

XII. Definitions

Access (medical) - A consumer's ability to obtain medical care determined by factors such as the availability of medical services, the location of practitioners, facilities, transportation, hours of operation, and cost of care.

ACCESS LINE: The toll-free number enrollees or providers can call to get mental health and/or substance abuse care, help or information about the *ValueOptions* NorthSTAR Program, or to obtain authorization for care. The number for the ACCESS LINE is 1-888-800-6799 or TDD 1-888-800-6792.

Active NorthSTAR User: An enrollee who is currently receiving services from a NorthSTAR provider.

Administrative Appeal: A request by a member, member-designated representative, or provider to reconsider an administrative adverse determination.

Administrative Denial: A denial of services, or claims payment for services, based on reasons other than a lack of medical necessity.

Admission: The formal acceptance of a consumer who is to receive mental health and/or substance abuse services at all levels of care, excluding outpatient.

Adverse Determination: A determination that the healthcare services furnished by or proposed to be furnished to an enrollee is not medically necessary.

Appeal: A formal request, oral or written, from a practitioner, consumer or his/her representative, for *ValueOptions* to change a clinical adverse determination.

Alternative Level of Care (ALOC): If clinically appropriate, patients can receive care in less intensive/restrictive environments in lieu of acute inpatient care.

Assertive Community Treatment (ACT): A self-contained program merging treatment, rehabilitative and support services in a mobile service delivery system for enrollees with SMI (Serious Mental Illness) who have a history of multiple hospitalizations, involvement with the judicial system, homeless shelters or community residential homes.

Assessment: The clinical process of looking at a person's mental health or substance abuse and medical history, his or her functioning, relationships, and development to determine their need for treatment.

Authorization: Approval for a specific service to be reimbursed by *ValueOptions*. It represents an agreement that the service is clinically necessary under the *ValueOptions* Level of Care Criteria.

XII. Definitions

Behavioral Health Organization (BHO): A company that manages and coordinates the mental health and substance abuse services a consumer receives.

Behavioral Health Services: Prevention, treatment, and support services which address consumers' mental health and/or substance abuse disorders.

Benefit: The specific type and number of services a specific eligible individual may receive through the NorthSTAR program, as a result of specific eligibility factors, state/federal policies, or funding priorities.

Board Certified: A physician who has passed examinations given by a medical specialty group who has, as a result, been certified as a specialist in an area of practice. Board Certification generally denotes a degree of competency across a national standard that is higher than the minimal standards to practice as defined by individual state licensure.

Care Manager: *ValueOptions'* staff that assist providers and consumers in ensuring that all aspects of the consumer's care are being appropriately addressed and services within various levels of care are coordinated to meet the continuing needs of the consumer. They work with providers to assure the consumer receives the appropriate care in the least restrictive environment possible. It is important to note that our Care Managers are only able to authorize treatment, but can never deny authorization for services. Any denial of authorizations is handled by our Medical Director or our Peer Advisors, and the appeal process for Providers and Consumers is detailed in a Section VI (Appeals, Complaints and Grievances) in this Manual.

Certification: The clinical decision that establishes the medical necessity and appropriateness of treatment within *ValueOptions'* clinical criteria. It is based on the clinical data submitted by the provider. The review process is patient-specific and individualized.

Chemical dependency: The psychological or physical dependence on, or the addiction to, alcohol or a controlled substance, corresponding to the DSM IV (see definition) criteria for chemical dependency disorders.

Chemical dependency counselor (LCDC): A person licensed by the Texas Commission on Alcohol and Drug Abuse (see TCADA definitions under rules of counselor licensure 150.3) to provide counseling to chemically-dependent individuals.

Chemical dependency treatment center: A facility that provides a program for the treatment of chemical dependency pursuant to a written treatment plan approved and monitored by a physician or qualified credentialed counselor and that is also:

- Affiliated with a hospital under a contractual agreement with an established system for patient referral
- Accredited as such a facility by the Joint Commission on Accreditation of Hospitals

XII. Definitions

- Licensed as a chemical dependency treatment program by the Texas Commission on Alcohol and Drug Abuse
- Licensed as a chemical dependency treatment program or center by any other State agency having legal authority to so license

Child: A person under the age of 21 also referred to as a “child” or collectively as “children”.

Chronic or complex condition: A physical, behavioral health, or developmental condition that may be treatable but has no known cure and/or is progressive and/or can be debilitating or fatal if left untreated or under-treated.

Claim Adjudication: The process of determining whether a procedure is covered by the consumer's benefit plan and calculating the payment amount for that procedure.

