Residential Rehabilitation Services (RRS)
Part 1

Registration and Billing Process for MBHP

January 2018
Objectives

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

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

<table>
<thead>
<tr>
<th>HCPCS Code and Modifier</th>
<th>Population</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0019</td>
<td>Adult</td>
<td>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</td>
</tr>
<tr>
<td>H0019-HF</td>
<td>TAYYA</td>
<td>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)</td>
</tr>
<tr>
<td>H0019-HA</td>
<td>Youth/Adolescent</td>
<td>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)</td>
</tr>
<tr>
<td>H0019-HR</td>
<td>Family</td>
<td>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)</td>
</tr>
<tr>
<td>H0019-TH</td>
<td>Pregnant and Post-Partum</td>
<td>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)</td>
</tr>
</tbody>
</table>
The Residential Rehabilitation Performance Specifications and Medical Necessity Criteria can be found on our website, www.masspartnership.com.

The MBHP Benefit Service Grid, which is also available on our website, 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.
Verifying Member Eligibility
MassHealth Eligibility Verification System

- 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 (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

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:
Finding Member Eligibility Information

- Click on “Manage Members”
- Then “Eligibility”
- Then “Verify Member Eligibility”
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
MassHealth EVS (continued)

- Click on “Eligibility”
Click on “Date Range” to expand information

Look for MBHP to confirm eligibility
Accessing ProviderConnect
ProviderConnect Online Services Account Request Form

Provider, Practice or Facility Name

Beacon Health Options Assigned ID  National Provider Identifier (NPI)

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

Address

City  State  Zip Code

Telephone Number  Fax Number

Please check which Online Provider Services options you are requesting:

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

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

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

Yes  No

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

- Colorado, batch claims for Colorado Medicaid clients?
- Kansas, batch claims for Kansas Medicaid or AAPS Block Grant clients?
- Maryland, batch claims Maryland BHA clients?
- Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)?
- Pennsylvania, batch claims for SWPA Medicaid clients?
- Connecticut’s Health homepage for Men, Women, Children, and Mental Health Services?

Yes  No  Both

Vac  Min  Max  Retail
Accessing ProviderConnect

https://www.masspartnership.com
Logging into ProviderConnect

Providers can have multiple sign ins for different staff.

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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 866-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com
Claim Submission
Direct Claim Submission

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

Welcome TEST PROVIDER. Thank you for using ValueOptions ProviderConnect.

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

© MBHP
# Direct Claim Submission

## Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider Last Name</th>
<th>Provider First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER, TEST (822964)</td>
<td>PROVIDER</td>
<td>TEST</td>
</tr>
</tbody>
</table>

## Select Service Address

<table>
<thead>
<tr>
<th>Capture</th>
<th>Vendor ID</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
</table>
| 1       | 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 |
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
Service Address
Pay To Address
Vendor ID
NPI Number
Taxonomy Code
Licensure Level
*Member ID
Member Name
Member Account #
Program/Fund/Group ID
*Member DOB
*First Date of Service
*Is this claim being billed under EAP Services?

PROVIDER TEST
10 BRITISH AMERICAN BLVD, LATHAM, NY, 12110-1415
10 BRITISH AMERICAN BLVD, LATHAM, NY, 12110-1415
D481345

1234567890

Select...

TESTBOM12

( X-digits, no spaces or dashes)

(First Last)

( X-digits, no spaces or dashes)

01011900

06012015

( MMDDYYYY - Enter Earliest Date of Service for this claim)

Yes  No
Submit A Claim - Step 2 of 3

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

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Member Name</th>
<th>Birth Date</th>
<th>NPI Number</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTB0012</td>
<td>NO SPECIAL CHAR 2 TEST</td>
<td>01/01/1900</td>
<td>123-456-7890</td>
<td>10 BRITISH AMERICAN BLVD, LATHAM, NY, 12110-1415</td>
<td>10 BRITISH AMERICAN BLVD, LATHAM, NY, 12110-1415</td>
</tr>
</tbody>
</table>

**Frequency Type**
- Select...
- ORIGINAL
- CORRECTED
- REPLACEMENT
- VOID

**Original Reference Number**

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

**Other Payer Information - Primary**

**Other Payer Information - Secondary**

**Other Payer Information - Tertiary**
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.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Member Name</th>
<th>Birth Date</th>
<th>NPI Number</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>907654321</td>
<td>PETER TUNNUS</td>
<td>12/02/1979</td>
<td>907654321</td>
<td>907654321</td>
<td>907654321</td>
</tr>
<tr>
<td>907654321</td>
<td>14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234</td>
<td>14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Service Line Entry

