
Recovery Support Navigator (RSN) and Recovery Coach (RC) Provider Training

Registration and Billing for MBHP

June 2018



Objectives

- Overview of billing codes and modifier requirement used by Beacon
- Verifying Member eligibility
- Accessing ProviderConnect
- Claim submissions
- Contact information
- Resources and supports for Members
- Questions

Overview of Billing Codes and Modifier Requirement

	Recovery Support Navigator (RSN)	Recovery Coach (RC)
HCPCS Code	H2015	H2016
Modifier	HF	HM
Place of service	Same as CSP	Same as CSP
Billing structure	15-minute unit fee for service	Daily case rate
Prior authorization	None	None
Registration parameters	180 units over 90 days	90 units over 90 days

Other Information

- The Recovery Support Navigator and Recovery Coach performance specifications and medical necessity criteria can be found on our websites, www.masspartnership.com or <https://provider.beaconhs.com>.
- The MBHP Benefit Service Grid on www.masspartnership.com, or the provider manuals on www.beaconhealthoptions.com are useful tools for billing questions such as acceptable place-of-service codes, covered diagnoses, etc.

Verifying Member Eligibility



MassHealth Eligibility Verification System

- Per the provider contracts, Beacon providers are required to verify Member eligibility on every date of service.
- Member eligibility is verified through the MassHealth Eligibility Verification System (EVS), accessed through the MassHealth Virtual Gateway, www.mass.gov (search for “virtual gateway login”).
- Once logged in to the Virtual Gateway, providers can access the Provider Online Service Center (POSC), where EVS is located.
- Beacon providers receive a data collection form in the New Provider Welcome Packet. That form must be filled out and mailed/faxed to MassHealth to establish login credentials.

MassHealth Virtual Gateway

Executive Office of Health and Human Services - Virtual Gateway



Virtual Gateway



Mass.gov

Welcome to the Virtual Gateway

Login

Username

Password (Case sensitive)

Login

[Forgot Password](#)

Virtual Gateway Customer Service

Monday through Friday
8:30 am to 5:00 pm
800-421-0938  (Voice)
617-847-6578 (TTY for the deaf and hard of hearing)

Provider Online Service Center (POSC)

Health and Human Services **Mass.gov** 

September 16, 2015 [HOME](#) [CONSUMERS](#) [PROVIDERS](#) [RESEARCHERS](#) [GOVERNMENT](#)

[Collapse Services](#) [Mass.gov Home](#) [State Agencies](#) [State Online Services](#)

Provider Services **MassHealth Provider Online Service Center**  

- > [Home](#)
- > [Manage Service Authorizations](#)
- > [Pharmacy Prior Authorization](#)
- > [Manage Correspondence and Reporting](#)
- > [Manage Members](#)
- > [Manage Claims and Payments](#)
- > [Manage Provider Information](#)
- > [Administer Account](#)
- > [Reference Publications](#)

- > [EHR Incentive Program](#)

MassHealth Provider Online Service Center



The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900 .

News & Updates   

- [MassHealth News & Updates Archive](#)

Publications   

- [Provider Forms](#)
- [Provider Bulletins](#)
- [Transmittal Letters](#)
- [Provider Manuals](#)
- [MassHealth Proposed Regulations](#)
- [More...](#)

Related Links   

- [EOHHS Pricing Regulations](#)
- [Virtual Gateway](#)
- [MassHealth](#)
- [Center for Health Information and Analysis](#)

MassHealth EVS

Finding Member Eligibility Information:

- Click on “Manage Members”
- Then “Eligibility”
- Then “Verify Member Eligibility”

- 
- A screenshot of a web application menu. The menu items are listed vertically, each preceded by a right-pointing chevron (>). The items are: > [Home](#), > [Manage Service Authorizations](#), > [Pharmacy Prior Authorization](#), > [Manage Correspondence and Reporting](#), > [Manage Members](#), > [Manage Claims and Payments](#), > [Manage Provider Information](#), > [Administer Account](#), > [Reference Publications](#), and > [EHR Incentive Program](#). A red arrow points from the left towards the 'Manage Members' item.
- > [Home](#)
 - > [Manage Service Authorizations](#)
 - > [Pharmacy Prior Authorization](#)
 - > [Manage Correspondence and Reporting](#)
 - > [Manage Members](#)
 - > [Manage Claims and Payments](#)
 - > [Manage Provider Information](#)
 - > [Administer Account](#)
 - > [Reference Publications](#)

 - > [EHR Incentive Program](#)

MassHealth EVS *(continued)*

Search criteria:

- MMIS/SSN/ or Name and DOB
- One month maximum date range
- Unable to search future dates

Verify Member Eligibility

Check Member Eligibility

Please select your Provider

Provider * 1548385057-110031899B-MASSACHUSETTS BEH HL-150 FEDERAL ST FL 3

To identify the member, please enter the Member's ID, or Social Security Number, or the Member's name, date of birth and gender

Member ID *found on the Mass Health card*

OR

SSN or Other Agency ID

OR

Member Last Name Member First Name

Date of Birth Gender

Please enter "From Date of Service" or date of service range within a 31 calendar day span:

From Date of Service * 09/16/2015 To Date of Service

Submit

MassHealth EVS *(continued)*

- Click on “Eligibility”

Verify Member Eligibility

Member Information Eligibility

Member Eligibility

Tracking #	Time Stamp
Provider NPI/ID	
Member ID	Date of Birth
Member Name	
SSN or Other Agency ID	
Gender	
Member Address	
Phone Day	
Night	
Cell	
From Date of Service	To Date of Service
Local Office Code	

If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900

Close **Perform Another Eligibility Check**

MassHealth EVS *(continued)*

- Click on “Date Range” to expand information

Verify Member Eligibility

Member Information Eligibility

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID 100200101004

Date Range	Eligibility Status
09/16/2015 09/16/2015	MASSEALTH STANDARD

The information below refers to the MASSEALTH STANDARD coverage for 09/16/2015 to 09/16/2015.

