**YCCO Behavioral Health Transition Reminders**

**YCCO Prior Authorization/Medical Necessity Review of Services**

**Behavioral Health Transition Reminders:**

* Contracting: YCCO, in partnership with PPP, will be transitioning from using Single Case Agreements to more traditional Provider contracts. This change will allow contracted outpatient Providers to avoid having to submit clinical documentation for prior authorization of most outpatient services.
* Credentialing and Recredentialing: The overall process will remain the same, with PPP taking over responsibility for these activities.
* Utilization Management: The overall process will remain the same, with PPP taking over responsibility for these activities. For many contracted providers, services that do not require prior authorization will be “auto authorized” within the CIM system by the provider. Non-contracted providers will still need to obtain prior authorizations and submit the necessary clinical documentation for review by the Utilization Management team. All prior authorizations established before January 1, 2022, that extend into the new year, will be honored in order to support continuity of care for our members.
* Care Management (Not to be confused with the treatment services of case management and care coordination): Care Management provides support to help members with complex needs to connect directly to necessary services. PPP has been providing Care Management services for YCCO for the past three (3) years and this new process will allow for increased access to integrated Care Management services to improve member health.
* Customer Service: All customer service telephone support for both behavioral health and physical health services will be integrated into a single contact number to simplify member and Provider support.

The BH Transition FAQ is available via CIM or on the YCCO Website here <https://yamhillcco.org/wp-content/uploads/BH-Provider-FAQ-with-YCCO-contract_10.08.21.pdf>

**Prior Authorization/Medical Necessity Overview:**

Applicable to YCCO participating providers. The list below is an overview of services that require prior authorization/medical necessity review.

Services that require YCCO Utilization Management prior authorization/medical necessity review regardless of network status are:

* Any in-patient, sub-acute, residential, or other facility-based care
* Partial Hospitalization Program (PHP)/Day Treatment Programs
* Intensive Outpatient Program (IOP)
* Applied Behavioral Analysis (ABA) *(NOTE: Requires program specific cover sheet to be submitted with request for prior authorization/medical necessity review)*
* Electroconvulsive Therapy (ECT) *(NOTE: Requires program specific cover sheet to be submitted with request for prior authorization/medical necessity review)*
* Transcranial Magnetic Stimulation (TMS) *(NOTE: Requires program specific cover sheet to be submitted with request for prior authorization/medical necessity review)*
* Wraparound (and other IOSS programs)
* Intensive In-home Behavioral Health Treatment (IIBHT)
* Psychological/Neuropsychological Testing

Please Note:

* Some organization’s prior authorization/medical necessity review requirements may vary based on the specifics of their contract with YCCO.
* Prior authorization is determined by program/treatment type rather than by billing codes. Some billing codes are program specific and as a result align with the programmatic prior authorization/medical necessity review requirements. Other codes may be billed across a variety of program types and as such will vary as to whether they require prior authorization/medical necessity review as part of a program type.

**Out-of-network/non-participating” providers: All services, with the exception of crisis services, must be prior authorized.**

YCCO Prior Authorization Grid is the official document for determining prior authorization requirements. (Attached)