



PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Outpatient Behavioral Health Services		
PS #: 004	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 06/03/2021	Effective Date: 08/21/2021
Last Revised Date:	Next Annual Review Date: 06/03/2022	Retire Date:

COVERED SERVICES:

Outpatient Services is an essential component of comprehensive health care delivery, carried out in an ambulatory care setting, such as an office, clinic environment, a Member's home, or other locations appropriate for psychotherapy or counseling. Individuals experiencing behavioral health concerns, chronic and acute medical illnesses, substance use, family concerns and/or other personal and interpersonal challenges can be assisted in coping with these challenges through outpatient treatment. The goal of BH treatment is to assist members in their achievement of a greater sense of well-being and a return to their baseline, or optimal level of functioning. Behavioral Health (BH) interventions help individuals and families effectively cope with stressful life situations and challenges.

Services consist of time-effective, defined episodes of care that focus on the restoration, enhancement, and/or maintenance of a Member's optimal level of functioning and the alleviation of significant and debilitating symptoms impacting at least one area of the Member's life domains (e.g., family, social, occupational, educational). The goals, frequency, intensity, and length of treatment vary according to the needs of the Member and the response to treatment. A clear treatment focus, measurable outcomes, and a discharge plan including the identification of realistic discharge criteria are developed as part of the initial assessment and treatment planning process and are evaluated and revised as needed.

Outpatient treatment can consist of individual, group and family treatment sessions that encompass urgent needs and medication management.

The Outpatient Behavioral Health Services performance specifications below refer to facility- based outpatient providers, group practices, and individual practitioners.

Definitions:

- Behavioral Health Outpatient Treatment:** should result in positive outcomes within a reasonable time frame for specific diagnosis, symptoms and/or problems. The evaluation of goals and treatment should be based on the member's diagnosis, symptoms, and level of functioning. Treatment should be targeted to specific SMART goals that have been mutually negotiated between the provider and the member. Goals of initial and extended outpatient therapy may include crisis resolution, symptom reduction, stabilization and support in recovery from addiction. Treatment modality, frequency and length of treatment should be individualized for each member. Most clinical situations can be effectively managed using a short-term and/or

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intermittent model of treatment with varying modalities and frequency of contact as needed. Individuals with chronic or recurring behavioral health diagnosis may require a longer-term approach with intermittent visits over extended periods. Members must have flexibility in accessing outpatient treatment including transportation.

- **Diagnostic Evaluation:** is an assessment of a member's level of functioning, including physical, psychological, social, educational and environmental strengths and needs for the purpose of diagnosis and treatment planning.
- **Urgent Outpatient: (UOS):** include rapid responses to urgent behavioral health needs that, if left unattended, may lead to the need for more acute services. UOS is provided by an outpatient behavioral health provider. UOS provides a same or next business day response to the Member's urgent request that supports the Member by providing assessment, stabilization and service linkages. UOS are provided to Members enrolled in the UOS provider's outpatient service as well as to Members who are new to the outpatient provider. UOS are not intended to replace or be interchangeable with Emergency Services Program (ESP) services but UOS providers are expected to collaborate with ESP providers as appropriate. UOS are ideally provided on the same day as requested and no later than 24 hours or one business day of the referral. These services focus on clinical assessment, brief crisis intervention, stabilization of the crisis, and the alleviation of immediate symptoms that are interfering with the Member's functioning. The goal of UOS is to stabilize the Member and make the needed aftercare arrangements to transition Members to ongoing outpatient services or other appropriate behavioral health services as soon as possible. In addition, the UOS provider provides the Member with information regarding local resources and refers them to appropriate community supports and services as needed.
- **Family Consultation:** is a documented meeting of at least 15 minutes duration, in person or by telephone, between the treating provider and with family members or others who are significant to the Member and clinically relevant to a Member's treatment. Goals of family consultation are to educate, identify and plan for additional services or resources, coordinate a treatment plan, review the individual's progress, or revise the treatment plan and include:
 - Treatment coordination, treatment planning, assessment of the appropriateness of additional or alternative treatment, clinical consultation, second clinical opinion, aftercare planning and termination planning and Supporting or reinforcing treatment objectives for the Member's care
- **Bridge Consultations Inpatient/Outpatient:** is a single-session consultation between a provider and an inpatient or outpatient provider/facility. The Bridge Consultation is intended to provide therapeutic contact between a Member's outpatient therapist and the Member to facilitate aftercare treatment planning prior to discharge and may be requested by the Member or the Member's family/guardian, the inpatient team, the EATS treatment team, the primary outpatient clinician or masters level outpatient liaison who is attempting to engage the Member in outpatient treatment. Regardless of the initiation source, the outpatient provider will arrange and coordinate the Bridge Consultation. During the consultation it is expected that the