Eligibility Restrictive Messages

Restrictive Messages 246 / 246 EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
186 / 186 EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).

List of Managed Care Data (if PCC)

Legal Name	Site Name	Site Phone	Date Range
USA	Center		09/16/2015

List of Behavioral Health

Provider Name	NPI	Provider Phone	Date Range
MASSACHUSETTS BEH HLTH PRT	1548385057	(800) 495-0086	09/16/2015 09/16/2015

- Look for MBHP, BMCHP, Fallon, NHP, or SWH to confirm eligibility

Accessing ProviderConnect



ProviderConnect Registration

Providers who do not have access or need additional access to log on to ProviderConnect can register with this [interactive form](#).



ProviderConnect Online Services Account Request Form

- Special Setup:
- Additional User Account
 - Super User Account
 - Military OneSource
 - Horizon Behavioral Health

Provider, Practice or Facility Name

Beacon Health Options Assigned ID

National Provider Identifier (NPI)

Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

Address

City

State

Zip Code

()

Telephone Number

()

Fax Number

Please check which Online Provider Services options you are requesting:

- Electronic Batch Claims (837)
- Direct Claims Submission
- 277CA Acknowledgement File
- 999 Acknowledgement File

- Automatically Included:
- Eligibility Inquiry
 - Claim Status
 - Authorization Inquiry
 - Provider Summary Vouchers

Provider has retained a 3rd party Billing Agent or Clearinghouse to submit claims on their behalf. (Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

Yes No

Depending on the state in which you are practicing, you may need multiple logins created to ensure the claims are processed accurately (i.e. Medicaid vs. Commercial). If you intend to submit batch transactions for one of the states below please mark the appropriate box:

Colorado, batch claims for Colorado Medicaid clients?

Yes No Both

Kansas, batch claims for Kansas Medicaid or AAPS Block Grant clients?

Yes No Both

Maryland, batch claims Maryland BHA clients?

Yes No Both

Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)?

Yes No Both

Pennsylvania, batch claims for SWPA Medicaid clients?

Yes No Both

Dennsylvania, batch claims for Non-HealthChoice Mental Health Program?

Yes No Both

Accessing ProviderConnect

<https://www.masspartnership.com>



HOME EMERGENCY SERVICES PROGRAM FIND A PROVIDER **PROVIDERCONNECT** BEHAVIORAL HEALTH PRO

Members and Families Behavioral Health Providers PCC Plan Providers About Contact

*The Massachusetts
Behavioral Health
Partnership (MBHP)*



Logging into ProviderConnect

PROVIDERCONNECT
VALUEOPTIONS

ValueOptions Home Provider Home Contact Us Log In

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Password expires every 90 days, please click link below to be taken to 'Expired Password' page.
[Expired Password](#)

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

Providers can have multiple log ins for different staff.



Registration Procedures



RSN and RC Member Registration Requests

- MBHP is informed of a person beginning treatment via a computer application called ProviderConnect.
- Providers complete and submit a request form online.
- All initial requests for RSN services should be for 180 units over a 90-day period (1 unit = 15 minutes).
- All initial requests for RC services should be for 90 units over a 90-day period (1 unit = 1 day).
 - Subsequent or additional requests beyond the initial registration will be reviewed by MBHP staff and may require additional clinical review.

All MBHP Members Require Registration

- There is a 14-day window for submitting a registration request.
 - Up to 7 days before service start date
 - Up to 7 days after service start date

Authorization Request

Once you are logged into ProviderConnect, click “Enter an Authorization Request.”

The screenshot displays the ProviderConnect user interface. On the left is a vertical navigation menu with various options. The main content area is titled 'YOUR MESSAGE CENTER' and shows 'Your inbox is empty'. Below this is a section 'WHAT DO YOU WANT TO DO TODAY?' with several expandable menu items. A red box highlights the 'Enter an Authorization Request' link under the 'Enter or Review Authorization Requests' category. A red arrow points from this link to the corresponding link in the left-hand navigation menu.

Navigation Menu (Left):

- Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- Contact Us

YOUR MESSAGE CENTER

INBOX

SENT

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Review an Authorization
 - View Clinical Drafts
- Enter Member Reminders
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update ABA Paraprofessional Roster Information
- View My Recent Authorization Letter(s)

Disclaimer



[ProviderConnect Home](#)

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.

[Next](#)

Search a Member

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

Search

Member Demographics

Demographics | Enrollment History | COB | Benefits | Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID **TESTM0101**
Alternate ID **111111111111**
Member Name **TEST MEMBER, ABSOLUTE M01**
Date of Birth **07/01/1998**
Address **APARTMENT Q
FALMOUTH, MA 02541**
Alternate Address
Marital Status -
Home Phone
Work Phone
Relationship **1**
Gender **M - Male**

Eligibility

Effective Date **01/29/2016**
Expiration Date
COB Effective Date?

