
Click on 'Refresh Queue' button to see all NDEs that are due.

Submitted Expedited Auths

You will also see a yellow highlighted message after the original EXA submission that an NDE is due. The time is calculated from the original time you submit the EXA to Beacon. To access the NDE, click on the specific case.

Submitter Name:

Date Requested:

Page 1 of 1

+ 123545 Jimmy Smith 9/09/2021 01:45 PM Auto approved by Algorithm	Next Day Evaluation Due on 9/11/2021 03:33 PM
+ 123544 Lorrie gentes 9/07/2021 12:09 PM Auto approved by Algorithm	Next Day Evaluation Due on 9/10/2021 03:06 PM
+ 123543 fname lname 8/24/2021 05:06 PM Auto approved by Algorithm	Next Day Evaluation Due on 9/11/2021 04:49 PM
+ 123542 Member First Name Member Last Name 8/24/2021 04:48 PM Auto approved by Algorithm	Next Day Evaluation Due on 8/25/2021 04:48 PM
+ 123540 Jane Doe 8/16/2021 04:18 PM Approved	Next Day Evaluation Due on 8/26/2021 03:31 PM
+ 123541 August September 8/16/2021 04:04 PM Auto approved by Algorithm	Next Day Evaluation Due on 8/19/2021 03:38 PM
+ 123537 mName lName 3/26/2021 12:15 PM Approved	Next Day Evaluation Due on 3/27/2021 12:15 PM
+ 123534 John Doe 2/26/2021 02:54 PM Approved	Next Day Evaluation Due on 3/17/2021 10:22 AM
+ 123529 Jane Doe 11/09/2020 06:59 PM Approved	Next Day Evaluation Due on 11/10/2020 06:59 PM
+ 123528 First Last 11/09/2020 06:16 PM Approved	Next Day Evaluation Due on 8/25/2021 04:15 PM

You will see all options for this Expedited auth below. Enter disposition information if you have it at this point. The original EXA will appear at the bottom of the screen, where you can scroll down and view/review. The button to select for the NDE is highlighted in yellow.

Page 1 of 1

123545 | Jimmy Smith | 9/09/2021 01:45 PM | Auto approved by Algorithm **Next Day Evaluation Due on 9/11/2021 03:33 PM**

Disposition:
Bed Found

Provider:
BourneWood Hospital

How many days has the Primary Insurance Authorized?
0

Explain:
no prior auth required

Will client be admitted after midnight?
 Yes

Submit

Archive

Next Day Evaluation

DATE AND TIME FIRST ARRIVED AT ED: 2021-09-09 6:00 a.m.
DATE AND TIME INTERVENTION REQUESTED: 2021-09-09 7:30 a.m.
DATE AND TIME INTERVENTION STARTED: 2021-09-09 10:00 a.m.

EXAUTH: Jane Doe Licsw AccessLine at MBHP , 1000 washington St Boston MA is providing info TaxID: 2545654 and requesting Inpatient LOC for this 61 years old, Single, English speaking, Caucasian/White, Male, currently at Mass General Brigham ED. Mbr has TPL, no pre-authorization required with Aetna of WI. no prior auth required

Primary Care Physician: Dr. QUEUE

This page will show all NDE that have been submitted up to this point, indicated by the red arrow below. You may click on any of these for review. To open a new NDE, click on New Form. You may return to the home default page at any time by clicking on the second tab below.

Submitted Next Day Evaluation for EXA #123545 - ESP

[New Form](#)

[Back to EXA Default Page](#)

[Refresh Queue](#)

Page 1 of 1

[+](#) 18453 | Jimmy Smith | 9/10/2021 03:33 PM

[First](#) [Previous](#) [Next](#) [Last](#)

The NDE consists of the following tabs:

Next Day Evaluation for EXA #123545

- + ESP Information
- + Member Information
- + Follow-Up Assessment
- + Summary

Cancel Submit

You will note on the **ESP Information tab** that most of the original submitted information auto-populates from the original EXA but is in read-only form. You must submit the name, license, and telephone numbers of the current ESP doing the evaluation so they can be contacted.