<table>
<thead>
<tr>
<th>Service From</th>
<th>Service Through</th>
<th>Service Code</th>
<th>Modifier Code 1</th>
<th>Modifier Code 2</th>
<th>Modifier Code 3</th>
<th>Modifier Code 4</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>08012015</td>
<td>08012015</td>
<td>H2012</td>
<td>U2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Charge Amount ($) | *Place of Service | *Units | *Diagnosis Code 1 | *Diagnosis Code 2 | *Diagnosis Code 3 | *Diagnosis Code 4 | *Diagnosis Code 5 | *Diagnosis Code 6 | *Diagnosis Code 7 | *Diagnosis Code 8 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>123.45</td>
<td>C1</td>
<td>C08</td>
<td>F84</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ex: 123.45)</td>
<td>(00 – 99)</td>
<td>(3-digits)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
</tr>
</tbody>
</table>

*Primary Payer* | *Secondary Payer* | *Tertiary Payer*
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COB Payer Paid 1</td>
<td>COB Units Paid 1</td>
<td>COB Payer Paid 3</td>
</tr>
<tr>
<td>(ex: 99999.99)</td>
<td>(ex: 99)</td>
<td>(ex: 99999.99)</td>
</tr>
<tr>
<td>COB Payer Paid 2</td>
<td>COB Units Paid 2</td>
<td>COB Payer Paid 3</td>
</tr>
<tr>
<td>(ex: 99999.99)</td>
<td>(ex: 99)</td>
<td>(ex: 99999.99)</td>
</tr>
<tr>
<td>COB Payer Paid 2</td>
<td>COB Units Paid 2</td>
<td>COB Payer Paid 3</td>
</tr>
<tr>
<td>(ex: 99999.99)</td>
<td>(ex: 99)</td>
<td>(ex: 99999.99)</td>
</tr>
</tbody>
</table>

This will add this service line information to the claim.

Must be Capital Letters
### Direct Claim Submission

#### Claim Detail: Ready to Submit

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Code</th>
<th>Modifier Code 1</th>
<th>Modifier Code 2</th>
<th>Change Amount ($)</th>
<th>Diagnosis Code 1</th>
<th>C0B Payor Paid</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td>End Date</td>
<td>Place of Service</td>
<td>Modifier Code 3</td>
<td>Modifier Code 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/01/2015</td>
<td>09/30/2015</td>
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<td>P84</td>
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<td>TA</td>
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<td>Secondary</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tertiary</td>
<td></td>
</tr>
</tbody>
</table>

Total: 0.00

### Attach an EOB

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

Click Upload File to attach a C0B EOB with the claim.

Attach Document: [ ]

- **Upload File**
  - This will attach an EOB document to the claim.

### Action Buttons

- 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
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.

<table>
<thead>
<tr>
<th>Provider Name/ ID</th>
<th>Vendor ID</th>
<th>Patient ID</th>
<th>Patient Name</th>
<th>Program/Fund/Group ID</th>
<th>Patient Date of Birth</th>
<th>NPI Number</th>
<th>Taxonomy Code</th>
<th>Licensure Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER-822964</td>
<td>D481245</td>
<td>TESTBOM12</td>
<td>TEST, NO SPECIAL CHAR 2</td>
<td>01/01/1900</td>
<td>1234567890</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Claim #: 123101-00004-00004

<table>
<thead>
<tr>
<th>Line #</th>
<th>Service Date Start Date</th>
<th>Service Code Place of Service</th>
<th>Modifier Code 1</th>
<th>Modifier Code 2</th>
<th>Charge Amount ($)</th>
<th>Diagnosis Code 1</th>
<th>COB Payer Paid</th>
<th>NI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/01/2015</td>
<td>H2012</td>
<td>11</td>
<td></td>
<td>95.00</td>
<td>F84</td>
<td>0.00</td>
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</tr>
</tbody>
</table>

Total 0 0 0 0

Attached EOBs:

Document1Title.doc
Contact Information

EDI Helpdesk
(ProviderConnect Technical Questions)
Monday through Friday, 8 a.m. - 6 p.m. ET
Phone: (888) 247-9311
Email: e-supportservices@beaconhealthoptions.com

Community Relations

- Toll-Free number: 1-800-495-0086
- TTY 1-877-509-6981
- MBHPProviderRelations@beaconhealthoptions.com
Objectives

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

ProviderConnect Online Services Account Request Form

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 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
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- Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)?
- Pennsylvania, batch claims for SWPA Medicaid clients?
- Pennsulencs batch claims for Non-Health/Behavioral Health Program?
Accessing ProviderConnect

https://www.masspartnership.com
Registration Procedures
RRS Registration Requests

- MBHP is informed of a person beginning treatment via a computer application called ProviderConnect.

