

**December SPN Meeting Agenda**  
**December 1, 2011**  
**9:30 am until 11:30 am**  
**ValueOptions: 1199 S. Beltline Rd., Ste: 100, Coppell, 75019**

1. Welcoming Remarks- Holly Brock
  
2. Guest Speaker- Dedra Medford, Peer Provider
  - a) ABC Recovery Story
  
3. Quality Management Update- Melanie Sanders
  - a) UA Appeals Update
  - b) 2011 Care Coordination Request for Records for Audit  
(Child/Adolescent Providers Only)
  
4. P,E, and O Update- Sharon DeBlanc
  - a) Medicare Open Enrollment Deadline
  - b) Sharon Birmingham & Keith Frazier
  - c) Natural Recovery Supports in the Community
  
5. Questions/Open Forum/Announcements

**Next Meeting: February 2, 2012**



## Administrative Denial UA Appeal Tip Sheet

- UA denial is faxed, emailed or mailed to Appeal Coordinator who will determine if appeal is within timely requirements (60 days of the assessment date).
- Fax to (972) 906-2780 Northstar Appeals or email to [Karen.burton@valueoptions.com](mailto:Karen.burton@valueoptions.com) and copy email to [andrea.thaggard@valueoptions.com](mailto:andrea.thaggard@valueoptions.com). Mail to 1199 S. Beltline Rd. Suite 100 Coppell, Texas 75019 Attn: Northstar Admin Appeals.
- Timely is within 60 days of the original assessment date of the UA.
- If appeal is not within timely requirements, the denial will be issued to the provider and a letter will be sent to the provider advising of reason for denial. The UA will be set up as a Level 1 Administrative Appeal handled in QM.
- After provider has received an administrative denial on a UA:
  - Corrected UA's within 30 days from the assessment date, may be resent to Customer Service with the administrative denial letter attached, with note on coversheet indicating this is a corrected UA.
  - UA's that need to go directly to Admin Appeals in the QM Department:
    - UA is more than 60 days old
    - Denied UA is for an ACT service

- UA is denied for other reasons such as no Outlier/Treatment plan or NON-Qualifying diagnosis, Other Health Insurance (OHI), dis-enrolled member
  
- All corrected Administrative denial UA's have the same turnaround time as regular UA process if sent to Customer Service a total of 3 business days.
  
- All Administrative denial Appeals have the same turnaround time as regular admin appeals 5 business days to acknowledge it and up to 30 calendar days to resolve it.
  
- Appeal will be set up as a Level I Appeal. Level II will exhaust ValueOptions Appeal rights.
  
- For questions on corrected and/or Appeal UA sent to Customer Service and/or Appeal dept. Contact: Andrea Lisboa- CS Manager (518)-220-8744 or 1-888-800-6799 ext.228755 or Karen Burton- Appeal Coordinator (972)-906-2612 or 1-888-800-6799 ext. 232612.

# NorthSTAR Medicaid Indigent Program Documentation Requirements

**\*\* Please provide all applicable items from following categories \*\***

Please note that additional information may be requested at the time of your intake review.

**Proof of Patient Identification** - Must provide one of the following:

- Driver's license or DPS ID card
- Birth Certificate (children under 18)
- Employee Identification card (with picture)
- School Identification card (with picture)
- Unexpired Immigration documentation for all applicable household members: Resident alien cards (front and back), Visas and or Passports

**Social Security Number** – Provide for all applicable household members.

**Bank Statements & Tax Returns** – Must be provided

- Most recent checking and savings account statements
- Entire 1040 Tax Return Form with: Schedule C, Partnership tax form 1065, Schedule K-1, Schedule F, W2 etc.

**Proof of Employment and Income** – Must provide applicable sources of income:

- Two most recent payroll check stubs
- Employment Verification form
- Current award letter / copies of checks: SSI, RSDI, VA, Soc. Sec., TANF
- Workman's Compensation
- Employer statement of earnings on letter head
- Court orders/check for Child Support /Alimony
- Unemployment award letter/check stubs

**Verification sources of assistance** – Provide all applicable:

- Food Stamp/TANF and Housing Assistance award letters
- Statement from Homeless Shelter where patient resides and verifying unemployment.
- Verification of Assistance form with notary seal and all of the following proofs from the person providing assistance:**
  - Driver's license or DPS ID card
  - Utility bill
  - Proof of income

**Proof of Patient Residency** – Must provide a minimum of (2) two:

- Utility
- Lease agreement, mortgage statement
- Auto, Life, Homeowners/Renter's Insurance Documents
- County, State/Federal agencies Correspondence
- Retirement Plan Documents, Attorney Correspondence
- Texas Department of Motor Vehicle Records
- Statement from Homeless Shelter

**Proof of Insurance** – Provide for all household members

- Front and back of Medical/Dental Insurance cards

**Proof of Self Employment**

- Self Employment Form (1 form each month)
- Entire 1040 Tax Return Form with: Schedule C, 1099, Partnership Form 1065, Schedule K-1, Schedule F etc.
- Business ledgers/Accountant's statement listing income and expenses for the last 12 months
- 12 months of check stubs, receipts, or logs for income received: babysitting, contract/sub-contract work, landscaping, day labor work etc.

