



Department of
**Mental Health &
Substance Abuse Services**



Behavioral Health Safety Net of Tennessee

Reference Manual for
Community Network Providers

Tennessee Department of Mental Health & Substance Abuse

Revised July 1, 2019



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On the Cover: This image was taken in Newfound Gap which is high in the Great Smoky Mountains National Park on the border between Tennessee and North Carolina.

Program Overview and Background

The Behavioral Health Safety Net, operated through the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), provides essential outpatient mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of 15 Community Mental Health Agencies. This includes community-based services for people with severe mental illness (SMI) that help them to continue leading functional, productive lives. Essential services include assessment, evaluation, diagnostic and therapeutic intervention, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

The statewide BHSN Provider Network of Community Mental Health Agencies is able to serve eligible Tennesseans no matter what county they live in. As of May 2019, there are 146 BHSN sites across the state in 71 counties, including sites in 54 rural counties.

In FY18, BHSN and the BHSN Provider Network provided vital behavioral health services to approximately 32,667 individuals across the state of Tennessee. Top BHSN services utilized by units were: Case Management, Individual therapy, and Group Psychosocial Rehabilitation. Top BHSN services utilized by unique BHSN enrollees were: Psychiatric Medication Management, Case Management, and Individual Therapy.

2005-2008: Mental Health Safety Net

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the then Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), now the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the Mental Health Safety Net (MHSN) to provide essential mental health services to the 21,000 individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the 191,000 individuals who were dis-enrolled from the TennCare Program due to TennCare Reform. In July 2005, \$11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the 20 mental health agencies that agreed to be providers of services through the MHSN.

Individuals who were enrolled into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric

medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx, the state prescription assistance program that provided discounts on generic and brand name drugs with affordable co-pays.

2009: Mental Health Safety Net + TennCare Partners State Only Program becomes Behavioral Health Safety Net of Tennessee

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the outpatient portion of the TennCare Partners initiative, which at the time was covering the provision of services to approximately 12,000 low income Tennesseans diagnosed with severe and persistent mental illness. TDMHSAS staff examined various alternatives for provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the Behavioral Health Safety Net of Tennessee (BHSN of TN) and served the State Only outpatient population, as well as the original MHSN population. At this time, the BHSN of TN became eligibility based, and opened enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of the BHSN of TN with its expanded enrollment base, an additional \$10 million was appropriated.

Changes over the Years

2009: On July 1, 2009, TDMHSAS agreed to offer three BHSN services to Daniels Class Disenrollees with Medicare and to original MHSN individuals with Medicare who met all other eligibility criteria except the age limit. The three BHSN services offered that were not covered by Medicare were Case Management, Medication Training and Support and CRG Assessment.

2011: CRG assessment no longer offered as a BHSN covered service due to the CRG Assessment no longer being a tool used to determine eligibility.

2012: Peer Support and Psychosocial Rehabilitation were added to the BHSN Service Array.

2013: BHSN eligibility was expanded to include all individuals with Medicare Part B and/or over 65 years old AND met all other BHSN eligibility requirements. Individuals falling into these two categories were only eligible for BHSN services not covered by Medicare Part B (i.e., case management, peer support, etc.).

2018: A BHSN pilot project was implemented to help with transportation needs to behavioral health services for individuals enrolled in BHSN. The flexible service description of the BHSN transportation benefit allowed providers and individuals to individualize the service based on resources available. Based on the results and feedback of the pilot project, BHSN Transportation was added a standard BHSN service in FY20.

2019: Looking Forward to FY20

In addition to BHSN Transportation becoming a standard BHSN service, an additional \$5 million appropriation to the BHSN by Governor Bill Lee allowed the BHSN eligibility criterion around Federal Poverty Level (FPL) increase from 100% to 138% in FY20. In addition, CoverRx will adjust their eligibility criteria from 100% FPL to 138% FPL beginning July 1, 2019.

Provider Responsibilities

Providers must be authorized and trained by the TDMHSAS before they may be a BHSN of TN provider and before they may render services to BHSN of TN service recipients. Providers must:

1. Maintain Tennessee medical licenses and/or certifications as required by his/her practice, or licensure by the TDMHSAS, if appropriate. Mental health professionals providing BHSN of TN services must be either licensed or credentialed to perform the service being rendered. Proof of all necessary credentials and licenses shall be provided to the State upon request;
2. Not be under a U.S. Drug Enforcement Administration (DEA) restriction of his/her prescribing and/or dispensing certification for scheduled drugs;
3. Agree to maintain the confidentiality of service recipient records in accordance with all applicable federal and state laws, regulations, and rules;
4. Agree to maintain and provide access to the TDMHSAS and/or its designee all medical records for BHSN of TN service recipients for ten (10) years from the last date of service.
5. Agree to maintain and provide access to the TDMHSAS and/or its designee all supporting documentation verifying all eligibility requirements for BHSN of TN service recipients within sixty (60) days of registration with the BHSN of TN;
6. Provide medical assistance at or above recognized standards of practice;
7. Inform TDMHSAS BHSN of TN staff of changes to authorized Provider staff that access the BHSNT;
8. Provide the TDMHSAS BHSN of TN staff listed in Appendix IV with the most current contact information (e-mail addresses, phone numbers, and other contact information) for authorized Provider staff connected with the BHSN of TN;
9. Immediately notify the TDMHSAS BHSN of TN staff listed in Appendix IV of any address changes for all sites receiving BHSN of TN correspondence via U.S. Postal Service;
10. Participate in monthly Provider Teleconferences; typically held at 1:30pm Central Time (CT) on the Wednesday following each month's Payment Process;
11. Submit all billing in a timely manner;
12. Submit quarterly Pharmacy Assistance and Coordination reports;
13. Possess a strong working knowledge of the BHSNT. Please contact the TDMHSAS BHSN of TN staff listed in Appendix IV if additional training is needed;
14. Provide assistance and guidance to all BHSN of TN eligible individuals regarding access to and delivery of BHSN of TN covered services;
15. Seek guidance and support from the TDMHSAS BHSN of TN staff listed in Appendix IV as needed regarding the BHSN of TN; and
16. Agree to routinely check the status of new BHSN applications and BHSN Annual Reviews in the BHSN Database, and agree to take appropriate action for BHSN applications and BHSN Annual Reviews in "Returned" status.

Eligibility Determination

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) shall be the lead state agency responsible for determining eligibility and contracting for services to be rendered to service recipients who qualify for assistance from the BHSN of TN. TDMHSAS contracts directly with Community Mental Health Agencies (CMHA) to deliver covered behavioral health services and pharmacy coordination assistance to applicants who qualify for BHSN of TN assistance.

Eligibility Criteria

There are technical and financial eligibility requirements that must be met by individuals before they can qualify for BHSN of TN assistance. Individuals who are eligible for the BHSN of TN must meet the following requirements:

- Be determined ineligible for TennCare or have completed a TennCare application; **and**
- Do not have private health insurance, or the private health insurance lacks mental health coverage, or all mental health benefits under the private health insurance have been exhausted for the year as determined by the Provider in consultation with the service recipient; **and**
- Do not have behavioral health benefits through the Veteran's Administration; **and**
- Be a US Citizen, or qualified alien (defined as a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, or asylee, or refugee, or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws); **and**
- Be a resident of Tennessee; **and**
- Be diagnosed with a qualifying primary mental health diagnosis (please refer to BHSN of TN ICD10 Eligibility Diagnosis Codes document in Appendix III); **and**
- Have a household income at or below 138% of the Federal Poverty Level (FPL); **and**
- Be nineteen years of age or older; **and**
- Not be in an in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; **and**
- Not be an inmate or not be incarcerated.

Eligibility for individuals with Medicare Part B and/or sixty-five (65) years of age or older:

Individuals who have Medicare Part B and meet all other eligibility requirements for BHSN of TN may be enrolled. Individuals sixty-five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B. These two (2) groups are eligible only for the five (5) approved BHSN services:

- Case Management (T1016)
- Medication Training and Support (H0034)
- Peer Support (H0038, H0038HQ)
- Psychosocial Rehabilitation Services (H2017, H2017HQ)
- Transportation (T2002, T2003, A0110)

Transportation services are only allowed when the individual is receiving one of the four other approved services allowed to Medicare recipients.

If an individual is enrolled in Medicare Part B and has a Medicare Advantage Plan, s/he may be enrolled in the BHSN of TN if all other eligibility requirements are met, provided the Advantage Plan does not cover the five (5) approved services noted above, or if the benefits have been exhausted for the year.

Information Verification

By applying for BHSN of TN assistance, the service recipient grants permission and authorizes release of information to the TDMHSAS, or its designee, and to the Provider, or its designee, to investigate any and all information provided, or any information not provided if it could affect eligibility, to determine BHSN of TN assistance eligibility.

Information may be verified through, but not limited to, the following sources:

Proof of Annual Household Income

- Federal income tax records for current or previous year (copy of at least the 1st page); or
- One (1) month of check stubs; or
- Bank Statement; or
- Benefits Check/Letter (Social Security or Unemployment); or

- Dated and signed letter from employer reporting average number of hours worked each month and hourly wage earned; or
- Statement of unemployment insurance from the Tennessee Department of Labor and Workforce Development; or
- Credit bureau report; or
- State income tax records, where applicable, for any state where income is earned; or
- Insurance companies; or
- Any other governmental agency or public or private source of information where such information may impact an applicant's eligibility for BHSN of TN assistance.

Additional Information to Consider in Determining Annual Household Income:

- **Earned Income** is defined as money derived from an individual's work efforts including, but not limited to wages, salaries, commissions, or as profits from a self-employment enterprise, including farming, carried on either alone or jointly. It also includes pay received from jury duty, bonuses, vacation pay, maternity leave pay, sick pay, tips/gratuities, royalties, honoraria, and pensions received by an individual while still employed. Garnished or diverted wages also are considered to be earned income.
- **Unearned Income** is defined as income received but not directly realized from work, such as Social Security income (retirement and disability), unemployment benefits, Family First (TANF) grants, child support, alimony, capital gains, IRA distributions, dividends, prizes, or cash gifts from family and/or friend(s).
- If an applicant reports that he or she lacks income of any type, then a completed copy of the BHSN of TN Income Verification and Homeless Declaration form should be completed, signed, and dated by the individual and agency staff, then included with the BHSN application. The form along with the supporting documentation should be kept on file with the agency.
- Food Stamps are not considered income.

