

Behavioral Health for Children and Adolescents

Presentation to the
Association for Behavioral Health
June 6, 2019

Massachusetts Division of Insurance

DOI contacts

- Matt Veno, First Deputy Commissioner
- Kevin Beagan, Dep Com, Health Care
- Niels Puetthoff, Dir, Bur of Managed Care
- Managed Care Complaints
 - Bmc.mailbox@mass.gov
 - (617) 521-7372

Bulletin 2018-07

The Division of Insurance (DOI) and Department of Mental Health (DMH) jointly issued Bulletin 2018-07 on Dec. 14, 2018

Bulletin 2018-07 clarified that insured health plans are to include specific benefits for Behavioral Health for Children and Adolescents (BHCA)



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

COMMONWEALTH OF MASSACHUSETTS

BULLETIN 2018-07

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations

FROM: Gary D. Anderson, Commissioner of Insurance
Joan Mikula, Commissioner of Mental Health

DATE: December 14, 2018

RE: Access to Services to Treat Child-Adolescent Mental Health Disorders

The purpose of this Bulletin jointly issued by the Division of Insurance (Division) and the Department of Mental Health is to clarify certain mandated benefits for child-adolescent services as required by M.G.L. c. 175, §47B; M.G.L. c. 176A, §8A; M.G.L. c. 176B, §4A; and M.G.L. c. 176G, §4M. Please refer also to Division Bulletins 2000-06, 2000-10, 2002-07, 2003-11, 2009-04, 2009-11, and 2013-02.

Background

Mental health services required to be covered by health plans offered under M.G.L. chapters 175, 176A, 176B, and 176G (hereinafter referred to as insured health plans¹) are those that diagnose and/or treat an illness, disease, or health condition in order to reduce or alleviate symptoms and/or improve an individual's emotional or behavioral functioning. All mental health benefits for biologically-based and for non-biologically-based disorders are required to be provided on a non-discriminatory basis.²

Required Benefits for Child-Adolescent Mental Health Disorders³

Insured health plans must include benefits on a non-discriminatory basis for the diagnosis and treatment of child-adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent; provided, that said interference or limitation is documented by, and the referral for said diagnosis and treatment is made by, the child's primary care provider, primary pediatrician, or a licensed mental health

Bulletin 2018-07: BHCA

A bulletin is not

a statute (law passed by the Legislature) nor
a regulation (promulgated by agency to outline
how a law will be implemented)

A bulletin is a tool used by DOI to

clarify terms/definitions used in statutes
illustrate steps that the DOI expects that
insurance carriers take to comply with
statutes and regulations

Bulletin 2018-07: BHCA

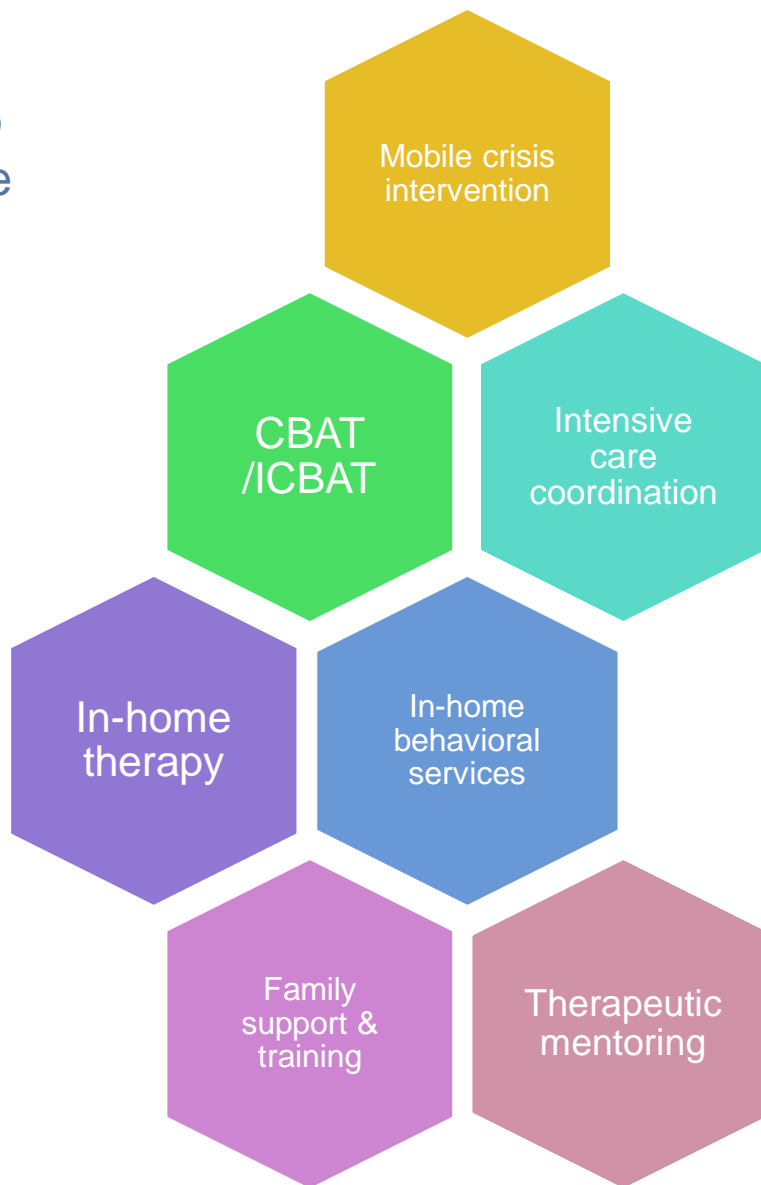
With Bulletin 2018-07, DOI/DMH

- clarified that existing statutory benefit mandates for Child-Adolescent Behavioral Health are to extend to specified community and intermediate care outside inpatient/outpatient settings.
 - » Mobile Crisis Intervention (MCI)
 - » CBAT/ICBAT
 - » Intensive Care Coordination (ICC)
 - » In-Home Therapy (IHT)
 - » In-Home Behavioral Services (IHBS)
 - » Therapeutic Mentoring (TM)
 - » Family Support and Training (FS&T)
- established common standards for all insured health plans offered in Massachusetts beginning with coverage that is issued or renewed on and after July 1, 2019.

Intermediate Care for Children/Adolescents

Insured health plans' benefits to provide coverage for Behavioral Health for Children and Adolescents (BHCA) are equivalent, but not identical, to MassHealth Program CBHI Services

