



North Sound BH-ASO

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North Sound BH-ASO Memorandum 2024-03

DATE: February 27, 2024

TO: North Sound BH-ASO Provider Network

FROM: Michael McAuley, North Sound BH-ASO Clinical Director

RE: Service Authorization Request and ASO Care Coordination Support

North Sound BH-ASO's contract with the Health Care Authority (HCA) requires our Utilization Management (UM) Department to support our provider network in any care coordination need for individuals in an active course of treatment for an acute or chronic behavioral health condition.

Our UM department will be implementing a new process for providers to determine whether care coordination support is needed or requested from North Sound BH-ASO as part of the authorization request for services. In the event North Sound BH-ASO Care Coordination assistance is needed, our Utilization Management and Care Coordination department will follow-up with providers.

Care Coordination for individuals in an active course of treatment may include supporting care transitions and sharing of information between entities that preserve provider relationships and promotes coordination and quality of care. North Sound BH-ASO's provider Care Management and Coordination requirements can be referenced in policy 1597.00 Care Management and Coordination.

The updated 980.00 will include the new field of Care Coordination. The field will require a value of Y or N. As this is a change to a transaction the 90 days will begin 03/01/2024 and the updated transaction must be used beginning 07/01/2024.

<u>Non-Medicaid Authorization</u>				
Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	980.00
Action Code	N	Alphanumeric	1	Code Table: Action Code
Agency ID	N	Alphanumeric	10	Agency Organization NPI
Client Number	N	Alphanumeric	11	
Requested Start Date	N	Alphanumeric	8	YYYYMMDD
Requested End Date	N	Alphanumeric	8	YYYYMMDD
Verification Date	N	Alphanumeric	8	YYYYMMDD

Verified Income Amount	N	Alphanumeric	9	999999.99
Verified Income Source	Y	Alphanumeric	2	Code Table: Income Source
Number of Dependents Dependent on Income	Y	Alphanumeric	2	99
Eligibility Type	N	Alphanumeric	2	Code Table: Eligibility Type
Poverty Level	Y	Alphanumeric	2	Code Table: Poverty Level
Eligibility Criteria 1	Y	Alphanumeric	2	Code Table: Eligibility Criteria
Eligibility Criteria 2	Y	Alphanumeric	2	Code Table: Eligibility Criteria
Eligibility Criteria 3	Y	Alphanumeric	2	Code Table: Eligibility Criteria
Eligibility Criteria 4	Y	Alphanumeric	2	Code Table: Eligibility Criteria
Primary Diagnosis	N	Alphanumeric	7	##### without a decimal
Diagnosis Date	N	Alphanumeric	8	YYYYMMDD
ID	N	Alphanumeric	14	P1ID whether eligible or not; else pn
Auth Request Type	N	Alphanumeric	2	Code Table: Auth Request Type
Auth Service Type	N	Alphanumeric	2	Code Table: Auth Service Type
ASAM Score Assessed Date	N	Alphanumeric	8	YYYYMMDD
ASAM Level Indicated	Y	Alphanumeric	7	Code Table: ASAM Level
ASAM Level Received	Y	Alphanumeric	7	Code Table: ASAM Level
Locus Level	Y	Alphanumeric	2	Range 1 to 6
CALocus Level	Y	Alphanumeric	2	Range 1 to 6
Source Tracking ID	N	Alphanumeric	40	
Care Coordination	Y	Alphanumeric	1	Y/N

Michael McAuley, Clinical Director

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Cc: North Sound BH-ASO Staff