

March 2009 Meeting Agenda
March 5, 2009
9:30 am until 11:30 am
ValueOptions: 1199 S. Beltline Road, Ste: 100, Coppell

1. Welcoming Remarks – Sandy Potter
 - a. Eligible Rehab Services under the Medicaid Billing Rules
 - b. Medicaider Alert

2. Provider Relations Update- Robin Preston
 - a. Transition Plan
 - b. Medical Directors Call
 - c. CHIP Coordination
 - d. SPN Agenda & Handouts Posted to Website

3. Provider Education & Outreach Update- Sharon DeBlanc
 - a. Social Security Training

4. Quality Update-Melanie Sanders/Jarrell Pipkin
 - a. Crisis Phone Survey Results
 - b. CHIP Credentialing- 12 Month Timeframe
 - c. Revised TIMA Outpatient Clinic Visit Form

5. Questions/Open Forum/Announcements

Next Meeting: April 2, 2009- Telephonic
Call-In Number 1-866-803-1228
Pass code: 7912568



*******Provider Alert*******

TO NorthSTAR SPN Providers

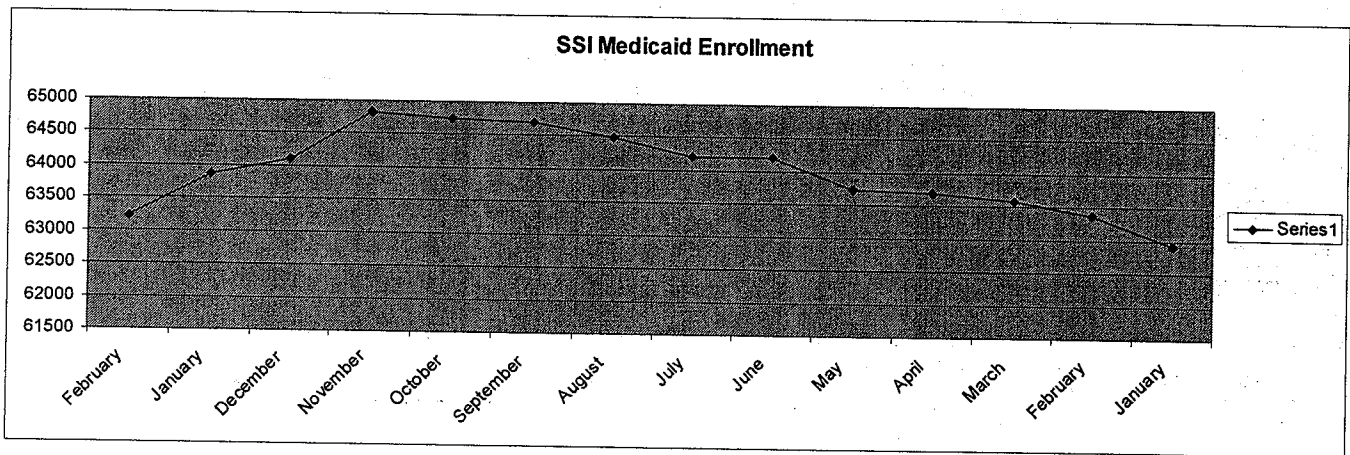
FROM: Holly Brock, LPC NCC
Director of Program Support

DATE: March 5, 2009

SUBJECT: Medicaider Enrollment Pilot

The purpose of this alert is to inform SPN providers of the status of the Medicaider pilot. The pilot began February 14, 2008 and has now been in place for over 1 year.

The central purpose of the Medicaider pilot was to positively impact Medicaid enrolment among indigent NorthSTAR members. After 1 year, the data does not indicate that this has happened.



Due to the lack of impact on Medicaid enrollment, ValueOptions is not realizing a return on investment necessary to justify the cost of continued use of the Medicaider software. ValueOptions is considering discontinuing Medicaider and is interested in feedback on this issue.

ValueOptions recognizes that the Medicaider software has been beneficial to SPN Providers as a means to electronically submit financial assessments. SPN Providers will again have the ability to electronically submit financial assessments with the implementation of CMBHS later this year. As an interim option, providers may choose to scan e-mail financial assessments to TNSSED@valueoptions.com via Sigaba encrypted e-mail. The other submission option during this interim period would be to fax financial assessment forms to 877-888-6444.

Please direct any feedback regarding this alert to the following ValueOptions staff:

Name	Phone	Email
Holly Brock Director of Program Support	972-906-2576	Holly.brock@valueoptions.com
Sandy Potter VP of Operations	972-906-2680	Sandy.potter@valueoptions.com

Crisis Phone and Appointment Access Audit
Conducted in February 2009 by North Texas Behavioral Health Authority (NTBHA)

Survey Description

Staff from NTBHA called all SPNs “after hours” seeking information while in crisis and wanting an appointment.

