July 2010

ValueOptions Colorado Medicaid Provider News

THANK YOU TO OUR PROVIDERS!

As a provider for ValueOptions under the Colorado Medicaid account, you are providing services to a population that is often underserved, yet has significant needs due to economic, medical and behavioral health factors. ValueOptions, and the Behavioral Health Organizations in which serve the Colorado Medicaid population, thank you for providing these services to our members. You share the common goal of our efforts to extend quality services to the Colorado Medicaid population.

Under the current economic down-turn the entire country is experiencing, ValueOptions is making every effort to maintain stability in our fees to providers.

The recent rates cuts by the state of Colorado to the Colorado Medicaid Mental Health Services Program, have impacted many of us throughout Colorado. Be assured that it is the goal of ValueOptions and the Behvaioral Health Organizations in which ValueOptions is a Partner to keep rates stable for providers.

Thanks again for your service.

TOOLS AVAILABLE ON THE WEB

Visit www.valueoptions.com and link to the Network Specific websites to use any of the following web-based tools for providers:

- Clinical Guidelines
- Member Handbooks
- Provider Handbooks
- Covered Diagnosis List
- Treatment Outcome Tools
- Colorado Medicaid Provider Manual
- Member Rights and OMBUDSMAN Posters
- ProviderConnect and Direct Claims Submission
- CCAR Online Application and Member Handout

ValueOptions Colorado Partnerships

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COLORADO CLIENT ASSESSMENT RECORD (CCAR) NEWS

The state of Colorado has recently changed the requirements for a CCAR update. All fields required in a CCAR Admission, are now required in a CCAR Update. This involves about 20 fields that were not required before. When you open a CCAR Update form, these fields will be labeled as **required**. If providers click on the submit button, and the fields are left blank, providers will receive an error message telling them the field is required.

New CCAR Tools:
Available on the CCAR Online Application is a tool for members to fill out during the intake process. This will assist providers in getting the information required on a CCAR form. Visit www.valueoptions.com network specific page for more information and to get to the CCAR application.

Changes to the CCAR Incentive Program:
Some changes were recently made to the CCAR incentive program for facilities. Facilities will no longer be eligible for the CCAR incentive plan due to lack of interest of facilities.

All providers, including facilities, will still be responsible to fill out a CCAR form due to Colorado state requirements. However, a payment will no longer be made to facilities for a matching Admission and Discharge CCAR set. This change takes effect on July 1, 2010.

If you have questions about these changes, please contact a local Provider Relations Representative at 1-800-804-5040.

CLAIMS SUBMISSION

Colorado Medicaid Claims should be sent to:

ValueOptions

PO Box 12698

Norfolk, VA 23502

ATTN: Colorado Medicaid Claims

We are still seeing a number of claims come to the Colorado Service Center and have started to return these claims to providers.

Please make this change with your billing departments and claims processors to avoid delays in your claims payments.

Another way to avoid having claims returned to you is to use the ProviderConnect online provider application. ProviderConnect includes a Direct Claims Submission system which is an online application to submit your claims. Typically, when clean claims are submitted through ProviderConnect, provider payment turn-around is less than a week.

Initiative to Improve Coordination of Care with Physical Health Providers

The three BHOs that ValueOptions works with (CHP, FBHP, and NBHP) recently completed our annual audits to evaluate how frequently coordination of care with physical health providers is documented in the member's clinical record. We are happy to report that overall the results of our audits (based on a sample of members) showed an increase in the rate of care coordination for members who are diagnosed with schizophrenia, schizoaffective disorder and bipolar disorder! This is great news and thanks to all of you for your efforts and for responding to our requests for clinical records. While we saw an increase, there is still more work to be done to reach our goal. Please remember to:

Request information from your members in treatment identifying their physical health provider and document it in the clinical record.

If a member does not have a physical health provider, please encourage and/or assist the member in obtaining one. Assistance is available through **Health Colorado at 1-888-367-6557.** This is a program to help Medicaid members find primary care physicians. If the member has a regular physician, please notify the physician (with appropriate release from the member) that the member is receiving mental health services, and if you are a prescriber, notify the member's physician of any medication (or medication changes) you prescribe.

VALUEOPTIONS COLORADO PARTNERSHIPS

Provider Handbook Updates

The Colorado Medicaid Provider Handbook gives providers an opportunity to review information specific to care provided to Colorado Medicaid members. You can review the handbook on the website at any of the ValueOptions Colorado Partnership websites: www.FBHPartners.com, www.northeastbehavioralhealthpartners.com, or www. coloradohealthpartnerships.com . You can find information in the handbook about CCAR, Cultural Competency, Clinical Guidelines, billing requirements, and an assortment of other useful information.

Updates are made regularly to the handbook and providers are required to review the handbook as a part of their contract with ValueOptions for Colorado Medicaid.

