



**United Behavioral Health Provider  
Training: Phase 2**

**Behavioral Health for Children and  
Adolescents**

**State of Massachusetts Mandate 1/1/2021  
Implementation of Therapeutic Mentoring  
and Family Support & Training Services**



# **BHCA phase 2 provider training topics**

## **Behavioral Health for Children and Adolescents**

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**1. Medical Necessity Criteria: Therapeutic Mentoring (TM) and Family Support & Training (FS&T)**

**2. Credentialing and Certification for TM and FS&T Services**

**3. Billing for TM and FS&T Services**

**4. Supervisory Protocol for BHCA Services (Including TM and FS&T)**

**5. BHCA Phase 1 Service Refresher: Including Modified Intensive Care Coordination (ICC) Process**

**6. Q&A**

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# Medical Necessity Criteria:

**Therapeutic Mentoring and Family Support & Training**

# Therapeutic mentoring (TM)

## Medical Necessity Criteria

### Therapeutic Mentoring Services

- **Therapeutic Mentoring.** Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults.
- Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.
- Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.

## Admission Criteria

- A comprehensive behavioral health assessment indicates that the member's clinical condition warrants this service in order to support age-appropriate social functioning or ameliorate deficits in the member's age-appropriate social functioning.
- The member requires education, support, coaching, and guidance image-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to others to address daily living, social, and communication needs and to support the member in a home, foster home, or community setting, OR the member may be at risk for out-of-home placement as a result of the member's mental health condition OR requires support in transitioning back to the home, foster home, or community from a congregate care setting.
- Outpatient services alone are not sufficient to meet the member's needs for coaching, support, and education.
- Required consent is obtained
- The member is currently engaged in outpatient services, In-Home Therapy, Family Stabilization Team, or ICC and the provider or ICC CPT determine that Therapeutic Mentoring Services can facilitate the attainment of a goal or objective identified in the treatment plan or ICP that pertains to the development of communication skills, social skills and peer relationships.
- Services provided by therapeutic mentors are within the scope of their training and certification.

# Therapeutic mentoring (TM)

## Medical Necessity Criteria

### Continuing Stay Criteria

- The member's clinical condition continues to warrant Therapeutic Mentoring Services in order to continue progress toward treatment plan goals.
- The member's treatment does not require a more intensive level of care.
- No less-intensive level of care would be appropriate.
- Care is rendered in a clinically appropriate manner and focused on the member's behavioral and functional outcomes as described in the treatment plan/ICP.
- Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident.
- The member is actively participating in the plan of care to the extent possible consistent with his/her condition.
- Where applicable, the parent/guardian/caregiver and/or natural supports are actively involved as required by the treatment plan/ICP.

### Discharge Criteria

- The member no longer meets admission criteria for this level of care or meets criteria for a less or more intensive level of care.
- The treatment plan/ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the member's behavioral health condition.
- The member and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
- Required consent for treatment is withdrawn.
- The member is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
- The member is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.

# Therapeutic mentoring (TM)

## Medical Necessity Criteria

### Exclusions/Limitations

- The member displays a pattern of behavior that may pose an imminent risk to harm self or others, or sufficient impairment exists that requires a more intensive service beyond community-based intervention.
- The member has medical conditions or impairments that would prevent beneficial utilization of services.
- Therapeutic Mentoring services are not needed to achieve an identified treatment goal.
- The member's primary need is only for observation or for management during sport/physical activity, school, after-school activities, or recreation, or for parental respite.
- The service needs identified in the treatment plan/ICP are being fully met by similar services.
- The member is placed in a residential treatment setting with no plans for return to the home setting.





# Family support and training (FS&T)

## Medical Necessity Criteria

### Family Support and Training

- **Family Support and Training.** Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician, and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.
- Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.
- Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.