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outpatient clinician will meet face-to-face or virtually with the Member and attend a treatment team meeting or discharge planning meeting.

- **Consultations in the ED:** are an in-person meetings of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and a member, at the request of the medical unit or attending physician, to assess the member's mental status, provide greater diagnostic clarity and/or assist the unit medical and nursing staff with a BH or psychopharmacological treatment plan for the member.
- **Medication Management:** is an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects. The prescriber evaluates the Member's need for psychotropic medications and provides a prescription and ongoing medical monitoring. The prescriber is expected to participate in coordination of care with other behavioral health, medical, and substance use providers.
- **Diagnostic Evaluation** is an assessment of a member's level of functioning, including physical, psychological, social, educational and environmental strengths and needs for the purpose of diagnosis and treatment planning.
- **Case Consultation** a documented meeting of at least 15 minutes duration, in person or by telephone, between the treating provider and other behavioral health/medical clinicians or physician, concerning a member who is a client of the Outpatient Provider. Goals of case consultation are to identify and plan for additional services, coordinate a treatment plan, review the individual's progress, and revise the treatment plan, as required and the scope of required service components provided includes, but is not limited to the following:
 - Treatment coordination, treatment planning, assessment of the appropriateness of additional or alternative treatment, clinical consultation, second clinical opinion, aftercare planning and termination planning
- Case Consultation shall not include clinical supervision or consultation with other clinicians whom provide the same service at the same agency. The meeting could take place between two outpatient providers who work for different agencies, between the treating outpatient provider and any behavioral health provider offering services at a different level of care, or between the treating outpatient provider and a representative from a school, state, medical office, or residential provider.
- **Telehealth Services** are visits that can be conducted via Telehealth for most of the outpatient services listed above (except ED Consultations) and are available for Members with specific geographic, cultural, linguistic or special needs that cannot be met in their community but can be provided using a combination of interactive video, audio, and externally acquired images through a HIPPA compliant networking environment (post Covid) between a Member and a provider. Medication visits may consist specifically of a psychopharmacological evaluation, prescription, review, and/or monitoring by the prescriber. Visits may also include counseling and/or coordination of care w/other physicians, other qualified health care professionals or agencies. Treatment is provided consistent with the nature of the problem(s) and the patient's

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and/or family's needs. The length of the appointment time varies depending on whether the Member is new or already established with the provider. All specification outlined in this document refer to in-person and telehealth visits.

COMPONENTS OF SERVICES:

- Outpatient providers will provide the following, or ensure referral for:
 - Bio-psychosocial evaluation
 - Development of and/or updating of a crisis prevention plan/safety plan
 - Short-term solution-focused outpatient therapy
 - Individual, couples, group, and family therapies
 - Access to psychopharmacological services (including assessment, crisis intervention, on-going monitoring and bridge prescribing)
 - Emergency therapy session appointments
 - Case and family consultation
 - Medication management
 - Urgent outpatient services
 - After-hours telephone crisis coverage
- Outpatient providers will secure a release for and communicate with the member's PCP about the member entering behavioral health treatment
- Outpatient providers must maintain established relationships with Emergency Services Providers
- Outpatient Services providers ensure that each Member receives a program orientation describing their member rights, consent to treatment, releases of information, process of care, including after-hours emergency coverage, no-show policy and cancellation policies when services begin.
- Outpatient Services will make best efforts to develop and maintain the capacity to serve Members with special needs in their communities (e.g., elders, Members with developmental disabilities or cultural and linguistic needs, Members who are homeless or who have co-occurring diagnosis)
- Members with routine requests for outpatient services are offered an outpatient therapy appointment within **10** business days of the request
- Outpatient Services providers are proactive in facilitating Member attendance at initial and ongoing appointments using outreach and follow-up reminder telephone calls or mailing notices and reminders that CCA provides assistance with transportation arrangements
- **Transportation is a CCA Member benefit and can be arranged by contacting Commonwealth Care Alliances (CCA's) Care Team which can be reached by calling CCA's Provider Line at 866-420-9332 with the Member or making sure that the Member has knowledge and access to schedule transportation independently**
- Outpatient Services providers provide initial crisis response 24/7 to all Members enrolled in the outpatient program/clinic/practice as a first line of intervention
 - During business hours:
 - These crisis responses are provided by a clinician via telephone and, if clinically indicated, face-to-face, and virtual care (telehealth) through emergent appointments
 - Members who present with an urgent request for outpatient services but are