Clean Claim: A claim that can be adjudicated without additional information from the provider of the service or from a third party and contains accurate and complete information in all fields required for the adjudication of the claim on HCFA 1500 or UB92 forms.

Clinical Appeal: A request by a member, member-designated representative, or provider to review an adverse medical necessity determination made in response to a request for services.

Community Management Teams (CMTs): Interagency groups responsible for developing and implementing the TCMHP (Texas Children’s Mental Health Plan) at the local level. A CMT consists of local representatives from DSHS (Department of State Health Services), the Mental Health Association in Texas, TCADA (Texas Commission on Alcohol and Drug Abuse), TDPRS (Texas Department of Protective and Regulatory Services), DHS (Department of Health Services), TDH (Texas Department of Health), Juvenile Probation Commission, Texas Youth Commission, Texas Rehabilitation Commission, Texas Education Agency, Council on Early Childhood Intervention and a parent representative. This organization structure is also replicated in the State Management Team, which sets overall policy direction for the TCMHP.

Community Mental Health and Mental Retardation Center (CMHMRC): An entity established under the Texas Health and Safety Code, Chapter 534, Subchapter A to provide community-based mental health and mental retardation services.

Community Resource Coordination Groups (CRCGs): A statewide system of local interagency groups, including both public and private providers, which coordinate services for “multi problem” children and adults. CRCGs develop individual service plans for children and adults whose needs can be met only through interagency cooperation. CRCGs address complex needs in a model that promotes local decision-making and ensures that children receive the integrated combination of social, medical and other services needed to address their individual problems.

XII. Definitions

Complaint: Any dissatisfaction expressed by a complainant orally or in writing to *ValueOptions* with any aspect of *ValueOptions*' operation, including but not limited to dissatisfaction with plan administration; procedures related to review or appeal of an adverse determination; the denial, reduction or termination of a service for reasons not related to medical necessity; the way service is provided or disenrollment decisions made. Complaint does not include a misunderstanding or a problem of misinformation that is resolved promptly by clearing-up the misunderstanding or supplying the appropriate information to the satisfaction of the Enrollee. It does not include a provider's or Enrollee's oral or written dissatisfaction or disagreement with an adverse determination.

Concurrent Review: Determining the medical necessity of care by case review while the patient is in treatment (as opposed to retrospective review).

Consumer: An enrollee who has received or is currently receiving contract services.

Continuity of Care: The coordination of services that ensures a consumer an efficient entrance into the managed care network, appropriate transitioning or adjustment of services to meet enrollees' changing needs during the episode of care that is inclusive of a multidisciplinary team approach or communication between physical and behavioral healthcare providers, and a smooth transition out of the network in the event the enrollee loses or changes membership eligibility. This may involve the sharing of documentation, necessary verbal information exchanges and follow-up by the incumbent care provider.

Controlled substance: A toxic inhalant or a substance designated as a controlled substance under the Health and Safety Code.

Course of Treatment: The uninterrupted provision of medical treatment to a patient for the resolution or stabilization of specific symptoms or disorders. The course of treatment is initiated at the point of access for treatment and may span multiple episodes of care at different levels of care until resolution or stabilization of the medical condition occurs.

Covered Services: mental health and substance abuse services within the scope of the benefit plan

Credentialing: The review process Network Management performs to approve a practitioner, group practice, program, or facility that has applied to participate in a *ValueOptions* network.

Crisis Stabilization: A short-term, intensive and aiding process offered to enrollees in the event of a crisis. It involves individual assessment, follow-up and possibly referral to long-term treatment.

XII. Definitions

Cultural competency: The ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the people and protects and preserves their dignity.

Dallas Area NorthSTAR Authority (DANSA): The local behavioral health authority for the NorthSTAR service area. DANSA is responsible for planning, policy development, coordination and oversight of NorthSTAR mental health and chemical dependency services.

Date of Service (DOS): The date on which behavioral healthcare services were provided to a consumer.

Department of State Health Services (DSHS) : The state mental health authority that utilizes state, federal, and local funds to offer a range of intensive community-based services and inpatient hospitalization for adults with SMI (Serious Mental Illness) and children with SED (Serious Emotional Disturbance) through contracts with community mental health centers, state-operated community services in rural areas, and psychiatric hospitals. DSHS serves both medically indigent and Medicaid eligible individuals.

Detoxification: Medical regiment to reduce the amount of toxic agents in a patient's body. Provides reasonable control of active withdrawal and averts life-threatening medical crisis.