Whose income to consider:

- Applicant's own income: Any income realized by the BHSN of TN applicant himself or herself is counted.
- Spouse's income if the applicant is married.
- Minor child with income such as Supplemental Security Income (SSI) or Social Security survivor benefits. Such income is considered part of the overall household income as it is under the control of the parent or legal/custodial guardian and is countable in determining the parent's or legal/custodial guardian's BHSN eligibility.

Whose income is NOT considered:

- If an individual is living with, but not dependent on parent(s), and not declared on parent(s) income tax, then the parents' income is NOT counted.
- If an individual is living with, but not dependent on adult sibling(s), and not declared on sibling(s) income tax, then the siblings' income is NOT counted.
- If an individual is living with her/his adult child/children, the adult child/children's income is NOT counted.
- If an individual is living with non-related adults, such as roommates, the income of the roommate is NOT counted.

Proof of Current Legal Residency in Tennessee:

- Tennessee Driver's License; or
- Tennessee state issued ID card; or
- Voter registration card; or
- Lease agreement or mortgage contract; or
- Utility bill or similar bill/invoice from past three (3) months in individual's name; or
- Current bank statement; or
- Current Tennessee motor vehicle registration or title; or
- Current paycheck/check stub or Work ID if address is included; or
- A signed and dated statement from a person familiar with individual who can verify circumstances (i.e., case manager, family member, friend, employer).

Individuals Who are Homeless

- If an individual is homeless, the BHSN of TN Income Verification and Homeless Declaration Form should be completed, signed, and dated by the individual and by the BHSN provider.
- All BHSN applications and reviews require a street address. The BHSN provider may use the BHSN provider address, a mission, a shelter, a rehab facility, or other such place where the individual is residing. When using an address for an individual who is homeless, the BHSN provider should use “c/o” with the street address.

Proof of United States Citizenship or Qualified Alien Status

- U.S. Citizenship may be verified by:
 - Valid Tennessee Driver’s License/Tennessee state issued picture identification card **AND** Social Security Card (Social Security card alone is not sufficient); or
 - Voter Registration Card; or
 - Birth certificate; or
 - Hospital birth record; or
 - U.S. Passport; or
 - Certificate of citizenship/naturalization provided by the United States Bureau of Citizenship and Immigration Service; or
 - Religious record such as baptismal record or birth record kept in a family.

Verification of U.S. Citizenship will only need to be presented one time. After the documentation is on file with the BHSN Provider, it will not be required at BHSN Annual Reviews.

- Qualified Alien Status may be verified by:
 - Permanent Resident Card (Green Card); or
 - Temporary Resident Card (Form I-687); or
 - Arrival/Departure Record (Form I-94); or
 - Employment Authorization Document (I-766); or
 - Visa
 - Verification of current Qualified Alien Status is required at BHSN Annual Reviews.

For more information: www.uscis.gov/portal/site/uscis

Proof of No Behavioral Health Insurance

- TennCare denial letter; or
- Print out from TennCare Online Services OR TennCare Connect website indicating no TennCare; or
- Print out from healthcare.gov if applied online; or
- Letter from Private Health Insurance stating no Behavioral Health Benefits OR that Benefits have been exhausted for the year; or
- Verbal or written confirmation of denial if applied by phone documented by BHSN Provider (i.e., in a progress note).

Eligibility and Enrollment Process and Paperwork

Application Process for BHSN and CoverRx

1. Screen all individuals for Behavioral Health Safety Net eligibility requirements. For Regional Mental Health Institutes (RMHIs) and TDMHSAS privately-contracted hospitals, screen all individuals for BHSN eligibility requirements before discharge.
2. If the individual meets eligibility requirements, check the Behavioral Health Safety Net Database to verify if the individual is already enrolled. Link to BHSN database:
<https://mh.tn.gov/Uninsured4/Default.aspx>
 - a. If not enrolled in BHSN, describe BHSN to the individual and encourage them to enroll in the Safety Net program.
 - b. If currently enrolled in BHSN and the individual wants to change BHSN providers, complete a new BHSN application and check “yes” on Question 3 (Are you currently enrolled in the BHSN of TN?) and “yes” on Question 4 (Do you want to transfer to this provider?).
 - c. If currently enrolled in BHSN and the individual does not want to change BHSN providers, a new BHSN application is not needed.
3. For BHSN referrals from RMHIs and TDMHSAS privately-contracted hospitals, help the individual choose a BHSN provider in their area, confirm BHSN referral acceptance from the BHSN Provider, and schedule first appointment prior to submitting the BHSN application.
4. Submit the completed BHSN application to the BHSN Team at TDMHSAS.
Fax: 615-253-3187 (no more than six pages per fax requested)
Email: BHSNTAPP.Fax@tn.gov
5. Complete a CoverRx Application. CoverRx is a prescription drug program, through TennCare, designed to assist those who have no pharmacy coverage, but have a need for medication.

To apply online, visit: <https://tn.mrxenroll.magellanrx.com/>

Paper application (English):

https://www.tn.gov/content/dam/tn/tenncare/documents/coverrx_app_english.pdf

Paper application (Spanish):

https://www.tn.gov/content/dam/tn/tenncare/documents/coverrx_app_spanish.pdf For expedited processing of CoverRx application, scan and email the application at BHSNTAPP.Fax@tn.gov.

You can also fax completed CoverRx applications to: 1-800-424-5766 or mail completed CoverRx applications to:

Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

6. RMHIs and TDMHSAS privately-contracted hospitals should share submitted BHSN applications and CoverRx applications with referred BHSN provider.

Eligibility Determination by the BHSN Team at TDMHSAS

Once the BHSN Team receives a BHSN Application, it is screened for completeness. If the BHSN application is complete, the application is then screened for eligibility based on the information in the BHSN application.

A BHSN Application may be:

- **Approved:** If the individual is eligible, an active registration is created. Approvals can be accessed through the BHSN database either through the “Inquiry” tab or the “Active Registrants” tab under the “Patient” tab on the menu bar.
- **Returned:** A BHSN application may returned to the referring provider for various reasons. The reason for a specific return can be accessed through the BHSN database in the comment field through the “Inquiry” tab under the “Patient” tab on the menu bar. BHSN applications (as well as Annual Review Forms) with errors are not physically returned to referring providers.
- **Denied:** Information on a denied BHSN application can be accessed through the BHSN database through the “Inquiry” tab under the “Patient” tab on the menu bar.
 - A Denial Letter is mailed directly to the BHSN applicant if an application fails to meet eligibility criteria for BHSN.

BHSN Effective Begin Date

For BHSN applicants, the BHSN Effective Begin Date depends upon the timely receipt of an appropriately completed BHSN Application from a BHSN Provider, RMHI, or TDMHSAS privately-funded hospital with all eligibility criteria in place. If a completed BHSN Application is received with thirty (30) calendar days from the Initial BHSN Service Date, the Initial BHSN Service Date will be the BHSN Effective Begin Date.

If a completed BHSN Application is received more than thirty (30) calendar days from the Initial BHSN Service Date, the BHSN Effective Date will be the date the completed BHSN Application is by the TDMHSAS BHSN Team. It is important to note that if an incomplete BHSN Application is received within thirty (30) calendar days of the Initial BHSN Service Data and is not correctly resubmitted within this time period, the BHSN Effective Begin Date will be the date the completed BHSN Application is received. Therefore it is in the individual's and BHSN Provider's best interest to submit completed BHSN Applications as soon as possible after the individual presents for services to prevent non-payment of BHSN reimbursable services.

BHSN Eligibility Paperwork

Enrollment into BHSN is based on presumptive eligibility, and, therefore, the BHSN application may be submitted *without* proof of income, Tennessee residency, and citizenship. BHSN eligibility documentation must be in the individual's file within sixty (60) calendars days of the begin date of the current BHSN registration. This includes:

- Proof of current household income;
- Proof of current legal residency in Tennessee;
- Proof of United State citizenship or qualified alien status;
- Proof of private health insurance when such insurance does not include behavioral health coverage or all mental/behavioral health benefits have been exhausted; and/or
- Evidence of being denied TennCare, such as a copy of the denial letter, the print-out from the TennCare Online Eligibility website, or documentation in a progress note.

Any individual receiving mental health services paid for by the BHSN of TN may be held financially responsible for all mental health services provided to the individual, if during receipt of any mental health services the person did not meet the BHSN of TN eligibility criteria.

Multiple BHSN Applications Submitted by Different BHSN Providers

The BHSN Team requests BHSN Providers involved in the following situations investigate and confirm the BHSN Provider the individual chooses for BHSN services:

1. If two (2) or more BHSN Applications are submitted by different BHSN Providers within at least two weeks of each other for the same individual
OR
2. If a BHSN Provider Change is requested within two weeks of a BHSN service billing by the current BHSN Provider.

Helpful Links

<https://mh.tn.gov/Uninsured4/Default.aspx> - Links to various forms for the BHSN eligibility process, including BHSN application, No Income Statement and Homeless Declaration Statement, and BHSN Eligibility Checklist.

<https://www.tn.gov/tenncare/coverrx.html> - Additional information on CoverRx, including links to apply, Frequently Asked Questions, and Covered Drug List.

BHSN Annual Review for Eligibility Redetermination

TDMHSAS is responsible for the re-verification of BHSN of TN enrollment thru an Annual Review process which is aligned with the expiration date of the Eligibility Assessment. The primary purpose of the Annual Review process is to ensure that those who continue to access behavioral health services through the BHSN of TN still meet the criteria for eligibility.

Ninety (90) days prior to the Annual Review date, the BHSN of TN Scheduled Review Form is mailed to the Provider/Agency of record. The BHSN of TN Scheduled Review Form is designed to capture updated eligibility criteria for each BHSN enrollee. It is the BHSN Provider's responsibility to determine each individual's continuing eligibility and to update each file with required BHSN eligibility documentation.

For BHSN Enrollees actively receiving services: The BHSN of TN Scheduled Review Form must be completed, signed, and dated by the recipient and by agency staff who prepares the BHSN of TN Scheduled Review Form. Staff signature denotes that agency staff have verified through updated BHSN eligibility documentation the BHSN enrollee's continued compliance with the eligibility criteria. This updated documentation is to be on file along with the BHSN of TN Scheduled Review Form and available for monitoring by the BHSN of TN central office during regularly scheduled on-site visits.

For BHSN Enrollees who are inactive recipients: The BHSN of TN Scheduled Review Form must be completed with closure reason indicated, signed, and dated by agency staff who prepares the BHSN of TN Scheduled Review Form. Before filing the closure, agency staff should make certain that all services provided have been submitted to the BHSN of TN for payment.

