

MCO/ACO CBHI Authorization Processes

Authorization Parameters

Note: All authorization parameters below are floors not ceilings. If a provider uses up the units authorized in a given time parameter prior to the end of the end date of the authorization, the provider can contact the MCO/ACO to request additional units.

1 Unit = 15 min for IHT, IHBS, TM, FS&T

1 Unit = 1 day for ICC

MCO/ACO	ICC with FS&T: Initial Authorizations	ICC with FS&T: Reauthorizations
MBHP and BeHealthy Partnership	90 units/90 days for ICC and FS&T	90 units/90 days for ICC and FS&T
Mass General Brigham ACO/Optum	Optum has removed initial authorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No initial authorization is required for CBHI services.	Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services.
Carelon/Fallon Health	42 units/42 days for ICC and FS&T	90 units/90 days for ICC and FS&T
Tufts Health Plan	42 units/42 days for ICC and FS&T	90 units/ 90 days for ICC and FS&T
Carelon/WellSense	42 units/42 days for ICC and FS&T	90 units/90 days for ICC and FS&T
IHT: 360 units/90 days (both initial and reauthorizations)* Please see the Mass General Brigham ACO/Optum section for their parameters.		
TM: 208 units/90 days (both initial and reauthorizations)* Please see the Mass General Brigham ACO/Optum and Tufts Health Plan sections for their parameters.		
IHBS: 240 units/60 days (both initial and reauthorizations)* Please see the Mass General Brigham ACO/Optum section for their parameters.		
FS&T with IHT/OP Hubs: 208 units/90 days (both initial and reauthorizations)* Please see the Mass General Brigham ACO/Optum and Tufts Health Plan sections for their parameters.		

Intensive Care Coordination (ICC)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<ul style="list-style-type: none"> Complete the Initial Review Request in ProviderConnect within 30 days prior to or following the requested start date and list all current or potential hub-dependent services/units in the Care Plan. An authorization letter can be obtained via ProviderConnect. 	<ul style="list-style-type: none"> Complete a Continuing Care (Concurrent) Request, with a copy of the updated Care Plan attached, in ProviderConnect 30 days prior to or following the requested start date.¹ An authorization letter can be obtained via ProviderConnect. 	<ul style="list-style-type: none"> Not required
Mass General Brigham ACO/Optum	<ul style="list-style-type: none"> Optum has removed initial authorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No initial authorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. Clinical reviews may be requested to assure that treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> Not required

¹ Failure to justify/document continued clinical need in ProviderConnect will result in the Member's MBHP health record having insufficient clinical information to warrant an authorization. This may call into question the medical necessity of ICC for the youth.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Carelon/Fallon Health	<ul style="list-style-type: none"> • After the provider receives guardian consent for services, please complete an eServices review for initial auth at https://www.carelonbehavioralhealth.com. • eServices will provide a reference number, and a confirmation letter will be sent to the agency. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. • Carelon/Fallon Health will retroactively authorize services for up to three business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • The ICC or their supervisor is to complete a telephonic review with the provider's Carelon CBHI-designated clinician. CBHI clinicians can be contacted directly or by calling (888) 421-8861 • Reviews are completed following the initial ICP creation. • If an initial ICP has not been created, the designated CBHI clinician or (888) 421-8861 should be contacted for an extension. • The Carelon reviewer will issue auth #, units, and dates approved. 	<ul style="list-style-type: none"> • Please call your designated Carelon rep to supply discharge information or call (888) 421-8861.
Tufts Health Plan	<ul style="list-style-type: none"> • Fax notification is required. The form is faxed to Tufts Health Plan at (888) 977-0776. • Confirmation of notification will be faxed to the CSA provider. • Tufts Health Plan will retroactively authorize services for up to three business days. • Once the CPT meeting has occurred and the ICP is complete, the ICP should be faxed prior to last date of initial auth. If the CPT meeting and ICP are not completed within the initial authorization time frame, then the provider should call Tufts Health Plan at (888) 257-1985 for an extension. 	<ul style="list-style-type: none"> • Complete a telephonic review prior to the last covered day of initial auth and after the ICP is faxed. • Tufts Health Plan will retroactively authorize services for up to three business days. • An authorization letter will be faxed to the provider. 	<ul style="list-style-type: none"> • The provider is required to fax in the Intensive Care Coordination (ICC) Discharge Form that can be found at www.tuftshealthplan.com.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Carelton/ WellSense	<ul style="list-style-type: none"> • After the provider has received guardian consent for services, please complete an eServices review for initial auth at https://www.careltonbehavioralhealth.com • eServices will provide a reference number, and a confirmation letter will be sent to the agency. • Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. • Carelon/WellSense will retroactively authorize services for up to three business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • The ICC or their supervisor is to complete a telephonic review with the provider's Carelon CBHI-designated clinician. CBHI clinicians can be contacted directly or by calling (888) 217-3501. • Reviews are completed following the initial ICP creation. • If an initial ICP has not been created, the designated CBHI clinician or (888) 421-8861 should be contacted for an extension. • The Carelon reviewer will issue auth #, units, and dates approved. 	<ul style="list-style-type: none"> • Please call your designated Carelon rep to supply discharge information or call (888) 217-3501.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

