



Behavioral Health UR Implementation

At Healthfirst, we always strive to keep providers up to date on new approaches, rules, or guidelines that might affect them.

In response to a requirement by the New York State Office of Mental Health (OMH), Healthfirst has implemented a **new, trigger-based approach to utilization review (UR)** for certain acute mental health services (MH) for all of our health plans, except for Medicare Advantage plans. Our new, trigger-based UR approach went into effect **Feb. 6, 2023**. Our Medicare line of business is excluded.

The new approach affects the following **MH services**:

- Inpatient programs
- Residential programs
- Partial hospitalization programs (PHP)
- Intensive outpatient programs (IOP)

Here's what this means:

- Healthfirst's new approach to UR more closely aligns with state and federal laws related to UR and behavioral health parity.
- The trigger-based UR approach is for acute MH services for children and adults receiving care with in-network and out-of-network providers.
- To support best member outcomes, **collaborative discharge planning** between providers and Healthfirst will continue to be a priority for **all members**.

Provider Alert

- Members meeting any of the following triggers are subject to **concurrent review**.

Triggers for adults include:

- 30-day MH readmission
- Three or more MH admissions in the previous 12 months
- Three or more medical/surgical admissions in the previous 12 months
- Four or more psychiatric emergency department (ED) visits in the previous 12 months
- State hospital discharge within the previous six months
- First-episode psychosis (FEP)
- Assertive Community Treatment (ACT) wait list. ACT level of service determination (LOS-D) in system with no evidence of treatment with ACT.
- Has a TruCare Assisted Outpatient Treatment (AOT) program that has expired within the previous five years
- Length of stay for current admission exceeds 30 days
- Admitting provider failed to notify Healthfirst of the admission, unless the provider was not aware of coverage

Triggers for children under 18 include:

- 30-day MH readmission
- Three or more MH admissions in the previous 12 months
- Four or more psychiatric ED visits in the previous 12 months
- State Psychiatric Center (PC) discharge within the previous six months, if initially transferred to the PC from a community hospital psychiatric unit
- First-episode psychosis (FEP)
- Current foster care involvement
- Length of stay for current admission exceeds 30 days

Provider Alert

- Admitting provider failed to notify Healthfirst of the admission, unless the provider was not aware of coverage

More information about the new UR approach can be found at:

- [New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services](#)
- [Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Service](#)

Questions?

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.