The completed BHSN of TN Scheduled Review Form is then submitted to the BHSN Team for processing by the "Return by" deadline date printed on the bottom right side of the form.

Fax: 615-741-5807

Email: BHSNTREV.Fax@tn.gov

Please send no more than SIX Scheduled Annual Review Forms per submission

Notes for Completing the BHSN of TN Scheduled Review Form

- If there is an address change needed on the BHSN of TN Scheduled Annual Review Form, please write the updated address on the blank address lines on the Annual Review Form.
- If there are changes to other demographic information on the BHSN of TN Scheduled Review Form (Name, Social Security Number), please complete the BHSN Change of Service Recipient Information Request Form and submit with the BHSN of TN Scheduled Review Form. Do not mark through pre-printed demographic information on the BHSN of TN Scheduled Review Form.
- As with BHSN Applications, if an individual is homeless, the BHSN Provider may use the BHSN provider address, a mission, a shelter, a rehab facility, or other such place where the individual is residing. When using an address for an individual who is homeless, the BHSN provider should use “c/o” with the street address.
- If the BHSN of TN Scheduled Annual Review Form is received after the BHSN registration is closed, a BHSN Application is required to re-establish coverage.
- Additional step by step guidance for completing the BHSN of TN Scheduled Annual Review can be found on the BHSNT log-in page entitled “GUIDELINES FOR COMPLETING BHSN REVIEWS”.

Change of Service Recipient Information Request

Any changes in a BHSN enrollee's circumstances that could possibly impact BHSN eligibility should be reported to the TDMHSAS immediately. Such circumstances include but are not limited to the following:

- Change in household income or household number
- Change in address
- Acquisition of other behavioral health insurance
- Change in Tennessee residency
- Incarceration status

Changes in circumstances should be reported on the Change of Service Recipient Information Request Form, which can be found on the BHSN log-in page (<https://mh.tn.gov/Uninsured4/Default.aspx>).

The completed Change of Service Recipient Information Request Form is then submitted to the BHSN Team.

Fax: 615-253-3187

Email: BHSNTAPP.Fax@tn.gov

Changes in Information at BHSN Annual Review

If there is an address change needed on the BHSN of TN Scheduled Annual Review Form, please write the updated address on the blank address lines on the Annual Review Form. A Change of Service Recipient Information Request Form is not needed.

If there are changes to other demographic information on the BHSN of TN Scheduled Review Form (Name, Social Security Number), please complete the BHSN Change of Service Recipient Information Request Form and submit *with* the BHSN of TN Scheduled Review Form. **Do not mark through pre-printed demographic information on the BHSN of TN Scheduled Review Form.**

BHSN Disenrollment

Individuals are disenrolled from the BHSN for the following reasons:

- If the individual no longer meets any of the BHSN of TN eligibility criteria, such as income above 138% FPL, no longer a resident of Tennessee, or the diagnosis rendered by the Eligibility Assessment is not a qualifying diagnosis; or
- If it is found that the applicant falsified information provided in the BHSN of TN application and approval was based on the false information; or
- If the individual is found to be eligible for TennCare or other insurance coverage through state audits or other program monitoring activities; or
- If the individual's most recent Eligibility Assessment expires due to a non-response from the CMHA of record to the annual Scheduled Annual Review Form; or
- If the individual requests to be disenrolled from BHSN of TN; or
- If the Provider requests closure of an individual's registration (Provider will ensure all services have been submitted to BHSN for payment for requesting a closure); or
- If the individual is incarcerated; or
- If the individual is in an inpatient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; or
- If the individual dies.

BHSN Termination Letters

Individuals are sent BHSN Termination Letters after disenrollment. The BHSN Team will not send a BHSN Termination after disenrollment if the individual was enrolled in TennCare, the individual died, the individual was discharged by BHSN Provider, the individual moved out of the state, or the individual is incarcerated.

Appeal Rights for BHSN Disenrollment or Denied Enrollment

The BHSN of TN is **NOT** an entitlement program. Therefore, individuals who have been denied enrollment or had enrollment terminated based upon the annual review process do not have appeal rights. Denied or terminated individuals can file a new BHSN of TN Enrollment Request Form, if there has been a change in circumstances.

Covered Services

BHSN service definitions, service codes, and rates may be found on the BHSN Service Rate Sheet.

All BHSN Services included in the BHSN Service Rate Sheet are covered for most individuals enrolled in BHSN of TN. *One Exception:* For individuals enrolled in BHSN who have Medicare Part B or 65 years old or older, the only covered BHSN services are:

- Case Management (T1016)
- Medication Training and Support (H0034)
- Peer Support (H0038, H0038HQ)
- Psychosocial Rehabilitation Services (H2017, H2017HQ)
- Transportation (T2002, T2003, A0110)

It should be noted that BHSN Transportation (T2002, T2003, A0110) is not a stand-alone service and must be billed on the same day as another BHSN service. For BHSN enrollees with Medicare Part B or 65 years or older, BHSN Transportation is only allowed when the individual is receiving one of the four other approved services allowed to Medicare recipients.

Unallowable BHSN Service Code Combinations are listed on the BHSN Service Rate Sheet.

BHSN Labs Related to Medication Management

TDMHSAS has an Interagency Agreement with the Tennessee Department of Health (TDOH) to provide laboratory blood draw services through County Health Departments in counties where adequate coverage for these services is not available through the most current statewide contract for these services as determined by the Tennessee Department of General Services. The current provider is American Esoteric Laboratories (AEL).

The counties where adequate coverage for these services is not available through AEL are: Anderson, Benton, Bledsoe, Campbell, Cannon, Carter, Cheatham, Chester, Clay, Crockett, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Gibson, Giles, Grundy, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Humphreys, Jackson, Johnson, Lake, Lauderdale, Lewis, Lincoln, Loudon, Macon, Marion, Maury, McMinn, McNairy, Meigs, Monroe, Moore, Obion, Overton, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Scott, Sequatchie, Stewart, Sumner, Tipton, Unicoi, Van Buren, Warren, Washington, Weakley, and Williamson.

For BHSN enrollees to receive blood draw services at a County Health Department, an appointment must be made ahead of time and the BHSN enrollee must present at the County Health Department in possession of either 1.) a BHSN of TN Laboratory Request Form that includes the enrollees' information, requested laboratory tests checked, AEL account number and test codes, as well as the BHSN of TN community provider information; OR 2.) the AEL Requisition Form, which also includes all the information listed on the BHSN of TN Laboratory Request Form.

Laboratory blood draws will be sent to AEL. The BHSN of TN community provider will receive the laboratory results from AEL.

**Behavioral Health Safety Net of Tennessee
(BHSN of TN)
Service Rate Sheet
Effective Date 7/1/2019**

NOTE: These codes and services are to be used for BHSN of TN billing; check codes with TennCare before retro-billing for any service.

Assessment and Evaluation		
<i>Procedures used to diagnose mental illness conditions and determine treatment plans including obtaining relevant social situation information (per assessment).</i>		
Psychiatric diagnostic evaluation (with no medical services)	90791	\$61.50
Psychiatric diagnostic evaluation via Telemedicine (with no medical services)	90791GT	\$61.50
Psychiatric diagnostic evaluation (with medical services)	90792	\$71.75
Psychiatric diagnostic evaluation via Telemedicine (with medical services)	90792GT	\$71.75
Psychological Testing Evaluation Services		
<i>Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed.</i>		
Psychological Testing Evaluation Service	96130	\$61.50
Individual Intervention/Therapy/Therapeutic Session		
<i>Intervention/Therapy/Therapeutic sessions or related counseling provided to an individual through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.</i>		
Psychotherapy, 60 minutes with patient (53 minutes or more)	90837	\$61.50
Psychotherapy via Telemedicine, 60 minutes with patient (53 minutes or more)	90837GT	\$61.50
Psychotherapy, 45 minutes with patient (38-52 minutes)	90834	\$61.50
Psychotherapy via Telemedicine, 45 minutes with patient (38-52 minutes)	90834GT	\$61.50
Psychotherapy, 30 minutes with patient (16-37 minutes)	90832	\$30.75
Psychotherapy via Telemedicine, 30 minutes with patient (16-37 minutes)	90832GT	\$30.75
Group Intervention/Therapy/Therapeutic Session		
<i>Intervention/Therapy/Therapeutic sessions or related counseling provided in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.</i>		
Group psychotherapy (other than of a multiple-family group): Maximum of two (2) units per person to be billed within a single date of service.	90853	\$30.75
Case Management		
<i>Case management is defined as care coordination for the purpose of linking individuals enrolled in BHSN to clinically indicated services or to benefits that would provide an alternative payer source for these services. Case management may be delivered through face-to-face encounters or may consist of telephone contacts, mail or email contacts necessary to ensure that the service recipient is served in agency office, in the community setting or through methods outlined in the Centers for Medicaid and Medicare Services' (CMS) guidance on case management, including but not limited to assessment activities; completing related documentation to identify the needs of the individual; and monitoring and follow-up activities which may include making necessary adjustments in the care plan and service arrangements with providers. Case management is tied to access to services related to follow-up activities such as individual/group therapy, psychiatric medication management, pharmacy assistance and coordination and labs related to medication management; services that promote community tenure. Case management is offered to individuals enrolled in BHSN with a current assessment of severe and persistent mental illness and other clinical considerations. It is reimbursed at \$23 per unit, which Federal law defines as a 15 minute session.</i>		
Case Management, 15 minutes: Maximum of twelve (12) units per person to be billed within a single date of service.	T1016	\$23.00
Psychosocial Rehabilitation		
<i>Psychosocial Rehabilitation services utilize a comprehensive approach (mind, body, and spirit) to work with the whole person for the purposes of improving an individual's functioning, promoting management of illness, and facilitating recovery.</i>		
Individual Psychosocial Rehabilitation session, 15 minutes: Maximum of four (4) units per person to be billed within a single date of service.	H2017	\$11.00
Group Psychosocial Rehabilitation session, 15 minutes: Maximum of twenty-four (24) units per person to be billed within a single date of service.	H2017HQ	\$11.00