Diagnosis: Descriptors for mental health and substance abuse disorders.

DSM-IV: Diagnostic and Statistical manual, 4th edition. A manual that provides diagnostic criteria, classification and descriptions of mental disorder diagnoses. All official DSM-IV codes are included in the ICD-9-CM.

Dual Diagnosis: A co-occurring major mental illness and chemical dependency disorder.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): The federally mandated program contained at 42 United States Code 1396d. (See definition for Texas Health Steps.) The name has been changed to Texas Health Steps (THSteps) in the State of Texas.

Early Intervention: Specialized services including child/family assessment, play therapy, parent counseling, and parent educational training.

Effective Date: Date that a member becomes eligible for *ValueOptions* NorthSTAR benefits, or a provider begins participating in the *ValueOptions* NorthSTAR network.

Eligible client: A person who can get behavioral health services if they meet the established financial and behavioral health criteria.

XII. Definitions

Emergency behavioral health services: Inpatient or outpatient behavioral health services needed to evaluate or stabilize an emergency behavioral health condition.

Enrollee: An individual (covered life) who is enrolled in NorthSTAR.

Enrollment Broker: An entity contracting with the State to carry out specific functions related to enrollee services under NorthSTAR.

Episode of Chemical Dependency Care: A planned, structured, and organized program to promote a chemical-free status that may include different facilities or modalities lasting up to a year. A treatment episode is complete when the individual is discharged on medical advice from a level of care or a series of levels without a lapse in treatment. A treatment episode is determined by the treating professional who is a psychiatrist, a physician with experience in addiction medicine, or the primary counselor (qualified credentialed counselor). In the medical and social-medical programs, an episode is physician-determined; counselors may determine the episode of chemical dependency care in social model programs.

Fee-for-Service: The traditional healthcare payment system where providers bill for each patient encounter, treatment, or service.

Fee Schedule: A comprehensive listing of fee maximums that *ValueOptions* uses to reimburse NorthSTAR Providers based on a fee-for-service system and according to the Provider's contract.

Formulary: A list of medications pre-approved for reimbursement.

Grievance: A verbal or written communication from a complainant of dissatisfaction with the outcome of a complaint resolution.

HCFA-1500: Healthcare Financing Administration (HCFA) standard outpatient billing claim form for providers.

Inpatient Services: Twenty-four hour services which provide medical intervention for mental health or substance abuse diagnosis, or both. For example: Inpatient Mental Health Services, Inpatient Substance Abuse Services, and Detoxification.

Inquiry: An oral or written communication from an external party seeking information or requesting an action or assistance (e.g., request to check eligibility, clarify benefits, explain a process, check on the status of a claim/invoice) that does not meet the definition of a "complaint" or an "appeal".

Length of Stay (LOS): The number of days that an Enrollee stays in any level of care.

XII. Definitions

Level of Care: The intensity of care required to achieve treatment for an individual.

Licensed Clinical Social Worker (LCSW): An individual licensed as a professional Clinical Social Worker.

Licensed Master Social Worker (LMSW): An individual licensed as a professional Master Social Worker.

Licensed Professional Counselor (LPC): An individual licensed as a professional counselor by the Texas State Board of Examiners of Professional Counselors.

Medicaid Eligible: A person who is determined to be eligible for Medicaid services.

Medicaid: A federal program administered and operated individually by participating state and territorial governments which provide medical benefits to eligible low-income persons needing healthcare. The costs of the program are shared by the federal and state governments.

Medicaid Provider Procedures Manual: A policy and procedure manual published by or on behalf of the Texas Medicaid Program that contains policies and procedures affecting healthcare providers that participate in the program.

Medically necessary behavioral health services: Behavioral health services which:

- Are reasonably necessary for the diagnosis or treatment of a mental health or chemical dependency disorder or to improve, maintain or prevent deterioration of functioning resulting from such a disorder
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral healthcare
- Are furnished in the most appropriate and least restrictive setting in which services can be safely provided
- Are the most appropriate level or supply of service which can safely be provided
- Could not have been omitted without adversely affecting the individual's mental and/or physical health or the quality of care rendered

Mental health priority population: DSHS serves individuals who meet the definition of the priority population. The priority population for mental health services is defined as:

- Youth under the age of twenty one who have a diagnosis of mental illness and exhibit severe emotional or social disabilities that are life-threatening or require prolonged intervention.
- Adults who have severe mental illnesses such as schizophrenia, major depression, manic depressive disorder, or other severely disabling mental disorders that require crisis resolution or ongoing and long-term support and treatment.

