



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

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# Contents

**Program Overview and Background.....3**

**Provider Responsibilities .....6**

**Eligibility Determination.....7**

**Eligibility and Enrollment Process and Paperwork ..... 13**

**BHSN Annual Review for Eligibility Redetermination ..... 17**

**Change of Service Recipient Information Request..... 19**

**BHSN Disenrollment.....20**

**Covered Services .....21**

**Service Rate Sheet .....23**

**Pharmacy Assistance and Coordination.....27**

**Payments and Billing.....29**

**The BHSN of TN Electronic System (BHSNT).....31**

**BHSNT User Accounts.....35**

**Appendix I: Definitions.....36**

**Appendix II – Sample Forms.....38**

**Appendix III – Qualifying Primary Mental Health Diagnoses for BHSN .....44**

**Appendix IV – New BHSN System Tip Sheet for BHSN Providers.....48**

**Appendix V – Contact Information .....55**

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 18 (eighteen) 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 1<sup>st</sup> 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](http://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

*Due to transition to the New BHSN System, this section may have sections that need revision.*

## ***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](mailto: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](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](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](mailto: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

*Due to transition to the New BHSN System, this section may have sections that need revision.*

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](mailto: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

*Due to transition to the New BHSN System, this section may have sections that need revision.*

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](mailto: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

*Due to transition to the New BHSN System, this section may have sections that need revision.*

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 for Adults Service Rate Sheet Effective Date 7.1.2020

These codes and services are to be used for BHSN of TN for Adults. Check codes with TennCare before retro-billing for any service.

Beginning in FY21, the GT modifier to indicate telehealth services will be eliminated. Place-of-Service Codes must be used on claims to specify the entity where services were rendered, including telehealth services. Please refer to CMS's Place-of-Service Code Set to use for BHSN claims.

Clinical, Therapeutic and Support Services	Service Code (*Telehealth available)	BHSN Adult Rate - FY21
<b>Assessment and Evaluation</b>		
<i>Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. Psychiatric diagnostic evaluation with medical services in integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. One assessment/evaluation allowable per day.</i>		
Psychiatric diagnostic evaluation (with no medical services)	90791*	\$61.50
Psychiatric diagnostic evaluation (with medical services)	90792*	\$71.75
<b>Psychological Testing Evaluation Services</b>		
<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
<b>Individual Intervention/Therapy/Therapeutic Session</b>		
<i>Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Includes ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process.</i>		
Psychotherapy, 60 minutes with patient (53 minutes or more)	90837*	\$61.50
Psychotherapy, 45 minutes with patient (38-52 minutes)	90834*	\$61.50
Psychotherapy, 30 minutes with patient (16-37 minutes)	90832*	\$30.75
<b>Group Intervention/Therapy/Therapeutic Session</b>		
<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
<b>Psychosocial Rehabilitation</b>		
<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
<b>Peer Support</b>		
<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>		
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



Case Management		
<p><i>Case Management - Case management is defined as care coordination for the purpose of linking safety net individuals 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 safety net individuals 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 unit (1 unit = 8 minutes to 22 minutes; 2 units = 23 minutes to 37 minutes; 3 units = 38 to 52 minutes; etc.). Maximum of twelve (12) units per person to be billed within a single date of service.</i></p>		
Case management (1 session unit)	T1016	\$23.00
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. <b>Typically, 5 minutes are spent performing or supervising these services.</b> 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. <b>Typically, 10 minutes are spent face-to-face with the patient and/or family.</b>	99212*	\$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. <b>Typically, 15 minutes are spent face-to-face with the patient and/or family.</b>	99213*	\$61.50
Psychiatric Medication Management		
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. <b>Typically, 25 minutes are spent face-to-face with the patient and/or family.</b>	99214*	\$72.11

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. <b>Typically, 40 minutes are spent face-to-face with the patient and/or family.</b>	99215*	\$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	
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 2021		

<b>Unallowable Service Code Combinations</b>	
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.	
<b>Column A</b>	<b>Column B</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 OptumRX 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 18 to 64
- Uninsured or insured with no pharmacy coverage
- Household income below 138% of the federal poverty level

Complete details about the CoverRx Program can be found at:

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

The CoverRx Prescription Benefit Manager (PBM) is OptumRx. Please contact OptumRx, 800-424-5815, for assistance with enrollment; questions about prescription services or membership; and to update your profile. OptumRx Mail Service Pharmacy is available to members.

