## WELCOME AND INTRODUCTION

### SUMMARY OF CHANGES

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### WELCOME AND INTRODUCTION

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### MBHP/HNE BH GOALS

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### MBHP/HNE BH SERVICES

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### MBHP/HNE BH CONTACTS

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### GLOSSARY OF TERMS

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## Summary of Changes:
### Welcome and Introduction

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Welcome to the Massachusetts Behavioral Health Partnership/Health New England Be Healthy (MBHP/HNE BH) provider network. We feel privileged to work with a network of behavioral health care professionals who share our commitment to providing the highest quality mental health and substance abuse services to our Members. HNE Be Healthy is the health plan for MassHealth members enrolled with Health New England.

Under contract with HNE, MBHP manages behavioral health care services for HNE Be Healthy Members receiving Medicaid benefits through HNE’s Be Healthy program.

This Provider Manual has been developed for MBHP/HNE BH behavioral health providers to answer their questions and to provide information about how behavioral health care services are delivered and managed by MBHP, on behalf of HNE Be Healthy. The manual contains background information about MBHP/HNE BH clinical goals and important information and guidelines about referrals, service authorizations, and claims submission. Following these guidelines will help ensure that you receive timely service authorizations and claims reimbursement. A glossary of frequently used terms and copies of required forms are also included for your reference.

Thank you for your participation in the MBHP/HNE BH provider network. If you have any questions or comments regarding the manual, please contact the MBHP/HNE BH Community Relations Department at 1-800-495-0086.

Important notice
MBHP/HNE BH’s Provider Manual and Provider Agreement outline the current requirements for participation in the MBHP/HNE BH network. To ensure that you have the most up-to-date information, MBHP, on behalf of HNE Be Healthy, will continue to notify providers about any changes in its policies via Provider Alerts. It is important to note that the Provider Manual and all MBHP/HNE BH Provider Alerts are considered part of the Provider Agreement, and as such, requires providers to adhere to all changes outlined in them. MBHP, on behalf of HNE Be Healthy, reserves the right to interpret all terms or provisions in this manual and to amend the manual at any time. To the extent that there is an inconsistency between the manual and Provider Agreement, MBHP, on behalf of HNE Be Healthy, reserves the final and binding right to interpret such inconsistency.

MBHP/HNE BH providers may access the Provider Manual online by going to www.masspartnership.com and clicking on the “HNE Be Healthy” button.

Providers must also complete a website registration form. Please note that all contracted providers are required to complete a Provider Website Registration form. You may find the form in the “Administrative Operations” section of this Provider Manual. Notices and a corresponding link to the website will be sent to the e-mail address you provide on the registration form(s). Once you are registered on the website, you will have access to restricted provider information, such as confidential reporting data, Alerts, and screens for the Interactive Voice Response (IVR) System. You may also contact the MBHP/HNE BH Community Relations Department at 1-800-495-0086.
MBHP/HNE BH GOALS

The mission of MBHP/HNE BH is to improve the health status and quality of life of MBHP/HNE BH Members by providing behavioral health services to its Members. In keeping with this mission, the MBHP/HNE BH goals are to:

• **Continuously improve the quality of care available to MBHP/HNE BH Members** by monitoring, measuring, and addressing opportunities to improve all aspects of service delivery, including clinical, network, administrative, and quality management services;

• **Meet the behavioral and primary healthcare needs of MBHP/HNE BH Members, as they define them**, and incorporate a strong focus on consumer and family involvement, rehabilitation, and recovery in all program aspects;

• **Strengthen the overall integration of behavioral health services** with medical services;

• **Improve cost-effectiveness of care delivery** by ensuring the availability and appropriateness of services; and

• **Improve integration of primary care with behavioral health care** through quality-driven network management activities.

These goals are reflected in virtually every action taken by MBHP/HNE BH staff on behalf of MBHP/HNE BH Members, from negotiating annual program goals and objectives, to monitoring program responsiveness and outcomes, training providers and families, and sponsoring joint quality initiatives.
MBHP/HNE BH engages in a wide range of clinical and administrative activities to serve MBHP/HNE BH Members. The following are a sample of MBHP/HNE BH programs and focus areas.