Family Support and Training (FS&T) with In-Home Therapy (IHT)/Outpatient Hubs

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If ICC is the hub, see above for ICC authorization processes. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If IHT or Outpatient Therapy is the hub, the FS&T provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 30 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If ICC is the hub, see above for ICC authorization processes. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The FS&T provider obtains consent from the family for involvement in FS&T services. If IHT or Outpatient Therapy is the hub, the FS&T provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 30 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Mass General Brigham ACO/Optum	<ul style="list-style-type: none"> Optum has removed initial authorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No initial authorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> Not required
Carelon/Fallon Health	<ul style="list-style-type: none"> After guardian consent is obtained, FS&T or their supervisor contacts (888) 421-8861 to do a telephonic review. The Carelon CBHI clinician will provide authorization #, dates, and units approved. A letter will be mailed/faxed to the provider for confirmation. Carelon/Fallon Health will back date three business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> FS&T or their supervisor contacts (888) 421-8861 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> FS&T or their supervisor contacts (888) 421-8861 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The FS&T provider obtains consent from the family for involvement in FS&T services. • The FS&T is included in the CSA Day rate. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • Tufts Health Plan has removed the prior authorization requirement. • Providers can submit claims directly to Tufts Health Plan. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The FS&T is included in the CSA Day rate. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • Tufts Health Plan has removed the prior authorization requirement. • Providers can submit claims directly to Tufts Health Plan. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Not required
Carelon/WellSense	<ul style="list-style-type: none"> • After guardian consent is obtained, FS&T or their supervisor contacts (888) 217-3501 to do a telephonic review. • The Carelon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to the provider for confirmation. • Carelon/WellSense will back date three business days. • Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 217-3501 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • FS&T or their supervisor contacts (888) 217-3501 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

