

# DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

## Behavioral Health Homes

### Practice Guideline #6

#### BHH Practice Guideline:

Managing BHH Insurance Payors for clients who have been discharged

#### Guideline Authors:

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#### Purpose:

Outline expectations for end dating a BHH payor a client who has been discharged and for starting a BHH payor for a client who was previously discharged from the agency.

#### Original Effective Date:

9/1/2017

#### Version Update Date(s):

9/4/2019

#### Target Group:

BHH Directors  
BHH Admin Support  
Billing Contacts  
Quality Management or  
Quality Assurance Contacts

#### Contacts for Questions:

Lauren Staiger for  
managing  
insurance payors in WITS

BHH Customer Service at  
1-844-551-2736 for  
questions related to back  
end dating payors.

#### Practice Summary:

This practice guideline identifies BHH providers with expectations for what to do with the BHH insurance payor for clients who have been closed/discharged from the agency, or who are open, but discharged from some programs. The guidelines include how to handle the BHH payor when clients who were previously closed/discharged from your agency are readmitted.

#### Definitions:

Closed/Discharged from Agency – Identifies when a client has been completely discharged from all programs at the agency and is no longer receiving any services.

Discharged from Program – identifies when a client is no longer receiving the services of a specific program at the agency. A client may be discharged from one program but remain active/open in another program at the same agency.

Opt-out/Withdraw: A client no longer interested in receiving BHH services should have their BHH insurance payor end dated.

Billable Programs: Programs through which services provided to BHH enrollees may be billed. The list of billable programs is determined by providers, in coordination with DMHAS billing. Documentation for these programs/services need to meet BHH documentation requirements.

Non-Billable Programs: Program through which services provided to BHH enrollees will not be billed.

#### General Rules for Updating BHH Insurance Payors:

1. BHH payor start and end dates should **NOT** be edited or deleted. Maintaining BHH enrollment status, by properly end dating and starting the BHH insurance payors, will ensure accurate reporting and billing.
2. To minimize issues caused by making changes to services already billed, providers are encouraged to contact BHH Customer Service before back-dating insurance end dates.
3. Providers need to add an end date to the BHH insurance payor if a client wants to opt-out or withdraw, regardless of the programs they are active in.
4. Providers should check their records carefully to differentiate between when a client has been closed out/discharged from all programs in the agency versus when a client has been discharged from a specific program. Clients with a BHH insurance, who are active in any program, will appear as a BHH enrollee for billing and reporting purposes.

## Clients Closed or Discharged from All Programs at the Agency:

1. Providers do not have to end date a BHH payor if the BHH client has been closed at the agency and is no longer receiving any services. Those clients will not appear as active BHH enrollees on the reports and they will not be billed.
2. Clients coming back into services after being closed or discharged from all programs will need their BHH enrollment information checked when being readmitted to the agency.
  - a. Providers should use their discretion about the type of BHH outreach, depending on how long the client has been discharged. Providers are encouraged to reiterate the purpose of BHH to ensure the client understands the services they will receive and be given the option to opt-out they don't want to participate in the BHH program.
  - b. If the client accepts BHH participation, the provider should:
    - i. End date the original BHH insurance payor, effective the date the client was closed/discharged from the agency, and
    - ii. Enter a new BHH insurance payor start date with the date the client is readmitted.
  - c. If the client declines BHH participation, the provider should:
    - i. End date the original BHH insurance payor, effective the date the client was previously closed from the agency. This step does not need to be done if your electronic health record automatically ends all insurance when the client discharged from the agency.

## Clients Discharged from a Program, but Open in at Least 1 Other Program:

1. Providers do not have to end date a BHH payor if the BHH client has been discharged from a program, but remains open in other programs, unless the client wants to withdraw from BHH.

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2. If a client is discharged from one program, but is open or continues to receive services in another program at the agency, the client will remain an active BHH enrollee. This means they will remain on BHH reports and, if open in a BHH billable program, the client's services may also be billed.

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3. BHH enrollees discharged from all billable programs will not have services billed, but will still show up as active BHH enrollees in reports if they are active in at least 1 program and have a BHH insurance. Most reports do not differentiate between billable and non-billable programs. To ensure billing for those BHH enrollees, providers should open those clients in the BHH NAE program in DDaP/WITS. This is a BHH billable program and BHH documentation requirements must be met for clients enrolled in this program.

## Available Tools/Resources:

General Instructions BHH Medicaid Auto-Enrolled Document at:

<http://www.ctintegratedcare.com/providers/2016/Auto-Enrolled.pdf>

Instructions for Coding Behavioral Health Homes as a Payor in WITS at:

<http://www.ctintegratedcare.com/providers/2016/Coding-BHH-as-a-Payor-in-WITS.pdf>

Client Enrollment status:

- Agency's EHR-Insurance Fields or client profiles
  - EDW Client Summary Report
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