

XIII. Required Forms

A. Overview

1. NorthSTAR Background

The Development of the NorthSTAR Uniform Assessment and Enrollment Forms was guided by two standards:

- The agencies participating in the NorthSTAR program must meet state and federal reporting requirements.
- The agencies have a defined set of critical data elements to be collected in order to monitor the clinical and functional outcomes of clients being serviced in the NorthSTAR program.

The data set created by these assessment forms serves many purposes for NorthSTAR. It helps ensure that funds are used appropriately and efficiently, aids in determining the most effective treatment services for clients, and provides critical information for quality improvement plans.

2. Topics Covered Within This Guide

- General instructions concerning the NorthSTAR Uniform Assessment Instruments
- The Client enrollment process through the Behavioral Healthcare Organization
- Definitions and codes for each line item on each form

This section provides general information about:

- NorthSTAR Forms
- Collection Guidelines
- The Enrollment Process
- Behavioral Health Integrated Provider System (BHIPS)

The forms included in this section are:

- Claims adjustment form and instructions
- Uniform Assessment forms and instructions (Adults and Child)
- Financial Assessment Tool (Indigent members only)
- CMS 1500 and UB92 Claims forms and tips

B. NorthSTAR Forms

The following documents, described later in greater detail, are the NorthSTAR Forms:

XIII. Required Forms

Adults:

- Mental Health Adult Uniform Assessment
- Mental Health Adult Client Diagnosis (all admissions)
- Financial Assessment Tool (Indigent members only)

Children:

- Mental Health Child Uniform Assessment
- Mental Health Child Client Diagnosis (all admissions)
- Financial Assessment Tool (Indigent members only)

C. Collection Guidelines

Because *ValueOptions* is responsible for the timely and accurate collection and submission of information to the State, *ValueOptions* must ensure that the following instructions are followed, whether the forms are being completed by a provider, the client, or a combination of the two.

All forms need to be completed in their entirety unless noted otherwise.

If a client is under the care of more than one provider, assessment information only needs to be collected and reported by the primary provider. Before communicating any information regarding a client, providers must have a Release of Information or Consent letter signed by the client or the client’s guardian.

For MH Adults

| <i>Form</i> | <i>Completed By</i> | <i>When to Complete</i> | <i>Notes</i> |
|--------------------|---------------------|-------------------------|-------------------------|
| Client Diagnosis | Provider | Admission | Resubmit if any changes |
| Uniform Assessment | Provider | Admission Discharge | Resubmit if any changes |

For MH Youths

| <i>Form</i> | <i>Completed By</i> | <i>When to Complete</i> | <i>Notes</i> |
|--------------------|---------------------|-------------------------|-------------------------|
| Client Diagnosis | Provider | Admission | Resubmit if any changes |
| Uniform Assessment | Provider | Admission Discharge | Resubmit if any changes |

For MH/SA Indigent only, Adult or Child members

| <i>Form</i> | <i>Completed By</i> | <i>When to Complete</i> | <i>Notes</i> |
|---------------------------|---------------------|-------------------------|---|
| Financial Assessment Tool | Provider Member | Enrollment Annually | Resubmit if any changes Notification by <i>ValueOptions</i> NorthSTAR |

XIII. Required Forms

D. Client Confidentiality

Providers must meet all local and federal regulations and laws, and meet *ValueOptions'* standards for keeping client information confidential.

Providers should never communicate information about a client without a "Release of Information" or "Consent" letter that has been signed by the client or the client's guardian.

Providers must have a "Release of Information" or "Consent" letter to communicate a client's history or treatment with any other provider or entity.

E. Important Phone Numbers

ValueOptions: 1- 888- 800- 6799

TDD 1- 888- 800- 6792

Fax Assessment forms to: **1-877-888-6444**

All new members must go to a designated enrollment site for completion of eligibility paperwork, which includes the financial and clinical assessment. For information on enrollment site locations, please contact the ACCESS LINE at 1-888-800-6799 (or, 1-888-800-6792 for TDD) and speak with an Enrollee and Provider Services Representative.

F. Enrollment Process

The process has changed: Indigent Members must pre-qualify **before** they are enrolled. New enrollees will only be enrolled at designated facilities listed in this packet. This does not affect Medicaid recipients.

Financial assessment will be required on all new enrollees before they are enrolled. During 8am – 5pm CST fax financial assessments to 1-877-888-6444 and from 5pm- 8am and on weekends (Sat/Sun) fax to 719-538-1439.

In extreme situations where financial assessments cannot be obtained, *ValueOptions* Care Managers will, with *ValueOptions* supervisor approval, enroll in NorthSTAR, if financial information is obtained and enrollee is deemed ineligible, they will be disenrolled.

Non-delegated facilities will not be allowed to enroll members; they will be required to transfer to a *ValueOptions* delegated facility. Non-delegated facilities can bill *ValueOptions* for emergency care under the following conditions:

- The facility calls *ValueOptions* within 48 hours after transfer to a delegated facility of a potential member to obtain NorthSTAR ID (NS ID will be issued retroactive to the date of presentation).

XIII. Required Forms

- Facility bills *ValueOptions* within 90 days from date of service.