Next Day Evaluation for EXA #123545

- ESP Information

Provider: Access Line

ESP Office Name/Location:
MBHP

ESP Address:
1000 washington St Boston MA

Tax ID:
2545654

Evaluator Name and Licensure Level, (if not licensed, Master Degree or Nursing Degree):
[Empty field]

Telephone:
[Empty field]

Telephone 2 (optional):
[Empty field]

The Member Information Page also has fields that are auto-populated and in read-only form (grayed out). If there are any changes regarding gender info or other insurances please indicate. Current level of care that was approved is a required field, and if a lesser level of care is now being requested please indicate here.

Member Information

Member First Name:
Jimmy

Member Last Name:
Smith

Member DOB(mm/dd/yyyy):
06/12/1960

Age:
61

Gender:
 Female Male Other Transgender female Transgender male

Beacon Insurance Plan:
BMC - Boston Medical Plan

ID# or MMIS#
121212454545

SSN#

Other Insurance, in addition to above (TPL):
Aetna of WI

Has Primary Insurance Company been contacted?
 NO, No Pre-Authorization Required with Primary
 NO, unable to contact Primary Insurance, not open for business, will notify ASAP.
 YES, Primary Insurance has been notified, no approval given pending for bed found
 YES, Member authorized

What level of care was approved?
None Selected

How many days has the Primary Insurance Authorized? Enter 0 if unknown.
0

Explain:
no prior auth required

978 characters left

At the top of the follow-up assessment is the date of the original EXA submission and how many days the Member has been waiting for placement. Fill in the location (if in ED, home, medical floor, etc.), today's date, and the time the NDE took place. All narrative fields should be answered comprehensively, noting what is the same/different from the day 1 request and why the Member continues to meet acute level of care. Indicate all attempts at diversions and how you are actively working to maintain/stabilize the Member to return them to functioning in the community.

Follow-Up Assessment

Initial EXA Submission Date: 9/09/2021 01:45 PM

Waiting Time: 3 day(s) 21 hour(s)

Service Location: Date: Time: 

Presentation Since Last Update: (please describe PS activity level and functioning since last evaluation, if functioning has improved discuss the possibility of diversion. What is the PS level of cooperation w/ providers, is the PS stay in ED impacting his presentation, has PS been given his prescribed medication, has PS required additional medication, level of containment required; if on 1:1, requires security watch, etc..., if restraint has been required, who is sitting in ED with PS, is it around the clock support? Are the PS's current symptoms/behaviors at baseline? And if not in what way are they different?)

1000 characters left

Restraints used:

Yes No

Current Mental Status: (please minimally address the following areas; orientation, mood, affect, behavior, thought process, thought content, SI, HI, HAL, self-injurious, delusions, paranoia, insight, judgment, impulsivity, neuro-vegetative symptoms)

2500 characters left

Intervention: (please discuss interventions utilized to maintain or divert PS to lower level of care or back to community. What collateral contacts have been made i.e.; MCI, CBHI, OUTPT Providers, DCF, DYS, Family, Friends, etc... and describe what input was given by each provider. If no interventions, why not?)

2500 characters left

If restraints were used in the past 24 hours and you select yes, you will see the following dropdown.

Restraints used:

Yes No

Type of last restraint administered: Date: Time:

Physical
Chemical
Physical & Chemical

following areas; orientation, mood, affect, behavior, thought process

Follow Up Assessment

Psychiatric Consult Requested:
 Yes No

Urgent Psychopharmacology Requested:
 Yes No

Medical Necessity: (please describe in detail why PS continues to meet medical necessity criteria for admission to requested level of care, if the PS has improved or is currently denying symptoms further review why they still meet acute level of care. Please note whether your ESP Psychiatrist has been contacted and if they are in agreement.)

