



Reimbursement for Behavioral Health for Children and Adolescents (BHCA) Services for Members with Third Party Liability Webinar Frequently Asked Questions

- 1. We are finding that many of the private insurances have no idea what we are talking about when we ask about BHCA services. We have been unable to obtain the appropriate EOBs, etc. Who can help us?**

The Division of Insurance (DOI) and the Department of Mental Health (DMH) jointly released Bulletin 2018-07 in December 2018 which includes definitions of the services; providers should reference this bulletin and use the language in the bulletin when talking to the insurance companies. Providers should let DOI know when they are unable to get the documentation they need from an insurance company. The contacts at DOI are Kevin Beagan at Kevin.Beagan@mass.gov and Niels Puetthoff at Niels.Puetthoff@mass.gov.

- 2. We've been unable to find lists of contracted providers for some of the insurances, for example Cigna, Harvard Pilgrim, BCBS Texas, and United Healthcare. This is making it hard to help link families to someone who can serve them.**

Families may need to call their insurance company and ask for help finding a contracted provider. A provider may be able to obtain a single case agreement with MBHP while he/she works on linking the family to a contracted provider. Single case agreements are rare and are meant to be short-term. A provider would need to contact MBHP to present the situation before a decision could be made about approving one. Providers should let DOI know which insurance companies aren't able to provide a list of their contracted providers. The contacts at DOI are Kevin Beagan at Kevin.Beagan@mass.gov and Niels Puetthoff at Niels.Puetthoff@mass.gov.

- 3. It was mentioned that there are documents both providers and clients could use if they were having problems switching their services to a provider contracted with one of the BHCA commercial policies that we are not contract with. Can you please point me in the direction/website I can find these documents on?**

Beside Bulletin 2018-07, we are unaware of any additional documents. Again, if a Member is struggling to find a contracted provider, he/she needs to contact the primary insurance and ask for help. Providers should be letting DOI know if this continues to be an issue. The contacts at DOI are Kevin Beagan at Kevin.Beagan@mass.gov and Niels Puetthoff at Niels.Puetthoff@mass.gov.

- 4. It was mentioned that there was a Member access team that could assist families in identifying a provider who is contracted with one of the commercial insurances to provide BHCA. Would you be able to provide me with that information as well?**

MBHP's Member Access Team could help a family find a provider contracted with MBHP but would not be able to help find a provider contracted with a primary insurer. Families will need to call their primary insurance to request help with this.

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5. Some insurances have said the only way they can issue a denial is through a clinical review, so the provider would need to get an authorization and try to obtain the service through the primary insurance first.

Providers need to follow the requirements that primary insurers have before they are able to bill MBHP. Providers should let the primary insurer know what documentation is needed in order to get secondary insurance to pay for it.

6. When I look on EVS, I can't always tell which type of plan a youth has.

When you are on EVS, anything that is in blue is a hyperlink, and you can click on it to find additional information. You may need to click through a few levels before you find all the information you need.

7. Once a youth shows a private/commercial insurance on the EVS, will this automatically kick in the TPL billing protocols (submission of EOBs, denials, proof of non-coverage with each claim) whether the commercial plan is a qualifying payer or not? Example: We have a youth with a self-insured Cigna plan. Cigna reported they do not cover the service and they do not fall under the Massachusetts regulation. I had not acquired any non-coverage or denial paperwork, and we are currently only billing MassHealth the old way. Cigna does show up on the EVS.

Yes, all youth with TPL will need to go through the new process. In this example, you would need to bill Cigna first and obtain documentation that BHCA is not a covered service for that Member, and then you would bill MBHP and attach the documentation from Cigna.

8. This new process could take a long time to obtain all the needed documentation; is timely filing still 90 days?

Yes, but the 90 days is from the date of the EOB, not the date of service. This allows providers time to obtain all the necessary documents from the primary insurance and still have 90 days to submit their claims to MBHP.

9. Can we bill these claims to MBHP via COB electronically, or do we have to do it manually through ProviderConnect?

Yes, if clear COB information can be obtained, we encourage you to file claims electronically. In some situations though, such as using other documentation in place of an EOB, that documentation must be reviewed, so you will need to submit the claim either on paper (with the document attached), or through ProviderConnect (with the document uploaded).

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10. Some private insurances (BCBS, Tufts, Beacon) are only covering these services up to age 19. They did say if the youth is receiving the service at age 19, they will assess those cases on an individual basis and may continue to cover the service. What do we do if they won't cover the service?

You should be able to get an EOB or letter from the primary insurance saying the services are not covered due to the Member's age. Those Members could then receive the CBHI service and bill to MBHP

11. How do we report the youth who are receiving the service through their primary insurer on MABHA?

Additional information will be sent out via the CBHI mailbox explaining which youth should be reported on MABHA and how to do that.