Bulletin 2018-07 uses same definitions as used by MassHealth



Setting the context about DOI

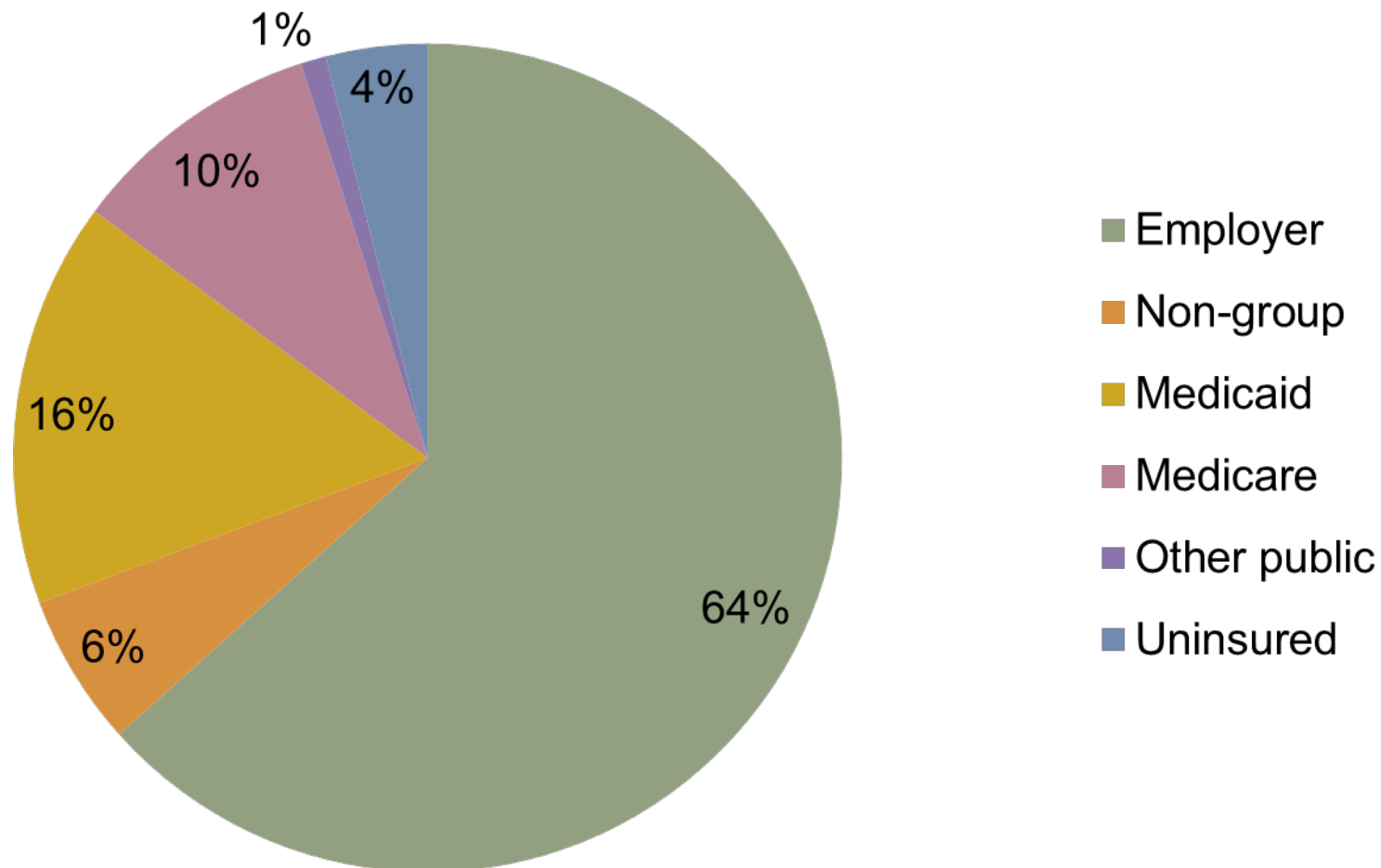
- What is DOI's role?
 - Unlike MassHealth, DOI is not a purchaser.
 - DOI is a regulator.
 - DOI sets parameters for health insurance carriers to follow whenever they offer insured health plans (e.g., HMOs and PPOs) to Massachusetts' individuals and employers.
 - Massachusetts insurance law only applies to individuals and employers that are covered under Massachusetts-issued insured health plans

Setting the context: DOI authority

- Which plans does DOI regulate?
 - DOI only regulates insured health plans issued in MA
 - DOI does **NOT** regulate the following:
 - Government programs (e.g., Medicare and Medicaid)
 - Insured plans issued in other states
 - Many MA residents work for an employer which is headquartered elsewhere and offers employee benefits through its headquarters.
 - Their plans are subject to state law where the coverage was issued.
 - Self-funded employment-based health plans
 - Most large employers self-fund benefits to employees rather than buying insured plans from insurance carriers
 - Sometimes referred to as exempt ERISA plans

Setting the context: insurance

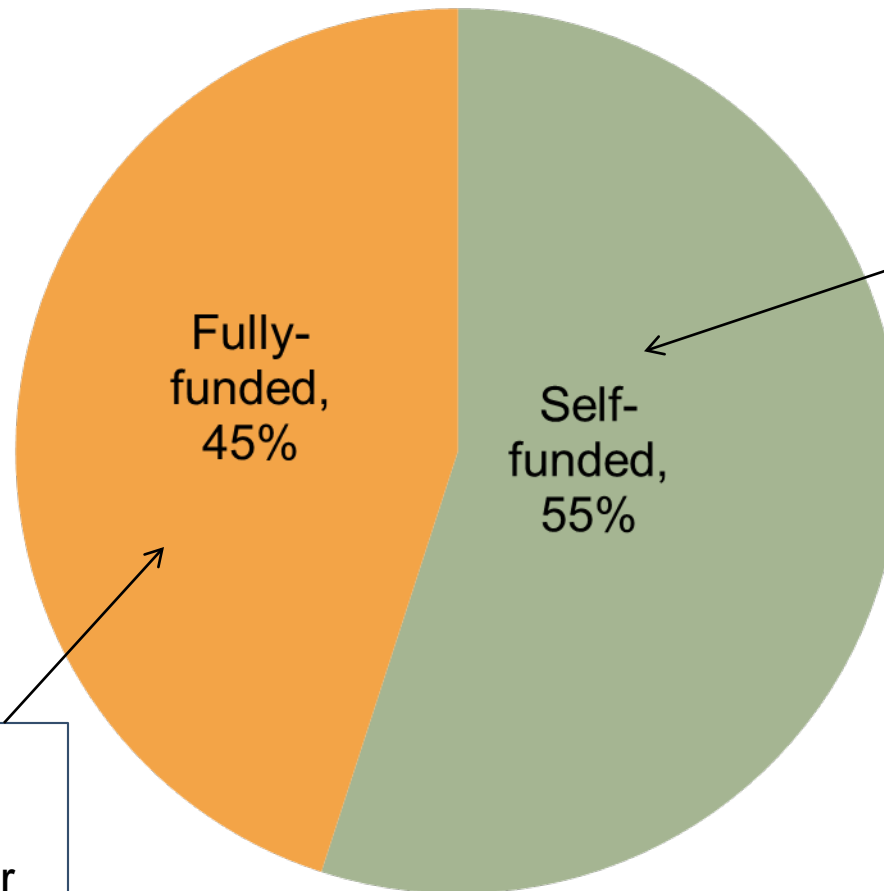
MA Health Insurance Coverage - 2017



Source: Kaiser Family Foundation State Health Facts 2017
based on data from the American Community Survey

Setting the context: insurance

Commercially insured population



Many large employers are “self-funded” or are headquartered outside Mass, and their coverage is **NOT** regulated by the State

Applies to fully-funded health coverage issued or renewed in Mass after July 1, 2019

Setting the context: BHCA timing

- When is BHCA to be available in MA insured plans?
 - MCI, CBAT, ICBAT, ICC, IHT, and IHBS will be required to be within a MA insured health plan only for coverage issued or renewed on and after July 1, 2019
 - FS&T and TM will be required to be within a MA insured health plan only for coverage is issued or renewed after July 1, 2020 or when certification requirements have been established for these services

Setting the context: BHCA timing

- When do insured health plans renew?
 - Most individuals renew their coverage each year on January 1st, but newly eligible persons (i.e. those who move to MA) might enroll any time during the year.
 - Employers renew their employees' insured health plans at different times throughout the year, usually at the beginning of calendar quarters. January and April tend to be the biggest renewal months.
 - If coverage does not renew until April 1, 2020, BHCA does apply for that coverage until April 1, 2020

Setting the context: BHCA timing

- How to determine if BHCA applies?
 - For newly eligible, determine if patient is under 19
 - Determine if health coverage is a MA insured plan
 - Not Medicare, Medicaid or other government plan
 - Not an employer self-funded health plan
 - Not coverage issued in another state
 - Determine if coverage renewed after July 1, 2019
 - Client may not know
 - Employer or health plan will know

Setting the context: Managed Care

According to M.G.L. c. 176O, DOI requires carriers to:

- Have appropriate consumer disclosures
 - benefits are spelled out within plan documents
 - documents explain how to obtain needed services
- Establish appropriate managed care systems
 - provider networks are contracted
 - utilization systems are established
 - medical directors develop medical necessity criteria
 - denials based on medical necessity criteria
 - appeals processed according to legal timelines
 - claims are paid promptly

Setting the context: Managed Care

Each carrier is different, and clients/providers need to learn about

➤ Plan-specific communication of how plan works

- how benefits are spelled out
- how to obtain needed services
 - Contacting health plans for services
 - Knowing if carriers use behavioral health administrators
 - Using providers within managed care networks
 - Submitting documents and authorization materials
 - Using carrier-specific ICC systems

Setting the context: Managed Care

Each carrier is different, and providers need to learn about

➤ Plan-specific administrative systems

- how providers complete contracts with carriers
- how to complete credentialing, where necessary
- how utilization systems work under M.G.L. c. 176O
 - medical necessity criteria developed by plan medical directors
 - communication of approved or denied services
 - how to appeal denials within and outside a health plan
 - access to out-of-network care only if care is not available within the health plan network