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- determined not to be in crisis and not in need of immediate, emergent services, are offered an outpatient therapy appointment within **48** hours of the request. These Members are also given the Outpatient Services after-hours telephone number with appropriate emergency instructions
- Members who present with urgent crisis needs are directed to the local ESP using a 3-way call with the Member, the provider and the ESP
 - The provider may refer the Member, if ~~needed~~, to an Emergency Services Program (ESP) provider for emergency behavioral health assessment, crisis intervention and stabilization
- After business hours:
 - The program provides Members with a telephone number that allows them to access a clinician either directly or via an answering service with live coverage
 - An answering machine or answering service directing callers to call 911 or the ESP program, or to go to a hospital emergency department (ED), does not meet the after-hours emergency on-call requirements
 - Calls identified as an emergency by the caller are immediately triaged to a clinician
 - A clinician must respond to emergency calls within 15 minutes and minimally provide a brief assessment and intervention by phone
 - The provider may refer the Member, if ~~needed~~, to an Emergency Services Program (ESP) provider for emergency behavioral health assessment, crisis intervention and stabilization
 - Outpatient Services providers develop and maintain a treatment model designed to meet all of their Member's needs. Treatment models includes approaches that support and facilitate trauma informed care, recovery-oriented principles and practices as well as linkages and coordination with a Member's PCP, appropriate state agencies, consumer-operated and recovery-oriented services and supports, Commonwealth Care Alliances (CCA's) Care Team and natural resources as appropriate. **CCA's Care Team can be reached by calling CCA's Provider Line at 866-420-9332**
 - When a Member receives medication management at an Outpatient Provider, the provider completes a medication reconciliation process in order to avoid inadvertent inconsistencies in prescribing medications. This can be accomplished by reviewing the medication with the Member and with consent from the Member, reaching out to the **CCA Care Team** (see above contact information) or from other previous prescribers to compare medications
 - Outpatient providers must ensure that for referrals for medication appointments from an inpatient unit, members will be scheduled for a psychopharmacological appointment as soon as clinically indicated, but in no case longer than 14 business days post-discharge
 - **Outpatient providers will make best attempts (i.e. appointment reminder calls) to support member compliance with attending the scheduled for HEDIS® 7 Day Follow-Up After Hospitalization for a Mental Illness (FUH) visit or the 14-day post discharge medication visit. If member does not attend scheduled visits, the provider will notify members CCA Care team immediately by calling CCA's Provider Line at 866-420-9332**
 - It is preferable that an Outpatient Provider has an open access policy and/or has an arrangement with other clinics that have open access for meeting same day appointment needs

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- In addition to the above, **Urgent Outpatient Service providers (UOS)** will:
 - Provide an appointment within 24 hours or 1 business day of receiving a referral
 - Provide access to UOS appointments during regular clinic hours as well as 5 hours per week, at a minimum, outside of business hours including some weekend and evening hours
 - Maintain strong connections to ESP providers in the event a Member needs an emergent or urgent crisis assessment
 - Ensuring that the member has access to a follow-up outpatient provider within 10 days of the UOS visit
 - The provider documents, in the Member's health record, the date of the referral or request for UOS and the all appointment dates offered, competed or declined

STAFFING REQUIREMENTS:

- Outpatient Services providers comply with the staffing requirements of the applicable licensing body, the staffing requirements in the service-specific performance specifications, and the credentialing criteria
- Outpatient Services providers make available to all Members a multi-disciplinary team appropriate to a Member's needs, and inclusive of licensed professionals determined by the DPH outpatient behavioral health licensing regulations. The multi-disciplinary team, at a minimum, must include a psychiatrist (MD, DO), and at least two of the following (one of whom must be independently licensed):
 - Psychologist (PhD, PsyD, EdD)
 - Licensed Independent Clinical Social Worker (LICSW)
 - Licensed Clinical Social Worker (LCSW)
 - Registered Nurse (RN)
 - Psychiatric Nurse Behavioral Health Clinical Specialist (PNMHCS)
 - Licensed Behavioral health Counselor (LMHC)
 - Certified Addiction Counselor (CAC)
 - Licensed Alcohol and Drug Counselor (LADC)
 - Certified Alcoholism and Drug Abuse Counselor (CADAC)
 - Licensed Alcohol and Drug Abuse Counselor (LADAC)
 - Licensed Marriage and Family Therapist (LMFT)
- Collaboration with Recovery Coaches, Recovery Support Navigators and Peer Support is strongly encouraged
- Outpatient Services providers provide all staff with supervision in compliance with credentialing criteria
- Supervisory clinical staff must be available for consultation to staff during all hours of operation
- The Outpatient Provider will also ensure that staff have access to a psychiatrist, or a PNMHCS, for consultation as needed during operating hours
- In addition to the above, **Urgent Outpatient Service provider staffing (UOS)** will

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ensure:

- That UOS assessments and treatment are conducted by clinicians who meet credentialing criteria for outpatient master's-level or doctoral-level clinicians
- Provide initial and at least annual training to UOS clinicians including review of the UOS policies and procedures as well as crisis assessment and intervention skills and strategies

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- For a newly referred Member, a Member already receiving outpatient treatment, a Member that has been evaluated by an ESP program or has been admitted or discharged to/from a 24-hour level of care the Outpatient Services provider (with Member consent):
 - Receives and returns phone calls from these providers as soon as possible and no later than within one business day
 - Provides consultation in order to inform the assessment of the Member by the ESP program and/or 24-hour level of care
 - Makes best efforts to participate, face-to-face or by telephone, in the 24-hour level of care's treatment and discharge planning meetings
 - Provides bridge consultations for Members admitted to, or in the process of discharging from, 24-hour levels of care whenever possible
 - Facilitates the aftercare plan by ensuring access to outpatient therapy and psychopharmacology appointments that meet the access standards (7 days for outpatient therapy and 14 days for medication visits)
 - Supports the Member in implementing their aftercare plan
 - Documents all such activities in the Member's health record
- Outpatient Services providers collaborate with the Member, the Member's local ESP provider, the CCA Care Team and other clinical service providers from all levels of behavioral health care to obtain the Member's crisis prevention plan and/or safety plan
- Outpatient Services providers collaborate with the Member and these LOC's to update the plan if needed or to develop one if the Member does not yet have one. The crisis prevention plan and/or safety plan is included in the Member's health record
- Outpatient Services providers ensure that comprehensive assessments and treatment plans are completed and include:
 - Documentation that the Member has received a copy of their rights
 - History of presenting problem
 - Chief complaints and symptoms
 - Behavioral health and substance use history
 - Comprehensive medical history
 - Family, social history and linguistic cultural background
 - Current substance use and evidenced based screening tools
 - Crisis Risk Assessment (for all UOS appointments and if appropriate for Outpatient Services appointments)
 - Mental status exam including any current or past SI
 - Previous medication trials, current medications and any allergies
 - Diagnoses and clinical formulation

