

# Residential Rehabilitation Services (RRS) Part 1

## *Registration and Billing Process for MBHP*

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January 2018



# Objectives

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- Overview of Billing Codes and Modifier requirement used by MBHP
- Verifying Member Eligibility
- Accessing ProviderConnect<sup>SM</sup>
- Claim Submission for MBHP
- Contact Information
- Questions

# Overview of Billing Codes and Modifier Requirement

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- Two federal HCPCS codes, along with three modifiers, will be used to denote Residential Rehabilitation Services (RRS).

# RRS Service Coding

HCPCS Code and Modifier	Population	Description
<b>H0019</b>	<b>Adult</b>	Behavioral health; long-term residential (nonmedical, nonacute) care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem
<b>H0019-HF</b>	<b>TAYYA</b>	Behavioral health; long-term residential (nonmedical, nonacute) care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (Residential Rehabilitation Services for Transitional Age Youth and Young Adults)
<b>H0019-HA</b>	<b>Youth/ Adolescent</b>	Behavioral health; long-term residential (nonmedical, nonacute) care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (Residential Rehabilitation Services for Youth)
<b>H0019-HR</b>	<b>Family</b>	Behavioral health; long-term residential (nonmedical, nonacute) care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (Residential Rehabilitation Services for Families)
<b>H0019-TH</b>	<b>Pregnant and Post-Partum</b>	Behavioral health; long-term residential (nonmedical, nonacute) care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (Residential Rehabilitation Services for Pregnant Women)

# Other Information

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- The Residential Rehabilitation Performance Specifications and Medical Necessity Criteria can be found on our website, [www.masspartnership.com](http://www.masspartnership.com).
- The MBHP Benefit Service Grid, which is also available on our website, [www.masspartnership.com](http://www.masspartnership.com), is a useful tool for billing questions such as acceptable place-of-service codes, covered diagnoses, etc.
- For Members with third party liability, the primary insurer must always be billed first in order to obtain an Explanation of Benefits (EOB). That EOB from the primary insurer indicating that the service is not a covered benefit must be submitted with the claim to MBHP.

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# Verifying Member Eligibility

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# MassHealth Eligibility Verification System

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- Per provider contracts, MBHP 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](http://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.
- MBHP providers receive a Data Collection Form in the New Provider Welcome Packet. That form must be filled out and mailed/faxed to MBHP, and MBHP will send it to MassHealth.

# 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

Homepage of POSC:

## Health and Human Services

September 16, 2015

[HOME](#) [CONSUMERS](#) [PROVIDERS](#) [RESEARCHERS](#) [GOVERNMENT](#)

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

### 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 .

- [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 News & Updates Archive](#)
- [Provider Forms](#)
- [Provider Bulletins](#)
- [Transmittal Letters](#)
- [Provider Manuals](#)
- [MassHealth Proposed Regulations](#)
- [More...](#)
- [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 with a right-pointing chevron symbol. A red arrow points from the text 'Click on "Manage Members"' in the adjacent list to the 'Manage Members' menu 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
  - Can go back up to  
four years
  - Unable to search  
future dates

The screenshot shows a web browser window titled "Verify Member Eligibility". The main heading is "Check Member Eligibility". Below this, it says "Please select your Provider" and shows a dropdown menu with the selected provider: "1548385057-110031899B-MASSACHUSETTS BEH HL-150 FEDERAL ST FL 3".

Below the provider selection, it says "To identify the member, please enter the Member's ID, or Social Security Number, or the Member's name, date of birth and gender".

The form has several input fields:

- 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:

Below these fields, it says "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:

At the bottom right, there is a "Submit" button.

# 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

Date Range	Eligibility Status
<a href="#">09/16/2015 09/16/2015</a>	MASSHEALTH STANDARD

The information below refers to the **MASSHEALTH 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
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### List of Behavioral Health

Provider Name	NPI	Provider Phone	Date Range
<a href="#">MASSACHUSETTS BEH HLTH PRT</a>	1548385057	(800) 495-0086	09/16/2015 09/16/2015

- Look for MBHP to confirm eligibility

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# Accessing ProviderConnect

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# Registration



## 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 3<sup>rd</sup> 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
- Pennsylvania, batch claims for Non-HealthChoices 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](mailto:e-SupportServices@valueoptions.com)

Providers can have multiple sign ins for different staff.