**Principles of Recovery and Rehabilitation**
MBHP/HNE BH supports the principles of recovery and rehabilitation as outlined in the 2003 President’s New Freedom Commission Report. As the report recommends, MBHP, on behalf of HNE Be Healthy, is implementing behavioral health services that place consumer and family choice at the center of service planning and treatment decisions. MBHP, on behalf of HNE Be Healthy, accomplishes this goal by promulgating recovery-oriented performance specifications and managing its provider network to these specifications. MBHP, on behalf of HNE Be Healthy, has also developed provider incentives and launched innovative programs that foster greater adoption of a rehabilitation and recovery orientation.

MBHP, on behalf of HNE Be Healthy, is building the recovery and rehabilitation orientation of its provider network by:

1. helping providers move from a focus on symptom management to one on recovery and wellness;
2. offering consumers more opportunities to learn from others who have behavioral health conditions;
3. working with consumers and families through task forces, advisory committees, trainings, and conferences to advance skills and knowledge, develop new recovery-oriented services, and retool existing services to a rehabilitation and recovery orientation;
4. managing providers to recovery outcomes by requiring the use of outcomes measurement tools to assess acquired life skills and completed stages of recovery;
5. promoting programs and treatments proven to be the most effective for individuals with behavioral health conditions; and
6. promoting recovery programs and services that are available and offered consistently to consumers throughout the Commonwealth.

**Data-Driven Network and Utilization Management**
MBHP, on behalf of HNE Be Healthy, uses a profile-based approach to utilization management, whenever feasible, in order to promote the self-management of providers.

**Outpatient**
Providers can register many routine services using MBHP/HNE BH’s interactive voice response (IVR) technology. Through the IVR, MBHP/HNE BH grants initial pre-authorizations for longer periods to inpatient providers who have consistently demonstrated the ability to effectively manage utilization. This strategy makes it possible for MBHP/HNE BH to channel resources to providers requiring additional support.

The Outpatient Provider Practice Analysis reports are distributed to high-volume behavioral health providers during site visits by Regional Network Managers. These profile reports give
providers practice management information in several key areas: Member demographics, diagnostic data, utilization data, quality indicators, coordination of care, and integration with primary care providers.

**Emergency Service Programs**
MBHP, on behalf of HNE Be Healthy, has developed profiles of both Emergency Service Program and outpatient practices. These profiles provide timely, actionable data to behavioral health providers in order to form the basis for quality improvement action plans. The Emergency Services Continuity of Care Report is distributed to all emergency services providers on a regular basis during site visits by Regional Network Managers. One of the key indicators on this report is the rate at which Members are diverted away from expensive inpatient services to less costly and less restrictive community-based services.

**Inpatient**
MBHP, on behalf of HNE Be Healthy, has developed a data-driven utilization management program in which data is provided to inpatient providers, including admission, length of stay, daily census, and various quality indicators.

**Clinical Outcomes Management Program**
MBHP, on behalf of HNE Be Healthy, requires that all providers use MBHP/HNE BH-approved standardized assessment instrument to inform: discharge planning from 24-hour care services; and treatment planning for community-based services. Facilities that provide 24-hour treatment for acute psychiatric disorders or substance use disorders are required to complete a discharge planning assessment for each Member using an MBHP/HNE BH-approved instrument. Community-based service providers are required to administer an MBHP/HNE BH-approved assessment instrument during the Member’s intake evaluation and periodically, at clinically reasonable intervals, in order to inform treatment planning and choice of treatment interventions. For both acute 24-hour services and community-based services, MBHP/HNE BH regards the use of clinical information gathered through a standardized assessment to be an important resource for care management discharge planning and for treatment planning.

**Evidence-Based Clinical Practices**
MBHP/HNE BH is committed to supporting evidence-based clinical practices and enhancements to services that yield measurably positive clinical outcomes. MBHP, on behalf of HNE Be Healthy, works with providers and Commonwealth stakeholders to offer incentives to providers for incorporating certain evidence-based practices into their treatment programs.