If member is not eligible and has not been enrolled in NorthSTAR, facility must seek reimbursement from alternate payer source-private insurance, Medicare, self-pay. For acute IP and CD residential and detox eligibility will be determined the same day; for Parkland ER- within 2 hours; for other designated IP facilities within 4 hours; CD Detox within 2 hours; and CD residential within 8 hours. The following grid outlines the guidelines for TXNS enrollment eligibility.

**NorthSTAR Income Table
(Applicable to Non-Medicaid Enrollees Only)**

NOTES:

*Enrollees or Potential Enrollees with Incomes Less than or Equal to these Amounts (after extraordinary expenses are deducted from gross income)

*based on Family Size are Eligible for NorthSTAR Enrollment

| NUMBER OF FAMILY MEMBERS IN HOUSEHOLD | ANNUAL INCOME | MONTHLY INCOME | EVERY TWO WEEKS | TWICE MONTHLY | WEEKLY |
|--|---------------|----------------|-----------------|---------------|------------|
| 1 | \$19,140.00 | \$1,595.00 | \$736.15 | \$797.50 | \$368.08 |
| 2 | \$25,660.00 | \$2,138.33 | \$986.92 | \$1,069.17 | \$493.46 |
| 3 | \$32,180.00 | \$2,681.67 | \$1,237.69 | \$1,340.83 | \$618.85 |
| 4 | \$38,700.00 | \$3,225.00 | \$1,488.46 | \$1,612.50 | \$744.23 |
| 5 | \$45,220.00 | \$3,768.33 | \$1,739.23 | \$1,884.17 | \$869.62 |
| 6 | \$51,740.00 | \$4,311.67 | \$1,990.00 | \$2,155.83 | \$995.00 |
| 7 | \$58,260.00 | \$4,855.00 | \$2,240.77 | \$2,427.50 | \$1,120.38 |
| 8 | \$64,780.00 | \$5,398.33 | \$2,491.54 | \$2,699.17 | \$1,245.77 |
| For each additional family member beyond 8, ADD | \$ 6,520.00 | \$ 543.33 | \$ 250.77 | \$ 271.67 | \$ 125.38 |

1. Source: 2005 federal poverty guidelines
2. This information will be updated annually

For non-acute, OP, Rehab, IOP, PHP eligibility will be determined within 1 business day. Consumers can appeal the decision by *ValueOptions* to deny enrollment- see last page of financial assessment for instructions.

XIII. Required Forms

G. Behavioral Health Integrated Provider System (BHIPS)

BHIPS is a web-based system available via the Internet. The only elements needed to use BHIPS are a personal computer, access to the Internet, and standard Internet browser that may be downloaded free from Microsoft or Netscape.

The purpose of BHIPS is to provide a management information system for **chemical dependency** services that offers support of provider networks, web-based computerization of record keeping, data sharing within a service network, and support of state and federal reporting requirements.

Chemical dependency providers are required to complete BHIPS. This system allows statistical analysis and reporting capabilities that will be used by *ValueOptions* in monitoring chemical dependency services.

More information regarding BHIPS can be found at:
<http://www.tcada.state.tx.us/BHIPS/index.shtml>

For Assistance in navigating BHIPS, please call one of the BHIPS help lines at 1-866-373-1253 or 1-866-214-0547.

1. Claims Forms and Instruction can be found online at the links below or at the end of this section under “H. Forms”:

- CMS 1500 form:
<http://www.valueoptions.com/provider/handbooks/forms/administration/cms1500.pdf>
- Tips for the CMS 1500 form:
<http://www.valueoptions.com/provider/handbooks/forms/administration/cms1500tips.pdf>
- UB92 form:
<http://www.valueoptions.com/provider/handbooks/forms/administration/ub92.pdf>
- Tips for the UB92 form:
<http://www.valueoptions.com/provider/handbooks/forms/administration/ub92tips.pdf>

XIII. Required Forms

2. TXNS Claims Adjustment Form

One form must be completed for each original claim being adjusted. All items on the form are required. Forms that are incomplete will not be processed and will be returned. Please mail completed forms to:

ValueOptions
ATTN: Adjustment Unit
P.O. Box 12450
Norfolk, VA 23541-0450

- A copy of the Provider Summary Voucher page on which the original claim appears must be included with the Adjustment Form.
- Any reduction in payment will be applied to the payment cycle following the processing of the form.
- Instructions for completing the Adjustment Form:
 - **Provider Information:** Enter the name, number, and address of the provider to whom the payment was made.
 - **Enrollee Information:** Enter the Enrollee's name and NorthSTAR ID Number as it appears on the Provider Summary Voucher.
 - **Claim Information:** Enter the claim number and date as listed on the Provider Summary Voucher.
 - **Reason for Adjustment:** Place an "X" on the line that best describes the reason for requesting the Adjustment and enter the required information. If "Other, Please Explain," is marked, describe the reason for the Adjustment request.
 - **Provider Signature and Date:** An Adjustment request cannot be processed without a typed, signed, stamped, or computer generated signature and the date that the form was completed.

H. Forms:

The forms listed below are on the following pages:

1. TXNS Claims Adjustment Form
2. Uniform Assessment Forms and Instructions (Adults)
3. Uniform Assessment Forms and Instructions (Child)
4. Financial Assessment Tool (A: English; B: Spanish)
5. CMS 1500 Form and Instructions
6. UB92 Form and Instructions