Peer Support		
<p><i>Peer Support is specific services that are provided by persons who are or have been consumers of the behavioral health system who have received specialized training and earned their certification as a Certified Peer Recovery Specialist (CPRS). The CPRS has unique skills, knowledge, experience, and training necessary to assist the individual in determining and achieving his or her own recovery goals. CPRS's role as a peer educator is to provide information and model skills on monitoring symptoms and medication, illness management and recovery, active participation in a person-directed plan of care, attaining and maintaining employment and housing, and navigation of the behavioral healthcare system.</i></p>		
Individual Peer Support session, 15 minutes: Maximum of four (4) units per person to be billed within a single date of service.	H0038	\$10.00
Group Peer Support session, 15 minutes: Maximum of twenty-four (24) unites per person to be billed within a single date of service.	H0038HQ	\$10.00
Transportation		
<p><i>This service provides transportation for BHSN of TN enrollees for the purpose of accessing treatment and recovery services covered by the BHSN of TN. The mode of transportation used will be determined by the enrollee's BHSN of TN provider, based on individual enrollee need and community availability. Approved modes of transportation for the BHSN of TN include: (1) BHSN of TN contracted provider vehicles to transport; (2) public transportation, such as buses or taxis services; (3) BHSN of TN providers contracting with community transportation vendors; (4) reimbursement to enrollees for gasoline; (5) reimbursement to others, such as family, friends, and neighbors for transport; and (6) BHSN of TN contracted provider staff may use their personal vehicles if the following conditions are met: (a) staff must have a class D license with an F endorsement, and (b) staff must have a copy of their current full coverage vehicle insurance on file at the agency. Provider must keep on file documentation regarding the date and mode of each transportation service. Transportation is reimbursable based on the following three criteria: (1) there is no other payment source for this service; (2) the BHSN of TN enrollee has no other reliable transportation alternative; (3) enrollees must be receiving another BHSN of TN service as transportation is not a stand-alone service.</i></p>		
Non-emergency transportation; per diem: Maximum of one (1) unit per person to be billed on a single date of service.	T2002	\$18.00
Non-emergency transportation; Encounter/Trip: Maximum of one (1) unit person to be billed on a single date of service.	T2003	\$9.00
Non-emergency Transport Bus	A0110	\$4.00
Psychiatric Medication Management		
Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. Please note Telemedicine is not allowable with this service code.	99211	\$13.91
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professional, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212/ 99212GT (Telemedicine)	\$29.47
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professional, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213/ 99213GT (Telemedicine)	\$61.50
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professional, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	99214/ 99214GT (Telemedicine)	\$72.11

Psychiatric Medication Management (Con't)			
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professional, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	99215/ 99215GT (Telemedicine)		\$96.88
Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.	M0064		\$41.00
Brief office visit via Telemedicine for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.	M0064GT		\$41.00
Medication Training and Support, 15 minutes	H0034		\$25.63
Administration of Long-Acting Injectable			
Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	96372		\$5.13
Labs Related to Medication Management			
Laboratory services related to psychiatric treatment such as processing and reporting on blood samples or specimens to assure the safe and effective use of psychiatric medications (per lab service).	AEL Billing Codes		
Amylase, Serum (AMY)	AMY/243	82150	\$3.25
Thyroxine Free (FT4)	FT4/866	84439	\$3.80
Nortriptyline, Serum (NORT)	NORT/272	80335	\$25.50
Lithium Assay (LIT)	LIT/613	80178	\$5.50
Valproic Acid Assay (VPA)	VPA/916	80164	\$7.00
Carbamazepine, Tegretol Assay (TEG)	TEG/329	80156	\$6.15
Urine Drug Screen, (DP9)	DP9	80301	\$14.50
Routine Urinalysis w/Microscopic Exam on Positives (URM)	URM/7909	81001	\$1.90
Basic Metabolic Panel (BMP)	BMP/10165	80048	\$2.05
Comprehensive Metabolic Panel (CMP)	CMP/10231	80053	\$2.50
Thyroid Stimulating Hormone (TSH)	TSH/899	84443	\$1.90
Thyroxine, total (T4)	T4/867	84436	\$1.45
Triiodothyronine, total (TU)	TU/861	84479	\$1.45
Hepatic Function Panel (HFP)	HFPA/10256	80076	\$1.95
Gama Glutamyl Transferase (GGT)	GGT/482	82977	\$2.50
Quantitative Glucose (GLU)	GLU/483	82947	\$1.45
Complete Blood Count (CBC) with differential (CBCI)	CBCI/6399	85025	\$1.90
Hemoglobin A1c Quantitation (HA1)	HA1/496	83036	\$2.70
Lipid Panel (LPP)	LPP/7600	80061	\$2.50
Pregnancy Test, Urine (PREG)	PREG/396	81025	\$6.00
Prolactin Level (PRL)	PRL/746	84146	\$5.20
Serum Clozapine (Protocol Required) (CLO)	CLOZ/37042	80159	\$44.00
Serum Haloperidol (Protocol Required) (HAL)	HALDOL	80173	\$50.45
Venipuncture (VENI)	VENI/3259	36415	\$3.00
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 (or subsequent number) for Clinical Laboratory Services through American Esoteric Laboratories (AEL). Billing rate and service shall be determined by the rates listed in that Contract. To be eligible for reimbursement, labs not listed above are required to have prior approval from TDMHSAS before they are ordered.	As listed in the statewide Clinical Laboratory Services Contract (No. 532; or subsequent number)		

Pharmacy Assistance and Coordination	
Services provided directly to those eligible for the BHSN of TN to individually assist in securing medications at a reduced price, or no cost, through a manufacturer sponsored program or other pharmacy assistance program. Also includes coordination with service recipient, prescriber, manufacturer and Pharmacy Benefit Manager (PBM) for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per month)	As established by the State based on total number of persons expected to be served during State Fiscal Year 2019
Unallowable Service Code Combinations	
The services in Column A cannot be billed with the corresponding service in Column B on the same date and for the same service recipient. This list may be subject to change depending on CMS guidelines.	
Column A	Column B
80048 Basic Metabolic Panel	80053 Comprehensive Metabolic Panel
80048 Basic Metabolic Panel	82947 Glucose, quant. (except reagent strip)
80053 Comprehensive Metabolic Panel	82947 Glucose, quant. (except reagent strip)
85025 CDB with Diff, automated	85048 WBC, automated
90832 Psychotherapy, individual 30 minutes	90834 Psychotherapy, individual 45 minutes
90832 Psychotherapy, individual 30 minutes	90837 Psychotherapy, individual 60 minutes
90834 Psychotherapy, individual 45 minutes	90837 Psychotherapy, individual 60 minutes
90791 Psy diagnostic eval with no medical services)	90792 Psy diagnostic eval with medical services
90792 Psy diagnostic eval with medical service	99211 Office visit, established
90792 Psy diagnostic eval with medical service	99212 Office visit, established
90792 Psy diagnostic eval with medical service	99213 Office visit, established
90792 Psy diagnostic eval with medical service	99214 Office visit, established
90792 Psy diagnostic eval with medical service	99215 Office visit, established
90792 Psy diagnostic eval with medical service	M0064 Brief Office Visit for Med Monitoring
M0064 Brief Office Visit for Med Monitoring	99211 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99212 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99213 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99214 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99215 Office visit, established
M0064 Brief Office Visit for Med Monitoring	H0034 Medication Training and Support
H0034 Medication Training and Support	99211 Office visit, established
H0034 Medication Training and Support	99212 Office visit, established
H0034 Medication Training and Support	99213 Office visit, established
H0034 Medication Training and Support	99214 Office visit, established
H0034 Medication Training and Support	99215 Office visit, established
T2002 Non-emergency Transportation; Per Diem	T2003 Non-emergency Transportation - Encounter/Trip
T2002 Non-emergency Transportation; Per Diem	A0110 Non-emergency Transport Bus
A0110 Non-emergency Transport Bus	T2003 Non-emergency Transportation - Encounter/Trip

Pharmacy Assistance and Coordination

Pharmacy Assistance and Coordination is for BHSN enrollees to receive assistance in securing medications at a reduced price or at no cost through a manufacturer sponsored program or other pharmacy assistance program. Pharmacy Assistance and Coordination also includes coordination with BHSN enrollees, prescribers, manufacturers and Pharmacy Benefit Manager (currently Magellan Health Services for CoverRx) for initial pharmacy assistance applications, emergency and periodic medication changes, and monitoring and submission of data necessary for monitoring and reporting.

Pharmacy Assistance Coordinator Guidance

The Pharmacy Assistance Coordinator (PAC) assists the service recipient in applying for:

- CoverRx
- Pharmaceutical Drug Manufacturer's Patient Assistance Programs

Key Functions of the PAC include:

- To provide assistance to BHSN enrollees in applying for free or discounted medication programs
- To gather pertinent information that helps with application submissions to Patient Assistance Programs and CoverRx
- To be the contract person for the brand drug utilization information
- To keep track of each BHSN enrollee's status as it relates to receiving medication through Patient Assistance Programs.

CoverRx

CoverRx is a prescription drug program, administered by the Division of TennCare, designed to assist those who have no pharmacy coverage, but have a need for medication. CoverRx provides participants affordable access to more than 200 generic medications in addition to some name brands of insulin and of mental health medications.

CoverRx is not health insurance and will not cover doctor's visits or hospitalizations. CoverRx has no monthly premiums, just affordable copays.

Cover Rx Eligibility criteria include:

- Tennessee resident (6 months)
- U.S. Citizen or qualified legal alien
- Age 19 to 64
- Uninsured or insured with no pharmacy coverage
- Household income at or below 138% of the federal poverty level

Complete details about the CoverRx Program can be found at:

<https://www.tn.gov/tenncare/coverrx.html>

Submitting CoverRx Applications

CoverRx applications may be completed online or a paper application may be submitted by mail or FAX.

Online CoverRx Application can be found and submitted at: <https://tn.mrxenroll.magellanrx.com/>

FAX number for CoverRx Applications: 1-800-424-5766

***Magellan Health Services requests CoverRx Applications submitted via FAX be sent one at a time without a FAX coversheet.

Address to mail CoverRx Applications:

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

Emergency Processing

If emergency processing is needed, the CoverRx application should be faxed to the BHSN of TN Eligibility Unit at 615-253-3187 or emailed to BHSNTAPP.Fax@tn.gov, unless either James Ladd or Katie Lee asks for the application to be emailed directly to them. If the application is sent directly to either James Ladd or Katie Lee, please "cc" the other. Please include a fax coversheet with these applications. In this way, BHSN of TN staff will know whom to notify with the application's status.

Questions About Coverage

CoverRx enrollees with questions regarding their coverage can contact the Magellan Health Contact Center at 1-800-424-5815. CMHA staff can also utilize this number to check the status of a CoverRx application. If CMHA staff do call the Magellan Health Contact Center, they should have their agency's NPI number ready for identification purposes. Alternately, CMHA staff can email the Magellan Health Contact Center at EligibilityMRx@magellanhealth.com.

