

Instructions for Coding Behavioral Health Homes as a Payor in WITS

Instructions for Behavioral Health Home Auto-Enrollees into BHH Payor Code

- 1) The new BHH/Behavioral Health Homes payor code should be assigned to the entire roster of auto-enrolled individuals between now and January 9, 2015.
 - a. If an individual opts out of the program:
 - i. Assign an end date on the BHH payor on the date that the person opts out
 - ii. DO NOT delete the payor entry (We will be using this data to track individuals who are eligible but declining BHH services.)

WITS uses the client's active list of client group enrollments (aka Insurance) for claiming purposes when an encounter is released. It automatically associates insurances (i.e., staff do not have to select Behavioral Health Homes for a corresponding encounter) by selecting in the following order:

1. Group Insurance (e.g. Cigna, Connecticare, Aetna, etc.)
2. Medicare Part B
3. Medicaid
4. Other (e.g. WISE, Medicare Part D & **Behavioral Health Homes**)
5. Self-Pay

Associating Insurances to clients is done through the Client Profile>Client Group Enrollment. A client can have many insurance values added to their profile; the only requirement is the plan & group is unique. The policy number for Behavioral Health Homes will be the same as the person's Medicaid ID number.

Payor List							Add Benefit Plan Enrollment	
Actions	Payor Type	Plan	Group	Policy #	Subscriber/ Resp Party	Start Date	End Date	
	Medicaid	Husky C - IP (FFS/Title XIX)	Under 22	88895214441		11/13/2014		
	Self-pay	DMHAS Self-Pay	Self-Pay			6/1/2014		
	Other	Behavioral Health Homes	BHH	88895214441		11/13/2014		

Benefit Plan/Private Pay Billing Information		
Payor-Type Other	Plan-Group Behavioral Health Homes-B...	
Coverage Start 11/13/2014	Policy # 88895214441	
End	Relationship to Subscriber/ Responsible Party	
Subscriber/ Responsible Party:		
First Name	Middle	Last Name
Birthdate	Gender	
Address 1		
Address 2		
City	State	Zip