January 2010

ValueOptions Colorado Medicaid Provider News

HAPPY NEW YEAR 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.

With the new year upon us, please take a few minutes to read the information within this newsletter to brush-up on a few contract requirements and get some tips to help your claims get paid quickly and correctly. This will insure best practices in navigating the ValueOptions Colorado Partnerships BHO system.

NEW 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
- CCAR Online Application
- Treatment Outcome Tools
- Colorado Medicaid Provider Manual
- Member Rights and OMBUDSMAN Posters
- ProviderConnect and Direct Claims Submission

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COLORADO CLIENT ASSESSMENT RECORD (CCAR) NEWS

The CCAR form remains a requirement of your contract with ValueOptions for Colorado Medicaid members. If you have not submitted a CCAR and are finding that your claims have been denied due to CCAR, please visit our online CCAR application at http://www.chneforms.com/ccar/login.cfm to complete the form. If you do not have a login, you can get one by calling 800-804-5040 and speaking with someone in provider relations. Remember, if you submit an admission CCAR and a discharge CCAR after completing treatment with the member, you will receive a incentive payment of $20.

The state of Colorado has required the BHOs to discharge **ALL** Open CCAR admissions that have an admission date that is more than one year old. For some providers this could include 50 or more open CCAR admissions. If you no longer see an open CCAR and are looking to do a discharge, your CCAR fell into this category.

Remember, in order to receive the $20 payment for CCAR discharges providers MUST have discharged these above mentioned open CCAR admissions. If these open CCAR admissions were closed with an administrative discharge by ValueOptions, the provider will NOT receive the $20 payment. The $20 will still be paid for all other open CCAR admissions.

VALUEOPTIONS
COLORADO PARTNERSHIPS

CLAIMS SUBMISSION ADDRESS HAS CHANGED

IN CASE YOU DIDN'T KNOW…

Colorado Medicaid Claims should be sent to:

ValueOptions

PO Box 12698

Norfolk, VA 23502

ATTN: Colorado Medicaid Claims

Any claims continuing to come to the Colorado Service Center will begin to be sent back to you February 1, 2010. Sending directly to the Norfolk address will insure prompt payment of your claims and extinguish any delays you may have been experiencing recently when sending to the Colorado Springs Service Center.

COLORADO MEDICAID COVERED DIAGNOSIS

The Colorado Medicaid Community Mental Health Services Program is defined by a list of Covered Diagnoses. Behavioral health treatment of these diagnoses is the responsibility of contracted Behavioral Health Organizations (BHOs) like Colorado Health Partnerships, Foothills Behavioral Health Partners, and Northeast Behavioral Health Partnership, who delegate provider management and claims payment to ValueOptions.

Behavioral health treatment of all other ICD diagnoses is covered by the Colorado Medicaid program. Providers treating diagnoses not covered by the BHO must bill Colorado Medicaid directly. In order to do so, providers must be a Colorado Medicaid provider.

Claims submitted to ValueOptions for non-BHO covered diagnoses will be denied. Likewise, claims submitted to Colorado Medicaid for BHO covered diagnoses will be denied. To obtain full payment for all services rendered, providers must be contracted with both networks and submit claims to the appropriate payer based on the diagnosis that is the focus of treatment.

ValueOptions Colorado Medicaid Network practitioners and facilities are encouraged to join the Colorado Medicaid network as well. This will insure payment for all services regardless of diagnosis. For information concerning the Colorado Medicaid network, please visit the Colorado Medicaid website at www.colorado.gov .

PROVIDER 1099 — INTERNAL REVENUE FORMS

Providers can expect to receive their 1099 tax forms in mid-January. If you are expecting but not yet received your form, you can call 703-390-4936 and leave a message with your name, telephone number and tax id number. The ValueOptions Finance department will respond within 3 business days to your inquiry.

ACCESS TO CARE STANDARDS

Our expectations for independent practitioners for afterhours and emergent access include:

Providers must be available within 15 minutes by phone to members calling in crisis. It is not an acceptable practice to refer your clients to the local emergency room or the local mental health center without a prior arrangement with that facility.

If an independent provider is contacted by a member in crisis, the provider should conduct an assessment to determine whether the member's situation can be handled outside of the emergency room, this can be done in person or by phone.

If the member goes directly to the ER, or if the provider determines the member in crisis is best assessed in the ER, the provider must be available to the emergency services team to provide background information, diagnosis and other pertinent details about the member in crisis. This will assist the emergency services clinician in conducting the member's evaluation, and will result in the most appropriate disposition for the member.

Call 800-804-5040 to speak with Provider Relations if you have questions.