Setting the context: Managed Care

Each carrier is different, and providers need to learn about

➤ Plan-specific billing systems

- how carriers process claims
- which codes to use when submitting claims
- reimbursement rates for services

Setting the context: implementation

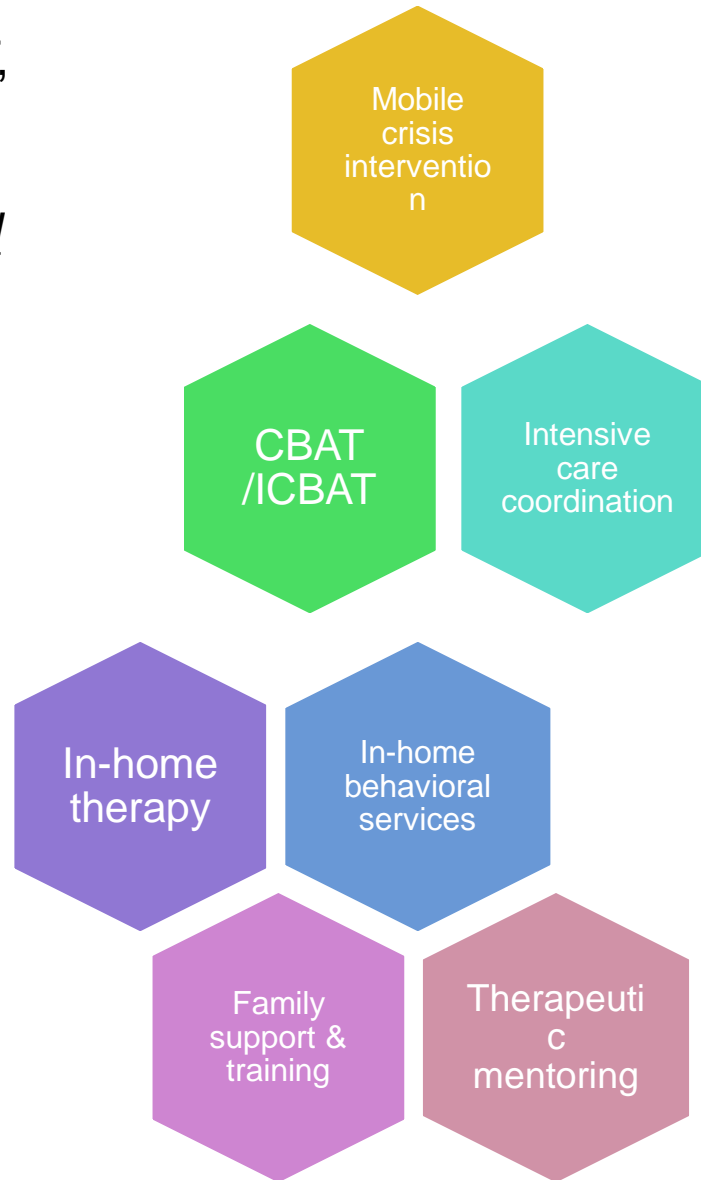
- Bulletin was issued in December 2018
- DOI/DMH have been meeting with health plan medical directors and other staff to go over progress
 - Carriers have developed BHCA medical necessity standards
 - Carriers are updating coverage contracts for BHCA
 - Carriers are developing BHCA provider networks
 - Carriers are developing communication materials

Setting the context: implementation

- DOI/DMH will monitor implementation:
 - Responding to consumer/provider complaints; and
 - Meeting with carriers to address confusing or difficult processes.
- DOI/DMH will hold information sessions in early Fall to go over providers' questions about BHCA
- DMH will be developing certification process for TM and FS&T

New required BHCA services

MCI, CBAT, ICBAT, ICC, IHT, and IHBS will be required in insured health coverage issued or renewed after July 1, 2019



Will be plan based
NOT high fidelity
Wraparound as in
CBHI

FS&T & TM required in insured health coverage issued or renewed after July 1, 2020

DOI contacts

- Matt Veno, First Deputy Commissioner
- Kevin Beagan, Dep Com, Health Care
- Niels Puetthoff, Dir, Bur of Managed Care
- Managed Care Complaints
 - Bmc.mailbox@mass.gov
 - (617) 521-7372

- QUESTIONS?

Good afternoon,

In the Division's 5/16/19 email below, we were asked to provide information on how carriers will communicate their processes to BHCA potential and contracting providers. Below is an overall view of the provider communication plan with specific items called out in reference to the three questions.

- Multiple two-hour webinars scheduled see grid below.

Monday 06/17/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/19/2019 1:00 pm - 3:00 pm Click here to register	Monday 06/24/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/26/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/01/2019 12:00 pm - 2:00 pm Click here to register
Wednesday 07/03/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/08/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/10/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/15/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/17/2019 1:00 pm - 3:00 pm Click here to register

- Educational Webinars will cover, among other things, the following:
 - Eligibility and Benefits
 - Joining the Network and Credentialing Criteria
 - Covered Services
 - Initial authorization and concurrent review requirements and processes
 - Level of Care Guidelines and where to locate them on [providerexpress.com](#)
 - Claims Submissions (to include Codes)
 - Provider Tools, Resources, and Contacts
 - Phone numbers to call with questions
 - If providers are not able to attend the webinar, the material will be posted on Provider Express after the first webinar session.
 - Notification regarding services and effective date posted on Provider Express on May 30, and can be accessed via this link: https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/home/maBHCA_Alert.pdf
1. **Utilization review:** How will providers understand your systems, including how to request services, how to appeal any denials of services, and how to submit backup materials to support requests for services?
 - See above webinar content.
 2. **Credentialing:** How will providers understand how any credentialing systems may apply to them and what materials may need to be submitted for the credentialing process?
 - If Optum is pursuing a contract with a provider that does not already have an established contract with Optum, the requirements for Credentialing will be identified during the contracting process. Credentialing criteria are available on [providerexpress.com](#). Credentialing status can be checked via this link: <https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/credStatus.html>
 - The providers that are currently contracted with Optum will not need to go through the Credentialing process and will receive a notice regarding BHCA services. The notice will include the procedure codes applicable to BHCA services. The notice is schedule for receipt by the providers no later than June 17th
 - For questions please contact the below Optum representatives:
 - Janet Choup
Network Manager, AllWays Health Partners Health Partners
Phone: 781-419-8334
Email Address: janet.choup@optum.com

- Karen Messerschmidt
Network Manager, CCI
Phone: 952-687-3749
Email Address: karen.messerschmidt@optum.com

- Kraig Guarino
Network Manager, HPHC
Phone: 781-419-8311
Email Address: kraig.guarino@optum.com

- Gabe Nathan
Sr. Network Manager , UHC
Phone: 781-472-8444
Email Address: gabriel.nathan@optum.com

3. **Billing for Services: How will providers understand how to submit claims for reimbursement of medically covered services, including the identification of appropriate codes for BHCA covered services? What materials will your plan make available to explain your company's system to process claims?**

- See above webinar content.
- Our clinical guidelines will be available on providerexpress.com by June 14, 2019 as a resource for providers.
- Our claims platforms have been updated, including the procedure codes, modifier requirements, unit maximums and authorization/notification specifics. These agenda topics will be discussed in greater detail during our educational webex training sessions.