### Admission Criteria

- A comprehensive behavioral health assessment indicates that the member's clinical condition warrants this service in order to improve the capacity of the parent/caregiver in ameliorating or resolving the member's emotional or behavioral needs and strengthen the parent/caregiver's capacity to parent leading to successfully supporting the member in the home or community setting.
- The parent/caregiver requires education, support, coaching, and guidance to improve their capacity to parent in order to ameliorate or resolve the member's emotional or behavioral needs so as to improve the member's functioning as identified in the outpatient, In-Home Therapy or Family Stabilization treatment plan/ICP, for those member enrolled in ICC, and to support the member in the community.
- Outpatient services alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education.
- The parent/caregiver gives consent and agrees to participate.
- A goal identified in the member's outpatient, In-Home Therapy, or Family Stabilization Team treatment plan or ICP, for those enrolled in ICC, with objective outcome measures pertains to the development of the parent/caregiver capacity to parent the member in the home or community.
- The member resides with or has current plan to return to the identified parent/caregiver.
- Services provided by family partners are within the scope of their training and certification

# Family support and training (FS&T)

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## Medical Necessity Criteria

### Continuing Stay Criteria

- The parent/caregiver continues to need support to improve his/her capacity to parent in order to ameliorate or resolve the member's emotional or behavioral needs as identified in the outpatient, In-Home Therapy or Family Stabilization treatment plan/ICP, for those member enrolled in ICC, and to support the member in the community.
- Care is rendered in a clinically appropriate manner and focused on the parent/caregiver's need for support, guidance, and coaching.
- All services and supports are structured to achieve goals in the most time efficient manner possible.
- For members in ICC, with required consent, informal and formal supports of the parent/caregiver are actively involved on the member's team.
- With required consent, there is evidence of active coordination of care with the member's care coordinator (if involved in ICC) and/or other services and state agencies.
- Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident.

### Discharge Criteria

- The parent/caregiver no longer needs this level of one-to-one support and is actively utilizing other formal and/or informal support networks.
- The member's treatment plan/ICP indicates the goals and objectives for Family Support and Training have been substantially met.
- The parent/caregiver is not engaged in the service. The lack of engagement is of such a degree that this type of support becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
- The parent/guardian/caregiver withdraws consent for treatment.



# Family support and training (FS&T)

## Medical Necessity Criteria

### Exclusions/ Limitations

- There is impairment with no reasonable expectation of progress toward identified treatment goals for this service.
- There is no indication of need for this service to ameliorate or resolve the member's emotional needs or to support the member in the community.
- The environment in which the service takes place presents a serious safety risk to the Family Support and Training Partner making visits, alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service.
- The member is placed in a residential treatment setting with no current plans to return to the home setting.
- The member is in an independent living situation and is not in the family's home or returning to a family setting.
- The service needs identified in the treatment plan/ICP are being fully met by similar services from the same or any other agency.

#### Resource:

- [Provider Express: MA Commercial Supplemental Clinical Criteria](#)



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# Credentialing / Certification:

**Therapeutic Mentoring and Family Support & Training**

# Credentialing and certification for TM and FS&T services

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## Behavioral Health for Children and Adolescents (BHCA)

### COMMUNITY HEALTHWORKER CERTIFICATION (CHW)

The Department of Mental Health was charged with identifying the certification standards and process that best fits the knowledge and skills needed by Family Partners and Therapeutic Mentors. DMH determined that to be the **Community Health Worker (CHW)** certification.

DMH partnered with DPH's Bureau of Health Professions Licensure to record a webinar that explains the CHW certification requirements and process. DMH also created "cross-walk" documents (linked below) to help family partners, therapeutic mentors, their supervisors and program managers understand how their work is reflected in those standards.

As a reminder, the "work hours only" certification pathway is the **only one currently available and is due to expire on June 30, 2021**. Family partners and therapeutic mentors who have at least 4,000 hours of relevant work experience can pursue this pathway.

#### Related Resources:

- [CHW Certification Webinar](#)
- [TM Crosswalk and Application Instructions](#)  
[FS&T Crosswalk and Application Instructions](#)

# Credentialing and certification for TM and FS&T services

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## Behavioral Health for Children and Adolescents (BHCA)

### COMMUNITY HEALTHWORKER CERTIFICATION (CHW)

The **Board of Certification of Community Health Workers** within the Bureau of Health Professions Licensure at the Massachusetts Department of Public Health regulates the Community Health Worker (CHW) certification.