In-Home Therapy (IHT)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHT units and frequency of IHT that are medically necessary and agreed upon by the Care Planning Team. The IHT provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of IHT units and frequency of IHT that are medically necessary and agreed upon by the Care Planning Team. The IHT provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHT provider obtains consent from the family for involvement in IHT services. The IHT provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Mass General Brigham ACO/Optum	<ul style="list-style-type: none"> Optum has removed initial authorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No initial authorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> Not required
Carelon/Fallon Health	<ul style="list-style-type: none"> Once the provider receives guardian consent for services, eServices is then used for initial review (IHT.INI) at https://www.carelonbehavioralhealth.com. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. Carelon/Fallon Health will back date two calendar days (48 hours). Additional units can be requested on eServices, prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units 	<ul style="list-style-type: none"> All concurrent reviews for In-Home Therapy are completed on eServices at https://www.carelonbehavioralhealth.com. Please choose IHT.EXT from the drop down. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations can also be confirmed online after about one hour of submission on eServices. Providers should check dates and units to ensure the request was entered correctly. 	<ul style="list-style-type: none"> Discharge reviews can be completed on eServices at https://www.carelonbehavioralhealth.com. Please choose IHT.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
	<p>being requested.</p> <ul style="list-style-type: none"> • Authorizations should also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. 		
<p>Tufts Health Plan</p>	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The ICC provider convenes a CPT meeting; the family and CPT identify the need for IHT and documents need and goals for IHT in ICP. • The ICC provider obtains consent from family to make an IHT referral. • The IHT provider should call Tufts Health Plan at (888) 257-1985 to request an initial authorization via a telephonic review. Tufts Health Plan will retroactively authorize services up to one business day. • An authorization letter and cover letter will be faxed to the IHT provider. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • IHT ideally should get consent from the family to start this service, however if they have not done so, the IHT provider can call us to request an initial two-week/60-unit authorization which would include outreach and attempts to schedule an intake with the family. • The IHT provider should call Tufts Health Plan at (888) 257-1985 to request an initial authorization via a telephonic review. Tufts Health Plan will retroactively authorize services up 	<p><u>For BOTH youth involved/not involved in ICC, the process is the same:</u></p> <ul style="list-style-type: none"> • Before the prior authorization's end date or exhaustion of units, the IHT provider should call Tufts Health Plan at (888) 257-1985. During the concurrent review, Tufts Health Plan will discuss all updates on the treatment plan, progress towards goals, and ongoing coordination between the service provider and other services being received by the youth and family. • Tufts Health Plan will not retroactively authorize services for reauthorizations. 	<ul style="list-style-type: none"> • Not Required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
	<p>to one business day.</p> <ul style="list-style-type: none"> An authorization letter and cover letter will be faxed to the IHT provider. 		
Carelton/WellSense	<ul style="list-style-type: none"> Once the provider receives guardian consent for services, eServices is then used for initial review (IHT.INI) at https://www.careltonbehavioralhealth.com. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. Carelton/WellSense will back date two calendar days (48 hours). Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. Authorizations should also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. 	<ul style="list-style-type: none"> All concurrent reviews for In-Home Therapy are completed on eServices at https://www.careltonbehavioralhealth.com. Please choose IHT.EXT from the drop down. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations can also be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. 	<ul style="list-style-type: none"> Discharge reviews can be completed on eServices at https://www.careltonbehavioralhealth.com. Please choose IHT.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

Therapeutic Mentoring (TM)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of TM units and frequency of TM that are medically necessary and agreed upon by the Care Planning Team. The TM provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. The TM provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan in ProviderConnect the number of TM units and frequency of TM that are medically necessary and agreed upon by the Care Planning Team. The TM provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT Involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. The TM provider uses ProviderConnect to obtain an authorization. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
	<ul style="list-style-type: none"> An authorization letter can be obtained in ProviderConnect. 	<ul style="list-style-type: none"> Authorizations can be requested 14 days prior to or after the requested start date of the authorization An authorization letter can be obtained in ProviderConnect. 	
Mass General Brigham ACO/Optum	<ul style="list-style-type: none"> Optum has removed initial authorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No initial authorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services. Providers can submit claims directly to Optum for processing. Providers are still expected to comply with all program requirements, including documentation and assessment standards. Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Carelton/Fallon Health	<ul style="list-style-type: none"> Once the TM provider receives guardian consent for services, initial authorization can be completed on eServices at https://www.careltonbehavioralhealth.com. Please choose TM.NOA. Please have the Hub's CANS and ICP/tx plan available. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations should be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. Carelton/Fallon Health will back date two business days. Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. 	<ul style="list-style-type: none"> Concurrent reviews can be completed on eServices at https://www.careltonbehavioralhealth.com. Please choose TM.CCR and have the Hub's CANS and ICP/tx plan available. 	<ul style="list-style-type: none"> Discharge reviews can be completed on eServices at https://www.careltonbehavioralhealth.com. Please choose TM.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The TM provider obtains consent from the family for involvement in TM services. If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan the need for a TM. Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> If ICC is the hub, the TM provider verifies that the ICC provider has documented in the Care Plan the continued need for a TM. Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> Tufts Health Plan has removed the prior authorization requirement, and providers can submit claims directly to Tufts Health Plan. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Carelon/ WellSense	<ul style="list-style-type: none"> Once the TM provider receives guardian consent for services, initial authorization can be completed on eServices at https://www.carelonbehavioralhealth.com. Please choose TM.NOA. Please have the Hub's CANS and ICP/tx plan available. A reference number will be given at the end of the online review. Authorization letters will be sent/faxed for confirmation. Authorizations should be confirmed online one hour after submission on eServices. Providers should check dates and units to ensure the request was entered correctly. Carelon/WellSense will back date two business days. Additional units can be requested on eServices prior to exhausting existing units or prior to the end date of the authorization. The provider should indicate dates of service and units being requested. 	<ul style="list-style-type: none"> Concurrent reviews can be completed on eServices at https://www.carelonbehavioralhealth.com. Please choose TM.CCR and have the Hub's CANS and ICP/tx plan available. 	<ul style="list-style-type: none"> Discharge reviews can be completed on eServices at https://www.carelonbehavioralhealth.com. Please choose TM.DIS.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