Implementation of New Behavioral Health Services for Children & Adolescents

COVERAGE:	<ul style="list-style-type: none"> For contracts entered or renewed on or after July 1, 2019, Blue Cross Blue Shield of Massachusetts (BCBSMA) fully insured plans will provide coverage for services outlined in DOI Bulletin 2018-07 to treat behavioral health for children and adolescents (BHCA). BCBSMA currently provides coverage for CBAT, ICBAT, and Mobile Crisis Intervention. Coverage for In-Home Behavioral Therapy, In-Home Therapy, and Intensive Care Coordination will be available for existing members once their contracts are renewed, which may be after July 1, 2019. Self-insured accounts will add the benefit in 2020, and may choose not to include coverage for these services. 																
CODES:	<p>Newly available services will be coded as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Service</th> <th style="text-align: left;">Definition</th> <th style="text-align: left;">Procedure code</th> <th style="text-align: left;">Modifier**</th> </tr> </thead> <tbody> <tr> <td>In-home behavioral health services (IHBS)</td> <td>Behavior management monitoring and behavior management therapy where the child lives</td> <td>H0040</td> <td>HK</td> </tr> <tr> <td>In-home therapy (IHT)</td> <td>Therapeutic clinical intervention and ongoing therapeutic training and support where the child lives</td> <td>H2020</td> <td>HK</td> </tr> <tr> <td>Intensive care coordination (ICC)</td> <td>Targeted case management for patients with a serious emotional disturbance; includes assessment, individualized care plan, referral and activities to implement and monitor care plan</td> <td>H0023</td> <td>HK</td> </tr> </tbody> </table> <p style="text-align: center;"><i>**You must include the HK modifier 0900 on your claims for reimbursement.</i></p>	Service	Definition	Procedure code	Modifier**	In-home behavioral health services (IHBS)	Behavior management monitoring and behavior management therapy where the child lives	H0040	HK	In-home therapy (IHT)	Therapeutic clinical intervention and ongoing therapeutic training and support where the child lives	H2020	HK	Intensive care coordination (ICC)	Targeted case management for patients with a serious emotional disturbance; includes assessment, individualized care plan, referral and activities to implement and monitor care plan	H0023	HK
Service	Definition	Procedure code	Modifier**														
In-home behavioral health services (IHBS)	Behavior management monitoring and behavior management therapy where the child lives	H0040	HK														
In-home therapy (IHT)	Therapeutic clinical intervention and ongoing therapeutic training and support where the child lives	H2020	HK														
Intensive care coordination (ICC)	Targeted case management for patients with a serious emotional disturbance; includes assessment, individualized care plan, referral and activities to implement and monitor care plan	H0023	HK														
ELIGIBILITY:	As always, be sure to check member eligibility and benefits before providing services to our members to ensure that they have coverage.																
PRIOR AUTH:	Prior authorization is required for all services with the exception of Mobile Crisis Intervention.																
COST SHARING:	There is no copayment for these newly covered services. However, applicable co-insurance and deductibles will apply.																
ADDITIONAL INFO:	<ul style="list-style-type: none"> Our Provider Central website (providers.bluecrossma.com) has information a broad range of topics of interest to providers including: billing guidelines and resources; claim submission information; information on how to join the BCBSMA network; credentialing requirements; medical policies; payment policies; coverage criteria and guidelines, including medical necessity criteria; medical policies, payment policies, and coding information. If you have any questions about member eligibility or about these new benefits, please call Network Management and Credentialing Services at: 1-800-316-BLUE (2583). 																

**BMC HealthNet Plan
Provider Communication Efforts and Contact Information**

1. **Utilization review:** How will providers understand your systems, including how to request services, how to appeal any denials of services, and how to submit backup materials to support requests for services?

- An hour long Webinar for all BHCA providers is scheduled for 6/24/2019. This will be a taped webinar and will be available on the Beaconhealthoptions.com website moving forward for provider reference.
- Webinar will cover, among other things, the following:
 - Coverage requirements and excluded services (FS&T, TM) - Yes
 - Member eligibility criteria – how to determine if a member is eligible for services - Yes
 - Medical Necessity Criteria and where to find the MNGs - Yes
 - Phone numbers to call with questions - Yes
 - Initial authorization and concurrent review requirements and processes - Yes
 - Standard educational information about [carrier] website resources, submitting claims, etc. – Beacon will use its standard process for incoming providers familiar to existing Beacon providers. When expanding our network for access, this is information that a CBHI team member (Operational Manager) does with all incoming providers during readiness meetings.
- If providers are not able to attend the webinar, it will be recorded and posted to the [insert] section of the [carrier] website. -- The Webinar will be posted to the Beaconhealthoptions.com website.
- An article about BHCA services was included in the [date] [carrier] Plan Provider Update. The article included links to all relevant materials, including the applicable Medical Necessity Guidelines and Payment Policy. – Beacon’s Provider Notification was sent to all providers on 5/16/19. This was accompanied by Performance Specifications and Medical Necessity Criteria copies, as well as including a great deal of detail around billing, authorization processes, etc.
- An article reminding providers of the 7/1/2019 BHCA implementation will be included in the [date] [carrier] Provider Update. -- Providers were notified again on 5/31/19. Providers were notified again on 6/4/19 to include service definitions, i.e. billing parameters. Beacon will be attending the 6/6/19 meeting with DOI and ABH for any further questions.

2. **Credentialing:** How will providers understand how any credentialing systems may apply to them and what materials may need to be submitted for the credentialing process?

The providers that [carrier] is pursuing contracts with are either already contracted with [carrier] for the CBHI services [if applicable] or contracted with Commercial for other BH services. There will be no additional credentialing requirements for these providers. -- Correct.

If [carrier] is pursuing a contract with a provider that does not already have an established contract with [carrier], the requirements for Credentialing will be identified during the contracting process. These are the standard credentialing processes that apply to all [carrier] providers. -- When Beacon expands the network on behalf of BMCHP membership, Beacon will meet with providers and discuss clearly the process for coming in network, including the credentialing process.

3. **Billing for Services:** How will providers understand how to submit claims for reimbursement of medically covered services, including the identification of appropriate codes for BHCA covered services? What materials will your plan make available to explain your company's system to process claims? -- These are existing Beacon providers that are familiar with current processes. Any new providers will be given detailed instructions upon readiness to begin services.
- The above mentioned Webinar for all BHCA providers will also cover, among other things, the following:
 - o Claims submission process
 - o [carrier] Website Resources
 - o The Webinar will include the following topics:
 - Background
 - Who this effects
 - How to figure out which families this effects
 - Medical necessity/Specs/Service defs for each of the three services starting 7/1/19 (MCI/CBAT and ICBAT will not change)
 - Clinical reviews, including phone numbers/links
 - Auth parameters and backdating
 - Continuity of Care
 - Denials and Appeals processes
 - Contact information
 - If providers are not able to attend the webinar, it will be recorded and posted to the [insert] section of the [carrier] website. -- The Webinar will be posted to the Beaconhealthoptions.com website.
 - Applicable procedure codes are included in the provider contract. -- Procedure codes are in the provider amendments. Beacon is keeping the same codes for BHCA services as for CBHI services.
 - The applicable procedure codes are in each Medical Necessity Guideline (MNG), which are available in the provider resource center of the [carrier] website. Also included in each MNG is a link to the applicable Payment Policy. -- The procedure codes are listed in the provider's contract amendments not the MNC.
 - The [name applicable] Payment Policy has been updated with information about BHCA services, including the procedure codes, modifier requirements, unit maximums and authorization/notification specifics. This payment policy is available in the [insert specific area] of the [carrier] website, and is also linked in each applicable BHCA service MNG. -- This information is available in the provider contract amendments and provider manual.
 - All providers will receive an email with links to all relevant documents. If no email address is on file, copies of the documents will be mailed to the provider. -- CBHI Program Manager has been emailing regularly with the provider network. They are aware that they can reach out to Beacon with any questions. Phone numbers have been provided.

CONTACT INFORMATION

Credentialing, billing, claims adjudication, requests to join the network:
877-957-5600

Clinical and UR questions:

Elizabeth Bosworth, LICSW
CBHI Program Manager
Beacon Health Options
500 Unicorn Park Drive, Ste 103
Woburn, MA 01801
Cell: 781.507.3900

Updated Beacon responses:

Utilization review: How will providers understand your systems, including how to request services, how to appeal any denials of services, and how to submit backup materials to support requests for services?

