



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

**BASIC INFORMATION**

**What is Alameda County Behavioral Health Care Services?**

Alameda County Behavioral Health Care Services (BHCS) is the public insurance (Medicaid) administrator, which serves Alameda County residents eligible low income individuals through Medi-Cal and other funding streams. Specifically, BHCS provides the behavioral health component of the insurance plan.

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

The Mental Health Plan (MHP) Provider Network is a pool of mental health providers/practitioners run by Alameda County BHCS, 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 BHCS to provide outpatient mental health services to children and adults.

**Who is the target population of the MHP Provider Network?**

The providers in the MHP Provider Network serve Alameda County children and adult residents 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.

**Who manages the MHP Provider Network?**

BHCS' MHP Network is co-managed by several BHCS units. Each unit plays a distinct and important role in managing the MHP Network. To ensure that provider concerns and/or questions are handled in a timely and appropriate manner, providers should use the below guide to contact the appropriate BHCS unit.

<b>Topic</b>	<b>Unit to contact</b>	<b>Contact information</b>
<ul style="list-style-type: none"> <li>• MHP Provider Application</li> <li>• Contract and/or amendments</li> <li>• Credentialing and/or re-credentialing</li> <li>• Dis-enrollment</li> <li>• Insurance coverage</li> <li>• Certifying/re-certifying site for Medi-Cal (for groups and organizations only)</li> <li>• Updating contact information</li> </ul>	Network Office	<b>P:</b> 510.383.2874 <b>F:</b> 510.567.8290 <b>E:</b> <a href="mailto:procurement@acbhcs.org">procurement@acbhcs.org</a> <b>W:</b> <a href="http://www.acbhcs.org/providers/network/docs.htm">http://www.acbhcs.org/providers/network/docs.htm</a> Network Office c/o MHP Provider Network 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606
<ul style="list-style-type: none"> <li>• Billing/Claims</li> <li>• Payments</li> <li>• Rates</li> <li>• Staff numbers</li> </ul>	Provider Relations	<b>P:</b> 1.800.878.1313 <b>F:</b> 510.567.8081 Provider Relations c/o MHP Provider Network P.O. Box 738 San Leandro, CA 94577

Topic	Unit to contact	Contact information
<ul style="list-style-type: none"> <li>• Referrals</li> <li>• Client eligibility</li> <li>• Updating availability and capacity</li> <li>• Clinical consultation</li> <li>• Requests for Prior Consultation forms (used by provider provide information to ACCESS about client before client has been seen)</li> </ul>	Acute Crisis Care & Evaluation for System-wide Services (ACCESS)	<b>P:</b> 1.800.491.9099 <b>E:</b> <a href="mailto:adesk@acbhcs.org">adesk@acbhcs.org</a>
<ul style="list-style-type: none"> <li>• Requests for Extended Service Review forms (used by provider to provide Authorizations with information for client treatment extensions for <u>the third visit and forward</u>)</li> <li>• Requests for Concurrent Review (used by provider to provide Authorizations new information on client's diagnosis, referrals, treatment and plan)</li> <li>• Treatment Authorization Requests for Acute Psychiatric Hospital and Long Term Care Services</li> </ul>	Authorization Services	<b>P:</b> 510.567.8141 <b>F:</b> 510.567.8148  Authorization Services Unit c/o MHP Provider Network 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606
<ul style="list-style-type: none"> <li>• Clinical care and documentation standards</li> <li>• Informing materials</li> <li>• Quality of care</li> <li>• Death and incident reporting</li> <li>• Breach reporting</li> </ul>	Quality Assurance	<b>P:</b> 510.567.8105 <b>W:</b> <a href="http://www.acbhcs.org/providers/QA/QA.htm">http://www.acbhcs.org/providers/QA/QA.htm</a> <b>F:</b> 510.639-1346 <b>E:</b> <a href="mailto:QAinfo@acbhcs.org">QAinfo@acbhcs.org</a>