Patient Assistance Programs

The Pharmacy Assistance Coordinator in conjunction with the BHSN enrollee is responsible for completing and submitting applications to Patient Assistance Programs. Patient Assistance Programs bring together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients without prescription drug coverage get free or low-cost medicines through the public or private program that is best suited to meet pharmaceutical needs.

When applying for a Pharmaceutical Drug Manufacturer's Patient Assistance Program, please remember that BHSN of TN is NOT an insurance program, and CoverRx is NOT a pharmacy coverage program.

Payments and Billing

Maximum Liability

Each participating BHSN of TN Provider has a maximum liability for each state fiscal year it is being funded. Net payments to Providers cannot exceed the quarterly cap; if a payment derived exceeds the quarterly cap, then a debit balance forward is created for the BHSN of TN Provider.

Maximum Liability for Transportation

Billable BHSN Transportation services (T2002, T2003, A0110) may not exceed five percent (5%) of a BHSN's annual maximum liability.

Monthly BHSN Payment Processing

The BHSN of TN program will reimburse contracted BHSN of TN Providers up to the amount of the annual contract maximum liability for all eligible Fee-for-Service activities as delineated in the BHSN of TN Service Rate Sheet. All claims for eligible services should be entered into the BHSNT or sent in electronic file format (837p file) on a monthly basis. Payment processing for BHSN of TN Providers will occur once a month on the fourth (4th) business day of the month, at 9 a.m. Central Time (CT). All eligible services must be received by 9 a.m. CT on the fourth (4th) business day of the month in order to receive reimbursement within seven to ten (7-10) business days from the date of the Payment Process.

The 13th Payment Process

BHSN of TN Providers will be offered a 13th Payment Process for the end of prior state fiscal year billable services. The billing period for each state fiscal year officially ends on June 30th and it is expected that the bulk of the BHSN of TN Provider's billable services will be entered by the Payment Process in July of each year. For BHSN of TN Providers who are unable to enter all billable services for the state fiscal year by the July Payment Process, the 13th Payment Process will be scheduled in the first quarter of the following program year/state fiscal year. After the July Payment Process in each state fiscal year, BHSN of TN Providers will be asked to provide an accrual amount for the 13th payment as well as a readiness date in order to schedule the 13th Payment Process.

TennCare Retro-Billing

Whenever a BHSN of TN service recipient is determined eligible for the TennCare Program, they are automatically dis-enrolled from the BHSN of TN. When this occurs, the provider of the BHSN of TN services will have 120 days from the date of the final eligibility determination by the Division of TennCare (date added to Managed Care Organization) to bill for any services rendered from the start of TennCare coverage. It is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the start date of TennCare. After the Division of TennCare reimburses the provider for services rendered, the provider will credit back to the BHSNT of TN program any services that were also paid for by the BHSN of TN. Guidelines for retro billing services to the Division of TennCare can be found on the BHSNT log-in page under the file name "TennCare Retro Billing Guidelines – Updated 10-14-14".

NOTE: BHSN of TN Providers can only bill for services delivered within a registration period where the BHSN of TN Provider is identified as the BHSN of TN Provider of record. For example, if a service recipient is registered for the BHSN of TN with a CMHA effective 01/15/2018, then the BHSN of TN Provider will only be able to bill for services delivered on 01/15/2018 or later. As an additional example, if a service recipient is registered for the BHSN of TN assistance with a CMHA from 01/15/2018 through 02/28/2018, then the BHSN of TN Provider will only be able to bill for services on or between these dates.

837p File

For BHSN Providers who have yet submitted billable services by 837p file, contact the TDMHSAS BHSN of TN staff to receive documentation on the file protocol and instructions for submitting a test file prior to sending an actual billing file. A test file must be accomplished prior to all BHSN of TN Providers submitting billable services via an 837p file.

The BHSN of TN Electronic System (BHSNT)

BHSNT Log-on Page:

<https://mh.tn.gov/Uninsured4/Default.aspx>

BHSN of TN Provider Functions in BHSNT:

- 1. Patient**
 - a. Inquiry**
 - b. Eligibility Inquiry**
 - c. Active Registrations**
- 2. Payments**
 - a. Remittance Advice**
- 3. Services**
 - a. 837p-View Files**
 - b. Enter Services**
 - c. View/Update**
- 4. Password**

1. Patient

- a. Inquiry**

In the BHSNT, BHSN of TN Provider users have read-only access on service recipients registered with their agency. For more detailed instructions on the Patient Inquiry Screen, please reference the "Patient Inquiry Screen User's Guide" on the BHSNT log-on page.

To look up a service recipient:

1. Log onto the BHSNT;
2. Select menu item 'Patient';
3. Select 'Inquiry' from drop down menu; and
5. Enter the SSN of the service recipient and click 'Enter'. The following will be displayed:

MOT	Received From	Provider	Begin Date	End Date	Status	Reason	Received date

Under “Status”, “Active” means the service recipient has a valid registration segment and “Inactive” means the service recipient does not have a valid registration segment.

NOTE: The most recent activity will appear on the top row. This will not always be the active registration segment. The active registration segment will display “Active” in the Status column of the grid and End Date column of the grid. The End Date column will be blank.

b. Eligibility Inquiry

This function allows Provider Users to determine if a BHSN of TN applicant is already active for BHSN assistance with a provider agency other than their own. Eligibility Inquiry is driven by an applicant’s SSN. If the input SSN of the applicant is found to be active in the BHSNT system, the applicant’s demographic information will be displayed, along with the provider agency where they are currently registered. If a match is not found, a message of “No Records Found” will be received instead. When a positive match is received and the listed provider is different from the inquiring provider, it is asked that the other provider be contacted and informed that the applicant’s intention to change their BHSN provider.

c. Active Registrations

Select ‘Active Registrations’ from the drop down menu under the ‘Patient’ tab. A list of the User’s Provider Agency’s currently active service recipients will display. There is an option to export this list to Excel to allow for easier searches.

2. Payments

a. Remittance Advice

Select ‘Payment’ on the Menu bar and then select ‘Remittance Advice’. Payment entries by billing period will display with amounts for Pharmacy Assistance and Coordination, Fee-for-Service, Admin fee, any balance forward and net payment.

- Select a specific billing period to see detail for that payment.
- Click column header to change the sort order.
- The bottom right of the screen lists detail of the net payment including credits.
- To download the remittance advice to Excel, click on the ‘Excel’ button

3. Services

a. 837p -View Files

This function allows the contents of the 837p file that was submitted for electronic billing and payment to be viewed. It will also display which records within the 837p file failed to process and the reason for the failure.

b. Enter Services

Select 'Enter Services' from the drop down menu under the 'Services' tab, the cursor will blink in the SSN field of the Enter Services page. Enter the service recipient's Social Security Number (SSN) and use the Tab key to move to the next field. If a match is found for the SSN, the service recipient's name and date of birth will display. Confirm that this information is correct and proceed with the tab key to enter a Date of Service and select Service Code and specify Unit(s). Tab to enter and a service record will appear below with visual confirmation of the entered service. If there is an error noted, double click the record in the grid and make necessary corrections or delete (if the service has NOT been billed).

Possible Error Messages for Enter Services:

1. "Please Enter a Valid SSN for a patient registered with your Agency!" - Service recipient is not registered with the BHSN of TN Provider agency.
2. "Date of Service is not within a registration span for your Agency!" - Date of Service is prior to service recipient's Registration Begin Date.
3. "The Service Record you are attempting to enter already exists for this patient!" - The same Service Code is not allowed on the same date of service for a service recipient.
4. "The Service Record you are attempting to enter cannot be billed in combination with code XXXXX" - Specific combinations of Service Codes are not allowed on the same date of service for a service recipient.
5. "Units Exceed Maximum CAP of 'x' "; ('x' will vary depending on the service being entered) - Units entered exceed the maximum defined for the Service Code. For example, maximum number of case management units allowed to be billed in one (1) single day is twelve (12).
- 6.

c. View/Update Services (with Credit Capability)

All service records can be viewed, whether entered through online interface or processed via an 837p file.

1. After logging on, select 'Services' on the Menu bar and then select 'View/Update'. From here, the user has the option to select from the list of service recipients with services or enter an SSN to find a specific service recipient.
2. By default, the screen will list all service records with the most recent appearing at the top of the list.
3. The roll up date is the date that the BHSN of TN executed the billing process (this is usually accomplished on the fourth (4th) business day of the month).
4. Services Not Yet Paid: if a service record displayed does not include the billing period identifier and roll-up date, then it has not been paid for and the user may click on the entry in order to modify the record.
5. Services Already Paid: if the service record displayed includes the billing period identifier and roll-up date, then it has already been paid and CANNOT be modified.
 - a. HOWEVER- the user may click on the entry in order to credit it. This will take the user to the credit services screen where the user must input a reason for the credit and click 'Credit' button to accomplish the credit to the record.
 - b. Once a record has been credited, it will no longer display in View/Update services UNLESS the user specifies that he/she wants to list credited services (by clicking on the dot beside credited services before selecting 'Search').
 - c. When a BHSN of TN consumer is determined to be eligible for TennCare it is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the TennCare effective date for those individuals. After TennCare reimburses the provider for services rendered, the provider will credit back to the BHSN of TN program any services that were paid for by the BHSN of TN. If TennCare does not reimburse the provider for retro services billed, the provider **does not** have to credit back that service to the BHSN of TN, **but must keep** the denial notification from TennCare in the consumer file. See "TennCare Retro Credit Guidelines – Updated 10-14-14" on the BHSNT log-in page.

4. Password

BHSNT passwords are scheduled to expire every forty-five (45) days. It is the responsibility of the user to change their password prior to expiration. The new password must be at least eight (8) characters long and contain at least one upper case letter; at least one lower case letter; at least one number; and at least one of the following special characters @, #, \$, %, ^, &, +.

BHSNT User Accounts

New Users

Any BHSN of TN Provider staff requiring access to the BHSNT system must complete a BHSNT New User ID Request Form (Appendix II, Form 4) and submit it to the TDMHSAS BHSN of TN staff listed below for approval. The BHSNT New User ID Request Form must be signed by both the prospective new user and the submitting agency's Authorizing Representative. All new users will be provided a user ID and temporary password via separate emails. The new user should immediately change the temporary password to one of their choosing. It is the BHSN of TN Provider's responsibility to notify the TDMHSAS BHSN of TN staff listed below of all BHSN of TN Provider staff changes as they relate to BHSNT authorized users.