- An hour long Webinar for all BHCA providers is scheduled for 6/24/2019. This will be a taped webinar and will be available on the Beaconhealthoptions.com website moving forward for provider reference.
- Webinar will cover, among other things, the following:
 - Coverage requirements and excluded services (FS&T, TM) Yes
 - Member eligibility criteria – how to determine if a member is eligible for services Yes
 - Medical Necessity Criteria and where to find the MNGs Yes
 - Phone numbers to call with questions Yes
 - Initial authorization and concurrent review requirements and processes yes
 - Standard educational information about [carrier] website resources, submitting claims, etc. These are existing Beacon providers that are familiar with our processes. When expanding our network for access, this is the information that a CBHI team member (Operational Manager) does with all incoming providers during readiness meetings.
- If providers are not able to attend the webinar, it will be recorded and posted to the [insert] section of the [carrier] website. The Webinar will be posted to the Beaconhealthoptions.com website.
- An article about BHCA services was included in the [date] [carrier] Plan Provider Update. The article included links to all relevant materials, including the applicable Medical Necessity Guidelines and Payment Policy. Our Provider Notification was sent to all providers on 5/16/19. This was accompanied by Performance Specs and MNC copies, as well having included a great deal of detail around billing, authorization processes, etc.
- An article reminding providers of the 7/1/2019 BHCA implementation will be included in the [date] [carrier] Provider Update. Providers have been notified again on 5/31/19. Providers will be notified again on 6/4/19 to include service definitions, i.e. billing parameters. Beacon will be attending the 6/6/19 meeting with DOI and ABH for any further questions.

1. Credentialing: How will providers understand how any credentialing systems may apply to them and what materials may need to be submitted for the credentialing process?

The providers that [carrier] is pursuing contracts with are either already contracted with [carrier] for the CBHI services [if applicable] or contracted with Commercial for other BH services. There will be no additional credentialing requirements for these providers. Correct.

If [carrier] is pursuing a contract with a provider that does not already have an established contract with [carrier], the requirements for Credentialing will be identified during the contracting process. These are the standard credentialing processes that apply to all [carrier] providers. When we expand the network, as discussed above, we will meet with providers and discuss clearly the process for coming in network, including the credentialing process.

2. **Billing for Services:** How will providers understand how to submit claims for reimbursement of medically covered services, including the identification of appropriate codes for BHCA covered services? What materials will your plan make available to explain your company's system to process claims? These are existing Beacon providers that are familiar with our processes. Any new providers will be given detailed instructions upon readiness to begin services.
- The above mentioned Webinar for all BHCA providers will also cover, among other things, the following:
 - o Claims submission process
 - o [carrier] Website Resources
 - o The Webinar will include the following topics:
 - Background
 - Who this affects
 - How to figure out which families this affects
 - Medical necessity/Specs/Service defs for each of the three services starting 7/1/19 (MCI/CBAT and ICBAT will not change)
 - Clinical reviews, including phone numbers/links
 - Authorization parameters and backdating
 - Continuity of Care
 - Denials and Appeals processes
 - Contact information
 - If providers are not able to attend the webinar, it will be recorded and posted to the [insert] section of the [carrier] website. The Webinar will be posted to the Beaconhealthoptions.com website.
 - Applicable procedure codes are included in the provider contract. Procedure codes are in the provider amendments. Beacon is keeping the same codes for BHCA services as for CBHI services.
 - The applicable procedure codes are in each Medical Necessity Guideline (MNG), which are available in the provider resource center of the [carrier] website. Also included in each MNG is a link to the applicable Payment Policy. Our Medical Necessity criteria does not include this. However, the procedure codes are listed in their contract amendments and their historical CBHI documentation.
 - The [name applicable] Payment Policy has been updated with information about BHCA services, including the procedure codes, modifier requirements, unit maximums and authorization/notification specifics. This payment policy is available in the [insert specific area] of the [carrier] website, and is also linked in each applicable BHCA service MNG. This information is available in the provider contract amendments and provider manual.
 - All providers will receive an email with links to all relevant documents. If no email address is on file, copies of the documents will be mailed to the provider. CBHI Program Manager has been emailing regularly with our provider network. They are aware that they can reach out to her or her staff with any questions. Phone numbers have been provided.

Providers interested in joining the Beacon network can contact the dedicated number for Beacon/Fallon at 1-888-421-8861. Providers will have the option to choose a specific area they are interested in joining. There are also prompts for claims questions, contracting questions, clinical questions, etc.

MEMORANDUM

To: Division of Insurance

From: Health New England

Subject: Processes Communication to BHCA Potential and Contracting Providers

Date: June 6, 2019

The following are Health New England, Inc.'s ("HNE") responses to the Division's May 16, 2019 email requesting information as to how HNE will communicate their processes to BHCA potential and contracting providers. As of July 1, 2019, MBHP/Beacon will be administering Intensive Care Coordination ("ICC") and In-Home Behavioral Services ("IHBS") on behalf of HNE. MBHP/Beacon will be following a separate communication plan. HNE will be administering the remainder of the services effective July 1, 2019 in house. For HNE commercial members, all fully insured members will be eligible for services on July 1, 2019 regardless of enrollment date.

Here are HNE's responses to the three specific questions from the Division:

1. **Utilization review:** How will providers understand your systems, including how to request services, how to appeal any denials of services, and how to submit backup materials to support requests for services?

Response:

General Utilization Review procedures may be found in HNE's Provider Manual on the Providers section of healthnewengland.org. Specific medical necessity criteria for services may be found on Providers section of healthnewengland.org under the Resources section. Please note, these enclosures should be read carefully as they do not mirror the MassHealth Children's Behavioral Health Initiative (CBHI) system and are separate services with their own unique criteria and expectations.

Effective July 1, 2019, authorization can be obtained by calling the provided 800 numbers and following the prompts for commercial service requests.

2. **Credentialing:** How will providers understand how any credentialing systems may apply to them and what materials may need to be submitted for the credentialing process?

Response: Required credentialing materials are outlined in the documentation sent with the initial contract and must be submitted back to Health New England with an executed contract. Materials required for submission will not vary by provider/service type. For existing providers, re-credentialing procedures may be found in Health New England's Provider Manual.

3. **Billing for Services:** How will providers understand how to submit claims for reimbursement of medically covered services, including the identification of appropriate codes for BHCA covered



services? What materials will your plan make available to explain your company's system to process claims?

Response: The appropriate code to bill for each service is included within each provider's contract. Billing practices are addressed in the Health New England Provider Manual. In addition, on the Providers section of healthnewengland.org and under the Resources section there are Claims companion guides.

Health New England has had an established network for FST (IHT), CBAT, and mobile intervention services and is currently in the process of contracting to include ICBAT services. Providers offering any services within Health New England's service area wishing to join the Health New England network should reach out to Provider Contracting. The process for applying to become a provider may be found at the bottom of the healthnewengland.org home page and selecting 'Become a Provider'. The letter of interest may be submitted three ways:

- via e-mail at pcontracting@hne.com
- via fax at 413.233.3175
- via regular mail at Health New England, Inc., Attention: Provider Contracting, One Monarch Place, Suite 1500, Springfield, MA 01144-1500

All other questions related to the implementation of BHCA services may be directed to Provider Relations at: providerrelations@hne.com.



Behavioral
Health

Massachusetts

Behavioral Health for Children and Adolescents (BHCA)

Provider Engagement & Training

Update | Colleen Chesney, Kevin Dahl

June 6, 2019



AGENDA

- Mandate Review
- Implementation Timeline and Next Steps
- Participating (Contracted) Provider Experience
- Non-Participating (Non-contracted) Provider Experience
- Provider Training
- Provider Relations Contacts

MANDATE

- Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 – December 2018.
- Coverage of specific services for children and adolescents under commercial, fully insured plans that are situated (issued) in Massachusetts.
- Effective 07/01/2019 (new and renewing plans) unless MCO elects to apply on day one.
- MCOs may elect to apply mandate to ASO plans.
- In-home behavioral services; In-home therapy; Mobile crisis intervention; Intensive care coordination; Community-based acute treatment for children and adolescents (CBAT); Intensive community-based treatment for children and adolescents (ICBAT); Family support and training (2020); and, Therapeutic mentoring services (2020).
- Optum (United Behavioral Health) is a behavioral health delegate to Allways, Connecticare, Harvard Pilgrim Health Care and UnitedHealthcare.
- The Optum Massachusetts behavior network is comprised of over 15,000 providers, agencies, and facilities.

IMPLEMENTATION – Next Steps/Milestones

- Mailing of contract amendments on 06/07/2019.
- Provider training - 06/17/2019 through 07/17/2019.
- Network adequacy reviews – ongoing.
- Recruitment – ongoing.
- Single case agreements for coverage gaps.