- Providers complete and submit a request form online.

- All initial requests 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.
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

Providers can have multiple sign ins for different staff.

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
123456
If you do not remember your User ID, please contact our e-Support Help Line.

*Password

[Redacted]

Forgot Your Password?

Log In

Password expires every 90 days, please click link below to be taken to 'Expired Password' page.

Expired Password

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New User?

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Register

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Select “Authorization Request”
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

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: TESTBOM2
Last Name:
First Name:
*Date of Birth: 01011990 (MMDDYYYY)
As of Date: 06122015 (MMDDYYYY)

Search
## Member Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Enrollment History</th>
<th>COB</th>
<th>Benefits</th>
<th>Additional Information</th>
</tr>
</thead>
</table>

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

**Member**

<table>
<thead>
<tr>
<th>Member ID</th>
<th>TESTM0101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate ID</td>
<td>111111111111</td>
</tr>
<tr>
<td>Member Name</td>
<td>TEST MEMBER, ABSOLUTE M01</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>07/01/1998</td>
</tr>
<tr>
<td>Address</td>
<td>APARTMENT Q</td>
</tr>
<tr>
<td></td>
<td>FALMOUTH, MA 02541</td>
</tr>
<tr>
<td>Alternate Address</td>
<td>-</td>
</tr>
<tr>
<td>Marital Status</td>
<td>-</td>
</tr>
<tr>
<td>Home Phone</td>
<td>-</td>
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<tr>
<td>Work Phone</td>
<td>-</td>
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<tr>
<td>Relationship</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td>M - Male</td>
</tr>
</tbody>
</table>

**Eligibility**

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>01/29/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
<tr>
<td>COB Effective Date</td>
<td></td>
</tr>
</tbody>
</table>

**Subscriber**

<table>
<thead>
<tr>
<th>Subscriber ID</th>
<th>TESTM0101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Name</td>
<td>TEST MEMBER, ABSOLUTE M01</td>
</tr>
</tbody>
</table>

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.*
Select Servicing Address

### Provider

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Last Name</th>
<th>Provider First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER, TEST (002973)</td>
<td>TEST</td>
<td>PROVIDER</td>
</tr>
</tbody>
</table>

### Select Service Address

<table>
<thead>
<tr>
<th>Capture</th>
<th>Provider ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Vendor</th>
<th>Vendor ID</th>
<th>Vendor Last Name</th>
<th>Vendor First Name</th>
<th>Service Address</th>
<th>Paid To Vendor ID</th>
<th>Pay To Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>002973</td>
<td>TEST</td>
<td>PROVIDER</td>
<td>A031747</td>
<td></td>
<td></td>
<td></td>
<td>123 ELM ST</td>
<td></td>
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<tr>
<td></td>
<td>123456789</td>
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<td></td>
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<td>MILTON, MA</td>
<td>02186-3110-</td>
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<tr>
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</tr>
</tbody>
</table>
**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.
RRS Request

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

Admit Time (H:MM)
0000

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

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

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

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

- Document Description
  - SELECT...

- Attached Document:
  - Upload File
  - Delete

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.

OK
Cancel

2018 Beacon Health Options® ProviderConnect v5.10.00
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.
Behavioral Diagnosis

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

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1

* Diagnosis Code 1

* Description

SELECT...

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

Diagnostic Category 2

Selected... Diagnosis Code 2 Description

Diagnostic Category 3

Selected... Diagnosis Code 3 Description
Behavioral 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**

<table>
<thead>
<tr>
<th>Diagnostic Category</th>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
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**Additional Behavioral Diagnosis**

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<thead>
<tr>
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**Primary Medical Diagnosis**

<table>
<thead>
<tr>
<th>Diagnostic Category</th>
<th>Diagnosis Code</th>
<th>Description</th>
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<tbody>
<tr>
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Select Diagnosis Code - Internet Explorer provided by BEACON HEALTH OPTIONS

