

MENTAL HEALTH PLAN (MHP) PROVIDER NETWORK FREQUENTLY ASKED QUESTIONS (FAQ)

BASIC INFORMATION

What is the Mental Health Plan (MHP) Provider Network?

The Mental Health Plan (MHP) Provider Network is a pool of mental health providers/practitioners, such as:

- Licensed clinical social workers (LCSW),
- Licensed marriage and family therapists (MFT);
- Licensed clinical psychologists (Ph.D./Psy.D.); and
- Physicians

who contract with Alameda County Behavioral Health Care Services (BHCS) to provide outpatient mental health services to children and adults.

Who is the target population of the MHP Provider Network?

The providers/practitioners in the MHP Provider Network serve Alameda County children and adults who are eligible for mental health benefits under Medi-Cal and other funding streams under Alameda County's mental health plan. Individuals served by the Network are experiencing mild-to-moderate mental illnesses that meet medical necessity for specialty mental health services.

How many providers/practitioners are part of the MHP Provider Network?

BHCS currently contracts with approximately 490 individual providers/practitioners and eight groups.

JOINING THE MHP PROVIDER NETWORK

Does BHCS still add fee-for-service providers/practitioners to the MHP Provider Network?

No. The MHP Provider Network is closed to additional fee-for-service providers/practitioners with the exception of those providers/practitioners who meet specific regional, language or other unmet service capacity needs identified by BHCS.

I am interested in becoming a provider/practitioner in the MHP Provider Network, what should I do?

In order to meet the needs of Alameda County's diverse population, BHCS is seeking individual providers/practitioners who meet the preferred criteria under **A.** and at least one criterion under **B.**

A. Preferred Experience

1. Have a breadth of clinical experience, including working with consumers with Medi-Cal
2. Have been licensed for at least two years.

B. Geographic Area/Language

1. Provide services in one or more of the following areas:
 - East Alameda County, specifically Livermore, Pleasanton and/or Dublin
 - South Alameda County, specifically Sunol, Fremont, Newark, Union City
 - Central Alameda County, specifically, Hayward, Fairview, Cherryland, San Lorenzo, Ashland, Castro Valley, and/or San Leandro.
2. Provide services in one or more of the following languages:
 - American Sign Language (ASL)
 - Cantonese
 - Farsi
 - Mandarin
 - Spanish
 - Other

If you meet the criteria above, please fill out the [Brief Application](#) and submit to: procurement@acbhcs.org to determine whether you meet the minimum criteria.

I am part of an organization, may my organization join the MHP Provider Network?

No. The MHP Provider Network is currently closed, with the exception of those individual providers/practitioners who can help BHCS address specific capacity needs, such as those listed above. Any new organizational providers will be selected through a competitive procurement process that begins with BHCS releasing a request for proposals (RFP). BHCS' RFPs are advertised here:

<http://www.acbhcs.org/Docs/docs.htm#RFP>.

What is the process for becoming part of the Managed Care Provider Network?

Becoming part of the MHP Provider Network is a multi-stage process, which includes the following steps:



Who should I contact regarding application questions?

Please contact BHCS' Network Office via email at procurement@acbhcs.org.

What documents do I need to provide to become part of the MHP Provider Network?

Once a provider/practitioner has been approved to submit a formal application, the following documents must be submitted with the formal application:

- Current professional liability insurance(\$1,000,000 per incident and \$2,000,000 aggregate);
- Copy of current licenses; and
- Current resume.

PAYMENT INFORMATION

What is the rate of reimbursement for providing services under the Network?

The MHP reimbursement rate differs depending on the type of service discipline of the provider. The rate of payment is authorized solely by BHCS. Bilingual services are paid separately.

When can I expect payment for services I provided?

Claims are paid through BHCS' Provider Relations and are normally processed within two weeks of receipt. Make sure to send in a Request for Extended Service (RES) form to Authorizations prior to submitting the claim for a 4th session. Remember to submit a Request for Concurrent Review (RCR) form to Authorizations after the sixth month of service.