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# Claim Submission

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# Direct Claim Submission

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- 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

The screenshot shows the ValueOptions ProviderConnect website. At the top, there is a navigation bar with links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The left sidebar contains a menu with various options such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization Request', 'View Clinical Drafts', 'Claim Listing and Submission', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes', 'Reports', 'My Online Profile', 'My Practice Information', 'Provider Data Sheet', 'Compliance', 'Handbooks', 'Forms', 'Network Specific Information', 'Education Center', 'ValueSelect Designation', and 'Contact Us'. The main content area features a welcome message: 'Welcome TEST PROVIDER . Thank you for using ValueOptions ProviderConnect.' Below this, there are icons for 'INBOX' and 'SENT'. A message center section states 'Your Recent Inquiries box is empty'. Under the heading 'WHAT DO YOU WANT TO DO TODAY?', there are 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. Other options include 'Eligibility and Benefits', 'Enter or Review Authorization Requests', and 'View My Recent Authorization Letters'.

**PROVIDERCONNECT**  
VALUEOPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization Request  
View Clinical Drafts  
Claim Listing and Submission  
EDl Homepage  
Enter Member Reminders  
On Track Outcomes  
Reports  
My Online Profile  
My Practice Information  
Provider Data Sheet  
Compliance  
Handbooks  
Forms  
Network Specific Information  
Education Center  
ValueSelect Designation  
Contact Us

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



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

## 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	<b>PROVIDER TEST</b>
Service Address	<b>10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415</b>
Pay To Address	<b>10 BRITISH AMERICAN BLVD,LATHAM,NY,12110-1415</b>
Vendor ID	<b>D481245</b>
NPI Number	<input type="text" value="1234567890"/>
Taxonomy Code	<input type="text"/>
Licensure Level	<input type="text" value="Select..."/>
*Member ID	<input type="text" value="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	<input type="text" value="01011900"/> <small>(MMDDYYYY)</small>
*First Date of Service	<input type="text" value="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

Previous

Next

# Direct Claim Submission

## 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

Select...  
Select...  
ORIGINAL  
CORRECTED  
REPLACEMENT  
VOID

Original Reference Number

ion field(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.

Does a COB exist for this claim?

Yes  No

## Other Payer Information - Primary

## Other Payer Information - Secondary

## Other Payer Information - Tertiary

Previous

Next

# Direct Claim Submission

## 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

## 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				
<b>Total</b>								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.

Upload File

This will attach an EOB document to the claim.

Attached Documents:

Remove

This will remove the service line selected above

Submit

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

Previous

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                   **TESTBOMI2**  
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	
1	08012015	08012015	H2012 11			95.00	F84	0.00	0.00	0.00	
<b>Total</b>								0	0	0	

### Attached EOBs :

Document1Title.doc

Enter New Claim

# Contact Information

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## EDI Helpdesk (ProviderConnect Technical Questions)

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

Phone: (888) 247-9311

Email: [e-supportservices@beaconhealthoptions.com](mailto:e-supportservices@beaconhealthoptions.com)

## Community Relations

- Toll-Free number: 1-800-495-0086
- TTY 1-877-509-6981
- [MBHPPProviderRelations@beaconhealthoptions.com](mailto:MBHPPProviderRelations@beaconhealthoptions.com)

# Residential Rehabilitation Services (RRS) Part 2

## *Clinical Considerations*

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January 2018



# Objectives

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- Accessing ProviderConnect<sup>SM</sup>
- Notification Procedures
  - Initial
  - Concurrent
- Resources and Supports for Members
- American Society of Addiction Medicine (ASAM) resources
- Contact Information
- Questions

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# Accessing ProviderConnect

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# Registration



## 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

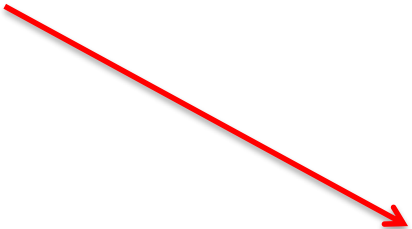
Automatically Included:

- ✓ Eligibility Inquiry
- ✓ Claim Status
- ✓ Authorization Inquiry
- ✓ Provider Summary Vouchers

Provider has retained a 3<sup>rd</sup> party Billing Agent or Clearinghouse to submit claims on their behalf.  Yes  No  
 (Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

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:

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- 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-Health/Chronic Mental Health Program?  Yes  No  Both



# Accessing ProviderConnect

<https://www.masspartnership.com>



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Members and Families    Behavioral Health Providers    PCC Plan Providers    About    Contact

*The Massachusetts  
Behavioral Health  
Partnership (MBHP)*





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# Registration Procedures

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# RRS Registration Requests

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- 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 should be for 90 units over a 90-day period. (1 unit = 1 day)
  - Subsequent or additional requests beyond the initial 90-day registration will be reviewed by MBHP staff and may require additional clinical review.
  - When requesting additional units, providers should assess the continued number of days needed to complete RRS treatment.