Online Application and current enrollment status for CoverRx through OptumRx can be found at:

<https://www.optumrx.com/coverrx>

### ***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

*Due to transition to the New BHSN System, this section may have sections that need revision.*

## **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](mailto:BHSNTAPP.Fax@tn.gov).

Requests for password re-sets should be emailed to [james.Ladd@tn.gov](mailto: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 18 (eighteen) 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 Income and/or Homeless Declaration Statement
- Change of Information in BHSN System
- Change of BHSN of TN Provider Request Form
- BHSN User ID Request



## Behavioral Health Safety Net of Tennessee No Income and/or Homeless Declaration Statement Form

BHSN Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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### No Income Statement

\_\_\_\_\_ (BHSN Applicant Name), is not currently employed and does not have any income at this time.

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### Homeless Declaration Statement

\_\_\_\_\_ (BHSN Applicant Name), is homeless and/or living in a Shelter/Mission.

---

*By signing below, I, as the BHSN Provider Staff, attest my agency has received informed consent from the applicant to enroll in BHSN and believes that the information contained on this form is accurate and true as provided by the applicant.*

BHSN Provider Staff Name: \_\_\_\_\_

BHSN Provider Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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This signed and completed form should be included in an individual's BHSN eligibility documentation. This signed and completed form does not need to be submitted to TDMHSAS/Office of Behavioral Health Safety Net.



## Behavioral Health Safety Net Change of Information in BHSN System

Date of Request: \_\_\_\_\_

Name of BHSN Provider Requesting Change of Information: \_\_\_\_\_

Name of Requesting BHSN Provider Staff: \_\_\_\_\_

Requesting Agency Staff Email: \_\_\_\_\_

### **Current BHSN Enrollee Information**

Client Name: \_\_\_\_\_

Client SSN: \_\_\_\_\_

### **Requested Change of Information**

\_\_First, Middle, or Last Name

\_\_BHSN Begin Date

\_\_DOB

\_\_Current Qualifying Dx Assessment Date  
and/or Dx Codes

\_\_SSN

\_\_Gender

*Requested information in BHSN System to be changed to:*

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*Reason for Request (i.e., data entry error, corrected information based on additional information):* \_\_\_\_\_

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\*\*\*Some Change of Information may require proof of documentation for change\*\*\*

Please email Change of BHSN of TN Provider Request Form to [BHSN.Team@tn.gov](mailto:BHSN.Team@tn.gov).

## **Behavioral Health Safety Net Change of BHSN of TN Provider Request Form**

Date of BHSN Provider Change: \_\_\_\_\_

Name of BHSN Provider Requesting Provider Change: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client SSN: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Current BHSN Provider of Record: \_\_\_\_\_

Requested Begin Date of BHSN with Your Agency: \_\_\_\_\_

Name of Requesting BHSN Provider Staff: \_\_\_\_\_

Requesting Agency Staff Email: \_\_\_\_\_

Please email Change of BHSN of TN Provider Request Form to [BHSN.Team@tn.gov](mailto:BHSN.Team@tn.gov).



# Behavioral Health Safety Net

## Behavioral Health Safety Net System User ID Request Form

Activate New User

Re-activate User

Deactivate User

**BHSN Provider/RMHI/TDMHSAS Contracted Hospital Name:** \_\_\_\_\_

### BHSN System User Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you currently have a User ID in the Original BHSN System:      Yes      No

\*\*\*As of April 2020, is BHSN System access being requested for:

- New BHSN System (launched in 2020) – used for enrollment/eligibility
- Original BHSN System – used for claims/billing
- Both New and Original BHSN Systems

*I understand I am requesting access to the Behavioral Health Safety Net System. The BHSN System is for use by authorized personnel only. Individuals accessing this application without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and/or policies and may be subject to criminal, civil and/or administrative actions.*

*In accordance with the Health Insurance Portability and Accountability Act(HIPAA), I agree to fully comply with the requirements applicable to "business associates," as that term is defined in the HIPAA Privacy Rule 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e) and not use or further disclose Protected Health Information other than as permitted or required by the Behavioral Health Safety Net or as Required By Law.*

