Effective February 1, 2009, the Massachusetts Behavioral Health Partnership (MBHP) Interactive Voice Response (IVR) system will undergo significant revisions in both the types of services registered and the parameters that providers may obtain.

However, some services will remain unchanged in IVR. They are: Dialectical Behavioral Treatment (DBT); Electro-convulsive Treatment (ECT); Assessment for Safe and Appropriate Placement (ASAP); Family Stabilization Services (FST); Program for Assertive Community Treatment (PACT): Medication Authorizations; and Psychiatric Consults on a Medical Unit.

The following revisions will occur in IVR effective February 1, 2009:

- **Outpatient services:**
  - The Pilot Outpatient program will be terminated.
  - Registration parameters for outpatient nonresidential services for Members 19 and older will be changed from 15 units in 120 days to 12 units in 180 days. Requests for more than 12 units must be submitted on the MBHP web-based Extended Outpatient Treatment Screen (EOTS) no later than the 9th session in order to ensure timely processing of the request. No faxed EOTS will be accepted.
  - Registration parameters for youth age 4 to 18 for outpatient nonresidential services will change from 15 units in 120 days to 14 units in 180 days. Requests for more than 14 units must be submitted on the MBHP web-based EOTS no later than the 9th session in order to ensure timely processing of the request. No faxed EOTS will be accepted.
  - Registration parameters for youth age 4 to 18 for outpatient treatment taking place in a residential setting (Place of Service (POS) Code 56) will change from 45 units in 120 days to 30 units in 180 days. Requests for more than 30 units must be submitted on the MBHP web-based EOTS by the 25th session in order to ensure timely processing of the request. No faxed EOTS will be accepted.
  - MBHP will require a telephonic registration if the Member has more than one outpatient provider, with the exception of the other provider being a psychiatrist or APRN.
We encourage all outpatient providers to begin developing internal utilization procedures now to ensure a smooth transition when the IVR changes take place in February 2009. MBHP will closely scrutinize providers who are requesting services via an EOTS to ensure that they meet medical necessity criteria; providers will be expected to justify requests for additional units based on a clear adherence to MBHP medical necessity criteria. MBHP is prepared to offer assistance to help outpatient providers identify members who are currently receiving services outside the parameters that will go into effect on February 1, 2009. Reports and other information will be available through the Regional Network Management staff.

- Partial Hospitalization:
  - Partial Hospitalization, which had previously been registered on IVR, will be pre-certified with an MBHP care manager as explained in Provider Alert #51 issued on November 21, 2008.

- Structured Outpatient Addiction Program (SOAP):
  - Registration parameters for SOAP will change from 40 units in 45 days to 12 units in 28 days (Note: units for this level of care are half-day units).
  - SOAP extension forms must be submitted through the MBHP web-based system and will no longer be accepted by fax.
  - The utilization history look-back will change from 15 days to 30 days.

- Acute Treatment Services (ATS):
  - ATS will change from requiring Members to be registered within 24 hours of admission to requiring Members to be registered at the time of admission. Providers will no longer receive a one-day grace period.
  - The utilization history check on IVR will change from looking back 120 calendar days to review if the Member had more than three ATS admissions to looking back 180 calendar days to see if the individual had four or more ATS admissions during that time period. If the utilization history check is positive, then the Member will require telephonic review with a care manager and will not be able to be registered by way of the IVR. A second authorization history check will also take place on IVR to see if the Member had a Detox admission within the past seven calendar days. If the second authorization history check is positive, then the Member will require telephonic review with a care manager and will not be able to be registered by way of the IVR.

- Psychological Testing:
  - The two pre- and two post-testing units previously added to psychological testing requests will no longer be available.
  - 766 testing will no longer be a covered testing category.
  - Psychological testing not requested as a result of referral from a behavioral health provider will require telephonic registration and will no longer be available through IVR.

- Community Support Services (CSP)
- CSP will now be available for eligible providers through IVR.
- Parameters for CSP will be 180 units in 30 days. (A unit for CSP equals 15 minutes.)

While MBHP recognizes that these changes will be difficult for all concerned, MBHP is committed to making the process as painless as possible for both our Members and our providers, and we appreciate your contribution to making this endeavor a success.

If you have questions regarding this Alert, please contact our Community Relations Department at 1-800-495-0086 (press #1 for the English menu, #2 for the Spanish menu, then #3 and then #1 to skip prompts), Monday through Thursday, 8 a.m. to 5 p.m., and on Fridays from 9:30 a.m. to 5 p.m.