Who should I contact regarding billing questions?

Please contact BHCS' Provider Relations at 800.878.1313.

CONTRACTING INFORMATION

What documents do I need to update each year?

BHCS requires providers/practitioners to keep the following document updated with BHCS' Network Office:

- Current professional liability insurance;
- Copy of current licenses; and
- Updated resume.

Once I am part of the MHP Provider Network, how often will I be re-credentialed?

Once a provider/practitioner has been approved and contracted to join the MHP Network, they will be re-credentialed every three years.

What updates should I provide to BHCS?

To ensure providers/practitioners receive appropriate and consistent information from BHCS' units, providers/practitioners must inform BHCS' Network Office procurement@acbhcs.org when the following changes occur:

- Change of location/address;
- Change of email, phone and/or fax number;
- Change of name;
- Change of status with any licensing/oversight board that may impact a practitioner's ability to provide, claim or be reimbursed for specialty mental health services.

**Please include your full name; contact information and reference that you are part of the MHP Provider Network.*

Who should I contact regarding updates in the number of referrals I can receive?

To ensure provider/practitioners receive appropriate and consistent referrals from BHCS' ACCESS unit, providers/practitioners must inform BHCS' ACCESS unit via email adesk@acbhcs.org with any updates regarding referrals or call 800.491.9099.

**Please share your full name and reference that you are part of the MHP Provider Network.*

What is the difference between the Network Office and Provider Relations?

Effective **October 1, 2012** BHCS' Network Office will be responsible for recruitment, credentialing and organizational site certifications. Provider Relations will continue to be the primary contact for all issues regarding billing and payment.

Network Office Responsibilities	Provider Relations Responsibilities
<ul style="list-style-type: none">• Responding to inquires about becoming a part of the MHP Provider Network;• Prescreening providers who would like to join the MHP Provider Network;• Sending applications to providers who are offered enrollment into the MHP Provider Network;• Receiving and screening completed applications from providers;• Initial credentialing of providers;• Re-credentialing providers every three years;• Disenrollment of providers who no longer wish to be part of the MHP Provider Network or who no longer meet the requirements of the MHP Provider Network;• Ensuring providers maintain good standing with their respective licensing boards;• Ensuring providers maintain required insurance between credentialing years;• Soliciting, receiving and sharing provider information and/or updates, such as contact information, address, phone and fax numbers, referral and availability; and• Creating contracts and contract amendments. <p>Contacts:</p> <ul style="list-style-type: none">• Network Support email: procurement@acbhcs.org• Administrative Assistant phone: 510.383.2874	<ul style="list-style-type: none">• Assisting with client benefit issues;• Providing the MHP Provider Handbook to new providers;• Supporting the policies and procedures of the MHP Provider Handbook;• Communicating billing procedure changes to providers;• Communicating new benefit plans for clients to providers;• Providing information on BHCS' low income plan, HealthPAC;• Communicating policy changes to the MHP Provider Network;• Coordinating and performing monthly provider trainings;• Processing provider appeals;• Resolving provider rates issues on paid claims;• Assisting organizational and group providers with staff number requests;• Distributing provider information on behalf of BHCS;• Answering provider questions or issues on the 800.878.1313 number;• Serving as the customer service hub for BHCS' Mental Health Plan. <p>Contacts:</p> <ul style="list-style-type: none">• Provider Relations phone: 800.878.1313

What is the difference between the Network Office and ACCESS?

While the Network Office manages recruitment, credentialing, re-credentialing and MHP Provider Network contracting activities, ACCESS provides the clinical expertise for mental health and substance abuse screening and referral for Alameda County residents. ACCESS refers Alameda County children and adults who are eligible for mental health benefits under Medi-Cal and other funding streams under Alameda County's mental health plan to MHP Provider Network providers/practitioners based on clinical and cultural needs as well as client preferences.