Subscriber

Subscriber ID **TESTM0101**
Subscriber Name **TEST MEMBER, ABSOLUTE M01**

Member Participates in Message Center Communication with Providers? **No**

If you wish to use the ProviderConnect Message Center to communicate with Members who participate in Message Center communication, please update your Profile and conduct a new Member Search for the Member you would like to contact.

Next

Select Service Address



ProviderCo

Provider

Provider ID

PROVIDER, TEST (002973) ▼

Provider Last Name

TEST

Provider First Name

PROVIDER

Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	002973	TEST PROVIDER	A031747	TEST PROVIDER
	123456789	123 ELM ST MILTON, MA 02186-3110-		123 ELM ST MILTON, MA 02186-3110-
	123456TEST			

Back

Next

© 2018 Beacon Health Options® ProviderConnect v5.10.00

RSN/RC Request



Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)

06202018

*Level of Service

OUTPATIENT/COMMUNITY BASED

*Type of Service

SUBSTANCE USE

*Level of Care

MBHP COMMUNITY SUPPORT

Type of Care

- SELECT...
- COMMUNITY SUPPORT FOR CHRONICALLY HOMELESS
- COMMUNITY SUPPORT/SHELTER PLUS COMMUNITY SUPPORT
- RECOVERY COACH
- RECOVERY SUPPORT NAVIGATOR

Provider

Tax ID

Provider ID

Provider Last Name

RSN/RC Request *(continued)*

*Has the member already been admitted to the facility?
 Yes No

Admit Time (HHmm)
0000

Provider

Tax ID 123456789	Provider ID 002973	Provider Last Name TEST	Vendor ID A031747	Provider Alternate ID 123456TEST
----------------------------	------------------------------	-----------------------------------	-----------------------------	--

Member

Member ID TESTM0101	Last Name TEST MEMBER
-------------------------------	---------------------------------

Attach a Document

Complete the form below to attach a document with this Request
The following fields are only required if you are uploading a document

*Document Type: _____

Does this Document contain clinical information about the Member? Yes No


*Document Description:

Click to attach a document *Click to delete an attached document*

Attached Document:

2018 Beacon Health Options® ProviderConnect v5.10.00

Message from webpage

 **WARNING:** You have not attached a document to this Request. Please click CANCEL to return to the screen to attach a document or click OK to proceed with your request without attaching a document.

RSN/RC Request *(continued)*

PROVIDERCONNECT
SEACON HEALTH OPTIONS

NOTIFICATION RESULTS

PAGE 1 of 2

Requested Services Header

Requested Start Date 01/05/2018	Member Name TEST MEMBER, ABSOLUTE M01	Provider Name TEST, PROVIDER	Vendor ID A031747	Save Request as Draft
Type of Request INITIAL	Member ID TESTM0101	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization SELECT... ▼
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)	Authorized User <input type="text"/>

** At least one contact name and phone number is required.*


Admitting Physician <input type="text" value="Doc name here x"/>	Phone # <input type="text" value="999"/> <input type="text" value="999"/> <input type="text" value="9999"/>	Ext <input type="text"/>	Attending Physician <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
Preparer <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>	Utilization Review Contact <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
				Fax <input type="text"/> <input type="text"/> <input type="text"/>	

Primary Care Coordination

PCP Contacted Status
SELECT...

PCP Contacted Name

Date Contacted



Behavioral Diagnosis

Diagnosis

Documentation of **primary behavioral condition** is **required**. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is **strongly recommended** to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1	* Diagnosis Code 1	* Description
SELECT...		
ALCOHOL-RELATED DISORDERS		
ANXIETY DISORDERS		
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
AUTISM SPECTRUM DISORDER		
BIPOLAR AND RELATED DISORDERS		
CANNABIS-RELATED DISORDERS		
COMBINED OTHER SUBSTANCE DISORDERS		
COMMUNICATION DISORDERS		
DEPRESSIVE DISORDERS		
DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS		
DISSOCIATIVE DISORDERS		
ELIMINATION DISORDERS		
FEEDING AND EATING DISORDERS - ANOREXIA & BULIMIA		
FEEDING AND EATING DISORDERS - BINGE EATING		
FEEDING AND EATING DISORDERS - OTHER		
GENDER DYSPHORIA		
HALLUCINOGEN-RELATED DISORDERS		
INHALANT-RELATED DISORDERS		
INTELLECTUAL DISABILITIES		
MEDICATION-INDUCED MOVEMENT DISORDERS AND OTHER ADVERSE EFFECTS OF MEDICATION		
NEUROCOGNITIVE DISORDERS		
OBSESSIVE-COMPULSIVE AND RELATED DISORDERS		
OPIOID-RELATED DISORDERS		
OTHER MENTAL DISORDERS		
OTHER NEURODEVELOPMENTAL DISORDERS		
PARAPHILIC DISORDERS		
PERSONALITY DISORDERS		
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS		
SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDERS		
Diagnosis Code 1		Diagnosis code and description.
Diagnosis Category 2	Diagnosis Code 2	Description
SELECT...		
Diagnosis Category 3	Diagnosis Code 3	Description

Behavioral Diagnosis *(continued)*

Enter a diagnosis code.