<table>
<thead>
<tr>
<th>Category</th>
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<th>Description</th>
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<tbody>
<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.97</td>
<td>ALCOHOL - INDUCED MAJOR NEUROCOGNITIVE DISORDER, NONAMNESTIC-CONFABULATORY TYPE, WITHOUT USE DISORDER</td>
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<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.288</td>
<td>ALCOHOL - INDUCED MILD NEUROCOGNITIVE DISORDER, WITH MODERATE OR SEVERE USE DISORDER</td>
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<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.988</td>
<td>ALCOHOL - INDUCED MILD NEUROCOGNITIVE DISORDER, WITHOUT USE DISORDER</td>
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<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.180</td>
<td>ALCOHOL - INDUCED ANXIETY DISORDER, WITH MILD USE DISORDER</td>
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<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.289</td>
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<td>ALCOHOL-RELATED DISORDERS</td>
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<tr>
<td>ALCOHOL-RELATED DISORDERS</td>
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<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.14</td>
<td>ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITH MILD USE DISORDER</td>
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<td>F10.24</td>
<td>ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITH MODERATE OR SEVERE USE DISORDER</td>
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<td>ALCOHOL-RELATED DISORDERS</td>
<td>F10.94</td>
<td>ALCOHOL - INDUCED DEPRESSIVE DISORDER, WITHOUT USE DISORDER</td>
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</table>
# Medical Diagnosis

## Primary Medical Diagnosis

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

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<thead>
<tr>
<th>Diagnostic Category</th>
<th>Diagnosis Code</th>
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<tbody>
<tr>
<td>NONE</td>
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</tr>
<tr>
<td>CIRCULATORY SYSTEM - HYPERTENSION</td>
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<td></td>
</tr>
<tr>
<td>CIRCULATORY SYSTEM - OTHER</td>
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<tr>
<td>COMPLICATIONS OF PREGNANCY CHILDBIRTH AND THE Puerperium</td>
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<tr>
<td>CONGENITAL ANOMALIES</td>
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<tr>
<td>DIGESTIVE SYSTEM - LIVER</td>
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<tr>
<td>DIGESTIVE SYSTEM - OTHER</td>
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<tr>
<td>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS</td>
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<tr>
<td>DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - CHRONIC PAIN</td>
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<tr>
<td>DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MIGRAINE</td>
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<td>DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MULTIPLE SCLEROSIS</td>
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<td>DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - PARKINSON'S</td>
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<td>ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - DIABETES</td>
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<tr>
<td>ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - OTHER</td>
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<tr>
<td>ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - THYROID</td>
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<tr>
<td>GENITOURINARY SYSTEM - KIDNEY</td>
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<td></td>
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<tr>
<td>GENITOURINARY SYSTEM - OTHER</td>
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<tr>
<td>INFECTIOUS &amp; PARASITIC - HIV</td>
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<tr>
<td>INFECTIOUS &amp; PARASITIC - OTHER</td>
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<td></td>
</tr>
<tr>
<td>INJURY AND POISONING - OTHER</td>
<td></td>
<td></td>
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<tr>
<td>INJURY AND POISONING - TBI</td>
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<tr>
<td>MUSCULOSKELETAL SYSTEM &amp; CONNECTIVE TISSUE</td>
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<tr>
<td>NEOPLASMS</td>
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<tr>
<td>RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA</td>
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<td></td>
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<tr>
<td>RESPIRATORY SYSTEM - OTHER</td>
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<tr>
<td>SKIN &amp; SUBCUTANEOUS TISSUE</td>
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<tr>
<td>SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING SYMPTOMS SIGNS AND ILL-DEFINED CONDITIONS</td>
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<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNKNOWN</td>
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</tbody>
</table>
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:...
Submit Request

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

**Determination Status:**
- **Member Name:** ABSOLUTE M01 TEST MEMBER
- **Authorization #:** 010518-1-3
- **Date of Admission/Start of Services:** 01/05/2018
- **Level of Service:** INPATIENT/HLHC
- **Type of Service:** SUBSTANCE USE

**Subscriber Name:**
- **Type of Request:** INITIAL
- **Submission Date:** 01/05/2018
- **Level of Care:** RESIDENTIAL TREATMENT CENTER
- **Type of Care:** RESIDENTIAL REHABILITATION SERVICES (RRS)

**Provider Name & Address:**
- **Provider ID:** 002973
- **Provider Alternate ID:** 123456789

**Message:**

Claims payment is restricted to services for which the provider is contracted to deliver and is conditioned 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.
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.
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.
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.
Concurrent Request

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.