**Care Management**
For those with mental illness and/or substance abuse problems, it is especially critical that care is well-coordinated, flexible, and targeted to specific needs. Care Management services are designed to expand a Member’s access to services and to provide continuity of care. The following programs offer a range of Care Management services designed to expand a Member’s access to services and to provide continuity of care:

- **Targeted Outreach** helps Members overcome specific barriers to accessing care, including arranging transportation to healthcare appointments.
• **Care Coordination** monitors the progress of the Member’s behavioral health and medical care and works with Member’s providers to ensure that treatment services are coordinated.

• **Intensive Clinical Management (ICM)** coordinates and arranges services for high-risk Members.

**Integration of Medical and Behavioral Health Care**
Clinical outcomes are improved when behavioral health services are coordinated and integrated with medical care to ensure that a Member’s care is appropriate and easily accessible. Medical problems are frequently accompanied by behavioral health complications and co-morbidities or may mask underlying mental health disorders. MBHP/HNE BH is committed to the implementation of programs and practices that promote the integration of primary and behavioral healthcare to the extent possible under existing Member confidentiality statutes and regulations.

**Cultural Competence**
MBHP/HNE BH is committed to designing culturally-competent programs and to ensuring access to behavioral health services by all Member populations. Our Members represent a mix of different cultures, backgrounds, religions, languages, and countries of origin. MBHP/HNE BH’s challenge is to decrease the multiple barriers that discourage Members of some racial and ethnic groups from seeking treatment.

MBHP, on behalf of HNE Be Healthy, works with providers, local stakeholders, and others to develop and make culturally-sensitive information on services available.

**Special Populations**
MBHP, on behalf of HNE Be Healthy, has worked with the provider network, advocacy organizations, and state agencies to identify effective treatment models and to identify available resources for residents with the most complex needs. MBHP, on behalf of HNE Be Healthy, has developed various programs and initiatives to meet the unique needs of the following special populations:

*Children and Adolescents*
Given the financial and social strain felt by many MBHP/HNE BH families, children and adolescents in particular, are considered to be among MBHP/HNE BH’s most high-risk Members. As a coordinator of many services mandated by the Children’s Behavioral Health Initiative (see “CBHI Services” for more information on this initiative), MBHP/HNE BH sponsors many initiatives, programs, and prevention, education, and outreach programs for children, adolescents, and their families. MBHP/HNE BH has committed staff resources to support these endeavors.

*Persons with Co-Occurring Disorders*
Members who have multiple disorders, which present with any combination of psychiatric, substance abuse, medical, and/or mental retardation diagnoses, represent a significant clinical challenge. MBHP/HNE BH is committed to developing a continuous, comprehensive, and integrated system of care model as well as creating programs targeted to this complex population.
MBHP/HNE BH CONTACTS

MBHP, the manager of behavioral health services for HNE Be Healthy, has its headquarters at 100 High Street in Boston, with regional offices in Worcester and Holyoke.

BOSTON: 100 HIGH STREET OFFICE

General Correspondence Address:
Massachusetts Behavioral Health Partnership
P.O. Box 55871
Boston, MA 02205-5871

Clinical Access Line and Community Relations:
Toll Free Number: (800) 495-0086
Main Number: (617) 790-4000
Clinical Access Line Fax number: (617) 790-4128
Community Relations Fax number: (617) 790-4185

Note:
The Clinical Access Line is staffed around the clock. The Community Relations lines are staffed Monday through Thursday from 8 a.m. to 5 p.m., and Friday from 9:30 a.m. to 5 p.m. After hours, providers and Members can leave a confidential voicemail message, and a services representative will return the call the next business day.

Assessment Unit
(800) 495-0086, ext. 455633
Fax Number: (617) 790-4128

Claims, Outpatient Treatment Review, and Authorization Address:
Massachusetts Behavioral Health Partnership
P.O. Box 55871
Boston, MA 02205-5871

Note:
Claims and authorization requests sent to regional offices may experience delays in processing.