To apply for certification, the following are required:

1. Complete an [application](#) (this requires a *notarized* signature)
2. A passport photo
3. Pay the \$35 application fee
4. Complete a CORI check (this requires a *notarized* signature)
5. Obtain three professional references using the Reference Form included in the application

**For Additional Information and Guidance on Completing the CHW Application Process, Refer to the Following Resources:**

- [Webinar Recording About CHW Certification](#)
- [Board of Certification of Community Health Workers](#)
- [FAQ from the CHW Board](#)
- [Massachusetts Association of Community Health Workers](#)

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# Billing for Services:

## Therapeutic Mentoring and Family Support & Training

# Billing for TM and FS&T services

## Behavioral Health for Children and Adolescents

Service	Code	Authorization	Billing Items
<b>Therapeutic Mentoring (TM)</b>	<b>H0038-HA</b> 96 units per day (per 15 min)	<b>NO</b> Authorization Required	<ol style="list-style-type: none"> <li>1. Can be billed with other outpatient codes within a 24-hour period (96 units = 24 hours)</li> <li>2. Supervisory Protocol for BHCA is the SAME as it is for CBHI</li> </ol>
<b>Family Support &amp; Training (FS&amp;T)</b>	<b>H0038-HS</b> 96 units per day (per 15 min)		

**Note:** these services are available for Accounts that are Sitused in MA for Commercial Fully Insured Plans and Some Commercial ASO Plans who have "opted-in" to purchase BHCA benefits – ALWAYS call in to confirm benefits for the member before providing BHCA services.

Our network clinicians report the highest level of satisfaction when they submit claims online through [Provider Express](#):



Get started today with your One Healthcare:

- Register for a One Healthcare ID today by clicking the [First Time User Link](#)
- For Additional Help with Registration, go [HERE](#)



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# Supervisory Protocol:

## Therapeutic Mentoring and Family Support & Training

# Supervisory protocol

## Behavioral Health for Children and Adolescents

### Overview of Supervisory Protocol

- The **Supervisory Protocol Addendum** allows **non-credentialed clinicians** to render services while under the supervision of an independently licensed clinician.
- Clinicians rendering psychotherapy services must have a **minimum** of a Master's Degree.
- All services that are rendered must be within the scope of the clinician's training.
- Supervision must: (1) occur regularly on a one-to-one basis and (2) be documented.
- Optum may periodically conduct chart audits to ensure compliance with Optum Policies and Procedures.

### Eligible Provider Types

- The Supervisory Protocol Option is **available for groups only**; independent/solo practitioners are **NOT** eligible.
- **Eligible Supervising Providers Include:** A psychiatrist, psychologist, social worker, family and/or other therapist duly licensed and qualified in the state in which MH/SUD services are provided, who practices as an employee of a group and has been credentialed or formally rostered and approved by United Behavioral Health (UBH). In writing, as a MHSAs Group Participating Supervising Provider.

# Supervisory protocol claims example

## CMS Form 1500 (v. 02/12) – Provider Section

24. A.	DATE(S) OF SERVICE						1	↓ RENDERING PROVIDER ID. #
	From	To	From	To	From	To		
	MM	DD	YY	MM	DD	YY	QUAL.	
1							NPI	
2							NPI	
3							NPI	
4							NPI	
5							NPI	
6							NPI	

PHYSICIAN OR SUPPLIER INFORMATION

- Box 24J:** Independently Licensed Clinicians who render services enter their **NPI Number** in the **non-shaded** section
  - Box 24J:** for Non-Independently Licensed Clinicians who render services, claims should be submitted with the **Group Participating Supervising Provider's NPI Number** in the **non-shaded** section

# Supervisory protocol claims example

## CMS Form 1500 (v.02/12) – Provider Section

2. **Box 31:** Independently Licensed Clinicians who render services enter **their name** and licensure in Box 31
  - **Box 31:** for Non-Independently Licensed Clinicians who render services enter the **name of the agency** in Box 31
  
3. **Box 33:** For Claims with **Non-Licensed Clinicians:**
  - **Box 33:** Agency Name, Address and Phone Number
  - **Box 33a:** Agency NPI Number

The diagram illustrates the layout of the Provider Section on CMS Form 1500. It features two main boxes with callouts:

- Box 31:** A rectangular box with a red border containing the text: "31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)". Below this text are two fields labeled "SIGNED" and "DATE". A red circle with the number "2" is positioned above the box, with an orange arrow pointing to the box.
- Box 33:** A larger rectangular box with a red border containing the text: "33. BILLING PROVIDER INFO & PH # ( )". Below this text is a sub-section with two columns labeled "a." and "b.", with "NPI" written in large, light-colored letters across the "a." column. A red circle with the number "3" is positioned to the left of the box, with an orange arrow pointing to the box. Another orange arrow points from the top of the box down to the "a." column.

