

Why BHS Does Not Post an Online Network Directory

1. BHS serves as an integrated EAP and managed care organization. The process of accessing benefits best starts with a phone call to BHS, where an intake can be performed with a BHS Clinical Coordinator, benefits explained, eligibility determined and a patient record created.

Provider choices are discussed with the member based on their indicated problem, desired geographic location and provider profile, hours of availability, etc. Also at this time EAP benefit eligibility is discussed and the member is told what their out of pocket cost will be, if any, for the type of visit they will be having.

While this preliminary process is not required for a visit to be covered, it is recommended for a smooth introduction to their mental health benefits. Complaints are minimized when this process is followed and the most effective course of treatment can be initiated.

2. BHS utilizes an open network concept vs. a closed network. This allows us to (attempt to) negotiate/add specific providers upon a member's request. The member's satisfaction is enhanced and in-network benefit limits can apply. (This process automatically occurs when a member is admitted to an inpatient facility which is not already a PPO provider). This process is not supported by the posting of a list of then-paneled providers, nor would such a list include providers with whom current development efforts apply, who could be utilized upon referral by BHS.
3. Publishing a list of network providers does not ensure that all providers are currently accepting new patients. BHS has this knowledge as well as provider-specific instructions, i.e., preliminary information packets, appointment confirmation requirements, no show charges, etc.
4. There are non-covered conditions inherent in the mental health benefit arena which require advance explanation and understanding.
5. BHS' agreements with its providers call for priority scheduling, special pricing (affecting out of pocket patient costs), a paperless claims process and other benefits which are only possible when the provider knows it is a BHS-referred member. This is why BHS prefers to make the initial referral. This also eliminates the potential for a provider's office employee who is unfamiliar with the BHS relationship to turn away a member. Also the member's treatment follow through is greater when BHS makes the initial referral.
6. Mental health providers can specialize in areas such as substance abuse, child and adolescents, adult depression, etc. Having access to just a list of providers, a member could easily schedule an appointment with a provider in the wrong specialty.
7. Without discussing their symptoms/care needs with a qualified licensed BHS Clinical Coordinator, the member would not know what type of specialist to see, i.e., MD, PhD or Masters-prepared Counselor. As a result, both time and money become wasted if a member sees the wrong level of specialist. Also, if the need for both a medical evaluation and therapy is indicated, our Clinical Coordinator can frequently schedule the member with a provider group offering multiple levels of care.
8. Members might not recognize the urgency of their care needs. Our Clinical Coordinator is likely to recognize when a member would benefit from a higher level of care than outpatient and can arrange for an assessment or immediate facility placement.