*I understand that violation of any program policies and procedures, altering the application, disclosing the contents of this application to others not properly authorized without proper releases of information, entering fraudulent data and/or sharing my assigned User ID and/or password may result in termination of system/application access.*

*I hereby affirm that I am authorized to perform the function(s) which I am about to perform.*

*I understand I will be assigned a User ID with an associated password and I agree I will not share that User ID and/or password with anyone else.*

*I understand if I leave my current employer and/or my job functions no longer require me to have access to the BHSN System, I will request de-activation of my User ID through my employer.*

*I have been trained in the program procedures of the Behavioral Health Safety Net by my employer. I have read and understand the Behavioral Health Safety Net Provider Manual and have ongoing access to this manual.*

Signature of BHSN System User: \_\_\_\_\_

Name of BSHN System User: \_\_\_\_\_

Date: \_\_\_\_\_

---

**BHSN Provider/RMHI/TDMHSAS Contracted Hospital Authorizing Representative**

*I attest the above individual is authorized to access the Behavioral Health Safety Net System. The individual has been trained in the program procedures of the Behavioral Health Safety Net by our agency. The individual has received the Behavioral Health Safety Net Provider Manual.*

*If the individual leaves our agency and/or their job functions no longer require access to the BHSN system, our agency will request de-activation of their User ID immediately.*

Name of Agency's Authorizing Representative: \_\_\_\_\_

Title of Agency's Authorizing Representative: \_\_\_\_\_

Signature of Agency's Authorizing Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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Email User ID Request Form to  
BHSNTAPP.Fax@tn.gov or Fax to 615-253-3187

## **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.

F01	Vascular dementia	F29	Unspecified psychosis not due to a substance or known physiological condition
F015	Vascular dementia	F30	Manic episode
F0150	Vascular dementia without behavioral disturbance	F301	Manic episode without psychotic symptoms
F0151	Vascular dementia with behavioral disturbance	F3010	Manic episode without psychotic symptoms, unspecified
F02	Dementia in other diseases classified elsewhere	F3011	Manic episode without psychotic symptoms, mild
F028	Dementia in other diseases classified elsewhere	F3012	Manic episode without psychotic symptoms, moderate
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance	F3013	Manic episode, severe, without psychotic symptoms
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance	F302	Manic episode, severe with psychotic symptoms
F03	Unspecified dementia	F303	Manic episode in partial remission
F039	Unspecified dementia	F304	Manic episode in full remission
F0390	Unspecified dementia without behavioral disturbance	F308	Other manic episodes
F0391	Unspecified dementia with behavioral disturbance	F309	Manic episode, unspecified
F04	Amnesic disorder due to known physiological condition	F31	Bipolar disorder
F05	Delirium due to known physiological condition	F310	Bipolar disorder, current episode hypomanic
F06	Other mental disorders due to known physiological condition	F311	Bipolar disorder, current episode manic without psychotic features
F060	Psychotic disorder with hallucinations due to known physiological condition	F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
F061	Catatonic disorder due to known physiological condition	F3111	Bipolar disorder, current episode manic without psychotic features, mild
F062	Psychotic disorder with delusions due to known physiological condition	F3112	Bipolar disorder, current episode manic without psychotic features, moderate
F063	Mood disorder due to known physiological condition	F3113	Bipolar disorder, current episode manic without psychotic features, severe
F0630	Mood disorder due to known physiological condition, unspecified	F312	Bipolar disorder, current episode manic severe with psychotic features
F0631	Mood disorder due to known physiological condition with depressive features	F313	Bipolar disorder, current episode depressed, mild or moderate severity
F0632	Mood disorder due to known physiological condition with major depressive-like episode	F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F0633	Mood disorder due to known physiological condition with manic features	F3131	Bipolar disorder, current episode depressed, mild
F0634	Mood disorder due to known physiological condition with mixed features	F3132	Bipolar disorder, current episode depressed, moderate
F064	Anxiety disorder due to known physiological condition	F314	Bipolar disorder, current episode depressed, severe, without psychotic features
F0789	Other personality and behavioral disorders due to known physiological condition	F315	Bipolar disorder, current episode depressed, severe, with psychotic features
F079	Unspecified personality and behavioral disorder due to known physiological condition	F316	Bipolar disorder, current episode mixed
F09	Unspecified mental disorder due to known physiological condition	F3160	Bipolar disorder, current episode mixed, unspecified
F20	Schizophrenia	F3161	Bipolar disorder, current episode mixed, mild
F200	Paranoid schizophrenia	F3162	Bipolar disorder, current episode mixed, moderate
F201	Disorganized schizophrenia	F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
F202	Catatonic schizophrenia	F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
F203	Undifferentiated schizophrenia	F317	Bipolar disorder, currently in remission
F205	Residual schizophrenia	F3170	Bipolar disorder, currently in remission, most recent episode unspecified
F208	Other schizophrenia	F3171	Bipolar disorder, in partial remission, most recent episode hypomanic
F2081	Schizophreniform disorder	F3172	Bipolar disorder, in full remission, most recent episode hypomanic
F2089	Other schizophrenia	F3173	Bipolar disorder, in partial remission, most recent episode manic
F209	Schizophrenia, unspecified	F3174	Bipolar disorder, in full remission, most recent episode manic
F21	Schizotypal disorder	F3175	Bipolar disorder, in partial remission, most recent episode depressed
F22	Delusional disorders	F3176	Bipolar disorder, in full remission, most recent episode depressed
F23	Brief psychotic disorder	F3177	Bipolar disorder, in partial remission, most recent episode mixed
F24	Shared psychotic disorder	F3178	Bipolar disorder, in full remission, most recent episode mixed
F25	Schizoaffective disorders	F318	Other bipolar disorders
F250	Schizoaffective disorder, bipolar type	F3181	Bipolar II disorder
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		