# All MBHP Members Require Registration

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- For the March 1, 2018 go-live date, all MBHP Members who are at RRS will need to be registered for the service in ProviderConnect.
- There is a 14-day window for submitting a registration request
  - Up to 7 days before
  - Up to 7 days after
- All March 1 initial registration requests will automate a 90-day registration, regardless of how long the person has already been at RRS.

# Logging into ProviderConnect

 [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](#)

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Providers can have multiple sign ins for different staff.

# Select “Authorization Request”

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\(s\)](#)

ss://pcrl3sta/pc/eProvider/searchDraftRequest.do

# Disclaimer

## 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	<input type="text" value="TESTBOMI2"/>	<i>(No spaces or dashes)</i>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="01011900"/>	<i>(MMDDYYYY)</i>
As of Date	<input type="text" value="06122015"/>	<i>(MMDDYYYY)</i>

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 <sup>?</sup>

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**

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

## Eligibility

Effective Date **01/29/2016**  
Expiration Date  
COB Effective Date <sup>?</sup>

## Subscriber

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



# Select Servicing Address

## 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](#)

# RRS Request

**Requested start date** is the day you would like your registration to begin.  
**Admit date** is the day the Member was admitted to the placement.

**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)

\*Level of Service

\*Type of Service

\*Level of Care

Type of Care

- CHAPTER 766 RELATED PSYCH TESTING
- CHILD & ADOLESCENT TRANSITIONAL SERVICES
- CLINICAL SUPPORT SERVICES-SUBSTANCE ABUSE LVL III B
- COMMUNITY BASED ACUTE TREATMENT FOR C/A (ART)
- COMMUNITY BASED ACUTE TX FOR C/A ART ADMIN NEC DAY
- DEVELOPMENTALLY DRIVEN PSYCH TESTING
- ENHANCED RESIDENTIAL CARE -CLINICAL SERVICES
- GENERAL PSYCH TESTING
- JUVENILE COURT SUBSTANCE ABUSE ASSESSMENT
- MEDICALLY DRIVEN PSYCH TESTING (1 HOUR UNITS)
- PSYCH TESTING (1 HOUR UNITS)
- RESIDENTIAL REHABILITATION SERVICES (RRS)
- TRANSITIONAL SUPPORT SERVICES (TSS)
- TERMINATED CSS SA DUAL DX LEVEL III B
- TERMINATED IART/ICBAT - ADMIN - STUCK CASE
- TERMINATED INTENSIVE ACUTE RESIDENTIAL TREATMENT
- THERAPEUTIC FOSTER CARE

\*Admit Date (MMDDYYYY)

Admit Time (HHmm)

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

**Provider**

Tax ID **123456789** Provider ID **002973**

**Member**

Member ID **TESTM0101** Last Name **TEST MEMBER**

Vendor ID **A031747** Provider A **1234561**

Date of Birth (MMDDYYYY) **07011998**

**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:

# RRS Request

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

Admit Time (HHmm)  
0000

Provider

Tax ID <b>123456789</b>	Provider ID <b>002973</b>	Provider Last Name <b>TEST</b>	Vendor ID <b>A031747</b>	Provider Alternate ID <b>123456TEST</b>
----------------------------	------------------------------	-----------------------------------	-----------------------------	--

Member

Member ID <b>TESTM0101</b>	Last Name <b>TEST MEMBER</b>
-------------------------------	---------------------------------

### 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.

# RRS Request

Enter the provider staff contact name and number that makes the most sense for an MBHP representative to call if additional clinical information is needed.

