Authorizations

Multi-County EHR Session 4
Attend our EHR Sessions

01 EHR Workgroup Orientation  
May 19, 2021 12:00 PM – Zoom Link [Here](#)

02 Pre-Admission Activities: Client Contact/Screening/Referral  
May 26, 2021 12:00 PM – Zoom Link [Here](#)

03 Assessments and other Measures/Questionnaires  
Jun 2, 2021 12:00 PM – Zoom Link [Here](#)

04 Authorization Processes: Prior, Concurrent and Retrospective  
Jun 9, 2021 12:00 PM – Zoom Link [Here](#)

05 Caseload Management  
Jun 16, 2021 12:00 PM – Zoom Link [Here](#)

06 Consent Management  
Jun 23, 2021 12:00 PM – Zoom Link [Here](#)

07 Progress Notes  
Jun 30, 2021 12:00 PM – Zoom Link [Here](#)
CalMHSA’s EHR Project – Phases

**Phase 1: Evaluation**
- Evaluate Analogous JPAs
- Confirmation of Interest by County BHOs
- Outline of Requirements to be Addressed via EHR

**Phase 2: RFP Creation**
- Formalize Commitment w/ County Partners
- Define Scenario-Based CA Requirements
- Release RFP

**Phase 3: Vendor Selection**
- Vendor Response Evaluations
- Coordinate Vendor Demonstrations
- Vendor Selection and Contracting

**Phase 4: Implementation**
- Project Management
- Subject Mater Expertise
- Application/Technical Configuration

**Phase 5: On-Going Support**
- Centralized Application Administration
- Shared Technical Resources
- Standardized Training and End-User Support
CalMHSA’s EHR Project – Timeline

**RFP Creation**
- 5/19 – 8/31
- **July 1, 2021**
  - CMS Patient Access API
  - CMS Provider Directory API

**Vendor Selection**
- 9/1 – 12/31

**Solution Development**
- 1/1 – 6/30
- **January 1, 2022**
  - CalAIM Documentation
  - 1115 and 1915(b) Waiver Renewals

**Wave 1 Implementation**
- 7/1 – 3/31
- **July 1, 2022**
  - CalAIM Payment Reform

**Wave 2..**
- 7/1 – 3/31

- **December 31, 2022**
  - FHIR HL7 and other Cures Updates Due

- **December 15, 2021**
  - ONC Info Blocking Testing Plans
Four Core Project Aims: Enterprise Health Record

- Dynamic - Role Based User Interface
  - Rational Data Collection/One Time Right Place

- Data – Optimal Accessibility
  - Consistent "Joins" Between Tables
  - Data Meta-Tagging

- Developed for Complex CA Needs Beyond Medi-Cal

- Designed for - Interoperability
California Authorization Requirements
Authorizations:

What we know:

- CA Authorization requirements is one of the functions that most EHRs do not support well
- Authorization requirements span SUD and MH
- Required for some service types:
  - SU Residential
  - Inpatient Psychiatry
  - Adult and Crisis Residential
  - Day Treatment
  - Intensive Home Based Services
  - Therapeutic Behavioral Services
  - Therapeutic Foster Care
- Three authorization types that need to be supported:
  - Prior: before treatment starts
  - Concurrent: during treatment
  - Retrospective: after treatment completion
- Required Processing Time
  - Standard: not to exceed 14 days
  - Expedited: within 72 hours of receipt based on beneficiary health condition
Authorizations:

What we are proposing:

• Authorization functionality needs to be part of the core solution to support:
  • Auth Request Process
  • Store Clinical Data
  • Support Timeliness Data
  • Drive Auth Adherence Logic

• Authorization functions will require strict adherence to the proposed workflow

• Authorization and Referral logic need to be tightly integrated

• Referrals will initiate workflow. Based upon service type being requested/referred, logic will dictate whether Authorizations are needed

• Integration for Contract Providers not on County EHR will be necessary (Referral as the entry point)
Authorizations:

What we are proposing:

- EHR requirements will include a workflow whereby County UR team will adjudicate Authorizations:
  - Approve, Deny, Pend, Modify
  - Notice of Adverse Beneficiary Determination
  - Support Appeals Workflow

- Referrals requiring Prior Authorization will be pended until Authorization Approved

- Referrals not requiring Authorizations or requiring Concurrent or Retrospective Authorizations will not be pended

- Authorizations will need to integrate with subsequent/associated episodes of care:
  - Restrict Admissions
  - Establish Service Unit Limitations
  - Support Retrospective Authorizations
Authorization Workflow
Adjudication Workflow
Authorizations: What we do NOT know:

Unique Workflows?
- Authorized and awaiting treatment slot?
- Retrospective authorization?

Requirements not identified?
- How current and future CMS Integration requirements will compliment the process?
Thank You!

- All materials posted to our website
- Feel free to reach out, share ideas:
  - info@calmhsa.org
  - Next session (6/16) is on Caseload Management