Community Relations Department
PO Box 55870
Boston, Mass 02205-5870

Network Management Department
PO Box 55872
Boston, Mass 02205-5872

Departments at this location:

- Assessment Unit
- Child and Adolescent Services Mgmt.
- Care Coordination/Concurrent Review
- Claims Operations
- Clinical Access Line
- Communications
- Emergency Services Program Mgmt.
- Executive Administration
- Finance
- Fraud & Abuse
- Intensive Clinical Mgmt.
- Management Information Systems
- Medical Affairs
- Network Management
- Provider Relations (Community Relations)
- Provider Credentialing
- Quality Management
- Rehabilitation and Recovery
- Substance Abuse Services Management
- Targeted Outreach
CENTRAL REGIONAL OFFICE
Massachusetts Behavioral Health Partnership
120 Front Street, 3rd Floor
Worcester, MA 01608
Toll-Free Number: (888) 855-6277
Main Number: (508) 890-6400
Main Fax Number: (508) 890-6410

Departments at this location:
• Intensive Clinical Management
• Program Network Management
• Provider Relations

WESTERN REGIONAL OFFICE
Massachusetts Behavioral Health Partnership
489 Whitney Avenue, 3rd Floor
Holyoke, MA 01040
Toll-Free Number: (888) 856-6277
Main Number: (413) 322-1800
Main Fax Number: (413) 322-1810

Departments at this location:
• Intensive Clinical Management
• Program Network Management
• Provider Relations
GLOSSARY OF TERMS

Clinical Access Line - MBHP/HNE BH’s contact number (1-800-495-0086) for behavioral health referral information and authorization to services. Clinicians are available to accept calls 24-hours per day, seven days per week.

Adolescent - An MBHP/HNE BH-eligible person age 13 to 18 years

Adult - An MBHP/HNE BH-eligible person age 19 years and older

Alternative Formats - Provision of information in a format that takes into consideration the special needs of those Members who, for example, are visually limited or have limited reading proficiency. Examples of Alternative Formats include, but are not limited to: Braille, large font, audio tape, video tape, and information read aloud to a Covered Individual.

ASAM - American Society of Addictions Medicine

ASAP - Assessment for Safe and Appropriate Placement

Assessment Unit - A group of MBHP/HNE BH clinicians who provide one point of access for referral and triage of Members to the different levels of the MBHP/HNE BH Care Management program (Targeted Outreach, Care Coordination, or Intensive Clinical Management)

ATS - Acute Treatment Service

Authorized Representative - An individual who has been either legally designated or authorized by the Member to act on the Member's behalf (with proof of documentation). If a provider is acting as the Authorized Representative, written authorization signed by the Member must be submitted to MBHP/HNE BH.

BHP - Behavioral Health Program

Board of Hearings (BOH) - The Board of Hearings within the Executive Office of Health and Human Services’ Office of Medicaid

BOH Appeal - A written request to the BOH made by a Covered Individual or Appeal Representative to review the correctness of an Internal Appeal decision by MBHP/HNE BH

Care Coordination - An MBHP/HNE BH Care Management service designed to provide support services of moderate duration and intensity to optimize the use of behavioral health and medical services for Members with behavioral health needs. Care Coordination services are designed to prevent decreased function, exacerbation of symptoms, crises, and the need for higher levels of care. This service may include the utilization of community-based outreach providers (Community Support Programs).
Care Management - A systematic approach to coordinating an individual’s care, which is designed to efficiently utilize health care resources to achieve the optimum healthcare outcome in the most cost-effective manner

CBAT - Community-Based Acute Treatment

CCS - Community Crisis Stabilization

Child - An MBHP/HNE BH-eligible Member age 0-12 years

Claim Review - A process available to the provider for reviewing denied claims and payment disputes

Clean Claim - A properly and fully completed error-free claim submission form

Concurrent Review - A clinical review to determine the medical necessity and appropriateness of continued treatment at the present level of care

Continued Service - Disputed services provided by MBHP/HNE BH at the request of a Member after an adverse action to terminate or modify authorized services that were being provided at the time of the dispute, pending resolution of a Member Appeal and/or a Board of Hearings Appeal. Continued Services include only the type and amount of covered services that were being provided at the time of the adverse action, not new or additional covered services.