ProviderConnect Home

NOTIFICATION RESULTS

PAGE 1 of 2

### Requested Services Header

Requested Start Date <b>01/11/2018</b>	Member Name <b>TEST MEMBER, ABSOLUTE M01</b>	Provider Name <b>TEST, PROVIDER</b>	Vendor ID <b>A031747</b>	<a href="#">Save Request as Draft</a>
Type of Request <b>INITIAL</b>	Member ID <b>TESTM0101</b>	Provider ID <b>002973</b>	Provider Alternate ID <b>123456TEST</b>	NPI # for Authorization SELECT... <input type="button" value="v"/>
Level of Service <b>INPATIENT/HLOC</b>	Type of Service <b>SUBSTANCE USE</b>	Level of Care <b>RESIDENTIAL TREATMENT CENTER</b>	Type of Care <b>RESIDENTIAL REHABILITATION SERVICES (RRS)</b>	Authorized User <input type="text"/>

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

Admitting Physician contact name <input type="text"/>	Phone # 999 <input type="text"/> 999 <input type="text"/> 9999 <input type="text"/>	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"/>	

# 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	F8 4.0	
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 2		
SELECT...		
Diagnosis Code 3		

# 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  
ALCOHOL-RELATED DISORDERS

### Additional Behavioral Diagnosis

Diagnostic Category 2  
SELECT...

Diagnostic Category 3  
SELECT...

Diagnostic Category 4  
SELECT...

Diagnostic Category 5  
SELECT...

## Primary Medical Diagnosis

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

\* Diagnostic Category 1  
UNKNOWN

Diagnostic Category 2  
SELECT...

Diagnostic Category 3  
SELECT...



\* [Diagnosis Code 1](#) \* [Description](#)

[Diagnosis Code 2](#)

[Diagnosis Code 3](#)

[Diagnosis Code 4](#)

[Diagnosis Code 5](#)

[Diagnosis Code 1](#)

[Diagnosis Code 2](#)

[Diagnosis Code 3](#)

Select Diagnosis Code - Internet Explorer provided by BEACON HEALTH OPTIONS

[CLOSE WINDOW](#)

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

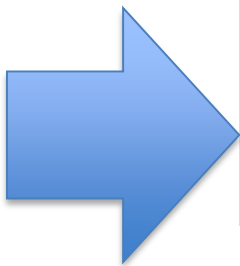
[Diagnosis Code 1](#)

[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

For initial registration requests, you will see a message offering the set parameter of units. Click the **Accept** button.

 **STAGING** CONNECT  
BEACON HEALTH OPTIONS

---

### Requested Services Header

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

# Approval

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

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

Place of Service	CPT	Unit 1	Unit 2	Unit 3	Unit 4	Service Class	Description
33						DP	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**

Cash 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, 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
- Requests should be assessed for the continued number of days needed to complete treatment within the RRS level of care.
- The recovery treatment plan should outline progress towards goals and barriers/anticipated continued care and disposition planning needs for successful completion of treatment.

# Concurrent Request

**Requested start date** is the day after the previous registration's end date. If the most recent registration ends May 31, then the start date should be June 1. This date can be 7 days before or after the present date.

**Admit date** is the day the Member was admitted to the placement. This date must be correct to trigger a concurrent request.

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Click the paper plane icon to view all appropriate links.

\*Requested Start Date (MMDDYYYY) 01/07/2018

\*Level of Service INPATIENT/HLOC

\*Type of Service SUBSTANCE USE

\*Level of Care RESIDENTIAL

Type of Care RESIDENTIAL REHABILITATION SERVICES (RRS)

\*Admit Date (MMDDYYYY) 01/05/2018

Admit Time (HHmm) 0000

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

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

Member			
Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
TESTM0101	TEST MEMBER	ABSOLUTE M01	07011998

**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: SELECT...

Upload File Click to attach a document Delete Click to delete an attached document

Attached Document:

Back Next

# Concurrent Request



## Requested Services Header

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

**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

Enter the provider staff contact name and number that makes the most sense for an MBHP representative to call if additional clinical information is needed.

**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

NOTIFICATION RESULTS

PAGE 1 of 2

### Requested Services Header

Requested Start Date <b>01/11/2018</b>	Member Name <b>TEST MEMBER, ABSOLUTE M01</b>	Provider Name <b>TEST, PROVIDER</b>	Vendor ID <b>A031747</b>	<input type="button" value="Save Request as Draft"/>
Type of Request <b>INITIAL</b>	Member ID <b>TESTM0101</b>	Provider ID <b>002973</b>	Provider Alternate ID <b>123456TEST</b>	NPI # for Authorization SELECT...
Level of Service <b>INPATIENT/HLOC</b>	Type of Service <b>SUBSTANCE USE</b>	Level of Care <b>RESIDENTIAL TREATMENT CENTER</b>	Type of Care <b>RESIDENTIAL REHABILITATION SERVICES (RRS)</b>	Authorized User <input type="text"/>

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

Admitting Physician contact name	Phone # 999 999 9999	Ext.	Attending Physician	Phone #	Ext.
Preparer	Phone #	Ext.	Utilization Review Contact	Phone #	Ext.
				Fax	

Primary Care Coordination

PCP Contacted Status  
SELECT...