PARTICIPATING PROVIDER EXPERIENCE

- Contracted Providers will receive notification that their contract now allows for providers to render these services effective July 1, 2019
- Contracted Provider will receive this notification by June 7, 2019
- No further action is required on the part of contracted Providers

NON-PARTICIPATING PROVIDER – Join Network

- The participation process begins with submission of the provider application
 - Go to Provider Express home page > [Our Network](#); Under “Join Our Network” select “Individually-Contracted Clinicians” and respond to prompts
 - Clinicians contracting on an individual basis complete the CAQH universal application online at caqh.org
 - Agencies pursuing group contracts complete the Optum Agency application
 - Online applicants will be able to [view credentialing status online](#)
- Additional required application materials include
 - Signed Optum Provider Agreement
 - State-required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing
- Credentialing requirements found at providerexpress.com under “Join Our Network”
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on providerexpress.com


PROVIDER TRAINING & AWARENESS



YOU'RE INVITED.

**Please join us for a webinar:
Access to services to Treat Child-Adolescent Mental Health Disorders**

In December 2018, the Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 outlining requirements for coverage of specific services for children and adolescents under commercial, fully insured plans that are situated in Massachusetts.



Mark your calendar

Please join us for one of ten sessions to learn more.

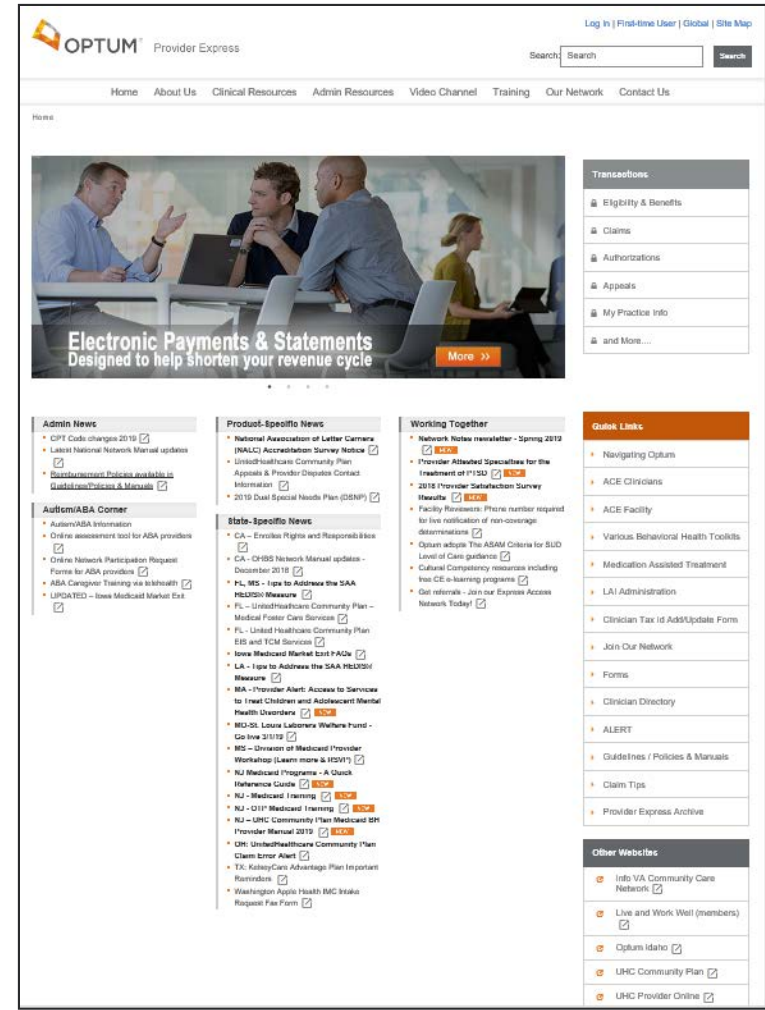
Register Today

- Choose the date & time that works best for you
- After you register, you will receive an email with instructions for joining
- All dates and registration links are also posted to the Provider Express Training page providerexpress.com > Training > Webinars/Training Resources > Massachusetts – Child & Adolescent Mental Health Services

Webinars Dates and Times (All time listed are Eastern Standard Time)				
Monday 06/17/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/19/2019 1:00 pm - 3:00 pm Click here to register	Monday 06/24/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/26/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/01/2019 12:00 pm - 2:00 pm Click here to register
Wednesday 07/03/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/08/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/10/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/15/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/17/2019 1:00 pm - 3:00 pm Click here to register

If you have questions, email provider.services@optum.com.

© 2019 Optum, Inc. All rights reserved. United Behavioral Health and United Behavioral Health of New York, L.P.A., Inc. operating under the brand Optum T1949_BH2141_062019



The screenshot shows the Optum Provider Express website interface. At the top, there is a navigation bar with links for Home, About Us, Clinical Resources, Admin Resources, Video Channel, Training, Our Network, and Contact Us. A search bar is located on the right side of the header. Below the navigation bar, there is a main banner area with a video player showing a group of people in a meeting. The video title is "Electronic Payments & Statements Designed to help shorten your revenue cycle". To the right of the video player is a sidebar with a "Transactions" menu containing links for Eligibility & Benefits, Claims, Authorizations, Appeals, My Practice Info, and and More... Below the video player, there are several news sections: Admin News, Product-Specific News, Working Together, and State-Specific News. Each section contains a list of recent news items with dates and links. At the bottom right, there is a "Quick Links" section with various utility links like Navigating Optum, ACE Clinicians, ACE Facility, etc. The footer of the page contains the Optum logo and the text "Confidential property of Optum. Do not distribute or reproduce without express permission from Optum."

Provider Training Concepts

Educational Webinars will cover, among other things, the following:

- Eligibility and Benefits
- Joining the Network and Credentialing Criteria
- Covered Services
- Initial authorization and concurrent review requirements and processes
- Level of Care Guidelines and where to locate them on providerexpress.com
- Claims Submissions (to include Codes)
- Provider Tools, Resources, and Contacts
- Phone numbers to call with questions

IMPLEMENTATION – Level of Care Guidelines

Log in | First-time User | Global | Site Map

OPTUM Provider Express

Search Search

Home About Us Clinical Resources Admin Resources Video Channel Training Our Network Contact Us

Home

Electronic Payments & Statements
Designed to help shorten your revenue cycle

More >>

Transactions

- Eligibility & Benefits
- Claims
- Authorizations
- Appeals
- My Practice Info
- and More...

Admin News

- CPT Code changes 2019
- Latest National Network Manual updates
- Reimbursement Policies available in Guidelines/Policies & Manuals

Autism/ABA Corner

- Autism/ABA Information
- Online assessment tool for ABA providers
- Online Network Participation Request Form for ABA providers
- ABA Caregiver Training via iHealth
- UHC/ATD – Iowa Medicaid Market Exit

Product-Specific News

- National Association of Letter Carriers (NALC) Accreditation Survey Notice
- Uninsured/Healthcare Community Plan Appeals & Provider Dispute Contact Information
- 2019 Dual Special Needs Plan (DENP)

Working Together

- Network News newsletter – Spring 2019
- Provider Attached Specialist for the Treatment of PTSD
- 2019 Provider Satisfaction Survey Results
- Facility Reviews: Phone number required for live notification of non-coverage determinations
- Optum adopts The ASAM Criteria for SUD Level of Care guidance
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!