Co-occurring Disorder - A coexisting mental health, substance abuse, and/or medical diagnosis

Covered Services - Those services MBHP/HNE BH is responsible for providing to Members as defined by Health New England’s contract with MassHealth

Credentialing Criteria - Specific licensing, training, and experience a facility or individual practitioner must meet to be contracted with MBHP/HNE BH

CSP - Community Support Program: Community treatment services offered to Members who are part of MBHP/HNE BH’s Care Management program

CSS - Clinical Support Services

DBT - Dialectical Behavior Therapy

DCF - Department of Children and Families

DDS – The Department of Developmental Services is a division of the Massachusetts Executive Office of Health and Human Services.
**Discharge Planning** - The evaluation of a Member’s mental health or substance abuse service needs, or both, in order to arrange for appropriate care after discharge from one level of care to another

**DMH** - The Massachusetts Department of Mental Health is a division of the Massachusetts Executive Office of Health and Human Services.

**DMH Case Management Services** - Conducted by DMH or its agents, these DMH mental health case management services are available to DMH Continuing Care Consumers, including MBHP/HNE BH Members who are also DMH Continuing Care Consumers. Core elements of the DMH Case Management Services include: assessment, treatment planning, service linkage, monitoring, and Member advocacy.

**DMH Continuing Care Consumer** - Members, DMH Acute Care Consumers, other third-party covered individuals or uninsured individuals, and children with mental illness who meet DMH Continuing Care eligibility criteria and have been determined eligible for services by DMH

**DMH Continuing Care Services** - DMH non-acute mental health care services provided to DMH Continuing Care Consumers. These services have the following characteristics: a long-term focus; a rehabilitative nature; and intent to assist with symptom management, independent living, attainment of optimal level of functioning, and reduced inpatient episodes. Services include: intensive and long-term inpatient care; community aftercare such as housing and support services; and non-acute residential services.

**DPH** – The Department of Public Health is a division of the Massachusetts Executive Office of Health and Human Services.

**DOC** – The Department of Correction is a division of the Massachusetts Executive Office of Health and Human Services.

**DOE** - Department of Education

**DYS** - Department of Youth Services

**ECT** - Electroconvulsive Therapy is a specialized behavioral health service provided by a licensed physician in an inpatient or outpatient setting.

**Eligibility Verification System (EVS)** - A system managed by MassHealth to verify Member eligibility

**Emergency** - A life-threatening situation related to mental illness or substance abuse. In these cases, the Member must present a real, significant, and imminent danger to self or others as demonstrated by symptoms so severe that they would likely result in serious bodily harm or death if immediate medical attention is not provided.
Emergency Service Program (ESP) - Provides behavioral health crisis assessment, intervention and evaluation services on a 24-hour basis, seven days a week through four service components: Mobile Crisis Intervention (MCI) services for youth, adult mobile services, ESP community-based locations, and Community Crisis Stabilization (CCS) services for ages 18 and over. ESP services are available to individuals of all ages who are uninsured as well as those covered by the following public payers: MassHealth plans (MBHP/HNE BH, MassHealth-contracted MCEs, and MH fee-for-service); DMH only, Medicare; and Medicare/Medicaid. Many ESPs are also contracted with various commercial insurance companies to provide similar services.

Emergent Services - A situation in which either mental illness or substance abuse symptoms increase and become so severe that the individual requires response within a 24-hour period in order to avoid a clinical deterioration and/or need for hospitalization. Services are provided immediately on a 24-hour basis, seven days a week, with unrestricted access, to individuals who present at any qualified provider, whether a Network Provider or non-Network Provider.

Executive Office of Health and Human Services (EOHHS) - The single state agency that is responsible for the administration of the MassHealth program, pursuant to M.G.L. c. 118E and Title XIX of the Social Security Act and other applicable laws and waivers

Expedited Member Appeal - A Member request that should be resolved in a shorter timeframe than other requests because of clinical urgency

Grievance - Any expression of dissatisfaction by a Covered Individual or authorized representative, about any action or inaction by MBHP/HNE BH other than an action that is appealable pursuant to 130 CMR 610.032(E). Possible subjects for Grievances include, but are not limited to: quality of care or services provided; aspects of interpersonal relationships such as rudeness of a provider or MBHP/HNE BH employee; or failure to respect the Covered Individual’s rights. Health New England is handling all Member grievances.