# Supervisory protocol

## Supervisory Protocol Addendum

**UNITED BEHAVIORAL HEALTH  
AND  
U.S. BEHAVIORAL HEALTH PLAN, CA  
ADDENDUM TO THE  
GROUP PARTICIPATION AGREEMENT**

Provider Name (hereinafter, "Provider") \_\_\_\_\_ Provider TIN: \_\_\_\_\_ Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_

This ADDENDUM summarizes the protocol for supervision of Non-credentialed Mental Health/Substance Use Disorder (MH/SUD) clinicians employed by Provider.

For purposes of this Addendum the follow definitions shall apply:

**MHSA Non-Credentialed Group Participating Provider:** An employee of a MH/SUD Group who provides mental health and/or substance use disorder services, but is not a Group-Based Supervising Provider. Employee of MH/SUD Group is not eligible for independent clinician or Group credentialing by UBH.

**MHSA Group Participating Supervising Provider:** A psychiatrist, psychologist, social worker, family or other therapist duly licensed and qualified in the state in which MH/SUD Services are provided, who practices as an employee of a group and has been credentialed or formally rostered and approved by UBH/USBHPC, in writing, as a MHSA Group Participating Supervising Provider.

- I. Supervision and treatment provided is consistent with the UBH/USBHPC Level of Care Guidelines and the UBH/ USBHPC Best Practice Guidelines. At all times, the Group Participating Supervising Provider requires the Non- credentialed Group Participating Provider to comply with the protocols and requirements of UBH/USBHPC and Payor and the requirements of all applicable regulatory authorities. Group Participating Supervising Providers and Non-credentialed Group Participating Providers conduct treatment and business practices in accordance with the Network Manual.
- II. MHSA Participating Provider conducts verification of education for each Non-credentialed Group Participating Provider. A Non-credentialed Group Participating Provider's training and education includes but is not limited to:
  - A. Professional license eligibility
  - B. Minimum of master's degree for clinicians providing psychotherapy services (unless otherwise specified by applicable state law)
  - C. Work history – with explanation for any gaps of six months or longer
  - D. Specialized Training, where applicable
- III. Non-credentialed Group Participating Providers practice within the scope of their training and abide by the ethical principles of their discipline's licensing Board, that of their Group Participating Supervising Provider, and the professional association with which they are affiliated.

IV. Supervision of Non-credentialed Group Participating Providers follows these guidelines:

- A. A Group Participating Supervising Provider, who is in good standing in the UBH/USBHPC network, provides supervision of a Non- credentialed Group Participating Provider.
- B. The Group Participating Supervising Provider must have regularly scheduled direct, one-one-one, physical supervision with the Non-credentialed Group Participating Provider to review treatment provided. Supervision must be documented and documentation must be kept on file.

V. Claims should be submitted with the Group Participating Supervising Provider as the rendering provider.

VI. UBH/USBHPC may periodically conduct chart audits to ensure compliance with UBH/USBHPC policies and procedures.

VII. Within 30 days of a request by UBH/USBHPC, or no more than semi-annually, MH/SUD Group provides, a written listing of all Non-credentialed Group Participating Providers employed by MH/SUD Group who provide treatment to UBH/USBHPC members.

The Addendum Effective Date is (to be completed by UBH only): \_\_\_\_\_

UBH/U.S. Behavioral Health Plan, CA  
Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Requests for a **Supervisory Protocol Addendum** should be submitted via email to: [provider.services@optum.com](mailto:provider.services@optum.com)

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# **BHCA Phase 1 Refresher:**