PCP Contacted Name  Date Contacted

# Concurrent Request

The Functional Assessment section is not required.

For ongoing concurrent requests beyond the initial registration, enter pertinent clinical information in the Narrative Entry field below, including the number of units and date range you are requesting.

**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
<input type="text" value="SELECT..."/>	<input type="text"/>	<input type="text" value="SELECT..."/>	<input type="text"/>

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

(324 of 2000)

Enter pertinent clinical information for additional unit request here:

Number of units and date range you are requesting.  
What is the recovery treatment plan? progress towards goals? Disposition planning needs for completion of treatment?  
What are the barriers currently impacting the treatment plan?

# Concurrent Request

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

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

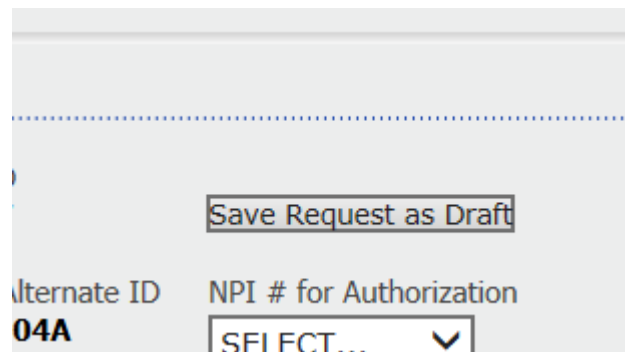
[Download Authorization/Notification Request](#)  
Download the entire Authorization Request

[Return to Provider Home](#)  
Return to the ProviderConnect Homepage



# 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.

# RRS Concurrent Requests

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- All Concurrent review requests will pend to a queue managed by MBHP staff. No automated approvals will be immediately granted at the time of the request. Updates of registration approvals can be found on ProviderConnect.
- Concurrent requests that require additional information for MBHP to make a determination will result in an MBHP Care Manager contacting you directly. It is important to contact that Care Manager as soon as possible for MBHP to make a timely determination.
- Reluctance in contacting the Care Manager can result in alternative decisions to the requests for additional coverage.

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# Additional Resources

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# Additional Supports for Members

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- Community Support Program
- Emergency Services Program
- Care Management
- Behavioral Health Services
  - Outpatient
  - SOAP
  - OTP

# Description of Community Support Program (CSP)

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- For Members with complex medical or behavioral health issues for which they have been unable to get appropriate treatment, due to issues like lack of transportation, linkages to community services, housing, or access to behavioral health treatment
- Directed primarily toward adults, although children and adolescents can be eligible
- Services vary according to duration type and intensity
- Intended to complement other clinical services
- Supports Member's attainment of clinical treatment plan goals

# Components of Community Support Program (CSP)

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- Assistance with improving daily living skills
- Service coordination and linkage
- Temporary assistance with transportation
- Assistance with obtaining benefits, housing, and health care
- Collaboration with Emergency Services Program

## Staffing disciplines

- Bachelor's-level paraprofessional
- Supervision and support provided by a licensed, master's-level clinician with training and experience in providing support services to adults and/or youth with behavioral health conditions

# Description of Emergency Services Program (ESP)

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- Purpose 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.
- For Members of all ages experiencing a behavioral health crisis
- Directly accessible to Members seeking behavioral health services on their own or referred by any other individual or resource
- 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)

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- 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

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- An enhanced care management program offered to Members with complex medical, mental health, and/or substance use disorders
- Link for Care Management referral:

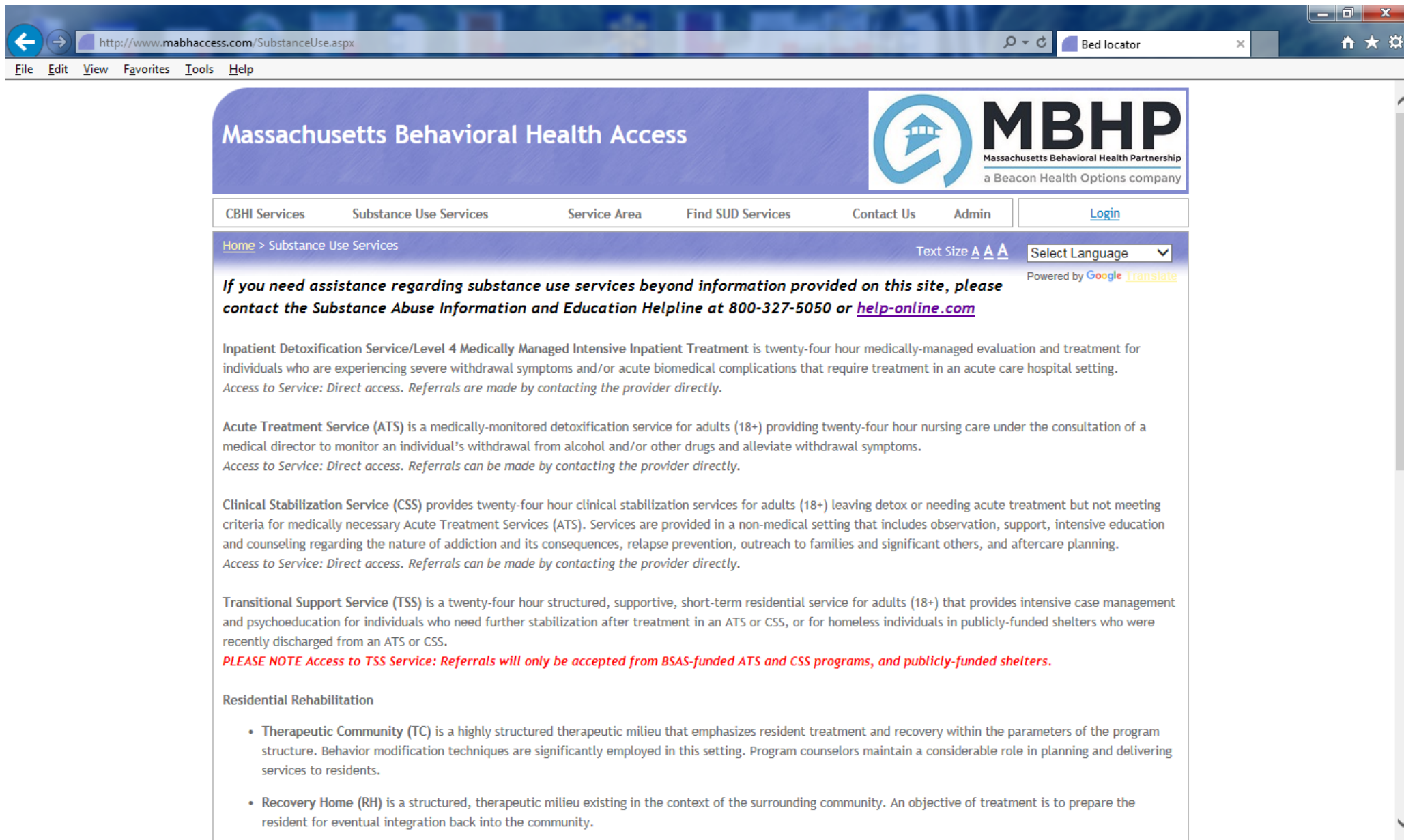
<https://www.masspartnership.com/provider/apps/ICMP/ICMRForm.aspx>

# Massachusetts Behavioral Health Access Website

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- Bed availability in “real time”
- Provider contact information and referral procedures
- Accepted insurances
- Level of Care descriptions
- Accessible to the public
  
- Go to [mabhaccess.com](http://mabhaccess.com) → Find SUD Services

# Massachusetts Behavioral Health Access Website



The screenshot shows a web browser window with the URL <http://www.mabhaccess.com/SubstanceUse.aspx>. The browser's address bar also shows a search for "Bed locator". The website header features the MBHP logo (Massachusetts Behavioral Health Partnership, a Beacon Health Options company) and the text "Massachusetts Behavioral Health Access". A navigation menu includes links for "CBHI Services", "Substance Use Services", "Service Area", "Find SUD Services", "Contact Us", "Admin", and "Login". Below the navigation, there is a breadcrumb trail: "Home > Substance Use Services". A text size selector and a language dropdown menu are visible. The main content area contains a bolded notice: "If you need assistance regarding substance use services beyond information provided on this site, please contact the Substance Abuse Information and Education Helpline at 800-327-5050 or [help-online.com](http://help-online.com)". Below this, four service descriptions are provided: "Inpatient Detoxification Service/Level 4 Medically Managed Intensive Inpatient Treatment", "Acute Treatment Service (ATS)", "Clinical Stabilization Service (CSS)", and "Transitional Support Service (TSS)". A red note states: "PLEASE NOTE Access to TSS Service: Referrals will only be accepted from BSAS-funded ATS and CSS programs, and publicly-funded shelters." The "Residential Rehabilitation" section includes two bullet points: "Therapeutic Community (TC)" and "Recovery Home (RH)".

