

ValueOptions Colorado Provider News

AUGUST 2011

License Renewal Due by August 31, 2011

All licensed social workers, clinical social workers, professional counselors, marriage and family therapists, addiction counselors and certified addiction counselors level II and III in the state of Colorado have to renew their license by August 31, 2011. You should receive an e mail or a yellow postcard from the Department of Regulatory Agencies (DORA) reminding you of the renewal date. Whether you receive these notices or not you must renew your license. Renewals must be done on line at <http://www.dora.state.co.us/mental-health/>. Click on the tab at the upper left of the web page titled "Online License Renewal". There are a few new requirements this year. You will be required to complete an online professional profile in

order to comply with the Michael Skolnik Medical Transparency Act of 2010. This involves listing some information regarding the location and scope of your practice as well as any disciplinary actions you may have had. Please be aware this information is accessible to the public so you might not want to list your home address under practice location.

All of the above mental health professionals will also be required to complete a learning plan to comply with the new continuing professional development requirement. There are exceptions that include: active duty military deployed or if you claim "Deem" status. Deem status means that you work for an agency that has a contract with the state of Colorado which already requires a substantially equivalent continuing professional

development program. The learning plan requires that you submit a plan for how you will accumulate 40 hours of continuing professional development over the next two years. This plan does not need to list specific activities, only what categories of activities you intend to pursue. Remember you may only have 20 of the 40 hours in any one category. You may change the plan over the next two years so don't worry that you have to do exactly what is listed. If you are dually licensed, you still only have to accumulate 40 hours over the next two years. The learning plan information is not accessible to the public. The DORA website has some resources available to help you understand the continuing professional development requirement.

INSIDE THIS ISSUE:

- License Renewal 1
- Tips for Avoiding Repayment 1
- Reporting Adverse Incidence 2
- New Treatment Guidelines 3
- Provider Training Opportunities 3
- Compliance Corner 3

Tips for Avoiding Repayments to ValueOptions

In this political climate, the economic controversy over Medicaid services is making itself felt in many aspects of behavioral and physical health care. There is a national push to increase efficiency, coordinate care, eliminate duplication in care, and eliminate fraud and abuse. ValueOptions-Colorado and your Behavioral Health Organizations are responding to these concerns by

ramping up quality reviews, compliance audits, and claims verification.

In order to be in line with federal mandates, VO has begun requesting repayment of claims submitted and paid if an audit of the record later determines the documentation to be incomplete. Some of you have already experienced this with recent chart

audits.

PROGRESS NOTES TO SUPPORT YOUR CLAIMS:

We strongly encourage you to include in your progress note format all the required data and clinical elements listed below. Doing so now will help you avoid potential paybacks in the future.

(Continued on page 2)

Tips for Avoiding Repayments to ValueOptions (Continued from Page 1)

Data elements:

- Client identification (name, ID number, etc.)
- Date of session
- Start and end time, duration
- Place of service
- Procedure or CPT code
- Persons present
- Legible provider signature and credentials on each note
- Date note written and signed by provider (must be within 24 hours of service)

Clinical content: the reader must be able to determine:

- What goal from the treatment plan is being addressed in that session.
- The specific professional interventions or strategies used by

the provider in that session.

- The client's response to that session and progress toward the goal addressed.
- Information which will support the procedure code.

MISMATCHED DIAGNOSES:

We are seeing some records where the diagnosis reported in the record does not match the diagnosis on the claim. The diagnosis should also match on the CCAR. A mismatch would also be a reason to request repayment. If the member's diagnosis changes during the course of treatment, the provider should document the change in the record with a full explanation of the clinical basis for the diagnosis, submit an updated

CCAR, and then change the diagnosis on claims. We will be looking for evidence of the change in the record before the date of any claim with a different diagnosis.

HOW TO GET HELP:

Please feel free to contact one of the Quality Specialists or the Compliance Officer if you have questions or need assistance to keep a thorough, compliant record.

Maggie Tilley, Compliance Officer,
719-538-1435

Tom Dahlberg, Quality Specialist,
719-538-4698

Rhonda Borders, Quality Specialist,
719-589-9872

Reporting Adverse Incidents

Managing care effectively and assuring the safety of members is a principal philosophy of ValueOptions Colorado.

Therefore, ValueOptions, on behalf of CHP, FBHP and NBHP, reviews and investigates all adverse incidents resulting in harm or potential harm to a member or significant other who is participating in treatment. Every provider is required to report adverse incidents involving Medicaid members.