# BHSN of TN ICD10 Eligibility Diagnosis Codes

F3189	Other bipolar disorder	F43	Reaction to severe stress, and adjustment disorders
F319	Bipolar disorder, unspecified	F430	Acute stress reaction
F32	Major depressive disorder, single episode	F431	Post-traumatic stress disorder (PTSD)
F320	Major depressive disorder, single episode, mild	F4310	Post-traumatic stress disorder, unspecified
F321	Major depressive disorder, single episode, moderate	F4311	Post-traumatic stress disorder, acute
F322	Major depressive disorder, single episode, severe without psychotic features	F4312	Post-traumatic stress disorder, chronic
F323	Major depressive disorder, single episode, severe with psychotic features	F432	Adjustment disorders
F324	Major depressive disorder, single episode, in partial remission	F4320	Adjustment disorder, unspecified
F325	Major depressive disorder, single episode, in full remission	F4321	Adjustment disorder with depressed mood
F328	Other depressive episodes	F4322	Adjustment disorder with anxiety
F3281	Premenstrual dysphoric disorder	F4323	Adjustment disorder with mixed anxiety and depressed mood
F3289	Other specified depressive episodes	F4324	Adjustment disorder with disturbance of conduct
F329	Major depressive disorder, single episode, unspecified	F4325	Adjustment disorder with mixed disturbance of emotions and conduct
F33	Major depressive disorder, recurrent	F4329	Adjustment disorder with other symptoms
F330	Major depressive disorder, recurrent, mild	F438	Other reactions to severe stress
F331	Major depressive disorder, recurrent, moderate	F439	Reaction to severe stress, unspecified
F332	Major depressive disorder, recurrent severe without psychotic features	F44	Dissociative and conversion disorders
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	F440	Dissociative amnesia
F334	Major depressive disorder, recurrent, in remission	F441	Dissociative fugue
F3340	Major depressive disorder, recurrent, in remission, unspecified	F442	Dissociative stupor
F3341	Major depressive disorder, recurrent, in partial remission	F444	Conversion disorder with motor symptom or deficit
F3342	Major depressive disorder, recurrent, in full remission	F445	Conversion disorder with seizures or convulsions
F338	Other recurrent depressive disorders	F446	Conversion disorder with sensory symptom or deficit
F339	Major depressive disorder, recurrent, unspecified	F447	Conversion disorder with mixed symptom presentation
F34	Persistent mood [affective] disorders	F448	Other dissociative and conversion disorders
F340	Cyclothymic disorder	F4481	Dissociative identity disorder
F341	Dysthymic disorder	F4489	Other dissociative and conversion disorders
F348	Other persistent mood [affective] disorders	F449	Dissociative and conversion disorder, unspecified
F3481	Disruptive mood dysregulation disorder	F45	Somatoform disorders
F3489	Other specified persistent mood disorders	F450	Somatization disorder
F349	Persistent mood [affective] disorder, unspecified	F451	Undifferentiated somatoform disorder
F39	Unspecified mood [affective] disorder	F4522	Body dysmorphic disorder
F40	Phobic anxiety disorders	F454	Pain disorders related to psychological factors
F400	Agoraphobia	F4541	Pain disorder exclusively related to psychological factors
F4000	Agoraphobia, unspecified	F4542	Pain disorder with related psychological factors
F4001	Agoraphobia with panic disorder	F458	Other somatoform disorders
F4002	Agoraphobia without panic disorder	F459	Somatoform disorder, unspecified
F401	Social phobias	F48	Other nonpsychotic mental disorders
F4010	Social phobia, unspecified	F481	Depersonalization-derealization syndrome
F4011	Social phobia, generalized	F488	Other specified nonpsychotic mental disorders
F402	Specific (isolated) phobias	F489	Nonpsychotic mental disorder, unspecified
F409	Phobic anxiety disorder, unspecified	F50	Eating disorders
F41	Other anxiety disorders	F500	Anorexia nervosa
F410	Panic disorder [episodic paroxysmal anxiety]	F5000	Anorexia nervosa, unspecified
F411	Generalized anxiety disorder	F5001	Anorexia nervosa, restricting type
F413	Other mixed anxiety disorders	F5002	Anorexia nervosa, binge eating/purging type
F418	Other specified anxiety disorders	F502	Bulimia nervosa
F419	Anxiety disorder, unspecified	F508	Other eating disorders
F42	Obsessive-compulsive disorder	F5081	Binge eating disorder
F422	Mixed obsessional thoughts and acts	F5089	Other specified eating disorder
F423	Hoarding disorder	F509	Eating disorder, unspecified
F424	Excoriation (skin-picking) disorder	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F428	Other obsessive-compulsive disorder	F60	Specific personality disorders
F429	Obsessive-compulsive disorder, unspecified	F600	Paranoid personality disorder
		F601	Schizoid personality disorder