Massachusetts Behavioral Health Access

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a Beacon Health Options company

CBHI Services   Substance Use Services   Service Area   Find SUD Services   Contact Us   Admin   [Login](#)

Home > Substance Use Services   Text Size A A A   Select Language ▾   Powered by Google Translate

**If you need assistance regarding substance use services beyond information provided on this site, please contact the Substance Abuse Information and Education Helpline at 800-327-5050 or [help-online.com](http://help-online.com)**

**Inpatient Detoxification Service/Level 4 Medically Managed Intensive Inpatient Treatment** is twenty-four hour medically-managed evaluation and treatment for individuals who are experiencing severe withdrawal symptoms and/or acute biomedical complications that require treatment in an acute care hospital setting.  
*Access to Service: Direct access. Referrals are made by contacting the provider directly.*

**Acute Treatment Service (ATS)** is a medically-monitored detoxification service for adults (18+) providing twenty-four hour nursing care under the consultation of a medical director to monitor an individual's withdrawal from alcohol and/or other drugs and alleviate withdrawal symptoms.  
*Access to Service: Direct access. Referrals can be made by contacting the provider directly.*

**Clinical Stabilization Service (CSS)** provides twenty-four hour clinical stabilization services for adults (18+) leaving detox or needing acute treatment but not meeting criteria for medically necessary Acute Treatment Services (ATS). Services are provided in a non-medical setting that includes observation, support, intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others, and aftercare planning.  
*Access to Service: Direct access. Referrals can be made by contacting the provider directly.*

**Transitional Support Service (TSS)** is a twenty-four hour structured, supportive, short-term residential service for adults (18+) that provides intensive case management and psychoeducation for individuals who need further stabilization after treatment in an ATS or CSS, or for homeless individuals in publicly-funded shelters who were recently discharged from an ATS or CSS.  
**PLEASE NOTE Access to TSS Service: Referrals will only be accepted from BSAS-funded ATS and CSS programs, and publicly-funded shelters.**

**Residential Rehabilitation**

- **Therapeutic Community (TC)** is a highly structured therapeutic milieu that emphasizes resident treatment and recovery within the parameters of the program structure. Behavior modification techniques are significantly employed in this setting. Program counselors maintain a considerable role in planning and delivering services to residents.
- **Recovery Home (RH)** is a structured, therapeutic milieu existing in the context of the surrounding community. An objective of treatment is to prepare the resident for eventual integration back into the community.

# Massachusetts Behavioral Health Access Website

Massachusetts Behavioral Health Access

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CBHI Services   Substance Use Services   Service Area   Find SUD Services   Contact Us   Admin   [Login](#)

Select Language ▾  
Powered by Google

Select a service to search on

Service	<b>ESP</b>		
Service For	ATS		
	Adolescent ATS		
Zip	CSS	02, 01203	Boston:02110, 02130, 02297
	TSS	19, 01199	Beverly:01915
	Level IV Detox	02	Brockton:02301, 02303,02305
	Methadone Treatment		Taunton:02718, 02780, 02783
	SOAP-IOP-PHP		Fall River:02720, 02723, 02726
		Worcester:01601, 01612, 01655	Barnstable:02630, 02634
		Framingham:01701, 01703, 01705	

Miles: 10 ▾

Sort By:  Proximity    Most recently updated    Available Capacity

For more information on the services you are searching for, please click on Service Description above.