Definition of an adverse incident: occurrences which represent actual or potential serious harm to the well-being of a member or to others by the actions of a member who is receiving services managed by ValueOptions Colorado on behalf of CHP,

FBHP or NBHP; or has recently been discharged from services managed by ValueOptions on behalf of CHP, FBHP or NBHP. Types of reportable incidents include:

- Attempted or completed suicide or homicide at any level of treatment;
- Death, by any cause, while in psychiatric treatment;
- Allegations of sexual or physical abuse or neglect;
- Assaults with physical harm in which the Member is the initiator or victim;
- Absence without leave, AMA, or missing and considered a danger to self and/or others; and/or endangered and unable to care for self;
- Breach of confidentiality by staff;
- Accidental injuries either in a facility or provider office;
- Medication errors/adverse drug reactions, and;

- Other variances inconsistent with routine patient care.

Providers are reminded that Sentinel Events, such as, unexpected deaths, homicides, suicides, must be reported within 24 hours of the incident. All other incidents should be reported within 48 hours of knowledge of the incident. Additionally, it is important to remember that incidents regarding members are reportable up to (1) one year after discharge from a treatment episode.

Adverse Incident Forms are located in the Provider Handbook, and should be faxed to ValueOptions - Quality Management Department at (719) 538-1456. Depending upon the type of incident and the circumstances surrounding it, a member of the Quality Management Department may contact you for further information. Your cooperation is appreciated in reporting all adverse incidents.

New Treatment Guidelines

In a collaborative effort, Foothills Behavioral Health Partners (FBHPartners) and Northeast Behavioral Health Partnership (NBHP) have created two new treatment guidelines for behavioral health providers. The “Depressive Disorders Treatment Guideline” includes a brief guide for assessing and treating depressive disorders. The guideline covers important considerations for diagnosis, acute intervention and ongoing maintenance treatment. The guideline is accompanied by two medication algorithms—one for non-psychotic depression and one for depression with psychosis. There also are a number of other helpful resources, including internet links to related articles and depression rating scales. Providers will also find several “tip sheets” that can be used as client handouts.

The second guideline is for the assessment, prevention, and treatment of “Suicidal Behavior”. This is an important area of practice, and keeping up to date is critical. The guidelines offer information about suicide risk factors and resources for understanding and mitigating suicidal thoughts and actions.

These guidelines will be available to providers through the BHO websites:

<http://www.nbhpartnership.com/> and

<http://www.fbhpartners.com/>.

Remember, keeping current with the BHO’s treatment guidelines is the responsibility of every provider. You should also document your use of these guidelines in your clinical progress notes to demonstrate your adherence to professional standards of practice.

Provider Training Opportunities

ValueOptions Colorado Partnerships will be hosting monthly trainings for Colorado Medicaid Network Providers. Face to face trainings will take place in areas up and along the front range, and opportunities for training will also be available online via Webinars. Be looking for invitations to our monthly trainings in your email box or

by checking the ValueOptions Network Specific Website. If you have not registered your email address with ValueOptions, you can do this by calling 1-800-804-5040 and asking to speak with someone in Provider Relations. Thanks again for serving our members. We look forward to seeing you!

Compliance Corner

For many years the federal government has strongly encouraged all health care providers to implement a compliance program. With the passage of the Deficit Reduction Act, this has now become a requirement. The compliance program is built on the Federal Sentencing Guidelines to uncover and deal with instances of fraud, abuse and waste within an organization.

There are seven (7) elements of a Compliance Program that have been adopted by the Office of Inspector General (OIG) and Centers for Medicare and Medicaid Services (CMS) based on the Federal Sentencing Guidelines. These elements are listed below:

1. Written Standards of Conduct;
2. High level Support and Authority to Oversee Compliance;
3. Effective Training and Education;
4. Open Communication that Encourages Reporting;
5. Monitoring and Auditing Systems;
6. Consistent Discipline/Enforcement ; and
7. Mechanism for Responding to Detected Offenses.

For more information, check out the Federal Sentencing Guidelines at http://www.uscc.gov/Guidelines/2010_guidelines/Manual_HTML/8b2_1.htm.

Colorado Health Partnerships, Foothills Behavioral Health Partners, and Northeast Behavioral Health Partnership have Compliance Programs that have a reporting mechanism in place which includes mechanisms that allow for anonymity and confidentiality. If you would like to report any incidents of potential fraud, waste or abuse, please call the corresponding number .

Colorado Health Partnerships (CHP)	1-888-589-3310
Foothills Behavioral Health Partners	1-303-432-5985
Northeast Behavioral Health Partnership	1-970-347-2328