# BHSN of TN ICD10 Eligibility Diagnosis Codes

BHSN for Children added ICD-10 Codes highlighted in yellow

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
F911	Conduct disorder, childhood-onset type
F912	Conduct disorder, adolescent-onset type
F913	Oppositional defiant disorder
F918	Other conduct disorders
F919	Conduct disorder, unspecified
F941	Reactive attachment disorder of childhood
F942	Disinhibited attachment disorder of childhood
F950	Transient tic disorder
F951	Chronic motor or vocal tic disorder
F952	Tourette's disorder
F958	Other tic disorders
F959	Tic disorder, unspecified
F98	Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F981	Encopresis not due to a substance or known physiological condition
F983	Pica of infancy and childhood
F984	Stereotyped movement disorders



## **Appendix IV – New BHSN System Tip Sheet for BHSN Providers**



## New BHSN System

### Tip Sheet for BHSN Providers

#### **BHSN Systems**

##### **Legacy (Old) BHSN System**

*Link:* <https://mh.tn.gov/Uninsured4/Default.aspx> \*Can only be accessed on Internet Explorer

*Functionality:* Legacy (Old) BHSN System will sync at least once an hour with New BHSN System. All billing and claims processing will continue in Legacy (Old) BHSN System during 1<sup>st</sup> Phase of the New BHSN System.

##### **Current (New) BHSN System**

*Link:* <https://mh.tn.gov/SafetyNet/Account/Login>

*Functionality:* New BHSN System will sync at least once an hour with Legacy BHSN System. All eligibility and enrollment will be through New BHSN System during the 1<sup>st</sup> Phase. It is a web-based system compatible with mobile devices.

#### **BHSN System Log-in for BHSN Providers**

##### **Legacy (Old) BHSN System**

*User ID:* Assigned by Office of BHSN. User ID includes two letters to identify BHSN Provider followed by numbers.