Chart Audit Requests

Recent requirements under the new Colorado Medicaid Behavioral Health contract with the state has increased the number of audits which must be performed by ValueOptions and the Colorado Partnerships. If you receive a request for an audit, you are required to supply the information requested and cooperate with ValueOptions to maintain payer relations with the State of Colorado. There is more information contained on page 3 of this newsletter in the Compliance Update.

If you have questions about these requirements, please contact Provider Relations at 1-800-804-5040 and push option 7 to get a provider representative.

Temporary Medicaid Eligibility

The State of Colorado has implemented a new verification letter for Member's eligibility. If a client presents at the time of for services with a letter indicating the member is eligible, please contact our Access to Line at the numbers found on page 4 of this newsletter and then fax a copy of the Temporary Eligibility letter to Colorado Clinical Attn: Isabel Moody; 1-800-538-1439.

Compliance Update

IMPORTANT CHANGES – PLEASE READ!

Due to the new Federal laws there will be an increased focus on fraud, waste and abuse. In order to align our efforts with the federal and state government and meet their requirement, VO-CO will continue to conduct claim to chart audits, providing educational information and feedback on the audit results or initiating re-payment of claims based on undocumented and/or inappropriately documented services for Medicaid members. Any claim submitted for a service provided to a Medicaid member must be supported by appropriate documentation in the member's medical record. Services provided and billed for Medicaid members must be medically necessary and clearly related to the client's treatment plan. A dated and signed progress note is required for every service billed – if there is no progress note verifying that the service was provided, this will be subject to repayment. To assist providers in understanding requirements, VO-CO will be offering education this fall – more information will be forthcoming. Please ensure you comply with these important requirements!

Consistent with federal requirements for Medicaid, in the future, **VO-CO will begin requiring repayment for any service paid if the medical record does not contain appropriate supporting documentation**.

In the meantime, VO-CO would like to remind you of a few of the key rules for documentation:

- Legibility
- Timeliness: medical record documentation is required within 24-48 hours of service provision
- Accuracy: dates, times/session duration, signature and credentials of provider
- Treatment must relate to a focus or issue listed for the service on the treatment plan.
- Notes must describe what provider did with the client.
- Adequate content is expected for time billed (can not have one sentence for a 3 hour service). Do not bill for services that are not on the current treatment plan, medically necessary and appropriately signed. If in treatment more than 1 year, the treatment plan needs to be reassessed.
- Medical Necessity: Treatment for a mental health condition/illness or functional deficits that are the result of the mental illness; treatment has been ordered or prescribed – credentials critical; the service should be generally accepted as effective for the mental illness being treated; the individual must be willing to participate in treatment; the individual must be able to benefit from the services being provided; there must be active treatment.
- How the client is responding to the treatment: are they participating and are they benefiting?
- Is an appropriate treatment strategy being implemented?
- Do not alter the medical record. Corrections or additions must be dated, preferably timed, and signed or initialed. Every note must stand alone that corroborates that the service was rendered and was medically necessary.
- Do Not Use cut and paste in progress notes.

Also, note that Medicaid does not consider the family to be a unit/individual; for treatment purposes, services must be directed exclusively to the individual who has the diagnosis and whose Medicaid number is on the claim - indirect benefit to the individual is not enough. Parent issues will be a particular focus for government audits. Parenting skills and normal developmental goals or benchmarks are non-covered services.

ProviderConnect and Tele-Connect Authorizations

Over the last year, ValueOptions has implemented several new tools for providers to get authorizations via the telephone and the world wide web. Unless you are experiencing problems with these tools, all outpatient authorizations should all be done via one of these technologies.

ProviderConnect is an online system that gives you the ability to get outpatient authorizations, submit and review claims and retrieve your provider summary vouchers and authorization letters. Tele-Connect will go live in August of 2010. This phone based system allows you check eligibility and get authorizations via the telephone.

If you don't yet have access to ProviderConnect, please visit www.valueoptions.com or contact an application support specialist at 888-247-9311 or email e-supportservices@valueoptions.com

Access to Care Standards

The ValueOptions Quality Improvement Department calls providers randomly to test their response to a client in crisis calling after hours. Provider's response time should be 15 minutes or less. If you are found to be out of compliance on emergency access standards, you may be required to submit a corrective action plan to indicate how you will correct your process for members calling in crisis in the future

A voice message indicating that a client should call 911 or go to the emergency room does not meet the Access to Care Guidelines. Providers need to make arrangements for after-hours coverage (e.g., pager, on-call coverage with other providers who agree to cover, etc).

Please visit the BHO website for more information on the Access to Care Standards under the Provider Manual, or call Provider Relations at 800-804-5040.

CONTACTING VALUEOPTIONS COLORADO PARTNERSHIP BEHAVIORAL HEALTH ORGANIZATIONS:

ValueOptions Colorado Service Center Administration:	1-800-804-5040
Colorado Health Partnerships:	1-800-804-5008
Foothills Behavioral Health Partners:	1-866-245-1959
Northeast Behavioral Health Partnership:	1-888-296-5827

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