State-Specific News

- CA – Enroll Rights and Responsibilities
- CA - CHBS Network Manual updates - December 2018
- FL, MS - Tips to Address the SAA PDLSD/Resource
- FL – Uninsured/Healthcare Community Plan – Medical Foster Care Services
- FL – United Healthcare Community Plan EIS and TCM Services
- Iowa Medicaid Market Exit PACH
- LA - Tips to Address the SAA PDLSD/Resource
- MA – Provider Alert: Access to Services to Treat Children and Adolescent Mental Health Disorders
- MD-DC: Lower Laborers Welfare Fund - Go live 3/1/19
- MS – Division of Medicaid Provider Workshops (Learn more & RSVP)
- NJ Medicaid Programs - A Quick Reference Guide
- NJ - Medicaid Training
- NJ - QIP Medicaid Training
- NJ – UHC Community Plan Medicaid SH Provider Manual 2019
- OH: Uninsured/Healthcare Community Plan Claims Error Alert
- TX: SilverCare Advantage Plan Important Reminders
- Washington Apple Health BMC Inmate Request Fee Form

Quick Links

- Navigating Optum
- ACE Clinicians
- ACE Facility
- Various Behavioral Health Toolkits
- Medication Assisted Treatment
- LAI Administration
- Clinician Tax id Add/Update Form
- Join Our Network
- Forms
- Clinician Directory
- ALERT
- Guidelines / Policies & Manuals
- Claim Tips
- Provider Express Archive

Other Websites

- Info VA Community Care Network
- Live and Work Well (members)
- Optum Idaho
- UHC Community Plan
- UHC Provider Online

- <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources.html>
- Clinical guidelines relating to BHCA will be available online by June 14, 2019

CONTACTS – NETWORK & COMPLIANCE

Janet Choup

- Network Manager, Allways
- Phone: 781-419-8334
- Email Address: janet.choup@optum.com

Karen Messerschmidt

- Network Manager, CCI
- Phone: 952-687-3749
- Email Address: karen.messerschmidt@optum.com

Kraig Guarino

- Network Manager, HPHC
- Phone: 781-419-8311
- Email Address: kraig.guarino@optum.com

Gabe Nathan

- Sr. Network Manager , UHC
- Phone: 781-472-8444
- Email Address: gabriel.nathan@optum.com

Kevin Dahl

- Sr. Director, Optum Compliance, Behavioral Products & Services Lead
- Phone: 518-313-4944
- Email Address: kevin.j.dahl@optum.com

Tufts Health Plan and Tufts Health Direct - Benefit Information

Provide coverage for **intermediate care** and **outpatient services** that are medically necessary to treat child-adolescent behavioral health disorders.

Services may include:

- In-home therapy (IHT)
- In-home behavioral services (IHBS)
- Mobile crisis intervention (MCI)
- Intensive care coordination (ICC)
- Intensive community-based acute treatment (ICBAT)
- Community-based acute treatment (CBAT)

Tufts Health Plan and Tufts Health Direct – Initial Authorization and Concurrent Review

For ICC: Initial authorization: Providers submit the appropriate fillable notification form (**Community Service Agency Notification Form – Commercial** or **Community Service Agency Notification Form – Tufts Health Together/Tufts Health Direct**) and receive an authorization back by fax.

Concurrent reviews: Providers call their **Assigned Reviewer*** to present clinical information to determine medical necessity.

For IHT: Initial Authorization and Concurrent Review: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

For IHBS: Initial Authorization and Concurrent Review: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

For MCI: No prior authorization is required. Providers should submit claims.

***To determine the Assigned Reviewer, contact:**

Commercial and Senior Products Behavioral Health Department: **800.208.9565** or

Tufts Health Public Plans Provider Services (MA): **888.257.1985**

Tufts Health Plan and Tufts Health Direct - Who to Contact with Eligibility Questions

Required benefits apply to the following groups or members that **renew on or after July 1, 2019**:

- All Massachusetts fully-insured Commercial products
- Tufts Health Direct
- Self-insured groups **may elect benefit** upon renewal beginning on or after July 1, 2019

To determine **eligibility** for these benefits, Providers should contact:

Commercial and Senior Products Behavioral Health Department:
800.208.9565

or

Tufts Health Public Plans Provider Services (MA): **888.257.1985**

Tufts Health Plan and Tufts Health Direct – Provider Resources

Public Provider website - tuftshealthplan.com/provider

- Medical necessity guidelines, Payment policies, Training and education

Secure Provider website (registration required)

- Tufts Health Provider Connect (Tufts Health Public Plans only)
- Tufts Health Plan Provider Portal (Commercial and Senior Products)
 - Eligibility and benefits, claim status inquiry, referral inquiry and submission, inpatient notification request submission, online claim adjustments

Commercial and Senior Products Behavioral Health Department:
800.208.9565

Provider Call Centers:

- Tufts Health Public Plans Provider Services (MA): **888.257.1985**
- Tufts Health Plan Commercial Provider Services: **888.884.2404**

BHCA Provider Webinar

Wednesday, June 12th from 10-11am

To Register:

- Fax completed form to: [617.673.0200](tel:617.673.0200)
- Email completed form to: provider_education@tufts-health.com
- Complete the on line version of the form at tuftshealthplan.com/provider/training/webinars



Behavioral
Health

Massachusetts

Behavioral Health for Children and Adolescents (BHCA)

Provider Engagement & Training

Update | Colleen Chesney, Kevin Dahl

June 6, 2019



AGENDA

- Mandate Review
- Implementation Timeline and Next Steps
- Participating (Contracted) Provider Experience
- Non-Participating (Non-contracted) Provider Experience
- Provider Training
- Provider Relations Contacts

MANDATE

- Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 – December 2018.
- Coverage of specific services for children and adolescents under commercial, fully insured plans that are situated (issued) in Massachusetts.
- Effective 07/01/2019 (new and renewing plans) unless MCO elects to apply on day one.
- MCOs may elect to apply mandate to ASO plans.
- In-home behavioral services; In-home therapy; Mobile crisis intervention; Intensive care coordination; Community-based acute treatment for children and adolescents (CBAT); Intensive community-based treatment for children and adolescents (ICBAT); Family support and training (2020); and, Therapeutic mentoring services (2020).
- Optum (United Behavioral Health) is a behavioral health delegate to Allways, Connecticare, Harvard Pilgrim Health Care and UnitedHealthcare.
- The Optum Massachusetts behavior network is comprised of over 15,000 providers, agencies, and facilities.

IMPLEMENTATION – Next Steps/Milestones

- Mailing of contract amendments on 06/07/2019.
- Provider training - 06/17/2019 through 07/17/2019.
- Network adequacy reviews – ongoing.
- Recruitment – ongoing.
- Single case agreements for coverage gaps.


PARTICIPATING PROVIDER EXPERIENCE

- Contracted Providers will receive notification that their contract now allows for providers to render these services effective July 1, 2019
- Contracted Provider will receive this notification by June 7, 2019
- No further action is required on the part of contracted Providers

NON-PARTICIPATING PROVIDER – Join Network

- The participation process begins with submission of the provider application
 - Go to Provider Express home page > [Our Network](#); Under “Join Our Network” select “Individually-Contracted Clinicians” and respond to prompts
 - Clinicians contracting on an individual basis complete the CAQH universal application online at caqh.org
 - Agencies pursuing group contracts complete the Optum Agency application
 - Online applicants will be able to [view credentialing status online](#)
- Additional required application materials include
 - Signed Optum Provider Agreement
 - State-required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing
- Credentialing requirements found at providerexpress.com under “Join Our Network”
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on providerexpress.com


PROVIDER TRAINING & AWARENESS



YOU'RE INVITED.

**Please join us for a webinar:
Access to services to Treat Child-Adolescent Mental Health Disorders**

In December 2018, the Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 outlining requirements for coverage of specific services for children and adolescents under commercial, fully insured plans that are situated in Massachusetts.



Mark your calendar

Please join us for one of ten sessions to learn more.

