



## ***Provider FAQ on the CDPHP Behavioral Health Transition***

### **What is my CDPHP provider ID number?**

CDPHP requires that all correspondence, including submission of paper claims, have your National Provider Identifier (NPI), which is also your CDPHP provider ID number.

### **How do I access the CDPHP secure Web site?**

Complete and submit a provider secure access [request form](#), available on the Provider Resources page of [www.cdphp.com](http://www.cdphp.com).

Forms should be submitted by mail to:

CDPHP Security Department  
500 Patroon Creek Blvd.  
Albany, NY 12206

Alternatively, you may fax it to (518) 641-4305.

User name and password are generally mailed back within about 10 business days from when we receive the request.

### **Why is CDPHP bringing behavioral health management in-house?**

While CDPHP and UBH have shared a positive partnership over the past three years, CDPHP is now assuming a more active role in the management of its members' behavioral health. This will assist us in improving the coordination of our members' care.

### **How will members access their behavioral health care?**

CDPHP members will continue to have easy access to behavioral health referrals by calling 1-888-320-9584.

### **How will the transition be handled for inpatient care already underway?**

CDPHP members receiving behavioral health services in an inpatient setting prior to January 1, 2010 will continue to have their care managed by UBH until they are moved to a lower level of care.

### **How will the transition be handled for members at a lower level of care?**

For members in partial hospitalization (PHP) or intensive outpatient (IOP) care initiated and authorized by UBH prior to January 1, 2010, whose care must continue after January 1, 2010, providers should contact CDPHP at 1-888-320-9584 to continue the stay.

Claims for PHP and IOP care prior to, and after January 1, 2010 should be split depending on the dates of service:

- Claims for dates of service on or before December 31, 2009 should be sent to UBH.

- PHP and IOP services occurring on and after January 1 should be billed to CDPHP.

**How will the transition be handled for members receiving outpatient care?**

For members in outpatient treatment initiated and authorized by UBH prior to January 1, 2010, whose care needs to continue after January 1, 2010, participating providers will initially be able to see these members without doing anything.

Members seeing in-network providers will be allowed 10 pass-through visits per member per provider for therapy. An [Outpatient Treatment Report](#) (OTR) is required if additional sessions are required after the initial 10.

Forms should be submitted:

- By mail at 500 Patroon Creek Blvd., Albany, NY 12206, or
- By fax at (518) 641-3601

Failure to submit the OTR will result in *non-payment* of claims.

Outpatient treatment claims for care prior to and after January 1, 2010 should be split depending on the dates of service:

- Claims for dates of service on or before December 31, 2009 will need to be sent to UBH.
- If the member continues in outpatient treatment on and after January 1, the claims should be sent to the CDPHP.

**Who do I call in 2010 if I have a question about a 2009 UBH claim?**

If you need to inquire about a UBH claim for care delivered to a CDPHP member prior to January 1, 2010, please call Optum Health at 1-866-214-1749.

**How will inpatient services be approved after January 1, 2010?**

For inpatient care needed on or after January 1, 2010, providers will need to contact CDPHP for preauthorization of non-emergent admissions and preauthorization of post-stabilization care for emergency admissions. Inpatient care requires telephonic review with a CDPHP clinical care coordinator at 1-888-320-9584. All requests for authorization of continued stays should be made in advance of the expiration of the preauthorization so that no lapse in services occurs. Please note that it is the provider's responsibility to call CDPHP to request continued stays or concurrent reviews. Failure to initiate concurrent review via a telephone call may result in non-payment of claims.

**How will PHP and IOP treatment be approved after January 1, 2010?**

PHP and IOP require telephonic review with a CDPHP Clinical Care Coordinator. All requests for authorization of continued stays should be made in advance of the expiration of the preauthorization so that no lapse in services occurs. Please note that it is the provider's responsibility to call CDPHP to request continued stays or concurrent reviews. Failure to initiate concurrent review via a telephone call may result in non-payment of claims.

**How will outpatient services be approved after January 1, 2010?**

The first 10 visits per provider can be allowed with no authorization. To extend the window of the authorization a provider must submit an OTR. Outpatient treatment authorizations will have a begin date and end date with a total number of sessions. It is recommended that providers submit a new OTR at least two weeks prior to the last authorized date.

Please note: Medical management visits count against a member's medical benefit, not the member's mental health benefits. For physicians (psychiatrists) providing medication management sessions (90862) and/or therapy there is no OTR requirement.

**Will we be able to submit claims on the CDPHP Web site?**

The CDPHP Web site does not have claims submission capability so providers who are accustomed to submitting claims to UBH by completing a form on their Web site will no longer be able to do so. In lieu of this process, providers may submit either a paper or a HIPAA-compliant electronic claim (also known as 837).

**Can the Outpatient Treatment Report (OTR) be filed electronically?**

CDPHP requests that the forms be faxed or mailed. For your convenience, the forms are writeable PDFs that can be completed on a PC with Acrobat Reader (available free from [www.adobe.com/products/acrobat](http://www.adobe.com/products/acrobat)). In order to save your completed forms you would need the full Adobe Acrobat application, version 5.0 or later. Either way you can complete forms and print them to fax, mail, and/or scan into your system.

**How will we receive an explanation of payments (EOP)?**

You may choose either paper or electronic (835) EOP vouchers but not both. To receive an 835 EOP, an 835 [entity information request form](#), available on the Provider Resources page of the CDPHP Web site, needs to be submitted to CDPHP.

**Does CDPHP have electronic reimbursement capabilities?**

CDPHP does not offer electronic funds transfer (EFT) at this time, but this is something that will be offered in the future. In order to be eligible for this when it is offered, you will need to also receive your EOP in the 835 format.

**Need more info?**

Participating providers are urged to log into the secure provider site to view the Provider Office Administration Manual and CDPHP policies. If you have any questions or need additional assistance, please contact CDPHP Provider Services.