1000 characters left

Specialty Placement Required:
 Yes No

Bed Search Info/Barriers: (Please list facilities that clinical information has been faxed, list facilities declining mbr and reason for declining):

1000 characters left

Currently on Sec. 12?
No

If you answer yes to the following questions, drop-down boxes will appear for more details. The next slide will discuss medical necessity in more detail.

Psychiatric Consult Requested:
 Yes No

Consult Provided by: Date:  ←

Urgent Psychopharmacology Requested:
 Yes No

Consult Provided by: Date:  ←

Medical Necessity: (please describe in detail why PS continues to meet medical necessity criteria for admission to requested level of care, if the PS has improved or is currently denying symptoms further review why they still meet acute level of care. Please note whether your ESP Psychiatrist has been contacted and if they are in agreement.)

1000 characters left

Specialty Placement Required:
 Yes No

Explain

←

250 characters left

Bed Search Info/Barriers: (Please list facilities that clinical information has been faxed, list facilities declining mbr and reason for declining):

1000 characters left

Currently on Sec. 12?
No

Please Note: Medical Necessity has NOTHING to do with Medical/Physical issues.

Medical necessity is the criteria that is used to determine if the Member meets the standard/benchmark for acute level of care, whether it be IP, CBAT, ICBAT, PHP, etc. You should give a robust description of how the Member continues to meet the criteria for the level of care being requested as compared to day 1. If the Member is no longer exhibiting significant, serious symptomology, all diversion attempts should be clearly indicated, including why they are not able to take place and why you are submitting the NDE for a continued LOC request.

Medical Necessity: (please describe in detail why PS continues to meet medical necessity criteria for admission to requested level of care, if the PS has improved or is currently denying symptoms further review why they still meet acute level of care. Please note whether your ESP Psychiatrist has been contacted and if they are in agreement.):

1000 characters left

Summary Tab

The summary tab shows what you have entered into the NDE and how it will read to Beacon when it is received. You should review this before submitting, checking for errors (removing any swear words), and ensuring it is conveying the current status of the Member and reason for continuing to request an acute level of care. Submit when you are satisfied with your submission.

Important: There is not a save button on the NDE, so you must complete this form in its entirety and submit before stepping away from the computer or it may be lost and you would need to resubmit.

MEMBER NAME: Jimmy Smith
MEMBER DOB: 06/12/1960
MEMBER MMIS#: 121212454545

EXA NEXT DAY EVALUATION: with Access Line at 1000 washington St Boston MA is providing info for Next Day Evaluation performed on at 00:00 for this 61 years old, Male currently at . Mbr has Aetna of WI as primary insurance - NO, No Pre-Authorization Required with Primary and has been approved with them for 0 days. no prior auth required

Presentation Since Last Update:

Restraints used: Yes. (Last restraint administered: on at 00:00 am)

MSE:

Intervention:

Psychiatric Consult Requested: Yes. (Consult Provided by: on)

Urgent Psychopharmacology Requested: Yes. (Consult Provided by: on)

Medical Necessity:

Specialty Placement Required: Yes

Barriers to Placement:

Section 12: No

Once you submit, you will get a notification that your NDE for the original EXA number was successful. You will receive a submission number. When you exit, you will see this NDE added to the list of submissions specific to this Member's case. Click on Back to EXA Default Page to see all see all your open submissions.

Next Day Evaluation for EXA #123545

Your submission was successful!

Your Next Day Eval Submission ID is:

#18455

Exit

Submitted Next Day Evaluation for EXA #123545 - ESP

New Form

Back to EXA Default Page

Refresh Queue

Page 1 of 1

+ 18455 Jimmy Smith 9/13/2021 11:44 AM
+ 18453 Jimmy Smith 9/10/2021 03:33 PM

First Previous Next Last

Thank You

If you would like additional trainings on the Expedited Authorization Website or if you have any questions please contact:

Lorrie Gentes, Northeast Access Line Director

✉ Lorrie.Gentes@BeaconHealthOptions.com

☎ 617-790-4033