## **Instructions for Coding Behavioral Health Homes as a Payor in WITS**

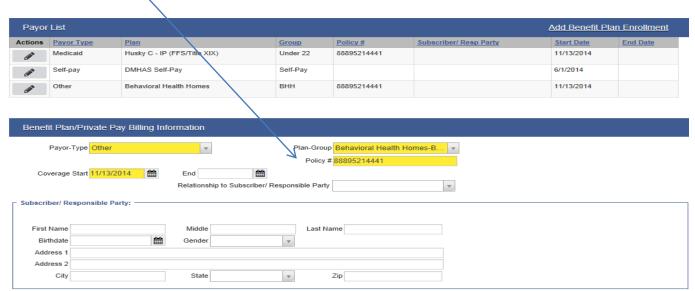
Instructions for Behavioral Health Home Auto-Enrollees into BHH Payor Code

- 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.



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