**Including Modified Intensive Care Coordination (ICC)  
Process**



# Billing for phase 1 services

## Behavioral Health for Children and Adolescents

Service	Codes	Billing Items
CBAT ICBAT	Rev 1001 + H0017 Rev 1001 + H018	<ol style="list-style-type: none"> <li>1. Must be billed with corresponding HCPCS</li> <li>2. Cannot be billed with other outpatient services such as IHT</li> </ol>
<b>In-Home Therapy / Family Stabilization Team</b>	<b>99510</b> <ul style="list-style-type: none"> <li>• 1 unit per day (not a timed code)</li> </ul>	<ol style="list-style-type: none"> <li>1. Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name. You may check eligibility of family member(s) online or by calling the MH/SUD number on the member ID card prior to billing services.</li> <li>2. This is a per diem, single unit code. Typically, would be billed no more than 1 x day.</li> <li>3. Can be billed with other outpatient codes within the same 24-hour period.</li> </ol>
<b>In-Home Behavioral Services</b>	<b>H2014</b> <ul style="list-style-type: none"> <li>• 96 units per day (per 15 min)</li> </ul>	<ol style="list-style-type: none"> <li>1. Can be billed with other outpatient codes within the same 24-hour period.</li> </ol>
<b>Intensive Care Coordination</b>	<b>H0023</b> <ul style="list-style-type: none"> <li>• 1 unit per day</li> </ul>	<ol style="list-style-type: none"> <li>1. Effective 7/1/2020, for AllWays Health Partners Health Plans, providers can bill health plan directly for ICC services without requiring a single case agreement (SCA).</li> <li>2. Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can bill the health plan directly for ICC services without going through Optum's Internal Case Management Team.</li> <li>3. Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)</li> </ol>
<b>Mobile Crisis Intervention</b>	<b>H2011</b> <ul style="list-style-type: none"> <li>• 96 units per day (per 15 min)</li> </ul>	<ol style="list-style-type: none"> <li>1. Can be billed with other outpatient codes within the same 24-hour period.</li> </ol>

# Phase 1 covered services and authorizations

## Behavioral Health for Children and Adolescents

Services that REQUIRE Authorization	
Rev 1001+H0017	CBAT with R&B
Rev 1001+H0018	ICBAT with R&B
Services that DO NOT Require Authorization	
99510	In-Home Therapy / Family Stabilization Team **  **Note: 99510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services
H2014	In-Home Behavioral Services
H0023	Intensive Care Coordination <sup>1/2</sup>  <sup>1</sup> AllWays Health Partners Health Plans: Effective 7/1/2020, for AllWays Health Partners Health Plans, providers can <b>bill health plan directly</b> for ICC services without requiring a single case agreement (SCA).  <sup>2</sup> Effective 10/15/2020, for <b>all remaining MA-Sitused health plans</b> (e.g. CCI, HPHC and UHC), providers can <b>bill the health plan directly</b> for ICC services without going through Optum's Internal Case Management Team
H2011	Mobile Crisis Intervention

**Note:** these services are available for Accounts that are Sitused in MA for Commercial Fully Insured Plans and Some Commercial ASO Plans who have "opted-in" to purchase BHCA benefits – ALWAYS call in to confirm benefits for the member before providing BHCA services.

Authorizations can be requested in two (2) ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express ([providerexpress.com](https://providerexpress.com)). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.
- Calling United Behavioral Health (UBH) via the number on the member's card.

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# Appendix

# Joining our network

## Behavioral Health for Children and Adolescents

### Begin the Credentialing Process

- The participation process begins with submission of the provider application
  - Go to Provider Express home page > [Our Network](#)  
Under “Join Our Network” select “Individually-Contracted Clinicians” and respond to prompts
  - Clinicians contracting on an individual basis complete the CAQH universal application online at [caqh.org](#)
  - Agencies pursuing group contracts complete the Optum Agency application
- Additional required application materials include
  - Signed Optum Provider Agreement
  - State required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing
- Credentialing requirements can be found at [providerexpress.com](#) under “Join Our Network”
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on [providerexpress.com](#)

### Recredentialing Process

- Recredentialing is completed every 36 months (3 years)
  - – Timeline is established by NCQA
- Several months prior to the recredentialing date, a recredentialing packet will be sent to the primary address on file for the provider
- Completion of the entire recredentialing packet is required for the recredentialing process to be completed
- Site audits will be completed for organizational providers as indicated by Optum policy
- Failure to complete the recredentialing paperwork or participate in the recredentialing site audit (when applicable) will impact the provider’s status in the network

# BHCA provider customer service numbers

## Behavioral Health for Children and Adolescents

Customer service phone numbers may vary by the type of business or employer. Therefore, when calling customer service, you should call the phone number that corresponds to the line of business you have questions about or refer to the number on the member’s insurance ID card.

Below are the phone numbers dedicated to a specific line of business:

Health Plan	Phone Number
AllWays Health Partners	844-451-3518
Partners ASO	844-451-3520
ConnectiCare	888-946-4658
Harvard Pilgrim Health Care	888-777-4742
UnitedHealthcare	Call the number on the back of the insurance ID card

# BHCA provider contact for questions

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## Behavioral Health for Children and Adolescents

- Brad Eardley, LMFT CBHI Program Manager, [bradley\\_eardley@optum.com](mailto:bradley_eardley@optum.com)
- Provider Services 1-877-614-0484 **Calls are answered between 7 a.m. and 7 p.m. CST**



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