*Password:* Passwords expire every 45 days. The system begins notifying the user of this expiration 14 days prior to expiring. Must contact Office of BHSN for expired password resets and/or when locked out of the system.

Passwords must be:

- At least one lower case letter
- At least one upper case letter
- At least one number
- At least one of these special characters @#\$\$%^&+=
- Be at least 8 characters

##### **Current (New) BHSN System**

*User ID:* Valid Work Emails

*Password:* For new User IDs in the New BHSN System, passwords will not be given by the Office of BHSN. The User will be alerted their account is active. They will select the "Forgot password?" link. The User will enter their email address on the resulting screen and click "Request New Password" button. The User will receive an email containing a link to reset their password. This password reset

capability provided in the email expires 15 minutes after the request is issued. If the User does not act within that 15 minute timeframe, the User will have to repeat the forgot password process. The User is automatically logged off the system after 20 minutes of inactivity. Passwords expire every 45 days. The system begins notifying the user of this expiration 14 days prior to expiring.

**\*NEW** to New BHSN System: If an expired password is not reset within 45 days, the account is made inactive and the User cannot reset the password. If this happens, they will need to complete a New User Agreement Form.

After 5 invalid log in attempts and the User will be locked out. The User must reach out to Office of BHSN (BHSN.Team@tn.gov) to have their account unlocked.

Passwords must be:

- At least 8 characters
- At least one lower case letter
- At least one upper case letter
- At least one number
- At least one special character (anything not a number or letter)

### **New BHSN System Log-in Page Acknowledgment**

*This application is for use by authorized personnel only. Individuals accessing this application without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and/or policies and may be subject to criminal, civil and/or administrative actions.*

*BY LOGGING INTO THIS APPLICATION, I CERTIFY THAT:*

*I understand that violation of any program policies and procedures, altering the application, disclosing the contents of this application to others not properly authorized without proper releases of information, entering fraudulent data and/or sharing the user ID assigned to me with my password may result in termination of system/application access; and*

*I am authorized to perform the function(s) which I am about to perform.*

*I am using the User ID assigned to me with its associated password, and that I have not shared this User ID and password with anyone else.*

### **BHSN Client Inquiry (also Home)**

#### **Searching for Individuals**

- ➔ Note: When searching for clients that are actively registered in BHSN through your agency, you can use any search parameter (i.e., last name only, SSN only, etc.)
- ➔ When searching for clients to determine if they are enrolled in BHSN through another agency or have been previously enrolled in BHSN (i.e. clients that may not registered with your agency), the search requires the use of both SSN and DOB.

#### **To Search Enrollment Status of an Individual**

- ➔ You need a SSN and a DOB.
- ➔ Select "All Clients" radio button
- ➔ Enter SSN and DOB
  - DOB can be entered with no dashes/slashes but must contain a minimum of 6 characters and include the century.

- ➔ The system will display matching records in grid view, if found. If the client has an active registration, the registering provider agency will be listed under the “Currently Registered With” column. It will be blank if the client is not currently registered in BHSN.
- ➔ TennCare Enrollment: The BHSN Systems bumps up against the TennCare file once a week. If a client has active TennCare, the effective date of the TennCare will display under the “Has TennCare” heading in the grid view. This information is a reference for BHSN eligibility and is not guaranteed. ***It is recommended going to Tennessee Anytime to confirm TennCare enrollment if our system says they have TennCare.***