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- Level of functioning
- The individual's strengths and stated needs
- Name of PCP and documentation of a medical assessment obtained from the PCP
- Consent to collaborate with other providers that the Member is connected to
- Documentation of a cultural and/or linguistic assessment
- Outpatient Providers ensure that each Member's treatment plan is updated, and the treatment plan and progress are reviewed by one or more members of the multi-disciplinary team, at least annually. The frequency of treatment plan updates and multi-disciplinary case review is based upon the Member's current problems, specific and concrete goals, and treatment. Treatment plan updates, multi-disciplinary team case review, and any resulting treatment plan changes are documented in the Member's health record
- Outpatient treatment should result in positive outcomes within a reasonable time frame for specific diagnosis, symptoms and/or problems. The evaluation of goals and treatment should be based on the Member's diagnosis, symptoms, and level of functioning
- Treatment should be targeted to specific goals that have been mutually negotiated between the provider and the Member. Goals of initial and extended outpatient therapy may include crisis resolution, symptom reduction, stabilization, improvement in adaptation, and/or recovery from addiction
- Treatment should be delivered with sensitivity to trauma informed care, wellness and recovery principles and incorporate knowledge and use of motivational interviewing and stages of change strategies
- Treatment modality, frequency and length of treatment should be individualized for each Member. Most clinical situations can be effectively managed using a short-term and/or intermittent model of treatment with varying modalities and frequency of contact
- Individuals with chronic or recurring behavioral health diagnosis may require a longer-term approach with intermittent visits over extended periods, or sustained contacts with increased intensity of services around periods of relapse or decompensation
- The provider will ensure that members with co-occurring diagnosis have a treatment plan that address simultaneous care for both diagnoses
- Components of the provider's treatment planning incorporate member identified concerns including, but not limited to, the following: housing; finances; healthcare; transportation; familial, occupational, and educational concerns, recovery and peer support needs as well as social supports
- The provider ensures that the treatment recommendations are consistent with the service plan of the relevant state agency for members who are also DMH or DDS clients. With consent from the Member, the Outpatient Services provider collaborates with appropriate state agencies. Member refusal to consent needs to be documented in the medical record
- CCA as a payor and provider of services is well positioned to collaborate with the Outpatient Services Provider regarding the Members CCA goals and plan of care. Collaboration with the CCA Care Team is strongly encouraged. **The CCA Care Team can be reached by calling CCA's Provider Line at 866-420-9332**
- Group Practices and Individually contracted practitioners ensure that treatment plans are reviewed and updated at least annually and are documented in the Member's health record. The frequency of reviewing and updating a given Member's treatment plan is based upon the Member's current problems, specific and concrete goals, and treatment

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- Group Practices document in the Member's health record evidence of multi-disciplinary consultation and coordination of care within the practice, including, but not limited to, such contact between treating clinicians and prescribers
- Outpatient Services providers utilize case consultation, family consultation, and collateral contacts to involve guardians and/or natural supports in the planning, assessment, and treatment for Members, as clinically indicated, and to educate them on behavioral health and substance use treatment and relevant recovery issues
- In addition to the above, **Urgent Outpatient Service providers staffing (UOS)** will ensure
 - A Crisis Plan has been completed with the Member
 - If the UOS provider is a provider other than the Members existing provider, UOS provider must collaborate with current provider with the consent of the Member, ensuring that the Members existing provider is notified of the UOS visit, assessment, crisis plan and/or other interventions
 - If the Member does not have an existing provider then the UOS provider is responsible, with the Members consent, to make appropriate community referrals to ensure appropriate follow-up
 - All details of the Members assessment, crisis and treatment plan and referrals are documented in the Members record including dates and times of referrals
 - The UOS program must maintain strong connection to community providers for referral sources. UOS, providers are expected to develop working relationships and linkages with ESP, hospital emergency departments, police, local primary care clinicians/providers (PCPs), outpatient behavioral health providers, CCA's Care Team, recovery/peer support services and other levels of care and service providers
 - A key component of the UOS working relationship with the ESP is related to the development and utilization of the crisis prevention and/or safety plan, and other associated documents that may accompany the plan (Crisis Planning Tools). If the Member has an existing plan, the UOS provider collaborates with the Member, CCA Care Team and the ESP to implement it and update it as needed. If the Member does not yet have a plan, the UOS provider collaborates with the Member and, if needed, the ESP to develop one
 - The UOS must support the Member with securing transportation to outpatient referrals. Transportation is a CCA benefit for Members and can be obtained by **calling CCA's Provider Line at 866-420-9332**. The UOS provider is expected to use CCA resources in supporting the Member to secure transportation