Diagnosis

Documentation of **primary behavioral condition** is **required**. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring behavioral conditions** that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is **strongly recommended** to support comprehensive care. Authorization (if applicable) does **NOT** guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1

ALCOHOL-RELATED DISORDERS

* Diagnosis Code 1

* Description

Additional Behavioral Diagnosis

Diagnostic Category 2

SELECT...

Diagnosis Code 2

Diagnostic Category 3

SELECT...

Diagnosis Code 3

Diagnostic Category 4

SELECT...

Diagnosis Code 4

Diagnostic Category 5

SELECT...

Diagnosis Code 5

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select

* Diagnostic Category 1

UNKNOWN

Diagnosis Code 1

Diagnostic Category 2

SELECT...

Diagnosis Code 2

Diagnostic Category 3

SELECT...

Diagnosis Code 3

Select Diagnosis Code - Internet Explorer provided by BEACON HEALTH OPTIONS

CLOSE WINDOW

Category	Code	Description
ALCOHOL-RELATED DISORDERS	F10.97	ALCOHOL - INDUCED MAJOR NEUROCOGNITIVE DISORDER, NONAMNESTIC-CONFABULATORY TYPE, WITHOUT USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.288	ALCOHOL - INDUCED MILD NEUROCOGNITIVE DISORDER, WITH MODERATE OR SEVERE USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.988	ALCOHOL - INDUCED MILD NEUROCOGNITIVE DISORDER, WITHOUT USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.180	ALCOHOL - INDUCED ANXIETY DISORDER, WITH MILD USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.280	ALCOHOL - INDUCED ANXIETY DISORDER, WITH MODERATE OR SEVERE USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.980	ALCOHOL - INDUCED ANXIETY DISORDER, WITHOUT USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.14	ALCOHOL - INDUCED BIPOLAR AND RELATED DISORDER, WITH MILD USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.24	ALCOHOL - INDUCED BIPOLAR AND RELATED DISORDER, WITH MODERATE OR SEVERE USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.94	ALCOHOL - INDUCED BIPOLAR AND RELATED DISORDER, WITHOUT USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.14	ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITH MILD USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.24	ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITH MODERATE OR SEVERE USE DISORDER
ALCOHOL-RELATED DISORDERS	F10.94	ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITHOUT USE DISORDER

Medical Diagnosis

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1

[Diagnosis Code 1](#)

[Description](#)

NONE

- CIRCULATORY SYSTEM - HYPERTENSION
- CIRCULATORY SYSTEM - OTHER
- COMPLICATIONS OF PREGNANCY CHILDBIRTH AND THE PUERPERIUM
- CONGENITAL ANOMALIES
- DIGESTIVE SYSTEM - LIVER
- DIGESTIVE SYSTEM - OTHER
- DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - CHRONIC PAIN
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MIGRAINE
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MULTIPLE SCLEROSIS
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - OTHER
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - PARKINSON'S
- ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - DIABETES
- ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - OTHER
- ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - THYROID
- GENITOURINARY SYSTEM - KIDNEY
- * GENITOURINARY SYSTEM - OTHER
- INFECTIOUS & PARASITIC - HIV
- INFECTIOUS & PARASITIC - OTHER
- INJURY AND POISONING - OTHER
- INJURY AND POISONING - TBI
- MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
- NEOPLASMS
- RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA
- RESPIRATORY SYSTEM - OTHER
- SKIN & SUBCUTANEOUS TISSUE
- SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING
- SYMPTOMS SIGNS AND ILL-DEFINED CONDITIONS
- NONE
- UNKNOWN



- Housing problems (Not Homelessness)
- Occupational problems
- Other psychosocial and environmental problems

Social Elements Impacting Diagnosis

Social Elements Impacting Diagnosis

* Check all that apply

- None
- Problems with access to health care services
- Housing problems (Not Homelessness)
- Problems related to the social environment
- Educational problems
- Problems related to interaction w/legal system/crime
- Occupational problems
- Homelessness
- Financial problems
- Problems with primary support group
- Other psychosocial and environmental problems
- Unknown
- Medical disabilities that impact diagnosis or must be accommodated for in treatment

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

SELECT...

Assessment Score

Secondary Assessment Measure

SELECT...

Assessment Score

Back

Submit

Submit Request



Requested Services Header

Requested Start Date 01/05/2018	Member Name TEST MEMBER, ABSOLUTE M01	Provider Name TEST, PROVIDER	Vendor ID A031747	<input type="button" value="Save Request as Draft"/>
Type of Request INITIAL	Member ID TESTM0101	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)	Authorized User <input type="text"/>

If your request is approved, you will receive 90 visits.

If you agree to accept this number of visits, please select "Accept". If you do not agree, please select "Reject" and you may enter your modified request.

Please be aware that if your request is above the offered number of units, it may be pended for additional clinical review.

Registration Approval

Determination Status: ***** APPROVED *****

Member Name ABSOLUTE M01 TEST MEMBER	Member ID TESTM0101	Member DOB 07/01/1998	Subscriber Name ABSOLUTE M01 TEST MEMBER
Authorization # 010518-1-3	Client Authorization # N/A	Type of Request INITIAL	
Date of Admission/ Start of Services 01/05/2018	From - To 01/05/2018 - 04/04/2018	Submission Date 01/05/2018	
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)
Reason Code A83			
Provider Name & Address TEST PROVIDER 1000 WASHINGTON ST STE 310 BOSTON MA 02118	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization N/A

Plan of Service	CPT	Unit 1	Unit 2	Unit 3	Unit 4	Service Class	Description
23						2PP	INPATIENT LEVEL OF CARE
		Total Units For Auth 010518-1-3 From 01/05/2018 To 04/04/2018 Total Units Authorized This Episode For 010518-1-3					
Message A83 Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled member being eligible for services on the date of service. Clinical authorization is not a guarantee of payment. If further authorization is required for treatment of this member, please submit a new request prior to the end date of the current authorization or exhaustion of the number of units.							