Passwords

BHSNT passwords are scheduled to expire every forty-five (45) days. It is the responsibility of the user to change their password prior to expiration. In the event a password expires, the request to re-set the password should be sent via email to the TDMHSAS BHSN of TN staff listed below. The request must include the user's BHSNT User ID number. Individuals are assigned a unique user ID and password in the BHSNT database for security purposes. Under no circumstances, should user ID's and passwords be shared among staff.

How to change user password:

1. Log onto the BHSNT
2. Select menu item 'Password'
3. Select 'Change Password'
4. Enter new password – Password must be at least 8 characters long and contain:
 - At least one lower case letter, at least one upper case letter, at least one number, and at least one of these special characters @\$%^&+=
5. Confirm new password

All new BHSNT User ID Request forms should be either faxed to James Ladd at 1-615-253-3187 or scanned and emailed to BHSNTAPP.Fax@tn.gov.

Requests for password re-sets should be emailed to James.Ladd@tn.gov. The email must include the user's BHSNT User ID.

Appendix I: Definitions

Behavioral Health Safety Net of Tennessee (BHSN of TN) – A Tennessee state-funded mental health out-patient treatment assistance program for uninsured Tennesseans who are diagnosed with a primary mental health diagnosis indicating a severe and/or persistent mental illness. Predetermined eligibility criteria must be met for service recipients to qualify for this assistance.

Eligible – A service recipient who has been determined to meet the eligibility criteria for the Behavioral Health Safety Net of Tennessee (BHSN of TN).

Federal Poverty Level (FPL) – A type of federal poverty measure used for administrative purposes such as determining financial eligibility for services. The current year’s FPL levels can be found at <http://aspe.hhs.gov/poverty>. The FPL levels are updated annually in the first quarter of each year.

Household – A household is a social unit comprised of varying numbers of individuals who live together in the same dwelling. Please see “Eligibility Determination” section for details.

Income – Household income shall mean all monies from whatever source, earned or unearned. Please see “Eligibility Determination” section for details.

Inmate – An individual confined in a local, state, or federal prison, jail, youth development center, or other penal or correctional facility, or on furlough from such facility.

International Statistical Classification of Diseases and Related Health Problems, 9th edition (ICD10) – A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a six (6)-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both in the United States and internationally.

Mandatory Outpatient Treatment (MOT) – This designation allows for a less restrictive alternative to inpatient care for those service recipients with SPMI who have a legal obligation to participate in outpatient treatment.

Priority Service Recipients – Individuals seeking behavioral health services in the State of Tennessee who have a Primary Mental Health ICD10 Diagnosis indicating a severe and/or persistent mental illness. The BHSN of TN serves individuals who are nineteen years of age or older.

Provider – A TDMHSAS approved facility or agency, which accepts payment for providing services to a service recipient with BHSN of TN assistance.

Qualified Alien – Refers to a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, asylee, refugee or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws.

Severely and/or Persistently Mentally Ill (SPMI) – Individuals with a Primary Mental Health Diagnosis determined to be severe and/or persistent in nature.

TennCare – The program administered by the Single State Agency as designated by the State and the Centers for Medicare and Medicaid Services pursuant to Title XIX of the Social Security Act and the Section 1115 Research and Demonstration waiver granted to the State of Tennessee.

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) – The Single State Authority for mental health and substance use disorders. TDMHSAS is responsible for the provision of services to service recipients deemed eligible for the BHSN of TN.

Appendix II – Sample Forms

The following forms are samples of the most commonly used BHSN forms. Please do not print forms from this manual for use. The most recently updated forms, as well as reference guides, are available on the BHSNT log-on page at: <https://mh.tn.gov/Uninsured/Default.aspx>

A User ID and password are not needed to access the documents from on the BHSN log-on page.

Sample Forms:

- BHSN Enrollment Request Form
- BHSN Scheduled Review Form
- BHSN Income and Homeless Declaration Statement
- BHSN Change of Service Recipient Information Request
- BHSN New User ID Request
- Tennessee CoverRx/Magellan Health Services Application



BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE ENROLLMENT REQUEST FORM

Name: (Print Clearly) _____
First MI Last

Address: _____ Race: _____

City: _____ TN _____ Gender: _____
State Zip Code

SSN: _____ Date of Birth: _____
Social Security Number County Code: #

Patient Phone Number: _____
Include Area code with Telephone Number

Referred to: CMHA for Community Services - For RMHI & TDMHSAS
Contracted Inpatient Psy Hospitals Use Only:

Referred From: Ridgeview Hospital Peninsula Hospital Woodridge Hospital

Most Recent Date of Admission to Service: _____

1. The individual has a qualifying primary Mental Health ICD10 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional.

Most Recent Date of Qualifying Diagnosis: _____
(Date must be within 90 day of today's Date) Qualifying Diagnosis Date Required

Primary ICD10 Diagnosis Code is: _____ Secondary ICD10 Diagnosis Code is: _____
ICD10 CODE Mental Health Type Diagnosis Required ICD10 CODE Type Diagnosis

2. The Gross Annual Income for the service recipient's Household/Family is \$ _____ and does not exceed 138% of the 2019 Federal Poverty Income Guidelines, as listed below. If income is \$0, enter \$0.

Please circle the Number in Household /Family below.

Number in Family	Annual Income	Number in Family	Annual Income	Number in Family	Annual Income
1	\$17,236	5	\$41,635	9	\$66,033
2	\$23,336	6	\$47,734	10	\$72,133
3	\$29,435	7	\$53,834	11	\$78,233
4	\$35,535	8	\$59,933	12	\$84,333

3 thru 9 must be checked Yes or No

- 3. Yes No Are you currently enrolled in the BHSN of TN?
- 4. Yes No If you answered yes to question 3, do you want to transfer to this provider?
- 5. Yes No Are you a Tennessee resident?
- 6. Yes No Are you a U.S. citizen or qualified alien?
- 7. Yes No Do you currently have behavioral health insurance (including TENNCARE or Veterans Administration Benefits?)
- 8. Yes No Do you currently have Medicare Part B?
- 9. Yes No Have you been determined Ineligible for TENNCARE, or have applied for TENNCARE?

I want to apply for the Behavioral Health Safety Net of TN. By signing below, I certify that the information contained herein is true and accurate, and I give my Ok for TDMHSAS to get facts about me from government agencies, employers and others. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage to which he or she is not eligible is considered an act of fraud, and could be prosecuted under the False Claims Act. I understand that I can only receive BHSN of TN services with this provider; however, I can transfer to another provider. If I choose to transfer to another provider, I give permission for the providers to share my information as needed. I understand that I can only receive services through one provider at a time.

Print Name of prospective service recipient Signature of prospective service recipient Date

I, the provider, have reviewed the information herein for accuracy and completeness and certify that the individual listed above meets criteria 1 and 2:

PROVIDER Name: _____
(Write out Agency Name)

Print Name of CEO or DESIGNEE Signature of CHIEF EXECUTIVE OFFICER or CLINICAL DESIGNEE Date

Fax Form to: BHSN of TN Eligibility Unit Fax Number: (615) 253 - 3187 (Enrollment E-mail BHSNTAPP.Fax@tn.gov)
TENNESSEE DEPARTMENT OF MENTAL HEALTH and SUBSTANCE ABUSE SERVICES
Division of Mental Health Services, BHSNT, / Eligibility Unit
Andrew Jackson Building
500 Deaderick Street, 5th Floor
Nashville, Tennessee 37243

**BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE ELIGIBILITY –
SCHEDULED REVIEW**

Agency: _____		Date Sent: _____	
Social Security Number: _____		Service Recipient: _____	
Address: _____			
City: _____		Zip Code: _____	County Code: _____
		Eligibility Assessment on file Expires: _____	Effective Date: _____

This Service Recipient is ACTIVE

Date of last kept Appointment: ____/____/____

A. The individual has a qualifying primary mental health ICD-10 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional or Staff Designee that is under supervision of a Licensed Mental Health Professional.

Date of Eligibility Assessment: _____
(Date must be within 90 day of today's Date)

Primary ICD-10 Code _____
Qualifying ICD-10 CODE Diagnosis Required

Secondary ICD-10 Code _____
Qualifying CODE Diagnosis if Required

*** KEEP ITEMS "B" and "C" ON FILE:**

B. Proof of household income within the last 3 months and number of **persons in household**. The **Gross Annual** Income for the Service Recipient's Household/Family is:

\$ _____ and does not exceed 138% of the Federal Poverty Guidelines below:

Number in Family	Annual Income	Circle number in family		Annual Income
		Number in Family	Number in Family	
1	\$ 17,236	7		\$ 53,834
2	\$ 23,336	8		\$ 59,834
3	\$ 29,435	9		\$ 66,033
4	\$ 35,535	10		\$ 72,133
5	\$ 41,635	11		\$ 78,233
6	\$ 47,734	12		\$ 84,333

C. Proof of current address within last 3 months.

D. Completed and signed Cover RX application should be directly submitted to Express Scripts.

- | | | | |
|----|-----|----|---|
| 1. | YES | NO | Are you a Tennessee resident? |
| 2. | YES | NO | Are you a U.S. citizen or qualified alien? |
| 3. | YES | NO | Do you currently have Medicare Part B? |
| 4. | YES | NO | Have you been determined Ineligible for TENNCARE, or have applied for TENNCARE? |

This Service Recipient is INACTIVE

• CHECK ONE TO THE FOLLOWING:

- _____ Did not show for appointment.
- _____ Inactive as of this date: _____
- _____ Failed to provide required documentation
- _____ Incarcerated
- _____ Deceased D.O.D.: ____/____/____
- _____ Moved out of state of Tennessee
- _____ Has private behavioral health insurance, or TennCare.
(Except: MHSN (CTR) or Daniels Class)
- _____ Has access to behavioral health services through Veteran's Administration.
- _____ Gross Annual Income exceeds Federal Poverty Guidelines for household / family size.
- _____ Number in Family: ____
- _____ Gross Annual Income: _____

Return by: _____

Fax to: (615) 741 – 58707 Attn: Pat Manners

Or

E-mail to: BHSNTREV.FAX@tn.gov

By signing below, I certify that the information contained herein is true and accurate. I understand any intentional act on my part to provide false information that will potentially result in obtaining benefits of BHSN coverage to which I am not entitled is considered an act of fraud.

Print Name of SERVICE RCIPIENT: _____	Date _____
Signature of SERVICE RCIPIENT	Signature of PREPARER OF REVIEW



Behavioral Health Safety Net of Tennessee

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

INCOME STATEMENT

I, _____, am not currently employed.
(PLEASE PRINT APPLICANT NAME)

I do not have any income at the present time.