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

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- Outpatient Services providers engage the Member in developing and implementing an aftercare plan when the Member meets the outpatient discharge criteria established in their treatment plan. The provider provides a copy of the discharge plan to the Member and documents these activities in the Member's medical record
- The provider will include the following in the discharge plan based on the Member's needs and concerns:
 - Housing
 - Finances
 - Medical Care
 - Transportation
 - Family, employment and educational concerns
 - Social supports
 - Crisis/Safety plan
 - Recovery and Peer support needs
 - List of prescribed medications, dosages and side effects
 - Discharge plan is documented in the Member's medical record
 - Services recommended at discharge
- Based on its policies and procedures for managing no-shows and cancellations, the Outpatient Services provider determines when it is appropriate and necessary to terminate outpatient services with a Member, making best efforts to initiate a thoughtful process, inclusive of the Member and aimed at facilitating linkage with other services and supports. All such activities are documented in the Member's health record
- Outpatient Services providers develop working relationships with their local ESP's, hold regular meetings or have other contact, and communicate with the ESP's on clinical and administrative issues to enhance bi-directional referrals and continuity of care for Members
- Outpatient Services providers work with the Member to update the crisis/safety plan created in collaboration with the Member. If a crisis/safety plan is not available, providers will develop a crisis/safety plan with the Member prior to discharge. With Member consent, a copy of the crisis/safety plan is sent to the local ESP provider, CCA Care Team as well as Member support systems. The crisis/safety plan is documented in the Member's health record
- Outpatient Services providers develop linkages and working relationships with other service providers frequently utilized by Members enrolled in their outpatient services, including PCP, the CCA Care Team and all levels of BH care such as Inpatient, providers of diversionary and 24-hour levels of care
- Efforts to develop relationships with other service providers are documented through written Affiliation Agreements, MOU, active participation in local Systems of Care meetings, minutes of regularly scheduled meetings, and/or evidence of collaboration in Member's health records
- If the member terminates without notice, every effort is made to contact the member to obtain the member's participation in the treatment, and to help with appropriate follow-up plans (i.e.-schedule another appointment or provide appropriate referrals). Such activity is documented in the member's record. When the member is a DMH client, DMH is informed of the termination
- If the member terminates without notice, every effort is made to contact the member to obtain the member's participation in the treatment, and to help with appropriate follow-up plans (i.e.-schedule another appointment or provide appropriate referrals).



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Such activity is documented in the Members health record. **Provider will notify CCA of the member's termination in order for CCA Care Team to contact member to see if they would like support with finding a new therapist.**

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records
- **Outpatient providers will make best attempts (i.e. appointment reminder calls) to support member compliance with attending the scheduled for HEDIS® 7 Day Follow-Up After Hospitalization for a Mental Illness (FUH) visit or the 14-day post discharge medication visit. If member does not attend scheduled visits, the provider will notify members CCA Care team immediately by calling CCA's Provider Line at 866-420-9332**
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for all Outpatient Behavioral Health levels of care
- The providers will provide access to medical records to CCA upon medical records request
- The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network. Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual

REIMBURSEMENT:

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: [HERE](#)



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BILLING PROCEDURES:

Claims are to be submitted on the applicable industry standard claim forms and shall include, at a minimum, the following information:

- Member's name and address
- Member's Date of Birth
- Member's CCA ID Number
- CCA Provider Number
- Date of Service
- Diagnosis, using appropriate and applicable code
- Services, equipment, supply or treatment/procedure provided, using applicable procedure coding (i.e., HCPCS) *
- Provider's Usual Charges

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).

Approvals:

<u>Peggy Johnson, MD</u>	<u>Chief of Psychiatry</u>
CCA Senior Clinical Lead [Print]	Title [Print]
	<u>06/03/2021</u>
Signature	Date
<u>Click here to enter text.</u>	
CCA Senior Operational Lead [Print]	Title [Print]
Signature	Date
<u>Lori Tishler, MD</u>	<u>Senior Vice President, Medical Services</u>
CCA CMO or Designee [Print]	Title [Print]
	<u>06/03/2021</u>
Signature	Date