

BH in CCC Plus

	<u>What's Hot</u>	<u>What's Not</u>
Service Authorization	<ul style="list-style-type: none"> Streamlined Authorizations forms/template across health plans 	<ul style="list-style-type: none"> No blanket authorization periods <i>Individualized Authorizations based off MNC and Active treatment interventions/Member's response to services & interventions</i> No rules yet on Authorization submission timelines
Credentialing	<ul style="list-style-type: none"> Time frames for credentialing Documents to be submitted 	<ul style="list-style-type: none"> Providers disapprove/frustrated about having to credential each service location (i.e. TDT) Some health plans told CMHRS and ABA providers (over the summer) that it was too early to begin credentialing
Continuity of Care Period	<ul style="list-style-type: none"> 90 day continuity of care period 	<ul style="list-style-type: none"> Providers unclear about when to submit authorization requests to CCC Plus MCOs Providers fearful about losing members to other providers Concern about MCOs not keeping all providers
CMHRS Rules	<ul style="list-style-type: none"> CMHRS Program rules/MNC are not changing 	<ul style="list-style-type: none"> Interpretation of MNC rules
Audits		<ul style="list-style-type: none"> Providers concerned about 6 distinct audit processes & multiple entities requesting records at same time