### **To Add Enrollment (Registration) to an Existing Client**

- ➔ Click on the record in the grid view after searching for a client via SSN and DOB. Note: You can only add an enrollment (registration) if the individual is not actively enrolled in BHSN through another BHSN Provider.
- ➔ The Enrollment Screen has three main sections:
  - Demographic: This portion will display pre-existing demographic and county data. To maintain data integrity, the system will not allow changes to pre-existing client demographics, other than Race and County of Residence.
  - Registration:
    - Agency Name is defaulted.
    - Site Location is not required, but the agency can choose to value this in order to query data for a specific site. This is also useful in managing the Annual Review process, and the Site Location can be changed at any time.
    - BHSN Begin Date cannot be more than 30 days before the date the registration is being created.
    - Calculate %FPL – You can calculate the FPL before saving the registration to confirm the individual's income makes them eligible.
    - Received from – Not relevant to BHSN Providers and is grayed out.
  - Qualifying Diagnosis:
    - The Assessment Date of Qualifying MH Dx cannot be more than 90 days before the date the registration is being created.
    - Primary ICD10 Dx Code does not include decimals
    - Substance Abuse Issue (***NEW in New BHSN System***): must choose yes or no. If Yes, then enter the ICD DX Code for SA.
- ➔ The “Save” Button remains greyed out unless all required data has been entered.
- ➔ If the “Save” is available and the registration does not save, possible scenarios:
  - The consumer is currently enrolled in TennCare and the registration begin date is on or after the TennCare effective date. The user will get a message indicating that the consumer has TennCare.
  - The begin date overlaps with an existing BHSN registration with another BHSN provider agency; this would require a Provider Change Request or the Begin Date overlaps with TennCare eligibility.
  - The begin date is more than 30 days ago
  - The registration begin date is prior to the assessment date
  - The assessment date is not within the last 90 days
  - The current age of the client conflicts with contractual allowance for the agency
  - Based on the household income and number in household, the client does not meet FPL guidelines

- Unique Social Security Number Required Message
    - The SSN is already in use in the BHSN System by another individual/registration
    - The SSN is already in use in the BHSN System but has a different Date of Birth associated with it
    - The SSN and DOB are assigned to a different spelling of the individual's name
- \*If you do encounter the Unique Social Security Number Message, you can look in the Old BHSN System under "Eligibility Inquiry" and compare the demographic information. If you are unable to determine the source of the Unique Social Security Number Message, email [BHSN.Team@tn.gov](mailto:BHSN.Team@tn.gov) with the name, DOB, and SSN of the individual for assistance.

### To Register a New Client

- ➔ After searching by SSN and DOB and there is no matching client record indicated by the message "No Client Found", click "Add".
- ➔ SSN and DOB will pre-populate in the Demographics screen but all other fields must be completed.
- ➔ Follow same steps as adding an Existing Registration.

### To Print a Report/Receipt of the Registration

- ➔ Instead of clicking "Save", click "Preview". "Preview" will both save the data and display a PDF report view of the registration.

### To Search Registrations within Your Own Agency

- ➔ Under Home/Client Inquiry, select "Registered" radio button.
- ➔ There are three Registration Statuses: **Active, Inactive, All**
- ➔ Any combination of search parameters can be entered, as noted above. If no search parameters are entered, the search will result in a list of all clients in that status.
- ➔ The User has the capability to download the data being display into Excel format by hitting "Export".

### To View/Manage Client/Registration Data

- ➔ When pulling up a client who is/was registered with your agency, click on their name. The demographic information will come up along with Registrations.
- ➔ You can view both Active and Closed Registrations, but only Active Registrations allow the following changes:
  - Race
  - Client County of Residence
  - Site Location
  - Update Income and Number in Household
  - Check/Uncheck "Had Medicare Part B" field
  - Add a Registration End Date and Close Reason
  - Add an Assessment
- ➔ The system displays the User that created the current Registration and date/time created in the Registration banner.
- ➔ If a Registration has multiple assessments, a "View Prior Assessments" button will appear and you can view all prior assessment data (**NEW in New BHSN System**)

### **Annual Reviews**

- ➔ Under Home/Client Inquiry, select “Annual Review”
- ➔ This pulls up all Registrations with an assessment (qualifying diagnosis) expiring in the next 90 days.
- ➔ If agency is valuing Site Location, you can sort by Site Location.
- ➔ You can sort Annual Reviews by “Assessment Expiry Date Range”
- ➔ You can export the sorted data into Excel.

### **To Continue An Annual Review/Enrollment**

- ➔ Select desired client.
- ➔ Click on Active Registration.
- ➔ Under Qualifying Diagnosis banner, select “Add New Assessment”. Required data for New Assessment includes:
  - Assessment Date (cannot be future date)
  - Primary ICD10 (Must be a qualifying MH Dx Code)
  - Substance Issue – yes or no
  - Continued BHSN Eligibility
    - US Citizen/Qualified Alien
    - TN Resident
    - Gross Annual Income and Household size
    - No Other BH Insurance
- ➔ Click SAVE or PREVIEW to validate new data and the eligibility is continued.

