



PROVIDER ALERT



Alert 12 – 2004 – 08 – 05 –HCAL, HCYAB, HCCH

New BHRS Monthly reporting as outlined in the July 1, 2004 OMHSAS letter.

On July 1, 2004 Community Care received a letter from the Office of Mental Health and Substance Abuse Services (OMHSAS) stating the BHR Services Exception Reports and Provider BHR Services Report will no longer be submitted in accordance with the July 1, 2001 bulletin on BHR Services Monthly Reporting. In the July 1, 2004 letter from OMHSAS, they are requesting a new, simpler, reporting format. **The June 2004 Provider BHR Services Reports submitted to Community Care on July 30, 2004 were the last reports to be submitted in the old format.**

Providers will now be required to submit the following data as outlined in the July 1, 2004 OMHSAS letter:

1. BHR services provider capacity issues that impact access (submitted to Community Care in the attached Word document)

Each provider is required to submit the Word document “Provider BHR Services Monthly Capacity and Access report” by the 15th of each month for the previous reporting month. The report month will be a calendar month. The first submission will be due **September 15, 2004** for July and August 04 to catch up for two months. The submission due October 15, 2004 will be for the September 2004 data and so on.

2. Access to initial BHR services (TSS, MT, and BSC) 50 days from the initial evaluation date (submitted to Community Care in the attached Excel and Word document)

Providers will submit one Excel document, “Provider BHR Initial Services Report” (see attached), and one Word document “Provider BHR Services Monthly Capacity and Access report” (see attached). Both documents will be submitted electronically to Community Care, the first submission due September 15, 2004 for July and August 2004 data and after that by the 15th of the next month. For example, the September calendar month data is due October 15, 2004. The reporting month is a calendar month.

The Word document “Provider BHR Services Monthly Capacity and Access Report” will include if the provider is at capacity and give detail on members who have reached 50 days from their initial evaluation and services have not begun or services commenced as authorized. Community Care requires that the provider give a reason for services not commencing as authorized and a plan for service commencement. The member will be reported on until all authorized services commence. Community Care Care Managers will continue to contact the providers on all members that are past the 50th day from the evaluation and services have not commenced.

The Excel document “Provider BHR Initial Services Report” (see attached) will include identifying information and the initial service(s) initializing as defined in the July 1, 2001 OMHSAS bulletin. The providers will be required to submit this document when a member has reached 50 days from their initial evaluation and services have not begun or services commenced as authorized, whichever comes first. The provider will be required to continue to submit this document until all authorized services have commenced, i.e. begun or have been offered as authorized.

Community Care will mail out lists of initial BHRS authorizations to all providers. Three months of initial authorizations will be sent in order to capture the services that are over 50 days from the evaluation and have not commenced. Community Care will be sending out electronic copies of the forms as soon as we receive final approval from OMHSAS on our process. Questions and future submissions for ALL counties (AL, BK, YO, AD, and CH) can be directed to:

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