Group Practice - A multi-disciplinary team of individual practitioners contracted as one entity. Each practitioner within the group is credentialed individually. The head of the group practice must be one of the following: a full-time psychiatrist; a master’s-level, advance-practice registered nurse, board-certified in adult or child psychiatric nursing under the supervision of a licensed psychiatrist; a licensed psychologist (including PhD, EdD, and PsyD); an LICSW; or an LMHC. MBHP/HNE BH will only consider the following licensure levels for group contracting: MD, APRN-BC, LICSW/LCSW, LMHC, or licensed psychologist (including PhD, EdD, and PsyD).

HNE BH- Health New England Be Healthy

ICM - Intensive Clinical Management

Individual Private Practitioner - Individual psychiatrist, psychologist, LICSW, LMHC, or board-certified advance practice registered nurse who meets MBHP/HNE BH credentialing criteria and who is not applying as a member of a group practice
**Intensive Clinical Management (ICM)** - An MBHP/HNE BH Care Management service designed to assist Members who demonstrate significant clinical risk or patterns of very high utilization of behavioral health services. Services are coordinated by an MBHP/HNE BH ICM clinician in collaboration with local state agencies, primary care clinicians, family members, and community services and may include using community-based outreach providers.

**Internal Review Panel** - The panel that reviews Member Appeals with the exception of expedited appeals. Membership of this panel includes: one board-certified or board-eligible psychiatrist in the same or similar specialty who typically treats the condition, performs the procedure, or provides the treatment being considered (for appeals related to psychological testing, the psychiatrist is replaced by a psychologist); and either the medical director, associate medical director, or his/her designee. None of these individuals have been involved in previous decisions that led to the Adverse Action being appealed.

**IOP** - Intensive Outpatient Program provides comprehensive, behaviorally oriented treatment. Services are significantly more structured than traditional outpatient therapy, yet significantly less structured than a traditional inpatient hospital program.

**IVR** - MBHP/HNE BH’s Interactive Voice Response system for eligible providers to obtain authorization for designated levels of care

**Lead Agency** - A designated provider who serves as the contracting and management agent for certain programs, such as Assessment for Safe and Appropriate Placement (ASAP) services

**LCC** – The Local Credentialing Committee reviews all provider credentialing and re-credentialing applications, requests for waivers of the credentialing criteria, quality of care issues, documentation standards, and issues pertaining to the adherence to the provider contract.

**MassHealth** - Pursuant to Title XIX of the Social Security Act (42 U.S.C. 1396), M.G.L. c. 118E, and other applicable laws and waivers, MassHealth is comprised of benefit programs administered by the Executive Office of Health and Human Services to furnish and to pay for medical services to eligible Members.

**Massachusetts General Law (MGL)** - A statute enacted by the Commonwealth of Massachusetts

**MBHP** – Massachusetts Behavioral Health Partnership

**Medicaid** - The program administered by MassHealth to furnish and pay for medical services, pursuant to MGL c.118E and Title XIX of the Social Security Act

**Medical Necessity Criteria** - The factors/conditions used to determine the most clinically appropriate level of care and amount, duration, or scope of services as set forth in MBHP/HNE BH Clinical Criteria to ensure the provision of Medically Necessary Covered Services
Medically Necessary Covered Service(s) - Those services that are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the individual that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; there are no other comparable medical services available that are suitable for the individual requesting the service. These services meet professionally recognized standards of health care and are substantiated by records that include evidence of medical necessity and quality.

Member - A person determined by EOHHS to be eligible for MassHealth, who is enrolled with MBHP/HNE BH

Member Appeal - A request by a Member or his/her authorized representative for the reconsideration of any adverse action by MBHP/HNE BH that impacts the Member’s treatment

Member ID Number - The cardholder’s 12-digit newMMIS Identification Number is printed on the card. This number is used on the MBHP/HNE BH claim form and on any other communications with MBHP/HNE BH. Always use this number beside the corresponding Member name.