**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.

**Table 1**

Network Office Responsibilities	Provider Relations Responsibilities
<ul style="list-style-type: none"> <li>• Responding to inquires about becoming a part of the MHP Provider Network;</li> <li>• Prescreening providers who would like to join the MHP Provider Network;</li> <li>• Sending applications to providers who are offered enrollment into the MHP Provider Network;</li> <li>• Receiving and screening completed applications</li> </ul>	<ul style="list-style-type: none"> <li>• Assisting with client benefit issues;</li> <li>• Providing the MHP Provider Handbook to new providers;</li> <li>• Supporting the policies and procedures of the MHP Provider Handbook;</li> <li>• Communicating billing procedure changes to providers;</li> </ul>

Network Office Responsibilities	Provider Relations Responsibilities
<p>from providers;</p> <ul style="list-style-type: none"> <li>• Initial credentialing of providers;</li> <li>• Re-credentialing providers every three years;</li> <li>• 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;</li> <li>• Ensuring providers maintain good standing with their respective licensing boards;</li> <li>• Ensuring providers maintain required insurance between credentialing years;</li> <li>• Soliciting, receiving and sharing provider information and/or updates, such as contact information, address, phone and fax numbers, referral and availability; and</li> <li>• Creating contracts and contract amendments.</li> </ul> <p><b>Contacts:</b></p> <ul style="list-style-type: none"> <li>• Network Support email: <a href="mailto:procurement@acbhcs.org">procurement@acbhcs.org</a></li> <li>• Administrative Assistant phone: 510.383.2874</li> </ul>	<ul style="list-style-type: none"> <li>• Communicating new benefit plans for clients to providers;</li> <li>• Providing information on BHCS' low income plan, HealthPAC;</li> <li>• Communicating policy changes to the MHP Provider Network;</li> <li>• Coordinating and performing monthly provider trainings;</li> <li>• Processing provider appeals;</li> <li>• Resolving provider rates issues on paid claims;</li> <li>• Assisting organizational and group providers with staff number requests;</li> <li>• Distributing provider information on behalf of BHCS;</li> <li>• Answering provider questions or issues on the 800.878.1313 number;</li> <li>• Serving as the customer service hub for BHCS' Mental Health Plan.</li> </ul> <p><b>Contact:</b></p> <ul style="list-style-type: none"> <li>• Provider Relations phone: 800.878.1313</li> </ul>

**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.

**JOINING THE MHP PROVIDER NETWORK**

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

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

**I am interested in becoming a provider 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/ 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. Have an office located in one or more of the following areas:
  - Alameda
  - Castro Valley
  - Hayward
  - Fremont
  - Livermore

- East Oakland (especially in zip codes 94621, 94603 and 94605)
  - West Oakland
  - San Leandro
  - San Lorenzo
  - Union City
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](mailto:procurement@acbhcs.org) to determine whether you meet the minimum criteria. Make sure to submit a copy of your latest resume. Please note that simply meeting the criteria does not guarantee acceptance into the Provider Network.

**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 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>.

**I meet the criteria above and have been approved through the Brief Application process, 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 Brief Application questions?**

Please contact BHCS' Network Office via email at [procurement@acbhcs.org](mailto:procurement@acbhcs.org).

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

Once a provider has been approved to submit a formal application, the following documents must be submitted with the Credentialing Application (note Credentialing Applications are sent to approved providers after submittal of the Brief Application):

- Current professional liability insurance(\$1,000,000 per incident and \$2,000,000 aggregate). Please note that insurance must be updated annually once a provider/practitioner is part of the MHP Network; and
- Copy of current licenses.

**I was not accepted into the Network, is there an appeal process?**

No. There is no appeal process. BHCS carefully reviews each Brief Application against the current needs of the priority populations and sends a letter of acceptance or denial to each provider/practitioner applicant.

**PROVIDER RESPONSIBILITIES**

**What is required of me once I am in the MHP Provider Network?**

As a condition of contracting with BHCS' MHP Network providers must meet BHCS requirements; provide information and submit particular forms to continue to be contracted with and be in compliance with the Agreement with BHCS. Providers must:

Required Provider Action	Frequency of Action	Responsible BHCS Unit	Consequence of Non-Compliance
<p><b>Attend trainings</b> to gain knowledge about:</p> <ul style="list-style-type: none"> <li>• BHCS and the various units that co-manage the MHP Provider Network</li> <li>• Your obligation of how and when to check beneficiary eligibility for coverage, such as Medi-Cal</li> <li>• Receiving referrals and the importance of keeping ACCESS informed of your availability</li> <li>• How to obtain authorizations for ongoing services</li> <li>• Required Quality Assurance (QA) documentation standards</li> <li>• How to successfully meet the claims requirements for</li> </ul>	<p>You should attend these trainings as soon as possible, <b>after you have signed a Letter of Intent or Agreement with BHCS.</b></p> <p>BHCS strongly encourages you to attend these trainings prior to rendering services to beneficiaries to ensure payment for services rendered</p>	<p>You should respond to BHCS training events, as specified in the invitations</p>	<p>Providers who do not attend the trainings are at risk for:</p> <ul style="list-style-type: none"> <li>• Not understanding the various BHCS units that co-manage the MHP Provider Network</li> <li>• Having claims denied due to incorrect timely submittal or other claiming errors</li> <li>• Having claims denied due to beneficiary lapse in benefits</li> <li>• Having claims denied due to lack of authorization</li> <li>• Having claims denied due to non-compliance with documentation standards</li> </ul>

Required Provider Action	Frequency of Action	Responsible BHCS Unit	Consequence of Non-Compliance
reimbursement			
Seek Prior Authorization from ACCESS for individuals who are under 18 and over 64 and/or require psychological testing and for any other benefits plan other than Medi-Cal	When ACCESS does not provide a referral to the provider for these circumstances you must submit this information prior to rendering services	You should contact BHCS' ACCESS unit at:  <b>P:</b> 1.800.491.9099 <b>E:</b> <a href="mailto:adesk@acbhcs.org">adesk@acbhcs.org</a>	Providers who do not obtain authorized referrals in these instances, may not be paid for services rendered
Check client's benefit status to ensure they are still eligible for benefits under Alameda County's MHP, such as Medi-Cal	<b>Monthly</b>	Follow up with Provider Relations Claims Processing Center, as needed	Providers who do not check and verify the served client's benefits status, are at risk for not being paid for services if the client is not eligible for benefits under Alameda County's MHP, such as Medi-Cal
Submit claims for service rendered on appropriate claim forms following the claiming rules	<b>Monthly</b> and no more than 60 days after the month of service	Submit to Provider Relations Claims Processing Center at: P.O. Box 738, San Leandro, CA 94577	Providers who submit incorrect, incomplete or claims past the specified timeline will not be paid for services rendered
Submit a Request for Extended Service (RES) form or Request for Concurrent Review (RCR) to continue seeing a beneficiary	On the <b>fourth service visit and beyond:</b> RES must be used before the fourth service is provided RCR must be used before the expiration of the current authorization	Submit to Authorization Services unit at:  <b>P:</b> 510.567.8141 <b>F:</b> 510.567.8148  Authorization Services Unit c/o MHP Provider Network 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606	Providers who do not submit and obtain approval for continued services, may not be paid for unauthorized services rendered
<b>If</b> you have been licensed for <b>one year or less</b> at the time of contracting, BHCS requires that you participate and cooperate in a Quality Assurance Audit <sup>1</sup>	<b>Anniversary or before</b>	Respond to all inquiries from Quality Assurance at:  <b>P:</b> 510.567.8105 <b>F:</b> 510.639-1346 <b>E:</b> <a href="mailto:QAinfo@acbhcs.org">QAinfo@acbhcs.org</a>	Providers who do not participate and cooperate with Quality Assurance are at risk for disenrollment from the MHP Provider Network
Submit proof of	<b>Annually</b> , prior to	Submit to Network Office	Providers who do not

<sup>1</sup> In order to assure quality services are delivered to clients please note that BHCS reserves the right to audit any contracted provider at any time