Total Units For Auth 010518-1-3 From 01/05/2018 To 04/04/2018
Total Units Authorized This Episode For 010518-1-3

After 90 Days/180 Units, Submit a Concurrent Request

- There is a 14-day window to submit a concurrent request.
 - Up to 7 days before
 - Up to 7 days after
- Tailor the size of the request to meet the ongoing needs of the Member.

Concurrent Request



Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
06202018

*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
SUBSTANCE USE

*Level of Care
MBHP COMMUNITY SUPPORT

Type of Care
SELECT...
COMMUNITY SUPPORT FOR CHRONICALLY HOMELESS
COMMUNITY SUPPORT/SHELTER PLUS COMMUNITY SUPPORT
RECOVERY COACH
RECOVERY SUPPORT NAVIGATOR

Provider

Tax ID

Provider ID

Provider Last Name

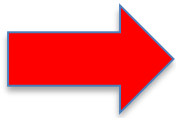
Concurrent Request *(continued)*



Requested Services Header

Requested Start Date 01/06/2018	Member Name TEST MEMBER, ABSOLUTE M01	Provider Name TEST, PROVIDER	Vendor ID A031747	
Type of Request CONCURRENT	Member ID TESTM0101	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)	

There is an existing authorization that bridges this date range.



Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?

Concurrent Request *(continued)*

Requested Services Header

Requested Start Date 01/06/2018	Member Name TEST MEMBER, ABSOLUTE M01	Provider Name TEST, PROVIDER	Vendor ID A031747	<input type="button" value="Save Request as Draft"/>
Type of Request CONCURRENT	Member ID TESTM0101	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)	Authorized User <input type="text"/>

** At least one contact name and phone number is required.*

Admitting Physician <input type="text" value="Doc name here"/>	Phone # <input type="text" value="999"/> <input type="text" value="999"/> <input type="text" value="9999"/>	Ext <input type="text"/>	Attending Physician <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
Preparer <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>	Utilization Review Contact <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
				Fax <input type="text"/> <input type="text"/> <input type="text"/>	

Primary Care Coordination

PCP Contacted Status

PCP Contacted Name

Date Contacted

Concurrent Request *(continued)*

Use the narrative box for any additional information, then click submit.

Financial problems Problems with primary support group Unknown Medical disabilities that impact diagnosis or must be accommodated for in treatment

Other psychosocial and environmental problems

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure Assessment Score Secondary Assessment Measure Assessment Score

Please provide any additional information that would be beneficial in processing your request.

(181 of 2000)

Enter pertinent clinical information for additional unit request here:
What is the recovery treatment plan?
What are the barriers currently impacting the treatment plan?

Concurrent Clinical Questions for RSN

- Is the Member participating in services?
- How frequently are you engaging with the Member?
- Have you integrated any other therapeutic or community-based care into the Member's care plan? If so, what supports have you put into place?
- Does the Member have a Recovery Coach? If yes, are you coordinating care with him/her?
- If the Member has an opiate use disorder, have you provided education about the potential benefits of medication-assisted treatment?
- If the Member is willing, has the Member been referred?

Concurrent Clinical Questions for RSN *(continued)*

- Has the Member relapsed since starting services? If yes, describe actions taken and if additional services have been considered?
- Is the Member actively addressing components of his/her care plan and making adjustments as needed?
- Describe the Member's living environment.
- In addition, there are narrative boxes to include a treatment plan, the Member's progress towards goals, and a discharge plan.

Concurrent Clinical Questions for RC

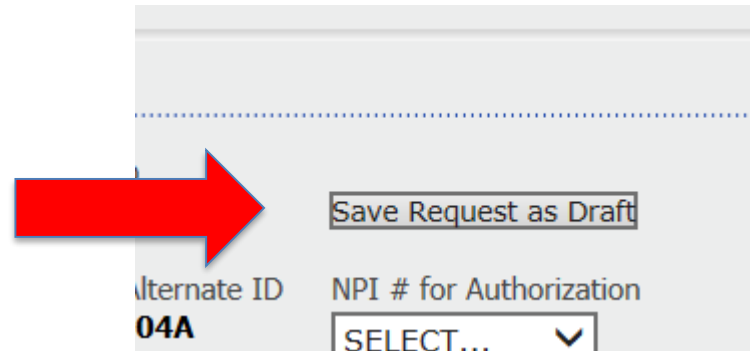
- Is the Member participating in services?
- How frequently are you engaging with the Member?
- If there has been insufficient engagement with the Member, what is the plan for increasing engagement with the Member if continued services are authorized?
- Have you integrated any other therapeutic or community-based care into the Member's care plan? If so, what supports have you put into place?
- What are the Member's current strengths?
- What are the Member's current areas of growth/focus?