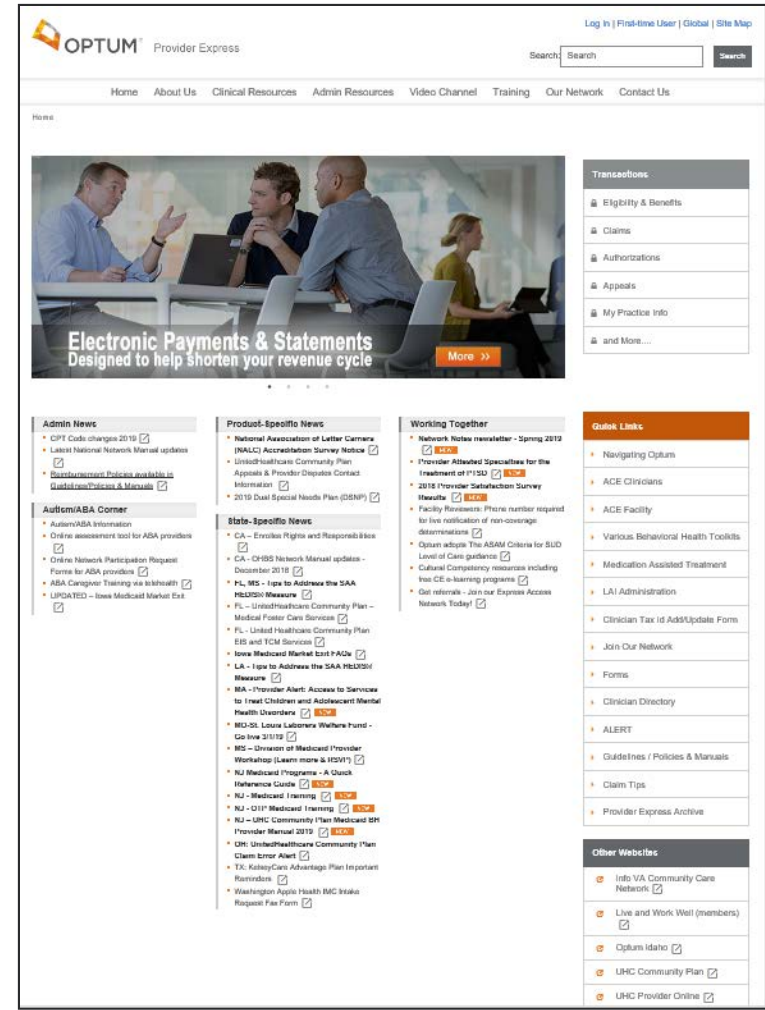
Register Today

- Choose the date & time that works best for you
- After you register, you will receive an email with instructions for joining
- All dates and registration links are also posted to the Provider Express Training page providerexpress.com > Training > Webinars/Training Resources > Massachusetts – Child & Adolescent Mental Health Services

Webinars Dates and Times (All time listed are Eastern Standard Time)				
Monday 06/17/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/19/2019 1:00 pm - 3:00 pm Click here to register	Monday 06/24/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/26/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/01/2019 12:00 pm - 2:00 pm Click here to register
Wednesday 07/03/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/08/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/10/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/15/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/17/2019 1:00 pm - 3:00 pm Click here to register

If you have questions, email provider.services@optum.com.

© 2019 Optum, Inc. All rights reserved. United Behavioral Health and United Behavioral Health of New York, L.P.A., Inc. operating under the brand Optum T1949_BH2141_062019



The screenshot shows the Optum Provider Express website interface. At the top, there is a navigation bar with links for Home, About Us, Clinical Resources, Admin Resources, Video Channel, Training, Our Network, and Contact Us. A search bar is located on the right. Below the navigation is a hero banner with the text "Electronic Payments & Statements Designed to help shorten your revenue cycle" and a "More" button. To the right of the banner is a "Transactions" menu with items like Eligibility & Benefits, Claims, Authorizations, Appeals, My Practice Info, and and More... Below the banner are three columns of news items: Admin News, Product-Specific News, and Working Together. At the bottom right, there is a "Quick Links" section with various navigation options and a "Provider Express Archive" link.

Provider Training Concepts

Educational Webinars will cover, among other things, the following:

- Eligibility and Benefits
- Joining the Network and Credentialing Criteria
- Covered Services
- Initial authorization and concurrent review requirements and processes
- Level of Care Guidelines and where to locate them on providerexpress.com
- Claims Submissions (to include Codes)
- Provider Tools, Resources, and Contacts
- Phone numbers to call with questions

IMPLEMENTATION – Level of Care Guidelines

Log in | First-time User | Global | Site Map

OPTUM Provider Express

Search Search

Home About Us Clinical Resources Admin Resources Video Channel Training Our Network Contact Us

Home

Electronic Payments & Statements
Designed to help shorten your revenue cycle

More >>

Transactions

- Eligibility & Benefits
- Claims
- Authorizations
- Appeals
- My Practice Info
- and More...

Admin News

- CPT Code changes 2019
- Labsix National Network Manual updates
- Performance Review available in Dashboard/Forms & Manuals

Autism/ABA Corner

- Autism/ABA Information
- Online assessment tool for ABA providers
- Online Network Participation Request Form for ABA providers
- ABA Caregiver Training via iHealth
- UHC/ATD – Iowa Medicaid Market Exit

Product-Specific News

- National Association of Letter Carriers (NALC) Accreditation Survey Notice
- UnitedHealthcare Community Plan Appeals & Provider Dispute Contact Information
- 2019 Dual Special Needs Plan (DENP)

Working Together

- Network News newsletter – Spring 2019
- Provider Attached Specialist for the Treatment of PTSD
- 2019 Provider Satisfaction Survey Results
- Facility Reviews: Phone number required for live notification of non-coverage determinations
- Optum adopts The ASAM Criteria for SUD Level of Care guidance
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!

State-Specific News

- CA – Enroll Rights and Responsibilities
- CA - CHBS Network Manual updates - December 2018
- FL, MS - Tips to Address the SAA PDLSD/Resource
- FL – UnitedHealthcare Community Plan – Medical Foster Care Services
- FL – United Healthcare Community Plan EIS and TCM Services
- Iowa Medicaid Market Exit FACA
- LA - Tips to Address the SAA PDLSD/Resource
- MA – Provider Alert: Access to Services to Treat Children and Adolescent Mental Health Disorders
- MD-DC: Lower Laborers Welfare Fund - Go live 3/1/19
- MS – Division of Medicaid Provider Workshops (Learn more & RSVP)
- NJ Medicaid Programs - A Quick Reference Guide
- NJ - Medicaid Training
- NJ - QIP Medicaid Training
- NJ - UHC Community Plan Medicaid SH Provider Manual 2019
- OH: UnitedHealthcare Community Plan Claims Error Alert
- TX: SilverCare Advantage Plan Important Reminders
- Washington Apple Health MAC Inmate Request Fee Form

Quick Links

- Navigating Optum
- ACE Clinicians
- ACE Facility
- Various Behavioral Health Toolkits
- Medication Assisted Treatment
- LAI Administration
- Clinician Tax id Add/Update Form
- Join Our Network
- Forms
- Clinician Directory
- ALERT
- Guidelines / Policies & Manuals
- Claim Tips
- Provider Express Archive

Other Websites

- Info VA Community Care Network
- Live and Work Well (members)
- Optum Idaho
- UHC Community Plan
- UHC Provider Online

- <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources.html>
- Clinical guidelines relating to BHCA will be available online by June 14, 2019

CONTACTS – NETWORK & COMPLIANCE

Janet Choup

- Network Manager, Allways
- Phone: 781-419-8334
- Email Address: janet.choup@optum.com

Karen Messerschmidt

- Network Manager, CCI
- Phone: 952-687-3749
- Email Address: karen.messerschmidt@optum.com

Kraig Guarino

- Network Manager, HPHC
- Phone: 781-419-8311
- Email Address: kraig.guarino@optum.com

Gabe Nathan

- Sr. Network Manager , UHC
- Phone: 781-472-8444
- Email Address: gabriel.nathan@optum.com

Kevin Dahl

- Sr. Director, Optum Compliance, Behavioral Products & Services Lead
- Phone: 518-313-4944
- Email Address: kevin.j.dahl@optum.com

YOU'RE INVITED.

Please join us for a webinar:

Access to services to Treat Child-Adolescent Mental Health Disorders

In December 2018, the Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 outlining requirements for coverage of specific services for children and adolescents under commercial, fully insured plans that are situated in Massachusetts.

Please join us for one of ten sessions to learn more.

Register Today

- Choose the date & time that works best for you
- After you register, you will receive an email with instructions for joining
- All dates and registration links are also posted to the Provider Express Training page providerexpress.com > Training > [Webinars/Training Resources](#) > Massachusetts – Child & Adolescent Mental Health Services



Webinars Dates and Times (All time listed are Eastern Standard Time)

Monday 06/17/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/19/2019 1:00 pm - 3:00 pm Click here to register	Monday 06/24/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 06/26/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/01/2019 12:00 pm - 2:00 pm Click here to register
Wednesday 07/03/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/08/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/10/2019 1:00 pm - 3:00 pm Click here to register	Monday 07/15/2019 12:00 pm - 2:00 pm Click here to register	Wednesday 07/17/2019 1:00 pm - 3:00 pm Click here to register

If you have questions, email provider.services@optum.com.