XII. Definitions

NorthSTAR Program: State of Texas Access Reform Program covering publicly-funded mental health and chemical dependency treatment services for Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties managed by DSHS and TCADA.

Organizational Provider: A hospital, institution, facility, or program that has entered into, or will enter into, an agreement with *ValueOptions* as an independent contractor to provide behavioral health services to enrollees.

Out of Area Care: The behavioral health services consumers receive when they are out of the NorthSTAR Service Delivery Area (SDA).

Outpatient Services: Mental health and substance abuse services provided in an ambulatory care setting, such as a mental health or substance abuse clinic, hospital outpatient department, community health center, or Provider's office.

Peer/Family Advocate: A *ValueOptions* staff person who can help families receive services, resolve complaints, and assist in a variety of other ways to ensure that consumers and family interests are well represented.

Physician: An individual who is licensed by the Texas State Board of Medical Examiners.

Peer Review: Evaluation by practicing physicians of the quality and efficiency of services provided by other practicing physicians.

Per Diem Rate: A negotiated daily rate to cover costs for an inpatient, RTC, and partial hospitalization program. Per Diem rates typically include most ancillary charges. Physician fees may or may not be included.

Practitioner: A psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health or chemical dependency provider who has entered into, or will enter into, an agreement with *ValueOptions* as an independent contractor to provide behavioral health services to enrollees.

Primary Care Physician or Primary Care Provider (PCP): A physician or provider who has agreed to provide primary medical care.

Prior Authorization: A determination made by *ValueOptions* to prospectively approve or deny payment for a service or course of treatment of a specific duration and scope to a member prior to the provider's initiating provision of the requested service.

Provider: An entity that delivers direct behavioral health services to an enrollee.

XII. Definitions

Psychiatrist: An individual licensed as a psychiatrist by the Texas State Board of Medical Examiners to practice medicine in Texas and specializes in diagnosis, treatment, and prevention of mental illnesses and chemical dependency.

Psychologist: An individual licensed as a psychologist by the Texas State Board of Examiners of Psychologists.

Recredentialing: The review process to determine if a provider continues to meet the criteria for inclusion as a participating provider in a *ValueOptions* network.

Referral: The sending of an individual(s) either to a provider or from one care setting or service to another to obtain community based resources and/or covered mental health or substance abuse care.

Release of Information: The legal form signed by a member allowing *ValueOptions* to share specific information regarding the member to a specific person.

Residential Treatment Center (RTC): A facility such as a hospital or healthcare organization which provides psychiatric, drug abuse or alcoholism services in a less structured environment than that of an acute inpatient program.

Respite: Services provided to caregivers which offer temporary relief from the caregiver role, so that the care given can more effectively continue to provide care to consumers with significant emotional or behavioral problems. Services may include short-term residential services outside of the home, providing a place for the consumer to go during the day, or having respite staff come to the home.

Retrospective Review: The process of determining the medical necessity and the quality of care provided after treatment has been completed without authorization.

Serious Mental Illness (SMI): Serious mental illness means the following psychiatric illnesses as defined by the American Psychiatric Association in the DSM IV: schizophrenia; paranoid and other psychotic disorders; bipolar disorders (mixed, manic, and depressive); major depressive disorders (single episode or recurrent); and schizo-affective disorders (bipolar or depressive).

- Adults who have severe mental illnesses such as schizophrenia, major depression, manic depressive disorder, or other severely disabling mental disorders that require crisis resolution or ongoing and long-term support and treatment.

Serious Emotional Disturbance (SED): Youth seventeen and under who have a diagnosis of mental illness that exhibit severe emotional or social disabilities (SED) that are life-threatening or require prolonged intervention.

XII. Definitions

Service Area: The NorthSTAR Service area includes Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties.

SPN: Specialty Provider Network, which is a designated network of provider agencies which deliver specialized rehabilitation services and coordination of care to priority populations.

State Hospital: Any one of seven hospitals owned and operated by DSHS providing both acute and sub-acute inpatient services to persons in the mental health priority populations.

Texas Health Steps (THSteps): The name adopted by the State of Texas for the federally mandated Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program. It includes the state's Comprehensive Care Program.

TCADA: Texas Commission on Alcohol and Drug Abuse

UB92 Form: Universal Billing form for inpatient and outpatient hospital billings.

Utilization review: A system for concurrent and/or retrospective review of the appropriateness of behavioral healthcare services being provided.

Youth: See Child