### **To Update the Diagnosis of A Registration Outside of an Annual Review**

- ➔ A BHSN Provider may choose to update the Dx of an Active Registration because the Dx may have changed and/or a co-occurring substance use Dx needs to be added.
- ➔ To update the Dx, under Qualifying Diagnosis banner, select “Add New Assessment”. Note this triggers a full Annual Review, and the BHSN Provider must complete the full Annual Review to meet contractual requirements (i.e., review of US Citizenship/Qualified Alien state, TN Resident, Gross Annual Income and Household size, etc.).

### **To Close a Registration**

- ➔ Select desired client.
- ➔ Click on Active Registration.
- ➔ Under Registration banner, enter an “End Date” and select “Close Reason”.
- ➔ Click SAVE or PREVIEW.

### **Automatic Closures from BHSN**

- ➔ Enrollment in TennCare
- ➔ Qualifying Diagnosis/Assessment reaches expiration

### **Agency Attestation Language for BHSN Applications and Annual Reviews**

The New BHSN System does not require a BHSN enrollee's signature for BHSN enrollment or annual re-enrollment. There is attestation by the BHSN Provider before saving the BHSN Application and BHSN Annual Enrollment.

#### Attestation Language for BHSN Initial Enrollment/Application

*"By clicking 'SAVE', you, as a provider in the Behavioral Health Safety Network (BHSN), attest to the following: (1) your agency has reviewed what the BHSN is, the eligibility requirements for the BHSN, and all BHSN services and policies with the applicant, (2) after such review, your agency has received informed consent from this applicant to enroll in the BHSN, (3) your agency has received informed consent from the applicant to share information about the applicant that might otherwise be considered protected or confidential under law with TDMHSAS, and TDMHSAS may use this information as necessary for the payment and provision of services under the BHSN, and (4) your agency believes that the information contained in this application is accurate and true as provided by the applicant. Your agency is responsible for maintaining documentation which supports the above statements"*

#### Attestation Language for BHSN Re-Enrollment/Annual Review

*"By clicking 'SAVE', you, as a provider in the Behavioral Health Safety Network (BHSN), attest to the following: (1) your agency has reviewed what the BHSN is, the eligibility requirements for the BHSN, and all BHSN services and policies with the applicant, (2) after such review, your agency has received informed consent from this applicant to continue enrollment in the BHSN, (3) your agency has received informed consent from the applicant to share information about the applicant that might otherwise be considered protected or confidential under law with TDMHSAS, and TDMHSAS may use this information as necessary for the payment and provision of services under the BHSN, and (4) your agency believes that the information contained in this BHSN Annual Review is accurate and true as provided by the applicant. Your agency is responsible for maintaining documentation which supports the above statements"*

#### **Change of Information Requests**

As noted above, provider staff have the capability to update some data items. However, if changes are needed to those data items that provider staff cannot update (whether because an entry error or because additional information was discovered):

- ➔ Complete a "Change of Information Form", which can be found on both the New and Old BHSN Systems, and submit to [BHSN.Team@tn.gov](mailto:BHSN.Team@tn.gov).
- ➔ Depending on the request, proof of change may be requested (i.e., change of SSN, change of legal name).
- ➔ Please note the "Change of Information Form" was updated with the New BHSN System to align with what Provider Staff can change in the New BHSN System. In FY21, the previous "Change of Service Recipient Information Request" dated 10.31.2017 will be obsolete.

#### **Provider Changes**

- ➔ When an individual requesting to receive BHSN services is found to already be registered with another provider agency, a Provider Change is needed. The "Change of Provider Form", which can be found on both the New and Old BHSN Systems, should be completed and submitted to [BHSN.Team@tn.gov](mailto:BHSN.Team@tn.gov).
- ➔ To work through any potential enrollment or billing conflicts, it is requested BHSN Providers use the "Change of Provider Request form" to initiate provider changes.

## Appendix V – Contact Information

### ***TDMHSAS Office of Behavioral Health Safety Net***

Katie Lee

Director of Behavioral Health Safety Net

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Cell: 615-961-2548

James Ladd

Assistant Director of Behavioral Health Safety Net

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### ***TDMHSAS Office of Consumer Affairs***

[OCA.tdmhsas@tn.gov](mailto: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>