TREATMENT OUTCOME SURVEYS

Providers treating CHP clients are required to assist members in completing a CHP outcomes survey monthly, which is available on the CHP website. Contact the ValueOptions Colorado Service Center at 800-804-5040 and ask to speak with someone in the Quality Management department. Please visit: https://www.chneforms.com/survey_project/index.cfm

FACILITY CORNER:

COLORADO MEDICAID COVERED DIAGNOSIS

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Professional Standards: Diagnosis must be based on a comprehensive assessment and documentation of criteria per the DSM. Standards require the most specific diagnosis applicable. Use of NOS categories should not be a substitute for careful diagnosis and documentation.

Many developmental, genetic, and brain diseases are accompanied by behavioral and emotional symptoms which are due to the medical condition. Examples include emotional and behavioral symptoms due to dementia, traumatic brain injury, and autism. Treatment of the latter is covered by Colorado Medicaid but not covered by the BHOs or ValueOptions.

A significant minority of people with developmental, genetic, and brain diseases also have a BHO covered diagnosis. Treatment of the covered diagnoses is the responsibility of the BHOs and ValueOptions, regardless of the fact that the person also has non-covered diagnoses. A provider may bill ValueOptions for some services and Colorado Medicaid for other services for the same individual, depending upon the diagnosis that is the focus of the treatment service.

Providers are responsible for the accuracy and validity of diagnoses. If a provider does not have the necessary training or experience to validate a diagnosis, the professional standard is to refer the client for diagnostic consultation. It is ValueOptions experience that failure to achieve progress in treatment and poor treatment outcomes are often the result of inaccurate or incomplete diagnosis. ValueOptions covers assessments regardless of the diagnostic outcome.

Fraudulent Billing: Use of a covered but invalid diagnosis on a claim to obtaining reimbursement or to obtain higher reimbursement is fraud. Providers must document the basis for any diagnosis with a careful description of the client's symptoms and behaviors, tied to the DSM criteria for the diagnosis rendered. Professional standards require documentation that the assessment has been comprehensive enough to consider the presence of and to rule out likely alternative diagnoses. Providers failing to thoroughly document diagnostic assessments may be subject to denial or recoupment of claims paid or other corrective actions.

Medicaid Notice of Action: If a member, parent, designated client representative, or provider acting at the request of a member contacts ValueOptions' Colorado Partnerships Access to Care line, 1-800-804-5008, and requests authorization for services for a non-covered diagnosis, ValueOptions will issue a Medicaid Notice of Action ("denial for non-covered diagnosis") on behalf of the member's assigned BHO.

If a member, parent, or designated client representative disagrees with a clinical diagnosis received from a network provider, he/she may contact ValueOptions at 1-800-804-5008 and request referral for a second opinion from a network provider.

EMERGENCY DEPT. CLAIM SUBMISSION REQUIRMENTS

Beginning February 1, 2010, all claims for emergency room care billed with code 0450 must be submitted with emergency room notes to support the diagnosis. Any claims submitted without this documentation will be denied. Records can be resubmitted within 30 days of the date of original denial for reconsideration but still must include the clinical documentation necessary.

Recent experience has shown us that many ED claims are being submitted with a medical diagnosis and should be covered by the medical payor.

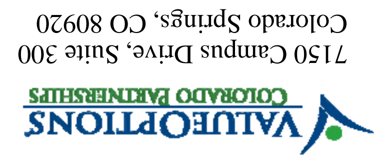
COORDINATION OF CARE

Discharge planning is of the utmost importance from the time a patient enters a higher level of care. It is a requirement for hospitals to coordinate care with Community Mental Health Center located where the member is eligible. If you have questions about these requirements, please contact provider relations at 800-804-5040.

GETTING YOUR CLAIMS PAID MADE EASY

1. Get online or call the ValueOptions Service Center to authorize services you intend to provide.
2. Provide those authorized services to the member.
3. Enter your CCAR form online prior to submitting any claims. This will ensure your claims are not denied.
4. Submit your claims either paper-based or online through direct claims submission with ProviderConnect.

VALUEOPTIONS COLORADO PARTNERSHIPS



7150 Campus Drive, Suite 300
Colorado Springs, CO 80920

Provider Name
Address
City, State Zip

DON'T FORGET: MEDICAID MEMBERS HAVE RIGHTS

Do you know the rights of the Medicaid members that you see? Medicaid members have several rights which you are required to uphold and post in common locations that can be viewed by members served under your contract with ValueOptions. Some of these rights include:

- Being treated with respect, dignity and regard for privacy;

- Being free of discrimination on the basis of race, religion, gender, age, disability, health status, or sexual orientation;

- Getting information on treatment options in a way the member understands;

- Taking part in decisions made about their health care. This includes the right to refuse treatment, except as required by law;

- Asking for and getting a copy of their medical records, including asking that these records be changed or corrected;

- Having an independent advocate.

To get a full list of member rights, or to download member rights posters, please visit www.valueoptions.com and visit the Network Specific page to find links for the Colorado Medicaid BHO websites.

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