Survey Summary

1. **Average Across All SPNs**

- a. Auto Attendant Available: 89%
- b. Told what to Bring for Intake: 25%
- c. Directions to Clinic Given: 50%
- d. After Hours On-Call # Available: 44%
- e. Crisis Info Given: 88%
- f. Days / Hours of Intake Given: 25%
- g. Able to Leave Voice Mail: 100%
- h. After Hours # Answered: 67%

2. **Opportunities for Improvement**

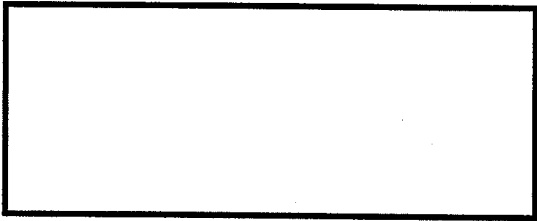
- a. Some menu options and transfer numbers were not working properly
- b. Calls to 2 SPNs seeking further assistance through their menu options ended with “wireless customer is not available”

3. **Minimally Necessary / Required Elements for After-Hours Phone Greeting:**

- a. Crisis Information including ACS phone number
- b. Intake / Appointment information given (e.g. state your regular business hours)
- c. Menu options, extensions and other phone numbers should all work and be monitored appropriately

TIMA Texas Implementation of Medication Algorithms

OutPatient Clinic Visit



Clinical Record Form

Date: ___/___/___ Service Activity Code: _____

Physician Code: _____ Start Time: _____ Stop Time: _____

Current Diagnoses: _____

Current Algo: (check) MDD-NP MDD-P BD [MANIA DEP] SCZ None

Stage: ___/___ Weeks in this stage (if less than 20 weeks in stage): _____

Vital Signs

Weight:	Blood Pressure:
Height:	Pulse:
BMI(quarterly)	Waist circumference(first visit, initial followup, and as indicated):

Has patient taken medications as prescribed? Yes/Mostly No/Inadequate

Any other medications taken during the past week? No Yes (if yes, specify below) _____

Clinical Rating Scales

POS SX: ___ NEG SX: ___ QIDS-SR: ___ QIDS-C: ___ BDSS: ___ OTHER (e.g., AIMS) ___

Is patient presently suicidal? Yes No homicidal? Yes No (if yes, comment in progress note)

Are laboratory tests needed? Yes No (if yes, specify in progress note)

Medication Response: Full Partial Minimal None Symptoms Worsening

Prescription Information			
Medication Name Change from previous visit? <input type="checkbox"/> No <input type="checkbox"/> Yes	New/ Continuing/ Discontinue		Indication (check all that apply) ¹
	<input type="checkbox"/> New <input type="checkbox"/> Cont. <input type="checkbox"/> D/C		<input type="checkbox"/> S <input type="checkbox"/> OS <input type="checkbox"/> SE
	<input type="checkbox"/> New <input type="checkbox"/> Cont. <input type="checkbox"/> D/C		<input type="checkbox"/> S <input type="checkbox"/> OS <input type="checkbox"/> SE
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	<input type="checkbox"/> New <input type="checkbox"/> Cont. <input type="checkbox"/> D/C		<input type="checkbox"/> S <input type="checkbox"/> OS <input type="checkbox"/> SE

¹S=Meds Targeted at core syndrome. OS=Meds targeted at other symptoms. SE=Meds for side effects of S or OS

TIMA Texas Implementation of Medication Algorithms

Progress Note: (Date of dictation ____/____/____)

Subjective

Core symptoms; Side-effects, other symptoms (sleep, appetite, energy, anxiety, irritability, anhedonia, other); medication compliance; suicidal/homicidal; substance abuse; psychosocial issues (employment, housing, family, etc.); overall functioning; Patient global self-rating

Objective: mental status (appearance, speech, mood and affect, thought content, thought process, insight, judgment, concentration, cognitive function, sensorium, suicidality/ homicidality); suicidal/homicidal; recent laboratory levels; AIMS as indicated

Assessment : Axis I-V; medication response;

Plan: Medication prescribed; rationale for medication changes; case management needs; substance abuse tx needs; increased intensity of service needs Crisis inpatient, other); primary care needs; patient/family education needs

Stage at end of visit: _____

Copy of the Disorder Fact Sheet given (at initial diagnosis & change of diagnosis)

Return to clinic: _____ weeks

Next appointment date: _____/_____/_____

Signature/Title: _____

CHIP and NorthSTAR Coordination Suggestions & Information

Care Coordination Info

1. Keep track of the CHIP member's effective date with the CHIP plan. The benefits reset on that date.
2. Keep track of benefits used by the patient via the CHIP plans on-line system.
3. Once CHIP plan benefits have been exhausted, submit proof of the benefit exhaustion along with the Uniform Assessment. Information regarding the member's CHIP plan effective date should also be included. Proof could include:
 - a. Claims denial
 - b. Authorization denial
 - c. Print screen of the benefit exhaustion
 - d. Other proof as identified and/or approved by ValueOptions

VO Contact for CHIP Plan coordination – Cathy Givens 972-906-2736.

Amerigroup: If a provider requests services and the benefit is exhausted or near exhaustion the denial letter or reduction of service request will be reflected on the faxed denial/auth letter. This information can be used to attach to the UA for NorthSTAR. Aron is checking to see if information is available on the website.

Magellan: Becky on vacation left message for designee.

Comcare: Left message for Laura Toll.

CHIP Benefits

1. Inpatient Mental Health
 - a. 45 days per calendar year
 - b. Conversion allowed on the basis of financial equivalence, but 20 of the 45 inpatient day must be held in reserve for inpatient care. Conversion factors are 1:2 for partial hospital program and 1:3 for intensive outpatient program and outpatient treatment.
2. Inpatient Alcohol/drug
 - a. 14 days per calendar year for alcohol/drug detoxification and crisis stabilization.
 - b. 24-hour residential rehabilitation program up to 60 days per episode. 30 days must be held in reserve, but 30 days maybe converted to 60 days of partial hospitalization, 90 days intensive outpatient rehabilitation or 90 days of outpatient services.
 - c. Three inpatient/residential episodes per lifetime.
3. Outpatient Mental Health
 - a. 60 days per calendar year for rehabilitative day treatment
 - b. 60 outpatient visits per calendar year for mental health crisis stabilization, evaluation, and treatment.