In-Home Behavioral Services (IHBS)

Note: Please refer to the MCO/ACO websites for specific information regarding MassHealth benefit plans and eligibility for CBHI services.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
MBHP and BeHealthy Partnership	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. The IHBS provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. The IHBS provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. The IHBS provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> The IHBS provider obtains consent from the family for involvement in IHBS services. The IHBS provider uses ProviderConnect to obtain an authorization. Authorizations can be requested 14 days prior to or after the requested start date of the authorization. An authorization letter can be obtained in ProviderConnect. 	<ul style="list-style-type: none"> Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Mass General Brigham ACO/Optum	<ul style="list-style-type: none"> • Optum has removed initial authorization requirements for in-scope CBHI services. Services will be through algorithms established specifically for these services. No initial authorization is required for CBHI services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. 	<ul style="list-style-type: none"> • Optum has removed reauthorization requirements for in-scope CBHI services. Services will be managed through algorithms established specifically for these services. No reauthorization is required for CBHI services. • Providers can submit claims directly to Optum for processing. • Providers are still expected to comply with all program requirements, including documentation and assessment standards. • Clinical reviews may be requested to assure treatment meets service specifications, as identified by established algorithms. 	<ul style="list-style-type: none"> • Not required
Carelon/Fallon Health	<ul style="list-style-type: none"> • Once the IHBS provider receives guardian consent for services, IHBS or their supervisor contacts (888) 421-8861 to do a telephonic review. • A Carelon CBHI clinician will provide authorization #, dates, and units approved. • A letter will be mailed/faxed to the provider for confirmation. • Carelon/Fallon Health will back date two business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 421-8861 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> • IHBS or their supervisor contacts (888) 421-8861 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Tufts Health Plan	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider obtains consent from the family for involvement in IHBS services. • The IHBS provider verifies that the ICC provider has documented in the Care Plan the need for IHBS. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain initial authorization via a telephonic review. • An authorization letter will be faxed to the provider. • Tufts Health Plan will retroactively authorize services up to one business day. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider obtains consent from the family for involvement in IHBS services. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain initial authorization via a telephonic review. • An authorization letter will be faxed to the provider. • Tufts Health Plan will retroactively authorize services up to one business day. 	<p><u>For youth involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider verifies that the ICC provider has documented in the Care Plan the need for IHBS. • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain a subsequent authorization via a telephonic review prior to the PA end date or exhaustion of units. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services for reauthorizations. <p><u>For youth NOT involved in ICC:</u></p> <ul style="list-style-type: none"> • The IHBS provider calls Tufts Health Plan at (888) 257-1985 to obtain a subsequent authorization via a telephonic review prior to the PA end date or exhaustion of units. • An authorization letter will be faxed to the provider. • Tufts Health Plan will not retroactively authorize services for reauthorizations. 	<ul style="list-style-type: none"> • Not required

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.

MCO/ACO	Initial Authorizations	Reauthorizations	Discharge Reviews
Carelton/ WellSense	<ul style="list-style-type: none"> Once the IHBS provider receives guardian consent for services, IHBS or their supervisor contacts (888) 217-3501 to do a telephonic review. The Carelon CBHI clinician will provide authorization #, dates, and units approved. A letter will be mailed/faxed to the provider for confirmation. Carelton/WellSense will back date two business days. Additional units can be requested telephonically, prior to exhausting existing units or prior to the end date of the authorization. 	<ul style="list-style-type: none"> IHBS or their supervisor contacts (888) 217-3501 to complete telephonic concurrent review. 	<ul style="list-style-type: none"> IHBS or their supervisor contacts (888) 217-3501 to complete telephonic discharge review.

Note: Guardian consent should at least be in the form of verbal consent via initial phone contact.