National Credentialing Committee (NCC) - A ValueOptions committee that oversees the decisions made by the Local Credentialing Committee

National Provider Appeals Committee (NPAC) - A group within the ValueOptions organization that oversees the NCC and LCC decisions. Providers may appeal to the NPAC according to the LCC policies and procedures.

Natural Service Area (NSA) - A geographically defined service “catchment” area defined by the cities and towns covered by Department of Mental Health designated emergency service programs. The NSAs serve as comprehensive area-based systems designed to provide community-oriented behavioral health care services in close proximity to where Members live. Organizing services within the NSAs provides opportunities for integration of clients into normal community life and promotes speed, convenience, and safety of access to services for clients and their families.

Network Provider – An individual, facility, agency, institution, organization, or other entity that has an agreement with MBHP/HNE BH or any subcontractor for the delivery of services covered under MBHP/HNE BH’s contract with EOHHS and that is credentialed according to this policy. OONP – Out of Network Provider refers to those providers who are not contracted with MBHP/HNE BH.

Performance Specifications - Performance requirements for each level of care that were developed with extensive consumer, family, provider, and state agency representation. These reflect recognized standards of quality care.
**Practice Guideline** - Systematically developed descriptive tools or standardized specifications for care to assist provider and Member decisions about appropriate healthcare for specific circumstances. Practice Guidelines are typically developed through a formal process and are based on authoritative sources that include clinical literature and expert consensus.

**Pre-certification** - A clinical decision that establishes the medical necessity and appropriateness of treatment with MBHP/HNE BH’s clinical criteria prior to an actual admission or initiation of services. This review should occur immediately following a provider’s evaluation and authorizes medical necessity of the proposed admission but does not address initial length of stay. Based on clinical data, the clinical care manager and/or physician advisor will do one of the following:

- Authorize the treatment based on medical necessity;
- Suggest an alternate level of care; or
- Non-certify.

**PES** - Pregnancy Enhanced Services that are provided specifically for pregnant addicted women

**Prevention** - A community-based, focused effort to address identified risk factors and the impact they have on the lives of individuals, families, and communities

**Provider Network** - The collective group of Network Providers who have entered into provider agreements with the Contractor for the delivery of services covered under the Contractor’s contract with EOHHS

**PSV** - Primary Source Verification is a process used to verify provider credentialing information.

**Quality Improvement Goals** - Targets for clinical or service performance that are negotiated between MBHP/HNE BH and certain providers during the contract period

**Recredentialing Process** - A process whereby contracted providers submit updated credentialing information. Network providers are required to meet the recredentialing criteria in order to remain in the MBHP/HNE BH network.

**Reportable Adverse Incident** - An occurrence that represents actual or potential serious harm to the well-being of a Covered Individual, or to others by the actions of a Covered Individual who is receiving services managed by MBHP/HNE BH or has recently been discharged from services managed by MBHP/HNE BH.

**Routine Care** - Outpatient behavioral health services are provided within 10 working days of request. Services are not urgent or emergent in nature.

**Service Authorization** - The clinical review and approval process that approves the provision of a service to a Member and ensures that a Member’s psychiatric and/or substance abuse condition is treated with the appropriate type and intensity of service(s) and that such service(s) can
reasonably be expected to improve the Member’s condition or prevent further deterioration of functioning

**SOAP** - Structured Outpatient Addictions Programs consist of clinically intensive, structured day and/or evening substance abuse services. Some SOAP programs offer Motivational Interviewing or enhanced services for adolescents and adults who are homeless.

**Targeted Outreach** - An MBHP/HNE BH Care Management service that will provide short-term care coordination focused on problem solving for Members who demonstrate difficulty with their treatment plans, including Members with behavioral health problems as well as those with medical issues

**Urgent Care** - Behavioral health services that are provided within three working days of request. Services are not emergency or routine in nature.

**Utilization Management** - The process of evaluating the clinical necessity, appropriateness, and efficacy of care and services. This process may include service authorizations and prospective, concurrent, and retrospective reviews of services and a provider’s care.

**VO** - ValueOptions is the parent company for the Massachusetts Behavioral Health Partnership.

**Youth** - An MBHP/HNE BH-eligible Member age 18 years and younger