



PROVIDER ALERT

Alert # BHO-CT PA 2020-01

To: CT Provider Network

Issued: May 5, 2020

Re: Upcoming Voluntary Care Management Program

Dear Provider,

This alert is to advise you that on Friday, May 1, 2020, Beacon Health Options implemented the new Voluntary Care Management program through our CT Child and Family Division.

The Voluntary Care Management program will serve families and youth with serious emotional challenges, mental illnesses and/or substance use disorders. The overall goals of the program include supporting families to increase access to care and navigating the behavioral health system. Although the referral process remains unchanged, the Beacon Health Options Voluntary Care Management program will assume the responsibility of administering the Voluntary Services program from DCF.

For more information regarding the program specifics, please click [here](#).

Beacon is outreaching to providers identified as potentially serving the Voluntary Care Management member population to inform next steps.

What does this mean for me?

Please complete the attached form and provide the name, phone number and email address of the appropriate contacts. Providers receiving this email are asked to communicate appropriate facility contacts in order for Beacon to distribute future program information which may include, obtaining authorizations and/or submitting claims for services rendered. Please email the form back to CTChildandFamily@beaconhealthoptions.com.

Please note: The aforementioned authorization and claims procedures are only for members within the Voluntary Care Management program and who are without Medicaid as a primary insurer.

We thank you for your participation and look forward to working with you.

If you have any questions concerning this transmittal, please feel free to contact the Provider Relations/Network Operations Department with the subject line ***Provider Inquiry*** to:

 CTChildandFamily@beaconhealthoptions.com

Sincerely,
Provider Relations/Network Operations
Beacon Health Options



**Voluntary Care Management Program
Provider Contact Listing**

Please email the following completed form to CTChildandFamily@beaconhealthoptions.com

Name	Title	Email Address
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		