Applicant Signature

Date

Homeless Declaration Statement Proof of Residence

If applicant is homeless or living in a Shelter/Mission, please indicate this by completing the bottom portion of this form. To the CMHA/RMHI staff person assisting this consumer, please have the applicant sign where indicated and please counter – sign where indicated.

Date: ____/____/____ Applicant Signature: _____

CMHA (RMHI) staff signature: _____



BHSNT

User ID Request Form

Add New User

Re-activate User

Inactivate User

Provider Name:	Date:
----------------	-------

User Information: Print Name & Information Clearly

First Name:	MI:	Last Name:
Provider Location:		
Email Address:		
Phone:		

In accordance with the federal security and privacy regulations (HIPAA), I agree to fully comply with the requirements applicable to "business associates," as that term is defined in the Privacy Rule and not use or further disclose Protected Health Information other than as permitted or required by the Behavioral Health Safety Net aka Mental Health Safety Net Contract, or as Required By Law.

Signature	Date
-----------	------

Signature of Agency's Authorizing Representative:

Fax to James Ladd at (615) – 253 – 3187 or email to: James.Ladd@tn.gov

For Internal Use Only

User ID	Activated	De-activated



CoverRx

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043
Fax: 1-800-424-5766



NEW APPLICATION RE-ENROLLMENT APPLICATION CHANGES TO EXISTING APPLICATION

Please note: All fields must be completed (unless noted as optional) or application will be returned. Please see above to mail or fax completed form.

LAST NAME				FIRST NAME				MI	
GENDER		DATE OF BIRTH				SOCIAL SECURITY NUMBER			
<input type="checkbox"/> Male <input type="checkbox"/> Female									
# OF PEOPLE IN HOUSEHOLD		YEARLY HOUSEHOLD INCOME (PLEASE ENTER AN AMOUNT)				HOME PHONE NUMBER (WRITE N/A IF YOU DO NOT HAVE A PHONE)			
EMAIL ADDRESS						CELL PHONE NUMBER (WRITE N/A IF YOU DO NOT HAVE A PHONE)			
BY SIGNING BELOW, YOU AGREE TO RECEIVE TEXT-MESSAGES SENT TO THE PHONE NUMBER LISTED ABOVE ABOUT COVERRX. YOU MAY OPT OUT OF TEXT MESSAGES UPON RECEIPT OF FIRST MESSAGE.									
HOUSE ADDRESS			CITY			STATE	ZIP	COUNTY	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			CITY			STATE	ZIP	COUNTY	
RACE (FOR TITLE VI PURPOSES):						LANGUAGE SPOKEN (OPTIONAL)			
<input type="checkbox"/> Black		<input type="checkbox"/> American Indian or Alaskan		<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<input type="checkbox"/> Other:	
<input type="checkbox"/> White		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Spanish		<input type="checkbox"/> Other:			
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:					
<input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU A U.S. CITIZEN OR QUALIFIED LEGAL ALIEN?							
<input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU LIVED IN TENNESSEE FOR AT LEAST THE LAST SIX MONTHS?							
<input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU HAVE HEALTH INSURANCE (INCLUDING TENNCARE)?							
<input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU HAVE ANY PRESCRIPTION DRUG COVERAGE OTHER THAN COVERRX? THIS INCLUDES MEDICARE, TENNCARE OR DRUG COVERAGE PROVIDED BY YOUR EMPLOYER. (DISCOUNT DRUG PROGRAMS OR PATIENT ASSISTANCE PROGRAMS PROVIDING FREE OR LOW-COST MEDICATIONS DO NOT COUNT.)							
<input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU HAVE MEDICARE (ANY PART INCLUDING A, B, C, OR D)?							
<input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU HOMELESS OR LIVING IN A SHELTER? (OPTIONAL)							
<input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU EMPLOYED (INCLUDING SELF-EMPLOYED)? (OPTIONAL)							
<input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU WORK 20 HOURS OR MORE IN A SEVEN DAY WORK WEEK? (OPTIONAL)							

Terms and Conditions

While you are in CoverRx, you must follow the program rules. By signing the front of this form, you agree that:

You will pay your co-pay for each prescription filled.

You will notify CoverRx by submitting an updated application when:

- You move to a new address
- Your household income changes significantly
- The number of people in your household changes
- You have other prescription drug coverage

You will help with any investigations. CoverRx may ask you for proof of your household income. CoverRx may also ask you to provide proof that you live in Tennessee and/or that you are a U.S. citizen or qualified alien. You agree to provide this information to CoverRx. If you do not help, then you could lose your pharmacy assistance.

You allow CoverRx to get information about you. I understand that I have certain privacy rights with respect to my medical information under the Health Insurance Portability and Accountability Act (HIPAA), CFR Parts 160 and 164 ("Privacy Rule"). The Privacy Rule permits CoverRx to use and disclose my protected health information for purposes of treatment, payment and health care operations, including determining my eligibility for benefits.

You can report fraud or abuse. If you suspect someone of fraud or abuse please call Magellan Health Services at 1-800-424-5815.

Authorization: I want to apply for CoverRx pharmacy assistance. By signing below, I certify that the information contained in the application is true and accurate. I know that if I give any false information, I may be breaking the law. I know that CoverRx will check my information. I agree to help with any investigations. I also agree to follow the rules for the CoverRx program. I have read and understand these rules, which are on the back of this form.

Form Number
TNCX0619

Signature: _____

Date: _____



Eligibility

To be eligible to participate in CoverRx, you must meet the following eligibility guidelines:

- Age 19 through 64
- Household income must be below the FPL income guidelines listed below
- U.S. citizen or qualified alien
- Tennessee resident for at least the last six months
- No prescription drug coverage including TennCare or employer-sponsored drug coverage. (Discount drug programs or patient assistance programs providing free or low cost medications do not count.)
- Cannot have Medicare (any part including A, B, C or D)

How Much You Will Have to Pay

If you are enrolled, CoverRx will help you pay for up to five prescriptions each month. Diabetic supplies and insulin do not count toward the prescription limit. You must pay a small co-payment for your first five prescriptions each month. (Note: A 90-day prescription will count as one prescription per month for three consecutive months.) Co-pay ranges are listed in the table to the right.

Co-payments are subject to change.

Type of Prescription	What You Will Pay
First five (5) prescriptions per month of Drugs on the <i>CoverRx Covered Drug List</i> . Diabetic supplies and insulin do not count against the five (5) script limit.	<p>Generic Drugs: 30-day = \$3 *90-day = \$5</p> <p>Brand Drugs: 30-day = \$5</p> <p>Insulin/Diabetic Supplies: 30-day (or up to covered limits) = \$5</p> <p>*90-day supplies are only available through mail order and those local retail pharmacies that have chosen to participate.</p>
<ul style="list-style-type: none"> • Drugs NOT on the <i>CoverRx Covered Drug List</i> • ALL prescriptions after the five (5) prescription per month limit 	Full price (price varies by drug), plus any pharmacy discounts available.

- You can purchase your prescriptions at participating local community retail pharmacies and mail-order pharmacies.
- Upon enrollment in CoverRx, a welcome packet will be sent to you with information about how to use the program.

Income Guidelines

To qualify for the CoverRx program, your yearly household income must be below the FPL levels listed in the table to the right.

Based on 2019 federal poverty guidelines. For families/households with more than 8 persons, add \$6,099 for each additional person.

Persons in Household	Yearly Household Income
1	\$17,236
2	\$23,336
3	\$29,435
4	\$35,535
5	\$41,635
6	\$47,734
7	\$53,834
8	\$59,933

Contact Information

Mail or fax completed form to: **Tennessee CoverRx**
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043
1-800-424-5766 (Fax)

For questions about enrolling in CoverRx: 1-800-424-5815 (Phone)

Definitions

“Discount” means a price reduction offered to participants for certain prescriptions.

“Household Income” is the combined income of all household members 18 years old and over who maintain a single economic unit, as well as any income received by the household for the personal medical and other obligations of the participant(s) in the household.

“Household” is comprised of all persons living in the same residence maintaining a single economic unit.

“Qualified alien” means that you are not a U.S. citizen, but you live in the United States legally. To be a qualified alien, you must also meet other conditions. These conditions are defined in the federal law at 8 U.S.C. § 1622(b). If you are not a U.S. citizen or qualified alien, then you cannot enroll in CoverRx.



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).

Kurdish: کوردی

ئاگاوێز یه گهر به زهه ی کوردی قهسه ده که یه خزمهت گوزاری هه که یه ارهه ی زمان، به خه وایه و تۆ بههه ته. په یه یه ی به
(1-855-259-0701) (TTY: 1-800-848-0298) .

Arabic: العربية

ملاحظة: إذا كنت تتحدث انكليزية فإني خدمتكم من أجل مساعدة اللغة وتوفر لك بالمرحمة ان تصحب رقم 1-855-259-0701 (رقم هاتف الصلة بك: 1-800-848-0298).

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-259-0701 (TTY 1-800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-259-0701 (TTY: 1-800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-259-0701 (ATS : 1-800-848-0298).

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ለተሳናቸው: 1-800-848-0298)።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-259-0701 (TTY: 1-800-848-0298).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-259-0701 (TTY: 1-800-848-0298).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-259-0701 (TTY: 1-800-848-0298).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-259-0701 (TTY: 1-800-848-0298).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-259-0701 (TTY: 1-800-848-0298) पर कॉल करें।



CoverRx

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043
Fax: 1-800-424-5766



Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 800-848-0298).

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-259-0701 (телетайп: 1-800-848-0298).

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-259-0701 (टिपिवाइ: 1-800-848-0298) ।

Persian:

توانیم به زبانهای گوناگون صحبت کنیم و به شما کمک کنیم تا بتوانید با ما صحبت کنید. ما به شما خدمات رایگان تلفنی را در دسترس شما قرار می دهیم. با ما تماس بگیرید: 1-855-259-0701 (TTY: 1-800-848-0298).

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free at 1-855-259-0701. We can connect you with the free help or service you need. (For TTY call: 1-800-848-0298)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by e-mail, or online. Here are three places where you can file a complaint:

<p>Health Care Finance and Administration Office of Civil Rights Compliance 310 Great Circle Road, Floor 4W Nashville, Tennessee 37243 Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 (TRS 711) You can get a complaint form online at: http://www.tn.gov/hcfa/article/civil-rights-compliance</p>	<p>U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Ave SW, Rm 509F, HHH Bldg Washington, DC 20201 Phone: 800-868-1019 (TDD): 800-537-7697 You can get a complaint form online at: http://www.hhs.gov/ocr/office/file/index.html Or you can file a complaint online at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>	<p>Magellan Civil Rights Coordinator, Corporate Compliance Department 8621 Robert Fulton Drive Columbia MD 21046 410-953-4715 compliance@magellanhealth.com</p>
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Appendix III – Qualifying Primary Mental Health Diagnoses for BHSN

In order to qualify for the Behavioral Health Safety Net Program, an individual must have a qualifying primary mental health diagnosis listed on the BHSN of TN ICD10 Eligibility Diagnosis Codes document.