Concurrent Clinical Questions for RC *(continued)*

- Is the Member actively addressing components of his/her wellness plan and making adjustments as needed?
- Has the Member relapsed since starting services? If yes, describe actions taken and if additional services have been considered?
- Describe the Member's living environment.
- In addition, there are narrative boxes to include a wellness plan, the Member's progress towards goals, and a discharge plan.

PC Tip

When filling out any of the authorization request forms, there is an option to save the request as a draft, so you can complete it later. Use the *Save Request as Draft* button located in the upper right corner of each screen.



Keep in mind, the saved draft has not been submitted to MBHP.

You must remember to go back to it, complete the form, and submit it.

Concurrent Request *(continued)*

If the request requires additional review, you will see this message:

Determination Status: ***** PENDED *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name ABSOLUTE M01 TEST MEMBER	Member ID TESTM0101	Member DOB 07/01/1998	Subscriber Name ABSOLUTE M01 TEST MEMBER	Subscriber ID TESTM0101
Pending Authorization # 010518-1-3	Client Authorization # N/A	Type of Request CONCURRENT		
Date of Admission/ Start of Services 01/05/2018	Requested From 01/07/2018	Submission Date 01/05/2018		
Level of Service INPATIENT/HLOC	Type of Service SUBSTANCE USE	Level of Care RESIDENTIAL TREATMENT CENTER	Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)	
Reason Code P76				
Provider Name & Address TEST PROVIDER 1000 WASHINGTON ST STE 310 BOSTON MA 02118	Provider ID 002973	Provider Alternate ID 123456TEST	NPI # for Authorization N/A	

Message
P76

Attached Documents There are no documents attached with this Authorization Request.

Document Title	Document Description
----------------	----------------------

Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

[Print Authorization/Notification Result](#)
Print the Results page (this page)
 [Print Authorization/Notification Request](#)
Print the entire Authorization Request
 [Download Authorization/Notification Request](#)
Download the entire Authorization Request
 [Return to Provider Home](#)
Return to the ProviderConnect homepage

RSN or RC Concurrent Requests

- When contacted by the designated RSN and RC Reviewer, Linda Plonowski-Bollea, it is important to contact the Care Manager as soon as possible for MBHP to make a timely determination.
- Reluctance in contacting Linda Plonowski-Bollea can result in alternative decisions to the requests for additional coverage.
- When and if a review time has been scheduled, it is essential to be available and on time for your appointment, with all necessary concurrent review information.

Linda Plonowski-Bollea can be contacted at **(617) 790-4156**.

Claim Submission - MBHP



Direct Claim Submission

- Provides ability to enter a claim directly into ProviderConnect portal without using special software
- Expedites processing of the claim and payment
- It is possible to submit paper claims.

Direct Claim Submission *(continued)*

To start a claim, click “Enter a Claim.”

The screenshot displays the ValueOptions ProviderConnect website. At the top left is the logo for PROVIDERCONNECT VALUEOPTIONS. A navigation bar at the top right contains links for ValueOptions Home, Provider Home, Contact Us, and Log Out. A left-hand navigation menu lists various services such as Home, Member Search, Register Member, Authorization Listing, and Claim Listing and Submission. The main content area features a welcome message for a TEST PROVIDER, an INBOX icon, and a message center indicating that the recent inquiries box is empty. Below this, a section titled 'WHAT DO YOU WANT TO DO TODAY?' contains several expandable menu items. The 'Enter or Review Claims' menu is expanded, and the 'Enter a Claim' option is highlighted with a red box and a red arrow pointing to it.

PROVIDERCONNECT
VALUEOPTIONS

ValueOptions Home Provider Home Contact Us Log Out

Welcome TEST PROVIDER . Thank you for using ValueOptions ProviderConnect.

INBOX

SENT

YOUR MESSAGE CENTER

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
- ▶ [View My Recent Authorization Letters](#)

Direct Claim Submission *(continued)*



[ProviderConnect Home](#)

Provider

Provider

PROVIDER, TEST (822964) ▼

Provider Last Name

PROVIDER

Provider First Name

TEST


Select Service Address

Capture	Vendor ID	Service Address	Pay To Address
<input checked="" type="radio"/>	D481245	TEST PROVIDER 10 BRITISH AMERICAN BLVD LATHAM, NY 12110-1415	TEST 1 2 ABA TEST PROVIDER 10 BRITISH AMERICAN BLVD LATHAM, NY 12110-1415

Back

Next

Direct Claim Submission *(continued)*

ProviderConnect Home


Submit A Claim - Step 1 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.

To submit a single claim, begin with step 1 below.

Provider Name	PROVIDER TEST
Service Address	10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415
Pay To Address	10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415
Vendor ID	D481245
NPI Number	1234567890
Taxonomy Code	
Licensure Level	Select...
*Member ID	TESTBOMI2 <small>(X-digits, no spaces or dashes)</small>
Member Name	<input type="text"/> <input type="text"/> <small>(First Last)</small>
Member Account #	<input type="text"/> <small>(X-digits, no spaces or dashes)</small>
Program/Fund/Group ID	<input type="text"/>
*Member DOB	01011900 <small>(MMDDYYYY)</small>
*First Date of Service	06012015 <small>(MMDDYYYY - Enter Earliest Date of Service for this claim)</small>
*Is this claim being billed under EAP Services?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Direct Claim Submission *(continued)*

ProviderConnect Home

Submit A Claim - Step 2 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
TESTBOMI2	NO SPECIAL CHAR 2 TEST	01/01/1900	1234567890	10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415	10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415

Frequency Type

Original Reference Number

Select...
ORIGINAL
CORRECTED
REPLACEMENT
VOID

Yes No

ion fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other to this claim.