Required Provider Action	Frequency of Action	Responsible BHCS Unit	Consequence of Non-Compliance
professional liability and general liability <b>insurance</b> coverage meeting the minimum of \$1,000,000 per incident and \$2,000,000 aggregate	expiration	unit at: <b>P:</b> 510.383.2874 <b>F:</b> 510.567.8290 <b>E:</b> <a href="mailto:procurement@acbhcs.org">procurement@acbhcs.org</a> Network Office c/o MHP Provider Network 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	submit up-to-date proof of insurance are at risk for involuntary dis-enrollment from the MHP Provider Network
Submit a photocopy of all applicable state license(s) with a clearly visible expiration date; if your license is revoked or suspended you must inform the Network Office immediately	Prior to expiration date when possible  For LMFT, LCSW and Education Psychologists (LEP), <b>every two years</b> from the last date of renewal, prior to expiration		Providers who do not submit up-to-date license(s) are at risk for involuntary dis-enrollment from the MHP Provider Network
Complete and submit the re-credentialing application and required documents	Every <b>three years</b> from initial date of credentialing		Providers who do not complete and submit the re-credentialing application and required documents in the timeline specified will be involuntarily dis-enrolled from the MHP Provider Network
Update ACCESS when <b>open slots</b> for beneficiary referrals are available	As information changes	Update ACCESS unit at: <b>P:</b> 1.800.491.9099 <b>E:</b> <a href="mailto:adesk@acbhcs.org">adesk@acbhcs.org</a>	Providers who do not submit updates on their availability and openings for referrals risk not receiving adequate and appropriate referrals; BHCS checks how active a provider has been upon considering re-credentialing, thus it is important that this information is always up-to-date  <b>Please note that BHCS is contracting with you to provide services in a particular office location. If/when there is a change in your location, it is imperative that you notify BHCS immediately</b>

Required Provider Action	Frequency of Action	Responsible BHCS Unit	Consequence of Non-Compliance
Update the Network Office on all changes to <b>contact information, addresses, phone/fax numbers and email addresses by filling out this form:</b> <a href="http://www.acbhcs.org/providers/network/docs/2013/PROVIDER_UPDATE.doc">http://www.acbhcs.org/providers/network/docs/2013/PROVIDER_UPDATE.doc</a>	As information changes	Update Network Office at: <b>P:</b> 510.383.2874 <b>F:</b> 510.567.8290 <b>E:</b> <a href="mailto:procurement@acbhcs.org">procurement@acbhcs.org</a>  Network Office c/o MHP Provider Network 1900 Embarcadero Cove, Suite 205 Oakland, CA 94606	Providers who do not submit updates will not receive notices and letters, which contain important information; thus, providers may not be able to respond to time-sensitive requests and BHCS may choose to dis-enroll the provider  <b>Please note that BHCS is contracting with you to provide services in a particular office location. If/when there is a change in your location, it is imperative that you notify BHCS immediately</b>

**What documents do I need to update each year?**

BHCS requires providers/practitioners to keep their professional liability insurance updated with BHCS' Network Office on an annual basis.

**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, but current professional liability insurance must be submitted annually.

**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](mailto: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 use this form [http://www.acbhcs.org/providers/network/docs/2013/PROVIDER\\_UPDATE.doc](http://www.acbhcs.org/providers/network/docs/2013/PROVIDER_UPDATE.doc) and submit to [procurement@acbhcs.org](mailto:procurement@acbhcs.org).

**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](mailto:adesk@acbhcs.org) with any updates regarding referrals or call 1.800.491.9099.

## PAYMENT INFORMATION

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

The MHP reimbursement rates differ depending on the provider/practitioner's discipline. 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 fourth 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 1.800.878.1313.

## OTHER INFORMATION

### **I want to dis-enroll from the MHP Provider Network; what do I need to do?**

Please complete this form

[http://www.acbhcs.org/providers/network/docs/2013/Voluntary\\_Disenrollment\\_Form.docx](http://www.acbhcs.org/providers/network/docs/2013/Voluntary_Disenrollment_Form.docx) and submit to [procurement@acbhcs.org](mailto:procurement@acbhcs.org).

### **Where can I obtain information on the MHP Provider Network?**

Please visit <http://www.acbhcs.org/providers/network/docs.htm> and scroll down to the Mental Health Plan Provider Network Section for up-to-date information.

Quality Assurance information may be obtained by visiting <http://www.acbhcs.org/providers/QA/QA.htm>.

### **Where can I obtain needed forms?**

It depends on the type of form needed.

- For Authorization Services forms and other Clinical forms visit <http://www.acbhcs.org/providers/Forms/Forms.htm>
- To update provider information or dis-enroll, visit <http://www.acbhcs.org/providers/network/docs.htm>