<table>
<thead>
<tr>
<th>Determination States:</th>
<th>Pending</th>
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<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member ID</th>
<th>Member DOB</th>
<th>Submitter Name</th>
<th>Submitter ID</th>
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<tr>
<td>ABSOLUTE 01 TEST MEMBER</td>
<td>TESTM0101</td>
<td>07/01/1998</td>
<td>ABSOLUTE 01 TEST MEMBER</td>
<td>TESTM0101</td>
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| Pending Authorization # | N/A |

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<tr>
<th>Date of Admission/Start of Services</th>
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<td>Requested From</td>
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<td>Submission Date</td>
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<tr>
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<th>Type of Service</th>
<th>Level of Care</th>
<th>Type of Care</th>
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<td>SUBSTANCE USE</td>
<td>RESIDENTIAL TREATMENT CENTER</td>
<td>RESIDENTIAL REHABILITATION SERVICES (RRS)</td>
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| Reason Code | P76 |

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<th>Provider ID</th>
<th>Provider Alternate ID</th>
<th>NPI # for Authorization</th>
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<tbody>
<tr>
<td>TEST PROVIDER</td>
<td>003973</td>
<td>133455767</td>
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<th>Message</th>
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<tr>
<th>Attached Documents</th>
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<tbody>
<tr>
<td>Document Title</td>
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</table>

<table>
<thead>
<tr>
<th>Authorization Printing &amp; Downloading Options:</th>
</tr>
</thead>
</table>

- Print Authorization/Notification Request
- Print Authorization/Notification Request
- Download Authorization/Notification Request

There are no documents attached with this Authorization Request.
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.
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.
Additional Resources
Additional Supports for Members

- Community Support Program
- Emergency Services Program
- Care Management
- Behavioral Health Services
  - Outpatient
  - SOAP
  - OTP
Description of Community Support Program (CSP)

- 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)

- 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)

- 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)

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

Staffing disciplines
- Master’s, doctoral, RN-level clinicians
- Bachelor’s-level staff
- Certified Peer Specialist

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

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

- 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 → Find SUD Services
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

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.

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.

PLEASE NOTE Access to TSS Service: Referrals will only be accepted from BSAS-funded ATS and CSS programs, and publicly-funded shelters.
Find an MBHP-Contracted Provider

www.masspartnership.com \(\rightarrow\) PCC Plan Providers \(\rightarrow\) Find a Provider \(\rightarrow\) Find a Behavioral Health Provider
Information About the MBHP Network: Regional Provider Guides

Includes All Behavioral Health Levels of Care

- Definitions
- Admission Criteria
- Access
- Facilities, Contact People, Phone Numbers
Regional Provider Guides

www.masspartnership.com ➔ PCC Plan Providers ➔ Behavioral Health Resources ➔ Regional Provider Guides
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:

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>CITY/TOWN</th>
<th>PHONE NUMBER</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Gosnold Treatment Center</td>
<td>Falmouth</td>
<td>(508) 540-6550</td>
<td></td>
</tr>
<tr>
<td>High Point Brockton Addiction Treatment Center (BATC)</td>
<td>Brockton</td>
<td>(800) 734-3444</td>
<td></td>
</tr>
<tr>
<td>High Point Men’s Addiction Treatment Center (MATC)</td>
<td>Brockton</td>
<td>(508) 742-4444</td>
<td>Court referred section 35 admissions only</td>
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<tr>
<td>High Point Women’s Addiction Treatment Center (WATC)</td>
<td>New Bedford</td>
<td>(774) 628-1000</td>
<td>Court referred section 35 admissions only</td>
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<tr>
<td>High Point Treatment Center</td>
<td>Plymouth</td>
<td>(508) 224-7701</td>
<td>Ages 19+</td>
</tr>
<tr>
<td>Stanley Street Treatment (SSTAR)</td>
<td>Fall River</td>
<td>(508) 524-7763</td>
<td>Ages 19+</td>
</tr>
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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.
Service Specifications
Adult ASAM Levels of Care

- 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

- 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

- For more information and how to purchase materials, visit ASAM’s website
  - [https://www.asam.org/](https://www.asam.org/)

- Bureau of Substance Addiction Services (BSAS) offers FREE online training on ASAM through AdCare

- AdCare offers in person training funded through BSAS
  - Contact Courtney Lee, Training Coordinator from AdCare at (508) 752-7313 for additional information
Thank you