



# PROVIDER NOTICE

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**Alert #** BHO-CT PN 2020-01

**To:** CT Provider Network

**Issued:** May 15, 2020

**Re:** New Voluntary Care Management Program

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Dear Provider,

This alert serves as notice to providers of the new Voluntary Care Management Program facilitated by Beacon Health Options. This program was implemented May 1, 2020 through our CT Child and Family Division. This alert is to notify providers of the program's purpose, requirements, and appropriate provider services.

**Program Description:**

The Voluntary Care Management program serves families and youth with serious emotional challenges, mental illnesses and/or substance use disorders. The program is designed to support children and their families in navigating the behavioral health care system. Parents/caregivers can request voluntary services through the DCF Careline. Beacon staff will create treatment plans with families and help connect them to community based services and supports to serve their behavioral health needs. The goal of the program is to reduce the need for restrictive treatment, which removes children from their home and communities.

**Eligible Families:**

Eligible families for this program are identified through a referral process with the Careline staff. Families are identified as having a child or youth:

- Under the age of 18 with a diagnosed emotional, behavioral or substance use problem
- With a developmental disorder, in addition to a primary diagnosis of an emotional, behavioral or substance use problem
- Who can't access the services they need via current medical insurance coverage

*Please note:* To be eligible, families must be willing to provide necessary paperwork (including financial information) and actively participate in treatment planning.

**Provider Services:**

The following processes will be for the Voluntary Care Management member population only.



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**Please note: Members who currently possess Medicaid as their primary insurer, please reference the Connecticut Behavioral Health Partnership (CT BHP) procedures for obtaining authorizations and payment for services. Please follow this link to a list of Covered Services <http://www.ctbhp.com/providers/prv-covrdsrvcs.html>. Medicaid Eligibility can be reviewed through [CTDSSMAP.com](http://CTDSSMAP.com).**

## **Member Files**

A member file will be created for each person engaging in the program. This record will collect demographic information based on the information provided at the time of referral. Beacon staff will build each member record and designate a unique identifier. A member record is also necessary when authorization for services is required.

## **Prior Authorization**

Certain services indicated in the member's treatment plan may require authorization. Prior authorization requests will be submitted telephonically with a Voluntary Care Manager (VCM). Successful authorization will result in an authorization number and the issuance of an electronic authorization letter with the number of authorized units and dates. Authorization is required for electronic claims payment for services rendered. Claims payments are processed through the ProviderConnect portal.

## **ProviderConnect Application and Provider ID**

For services that require authorization and an associated claims payment, providers must obtain a user ID and password to use the ProviderConnect application. ProviderConnect access is required to view member record information, view completed authorizations and process claims.

A unique user ID and password can be requested by completing the Online Account Request Form. The form can be found on the Beacon CT website by visiting <https://www.beaconhealthoptions.com/providers/beaconct/>, under Provider Forms-Manuals, and clicking '[Online Account Request Form](#)'. Beacon will outreach directly with log-on information and instructions on how to view authorizations and submit claims.

*Please note: Additional claims information and procedures will be shared with the Network in the coming weeks.*

**If a Voluntary member is also Medicaid eligible, providers will utilize their previously issued CT BHP Provider ID and password for processing authorizations and services under Medicaid.**

## **Trainings**

Training and other supplemental information for providers will be posted on the Beacon CT website when available. Providers will also receive email communication of upcoming trainings and events.



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## **Contracting and Network Information**

Beacon will be reaching out to all participating providers directly to share further information and to confirm that we have the appropriate contacts at your facility.

**This initiative also requires providers to submit a W-9 form to Beacon for payment of services. Please click [here](#) to complete and submit the form to the email address below.**

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](mailto:CTChildandFamily@beaconhealthoptions.com)

Sincerely,

Provider Relations/Network Operations  
Beacon Health Options