# Find an MBHP-Contracted Provider

[www.masspartnership.com](http://www.masspartnership.com) → PCC Plan Providers → Find a Provider → 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](mailto: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](#)

# Information About the MBHP Network: Regional Provider Guides

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## Includes All Behavioral Health Levels of Care

- Definitions
- Admission Criteria
- Access
- Facilities, Contact People, Phone Numbers

# Regional Provider Guides

[www.masspartnership.com](http://www.masspartnership.com) → PCC Plan Providers → Behavioral Health Resources → Regional Provider Guides

The screenshot shows the MBHP website navigation and content. The top navigation bar includes 'Members and Families', 'Behavioral Health Providers' (highlighted in yellow), 'PCC Plan Providers', 'About', and 'Contact'. Below the navigation bar, a breadcrumb trail reads: 'Home > Behavioral Health Providers > Resources > Regional Provider Guides'. The main heading is 'Regional Provider Guides'. The left sidebar contains a list of menu items: 'Behavioral Health Providers', 'Getting Started', 'Provider Information', 'Children's Behavioral Health Initiative', 'Emergency Services Program/MCI', 'Find a Provider', 'Integrated Care Management Program', and 'MassHealth Info and Other'. The main content area contains two paragraphs of text. The first paragraph states: 'The MBHP Regional Provider Guides contain overviews of the wide range of mental health and substance use disorder programs that make up MBHP's provider network in each region. They also include listings of specific providers for each service type and phone numbers of our network providers.' The second paragraph states: 'The regional guides are updated once every quarter; therefore, they may not reflect all recent changes in the provider network. For the most up-to-date provider information, please use the [online provider search function](#).' Below the text is a download icon and the link 'Central Regional Provider Guide'.

# Regional Provider Guides

**ACUTE TREATMENT SERVICE FOR SUBSTANCE USE DISORDERS (ATS)**

The Acute Treatment Service for Substance Use Disorders (ATS) (Level IIIA Detoxification) is a 24-hour, seven-day-a-week, medically supervised addiction treatment that provides evaluation and withdrawal management. Detoxification services are delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures and include: bio-psychosocial assessment; individual and group counseling; psychoeducational groups; and discharge planning.

Acute Treatment Services are provided to those experiencing, or at significant risk of developing an uncomplicated withdrawal syndrome as a result of an alcohol and/or other substance use disorder. Members receiving ATS do not require the medical and clinical intensity of a hospital-based detoxification service, nor can they be effectively treated in a less intensive outpatient level of care.

**Access to Service:** Direct referral – does not need to be evaluated by an ESP (Emergency Service Program)

**Adult:**

PROVIDER	CITY/TOWN	PHONE NUMBER	COMMENTS
Gosnold Treatment Center	Falmouth	(508) 540-6550	
High Point Brockton Addiction Treatment Center (BATC)	Brockton	(800) 734-3444	
High Point Men's Addiction Treatment Center (MATC)	Brockton	(508) 742-4444	Court referred section 35 admissions only
High Point Women's Addiction Treatment Center (WATC)	New Bedford	(774) 628-1000	Court referred section 35 admissions only
High Point Treatment Center	Plymouth	(508) 224-7701	Ages 19+
Stanley Street Treatment (SSTAR)	Fall River	(508) 324-7763	Ages 19+



# Resources

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## **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.

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# Service Specifications

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# Adult ASAM Levels of Care

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- **Early Intervention**
- **1.0 Outpatient, including Opioid Treatment Programs (OTP)**
- **2.1 Intensive Outpatient Services**
- **2.5 Partial Hospitalization Services**
- **3.1 Clinically Managed Low-Intensity Residential Services\*\*\***
- **3.3 Clinically Managed Population-Specific High-Intensity Residential Services**
- **3.5 Clinically Managed High-Intensity Residential Services**
- **3.7 Medically Monitored Intensive Inpatient Services**
- **4.0 Medically Managed Intensive Inpatient Services**

# ASAM Patient Placement Criteria

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- **Evaluations include assigning risk ratings on each of the following six dimensions below:**
  - **Acute Intoxication and/or Withdrawal Potential**
  - **Biomedical Conditions and Complications**
  - **Emotional, Behavioral, or Cognitive Conditions and Complications**
  - **Readiness to Change**
  - **Relapse, Continued Use, or Continued Problem Potential**
  - **Recovery/Living Environment**
- **Must meet diagnostic criteria for a moderate or severe substance use disorder and the dimensional criteria for admission**

# American Society of Addiction Medicine (ASAM) Information

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- For more information and how to purchase materials, visit ASAM's website
  - <https://www.asam.org/>
- Bureau of Substance Addiction Services (BSAS) offers FREE online training on ASAM through AdCare
  - <http://www.cvent.com/events/the-asam-criteria-training-177-/event-summary-ce4f47723f334998adf373d824ffe4d9.aspx>
- AdCare offers in person training funded through BSAS
  - Contact Courtney Lee, Training Coordinator from AdCare at (508) 752-7313 for additional information

# Thank you

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