BHSN of TN ICD10 Eligibility Diagnosis Codes - PROD

Effective 10-01-2017

10/6/2017

Mental Health	
F01	Vascular dementia
F015	Vascular dementia
F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
F02	Dementia in other diseases classified elsewhere
F028	Dementia in other diseases classified elsewhere
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
F03	Unspecified dementia
F039	Unspecified dementia
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F060	Psychotic disorder with hallucinations due to known physiological condition
F061	Catatonic disorder due to known physiological condition
F062	Psychotic disorder with delusions due to known physiological condition
F063	Mood disorder due to known physiological condition
F0630	Mood disorder due to known physiological condition, unspecified
F0631	Mood disorder due to known physiological condition with depressive features
F0632	Mood disorder due to known physiological condition with major depressive-like episode
F0633	Mood disorder due to known physiological condition with manic features
F0634	Mood disorder due to known physiological condition with mixed features
F064	Anxiety disorder due to known physiological condition
F0789	Other personality and behavioral disorders due to known physiological condition
F079	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F20	Schizophrenia
F200	Paranoid schizophrenia
F201	Disorganized schizophrenia
F202	Catatonic schizophrenia
F203	Undifferentiated schizophrenia
F205	Residual schizophrenia
F208	Other schizophrenia
F2081	Schizophreniform disorder
F2089	Other schizophrenia
F209	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25	Schizoaffective disorders
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F258	Other schizoaffective disorders
F259	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30	Manic episode
F301	Manic episode without psychotic symptoms
F3010	Manic episode without psychotic symptoms, unspecified
F3011	Manic episode without psychotic symptoms, mild
F3012	Manic episode without psychotic symptoms, moderate
F3013	Manic episode, severe, without psychotic symptoms
F302	Manic episode, severe with psychotic symptoms
F303	Manic episode in partial remission
F304	Manic episode in full remission
F308	Other manic episodes
F309	Manic episode, unspecified
F31	Bipolar disorder
F310	Bipolar disorder, current episode hypomanic
F311	Bipolar disorder, current episode manic without psychotic features
F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
F3111	Bipolar disorder, current episode manic without psychotic features, mild
F3112	Bipolar disorder, current episode manic without psychotic features, moderate
F3113	Bipolar disorder, current episode manic without psychotic features, severe
F312	Bipolar disorder, current episode manic severe with psychotic features
F313	Bipolar disorder, current episode depressed, mild or moderate severity
F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F3131	Bipolar disorder, current episode depressed, mild
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disorder, current episode depressed, severe, without psychotic features
F315	Bipolar disorder, current episode depressed, severe, with psychotic features
F316	Bipolar disorder, current episode mixed
F3160	Bipolar disorder, current episode mixed, unspecified
F3161	Bipolar disorder, current episode mixed, mild
F3162	Bipolar disorder, current episode mixed, moderate
F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
F317	Bipolar disorder, currently in remission
F3170	Bipolar disorder, currently in remission, most recent episode unspecified
F3171	Bipolar disorder, in partial remission, most recent episode hypomanic
F3172	Bipolar disorder, in full remission, most recent episode hypomanic
F3173	Bipolar disorder, in partial remission, most recent episode manic
F3174	Bipolar disorder, in full remission, most recent episode manic
F3175	Bipolar disorder, in partial remission, most recent episode depressed
F3176	Bipolar disorder, in full remission, most recent episode depressed
F3177	Bipolar disorder, in partial remission, most recent episode mixed

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F3178	Bipolar disorder, in full remission, most recent episode mixed	F428	Other obsessive-compulsive disorder
F318	Other bipolar disorders	F429	Obsessive-compulsive disorder, unspecified
F3181	Bipolar II disorder	F43	Reaction to severe stress, and adjustment disorders
F3189	Other bipolar disorder	F430	Acute stress reaction
F319	Bipolar disorder, unspecified	F431	Post-traumatic stress disorder (PTSD)
F32	Major depressive disorder, single episode	F4310	Post-traumatic stress disorder, unspecified
F320	Major depressive disorder, single episode, mild	F4311	Post-traumatic stress disorder, acute
F321	Major depressive disorder, single episode, moderate	F4312	Post-traumatic stress disorder, chronic
F322	Major depressive disorder, single episode, severe without psychotic features	F432	Adjustment disorders
F323	Major depressive disorder, single episode, severe with psychotic features	F4320	Adjustment disorder, unspecified
F324	Major depressive disorder, single episode, in partial remission	F4321	Adjustment disorder with depressed mood
F325	Major depressive disorder, single episode, in full remission	F4322	Adjustment disorder with anxiety
F328	Other depressive episodes	F4323	Adjustment disorder with mixed anxiety and depressed mood
F3281	Premenstrual dysphoric disorder	F4324	Adjustment disorder with disturbance of conduct
F3289	Other specified depressive episodes	F4325	Adjustment disorder with mixed disturbance of emotions and conduct
F329	Major depressive disorder, single episode, unspecified	F4329	Adjustment disorder with other symptoms
F33	Major depressive disorder, recurrent	F438	Other reactions to severe stress
F330	Major depressive disorder, recurrent, mild	F439	Reaction to severe stress, unspecified
F331	Major depressive disorder, recurrent, moderate	F44	Dissociative and conversion disorders
F332	Major depressive disorder, recurrent severe without psychotic features	F440	Dissociative amnesia
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	F441	Dissociative fugue
F334	Major depressive disorder, recurrent, in remission	F442	Dissociative stupor
F3340	Major depressive disorder, recurrent, in remission, unspecified	F444	Conversion disorder with motor symptom or deficit
F3341	Major depressive disorder, recurrent, in partial remission	F445	Conversion disorder with seizures or convulsions
F3342	Major depressive disorder, recurrent, in full remission	F446	Conversion disorder with sensory symptom or deficit
F338	Other recurrent depressive disorders	F447	Conversion disorder with mixed symptom presentation
F339	Major depressive disorder, recurrent, unspecified	F448	Other dissociative and conversion disorders
F34	Persistent mood [affective] disorders	F4481	Dissociative identity disorder
F340	Cyclothymic disorder	F4489	Other dissociative and conversion disorders
F341	Dysthymic disorder	F449	Dissociative and conversion disorder, unspecified
F348	Other persistent mood [affective] disorders	F45	Somatoform disorders
F3481	Disruptive mood dysregulation disorder	F450	Somatization disorder
F3489	Other specified persistent mood disorders	F451	Undifferentiated somatoform disorder
F349	Persistent mood [affective] disorder, unspecified	F4522	Body dysmorphic disorder
F39	Unspecified mood [affective] disorder	F454	Pain disorders related to psychological factors
F40	Phobic anxiety disorders	F4541	Pain disorder exclusively related to psychological factors
F400	Agoraphobia	F4542	Pain disorder with related psychological factors
F4000	Agoraphobia, unspecified	F458	Other somatoform disorders
F4001	Agoraphobia with panic disorder	F459	Somatoform disorder, unspecified
F4002	Agoraphobia without panic disorder	F48	Other nonpsychotic mental disorders
F401	Social phobias	F481	Depersonalization-derealization syndrome
F4010	Social phobia, unspecified	F488	Other specified nonpsychotic mental disorders
F4011	Social phobia, generalized	F489	Nonpsychotic mental disorder, unspecified
F402	Specific (isolated) phobias	F50	Eating disorders
F409	Phobic anxiety disorder, unspecified	F500	Anorexia nervosa
F41	Other anxiety disorders	F5000	Anorexia nervosa, unspecified
F410	Panic disorder [episodic paroxysmal anxiety]	F5001	Anorexia nervosa, restricting type
F411	Generalized anxiety disorder	F5002	Anorexia nervosa, binge eating/purging type
F413	Other mixed anxiety disorders	F502	Bulimia nervosa
F418	Other specified anxiety disorders	F508	Other eating disorders
F419	Anxiety disorder, unspecified	F5081	Binge eating disorder
F42	Obsessive-compulsive disorder	F5089	Other specified eating disorder
F422	Mixed obsessional thoughts and acts	F509	Eating disorder, unspecified
F423	Hoarding disorder	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F424	Excoriation (skin-picking) disorder	F60	Specific personality disorders
		F600	Paranoid personality disorder

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F601	Schizoid personality disorder
F602	Antisocial personality disorder
F603	Borderline personality disorder
F604	Histrionic personality disorder
F605	Obsessive-compulsive personality disorder
F606	Avoidant personality disorder
F607	Dependent personality disorder
F608	Other specific personality disorders
F6081	Narcissistic personality disorder
F6089	Other specific personality disorders
F609	Personality disorder, unspecified
F63	Impulse disorders
F630	Pathological gambling
F631	Pyromania
F632	Kleptomania
F633	Trichotillomania
F638	Other impulse disorders
F6381	Intermittent explosive disorder
F6389	Other impulse disorders
F639	Impulse disorder, unspecified
F681	Factitious disorder
F6810	Factitious disorder, unspecified
F6811	Factitious disorder with predominantly psychological signs and symptoms
F6812	Factitious disorder with predominantly physical signs and symptoms
F6813	Factitious disorder with combined psychological and physical signs and symptoms
F688	Other specified disorders of adult personality and behavior
F90	Attention-deficit hyperactivity disorders
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, combined type
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type

Appendix V – Contact Information

TDMHSAS Office of Behavioral Health Safety Net

Katie Lee

Director of Behavioral Health Safety Net

Katie.lee@tn.gov

Office: 615-770-1790

Cell: 615-961-2548

James Ladd

Assistant Director of Behavioral Health Safety Net

James.ladd@tn.gov

Office: 615-741-1196

TDMHSAS Office of Consumer Affairs

Oca.tdmhsas@tn.gov

Phone: 1-800-560-5767

BHSN Provider Network

An up to date listing of BHSN Providers with site locations and contact numbers, titled “BHSN of TN Provider Contact and County Information 5.2019”, can be accessed through the BHSN log-on page:

<https://mh.tn.gov/Uninsured4/Default.aspx>