Other Payer Information - Primary

Other Payer Information - Secondary

Other Payer Information - Tertiary

Previous

Next

Direct Claim Submission *(continued)*

Enter the service code, then click “Add Service Line.”

Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.
Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	PETER TUMNUS	12/02/1979		987654321 14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234	14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234

To enter detail service lines for the claim, please follow these steps:

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
4. The Service Through date will default to the Service From date if not keyed.

Must be
Capital
Letters

Service Line Entry

*Service From: 08012015 (MMDDYYYY)
*Service Through: 08012015 (MMDDYYYY)
*Service Code: H2012 (ex: 86753)
Modifier Code 1: U2 (no spaces or dashes)
Modifier Code 2: (no spaces or dashes)
Modifier Code 3: (no spaces or dashes)
Modifier Code 4: (no spaces or dashes)
NDC Number: (no spaces or dashes)

*Charge Amount (\$): 123.45 (ex: 123.45)
*Place of Service: 11 (00 - 99)
*Units: 004 (3-digits)
NDC Units: (ex: 765.4 OR 765.0)
Type of Units: Select...

*Diagnosis Code 1: F84 (ex: 765.4)
Diagnosis Code 2: (ex: 765.4)
Diagnosis Code 3: (ex: 765.4)
Diagnosis Code 4: (ex: 765.4)
Diagnosis Code 5: (ex: 765.4)
Diagnosis Code 6: (ex: 765.4)
Diagnosis Code 7: (ex: 765.4)
Diagnosis Code 8: (ex: 765.4)

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1	COB Units Paid 1	COB Payer Paid 2	COB Units Paid 2	COB Payer Paid 3	COB Units Paid 3
(ex: 99999.99)	(ex: 999)	(ex: 99999.99)	(ex: 999)	(ex: 99999.99)	(ex: 999)

Add Service Line

This will add this service line information to the claim

Direct Claim Submission *(continued)*

Before you submit, if you want to add an EOB document to the claim, click “Upload File.”

Claim Detail: Ready to Submit

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	NDC Units/Type of Units
<input type="radio"/>	08012015	08012015	H2012 11	U2		123.45	F84				
Total								0.00	0.00	0.00	

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.



Attached Documents:

This will remove the service line selected above

This will submit the entire claim (including all service lines added)

This will return to the preceding data entry page

Summary Page

Submit A Claim

Submission Results : ***** CLAIM ENTERED *****

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID **PROVIDER-822964**
Vendor ID **D481245**
Patient ID **TESTBOM12**
Patient Name **TEST, NO SPECIAL CHAR 2**
Program/Fund/Group ID
Patient Date of Birth **01/01/1900**
NPI Number **1234567890**
Taxonomy Code
Licensure Level

Claim # [123101-00004-00004](#)

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			NDC Ur
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	
1	08012015	08012015	H2012 11			95.00	F84	0.00	0.00	0.00	
Total								0	0	0	

Attached EOBs :

Document1Title.doc

[Enter New Claim](#)

Contract Information

EDI Helpdesk

(ProviderConnect Technical Questions)

Monday through Friday, 8 a.m. - 6 p.m. ET

Phone: (888) 247-9311

Email: e-supportservices@beaconhealthoptions.com

MBHP Main Office and PCC Plan Hotline:

1-800-495-0086 or (617) 790-4000

Monday through Thursday 8:30 a.m. – 5 p.m.

Friday 9:30 a.m. – 5 p.m.

Additional Resources



Additional Supports for Members

- Emergency Services Program (ESP)
- Care management
- Behavioral health services
 - Outpatient
 - Residential Rehabilitation Services (RRS)
 - Structured Outpatient Addiction Program (SOAP)
 - OTP/Medication for Addiction Treatment

Description of Emergency Services Program (ESP)

- The purpose of ESP is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis.
- Services allow a Member to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care.
- ESP is for Members of all ages experiencing a behavioral health crisis.
- ESP is directly accessible to Members seeking behavioral health services on their own or referred by any other individual or resource.
- ESP is available 24 hours per day, 7 days per week, 365 days per year.
- Services are community-based to bring treatment to Members in crisis.

Components of Emergency Services Program (ESP)

- Crisis assessment
- Short-term crisis counseling/intervention
- Crisis stabilization
- Disposition and referrals

Staffing disciplines

- Master's, doctoral, RN-level clinicians
- Bachelor's-level staff
- Certified Peer Specialist

**To locate an ESP in the Member's area, call
1-877-382-1609 and enter the zip code where the Member is
located.**

Care Management

An enhanced care management program offered to Members with complex medical, mental health, and/or substance use disorders

Massachusetts Behavioral Health Access (MABHA) Website

- Bed availability in “real time”
- Provider contact information and referral procedures
- Accepted insurances
- Level of care descriptions
- Accessible to the public
- Go to www.mabhaccess.com

MABHA Website

The screenshot shows a web browser window with the URL <http://www.mabha-sbx.com.asp1-101.lan3-1.websitetestlink.com/Home.aspx>. The browser's address bar shows "MABHAccess" and the page title is "Massachusetts Behavioral Health Access (MABHA)".

