

Billing for Community Behavioral Health Support services supportive supervision

General information

- Adult family homes (AFH) must bill using the [Excel billing template](#).
 - You should have a separate Excel spreadsheet for each managed care organization (MCO).
 - You can submit billing weekly, every two weeks, or every month. Billing must be submitted within 365 days.
 - Spreadsheet billing is a temporary solution. HCA is setting up a single clearinghouse option for adult family homes to use in the future. When this clearinghouse is up and running, adult family homes will be able to submit claims directly and the spreadsheet process will be retired.
- The Excel template has several worksheets along the bottom:
 - An instructions sheet labeled data dictionary.
 - You can find the **taxonomy** and **place of service** codes on this worksheet.
 - Worksheets for each tier level of supportive supervision (green tabs).
 - Worksheets for each tier level for IBSS supportive supervision (blue tabs).
- Before sending the invoice/Excel spreadsheet to the MCO, remember to check eligibility. It is not common, but a client may change MCOs. This can happen if the individual or their authorized representative requests a change.
 - To confirm eligibility, go to ProviderOne: waproviderone.org
 - For a step-by-step walk through of this process, see the [training document](#) under training resources.
 - Reach out to hca1915services@hca.wa.gov if you are not able to access the eligibility review in ProviderOne.

Finding information to fill out the template

- There are two documents the AFH should look at when filling out this billing template:
 - Prior authorization documentation from the MCO.
 - The referral form sent to you by the case manager.
- Most information you need will be on the prior authorization document. Diagnosis that makes the person eligible for supportive supervision is found on the referral form. See the image below for the location of the diagnosis code on the referral form.

Upon receipt, the MCO will confirm receipt with Case manager within **2 business days**. The MCO may provide additional supporting documentation with the referral form before sending to HCA for review. The MCO will return the completed form to HCA at hca1915iservices@hca.wa.gov within the timeframes referenced below.

Timeframe for the MCO to submit referral form to HCA:

- **Clients NOT in an inpatient setting:** 5 business days from receipt of the initial referral
- **Client in an inpatient setting:** 2 business days from receipt of the initial referral

The MCO staff reviewing the referral will complete all information in this section, and review supporting documentation and/or other tools to complete the criteria review.

MCO reviewer information

| | | |
|-------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MCO staff reviewer name | Email address | Telephone |
| <input type="text"/> | | |
| Date received | | |

Eligible ICD-10 diagnosis, as reported through claims/medical records:

Where to submit spreadsheets

| MCO | Email address |
|---------------------------------|--|
| Community Health Plan of WA | fimc.invoice@chpw.org |
| Coordinated Care | waclaimsliason@centene.com |
| Molina Healthcare | cbhsbilling@molinahealthcare.com |
| UnitedHealthcare Community Plan | mpc_etr@uhc.com |
| Wellpoint | wacbhs@wellpoint.com |

- MCOs will convert information submitted via the spreadsheet into claims/encounters. By federal law, MCOs are not allowed to alter any information on the claim. If something is not correct on the template, they must return it for the AFH to fix.
- The MCO will contact the AFH if there are billing errors.
- MCOs have 30 days to pay once they have all the correct information. It is usually quicker, especially if you have electronic fund transfer set up.
- If you have been unsuccessful contacting the MCO after 5 business days, reach out to HCA at hca1915iservices@hca.wa.gov for assistance.
- Benefits of registering for electronic fund transfer (EFT) and/or electronic remittance advice:
 - It's the fastest way to get paid.
 - More timely and secure payments.
 - Receive notification upon payment.
 - Providers must register for EFT with each MCO separately. See table below for electronic funds transfer information for each MCO.

What you need to sign up for electronic funds transfer

- Bank account information for direct deposit.
- Voided check or a bank letter to verify bank account information.
- A copy of your practice's W-9 form.

Sign up for electronic funds transfer

Community Health Plan of Washington

- [Website](#)
- **Phone:** (800) 440-1561
- **Email:** edi.support@chpw.org

Coordinated Care

- [Website](#)
- **Phone:** (877) 331-7154
- **Email:** providersupport@payspanhealth.com

Molina Healthcare

- [Website](#)
- **Phone:** (888) 834-3511
- **Email:** edi@echohealthinc.com

UnitedHealthcare Community Plan

- [Website](#)
- **Phone:** (877) 620-6194
- **Email:** n/a

Wellpoint

- [EFT website](#)
- [ERA website](#)
- **Phone:** (877) 882-0384 / 1-800-AVAILITY (282-4548)
- **Email:**
 - **EFT help:** support@payeehub.org
 - **ERA:** availability.com/about-us/contact-us

Resources

- [CBHS billing guide](#)
- [Program guide](#)
- [CBHS webpage](#)

CBHS training presentations

- [Introduction to supportive supervision](#)
- [Contracting with MCOs](#) (includes billing information)

HCA contact

- hca1915services@hca.wa.gov

MCO contacts

- **Community Health Plan of WA (CHPW):** provider.credentialing@chpw.org
- **Coordinated Care (CCW):** joinournetwork@coordinatedcarehealth.com
- **Molina Healthcare (MHC):** mhw_bh_imc@molinahealthcare.com
- **UnitedHealthcare Community Plan (UHC):** wabhproviderrelations@uhc.com
- **Wellpoint (WLP):** wacbhs@wellpoint.com