The website header includes the MABHA logo, the text "Massachusetts Behavioral Health Access (MABHA)", and "administered by the Massachusetts Behavioral Health Partnership (MBHP) a Beacon Health Options Company". A navigation menu contains "Home", "Youth and Family", "Substance Use Disorder", "Mental Health", and "Contact Us". A "Login" link is located in the top right corner. A language selection dropdown is set to "Select Language" and is powered by Google Translate.

The main content area features a green heading: "Welcome to the new design of the Massachusetts Behavioral Health Access (MABHA) website!". Below this is a section titled "WHAT IS NEW?" with the text: "The Massachusetts Behavioral Health Access (MABHA) website helps both providers and members locate openings in mental health and substance use disorder services. We welcome everyone to search for services that they can access directly from their community." A sub-section "What can MABHA help with?" states: "There are three groups of services available for public searching on MABHA. Please refer to each of these sections for details." A bulleted list follows: "Youth and Family Services", "Substance Use Disorder Services", and "Mental Health Services". A note says: "Please note that some 24-hour levels of care require [Login](#)."

Three dark blue buttons are displayed, each with a white heading and two white bullet points:

- Youth and Family Services**
 - [Service Description](#)
 - [Find Provider Openings](#)
- Substance Use Disorder Services**
 - [Service Description](#)
 - [Find Provider Openings](#)
- Mental Health Services**
 - [Service Description](#)
 - [Find Provider Openings](#)

At the bottom left, there is a "Contact Us" link for further assistance.

The footer contains the following text: "Massachusetts Behavioral Health Partnership", "Boston, MA", "(800) 495-0086 | (617) 790-4000", "Copyright © 2009 www.mabhaccess.com", and "Privacy Policy". The browser's zoom level is set to 100%.

MABHA Website *(continued)*

Select the service you are searching for from the gray toolbar or from the blue service boxes.

The screenshot displays the MABHA website interface. At the top, the browser address bar shows the URL <http://www.mabha-sbx.com.asp1-101.lan3-1.websitetestlink.com/Home.aspx>. The website header includes the MABHA logo and the text "Massachusetts Behavioral Health Access (MABHA) administered by the Massachusetts Behavioral Health Partnership (MBHP) a Beacon Health Options Company". A navigation menu below the header contains links for "Home", "Youth and Family", "Substance Use Disorder", "Mental Health", and "Contact Us", with a "Login" link on the right. A red arrow points to this navigation menu. Below the header, a "Welcome to the new design of the Massachusetts Behavioral Health Access (MABHA) website!" message is followed by a "WHAT IS NEW?" section. The main content area lists "What can MABHA help with?" and states "There are three groups of services available for public searching on MABHA. Please refer to each of these sections for details." These groups are: "Youth and Family Services", "Substance Use Disorder Services", and "Mental Health Services". Each group has two sub-links: "Service Description" and "Find Provider Openings". A red arrow points to these three service boxes. At the bottom left, there is a "Contact Us for further assistance." link. The footer contains contact information for the Massachusetts Behavioral Health Partnership, including the address "Boston, MA", phone numbers "(800) 495-0086 | (617) 790-4000", copyright notice "Copyright © 2009 www.mabhaccess.com", and a "Privacy Policy" link.

Find an MBHP-Contracted Provider

Go to www.masspartnership.com → PCC Plan Providers → Find a Provider → Find a Behavioral Health Provider

The screenshot shows a web browser window with the URL <https://www.masspartnership.com/member/FindBHPProvider.aspx>. The page title is "Find a Behavioral Health Provider".

Members and Families

- Getting Started
- MassHealth Info and Other Important Contacts
- Available Services
- Integrated Care Management Program
- Emergency Services Program/Mobile Crisis Intervention
- Find a Provider**
 - Find a Behavioral Health Provider*
 - Find a Primary Care Clinician*
- Member Information
- Health and Wellness Resources

Find a Behavioral Health Provider

The MBHP behavioral health provider network is one of the largest in Massachusetts. It includes over 1,200 clinics, inpatient programs, individual practitioners such as social workers and psychologists, and many more. Many of our providers speak multiple languages, and they all share a commitment to providing high quality, culturally sensitive care. Services offered range from detox, to crisis counseling, to long-term therapy. [Learn more about what services are available.](#)

You can search for a provider using the form below. [Here is a guide](#) to help you fill out the search form. **If you have questions or need help finding a provider, call us anytime at 1-800-495-0086.**

If you would like additional information about the professional qualifications of providers, call **1-800-495-0086** and ask for Network Operations, e-mail MBHPNetworkOperations@BeaconHealthOptions.com, or send a fax to 1-877-390-2324.

Provider or Facility Name: [Info on Accreditation](#)

Provider Type: [What does this mean?](#)

Town/City: OR Region:

Zip Code: Distance:

Provider Gender:

Special Interest: [What does this mean?](#)

Special Interest:

FOR MEMBERS

Got a Question?

1-800-495-0086

Wondering if you are covered by MBHP? Looking for a therapist? Unsure of where to start for services? Call the MBHP Member Engagement Center anytime at 1-800-495-0086 and we'll talk you through it!

FOR MEMBERS

Getting Started

MBHP manages medical and behavioral health care for MassHealth PCC Plan Members and others. Start here to learn if you are covered by MBHP, what we offer, and answers to frequently asked questions. [learn more](#)