**Acceptable sources to verify deductions**

If desiring to claim deductions for child care, alimony or child support paid out:

- Statement listing last two payments to provider
- Last two canceled checks
- Copy of divorce decree stating amount owed
- Statement from Attorney General's office
- Statement from ex-spouse itemizing payments

**Please Note:** Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties including, but not limited to, loss of member benefits and the ability to re-apply for the NorthStar Program. It may also be subject to Federal and/or State prosecution.

Application date			
Enrolling Facility		Location	
Applicant Name		(First)	(Last)
Birthday		Social Security Number	
NorthSTAR Number		New/ Update/ Emergency (Circle appropriate description)	
Address		homeless/ living with friends (Circle appropriate description)	
City		State	Zip
Home Phone		Work Phone	Other
Marital Status		Single/ Divorced/ Widowed/ Married (Circle appropriate description)	If separated length of separation
Race (Circle appropriate description)		White (non-Hispanic)	Black/African American
		Hispanic-Cuban	Other Hispanic
		Hispanic/Mexican	Hispanic/Puerto Rican
		More that one race reported	unknown
Parent/Legal Guardian Name		(First)	(Last)
Address			
City		State	Zip
Health Insurance		Medicare/ Medicaid/ Veteran/ Private (Circle appropriate description)	
Employer			
Insurance company name		Phone number	
Policy number			
Policy Holder Name			
Policy holder relationship			

<b>Monthly Gross Household Income</b>		<small>(including applicant, spouse, and or guardians)</small>	
<b>Applicant Wages</b> <small>(if applicant wages are zero, how are expenses being paid?)</small>		\$	
<b>Spouses wages</b>		\$	
<b>Guardian Wages</b> <small>(for minor applicants only)</small>		\$	
<b>Other income</b> <small>(ss/dissability/child support/alimony/pension)</small>		\$	
<b>Total Monthly Income</b>		\$	
<b>Approximate balance in checking</b>		\$	
<b>Approximate balance in savings</b>		\$	
<b>Approximate balance in trust fund</b>		\$	<b>Monthly payment to member</b>
<b>Approximate cash on hand</b>		\$	
<b>Total cash</b>		\$	
<b>Extraordinary Expenses</b> <small>(documentation attached)</small>			
	Major Medical or health related	\$	
	Major Casualty losses past year	\$	
	Child Support	\$	
	Child Care	\$	
	<b>Total expenses</b>	\$	
<b>Number of family members living at your home address/ in household</b> <small>(applicant, spouse, dependent, and or guardians)</small>			
<b>Additional Explanation / Details (FOR STAFF USE ONLY)</b>			

<b>Rights, Responsibilities, Agreements</b>	
I have the right to:	
<ul style="list-style-type: none"> <li>• Appeal a denial of NorthSTAR enrollment to ValueOptions at 888-800-6799.</li> <li>• File a secondary appeal to the State NorthSTAR administration at 512-206-5470.</li> </ul>	
I have the responsibility to not knowingly falsify and/or misrepresent the truth on this application, and to	
<ul style="list-style-type: none"> <li>• Assure that the information on this financial application is true and correct to the best of my knowledge.</li> <li>• Submit an updated financial eligibility assessment form to my provider annually.</li> <li>• Promptly inform ValueOptions within 30 days from the date of this application OR my NorthSTAR benefits may be denied.</li> </ul>	
Applicant initials _____	
I understand that:	
<ul style="list-style-type: none"> <li>• ValueOptions may use credit reporting resources to verify the information provided in this application, and that I may not qualify for benefits under NorthSTAR.</li> <li>• ValueOptions is required to report any information that is deemed fraudulent in nature to the State of Texas HHS Fraud Hotline.</li> <li>• The information contained in this application is used to determine eligibility for the NorthSTAR program.</li> <li>• I have the right to appeal denied enrollment as described above.</li> </ul>	
Applicant Signature (or guardian if applicant is under age 18)	Date
<p>You have the right to ask us about this form. You also have the right to review the information you give us on the form. (There are a few exceptions.) If the information is wrong, you can ask us to correct it. The Health and Human Service Commission has a method for asking for corrections. You can find it in Title 1 of the Texas Administrative Code, sections 351.17 through 351.23. To talk to someone about this form or ask for corrections, please contact ValueOptions at 1199 South Beltline Road, Suite 100, Coppell, TX 75019 or by calling them at 1-888-800-6799.</p>	
Enrollment Staff Signature _____	Date _____
I attest that the information in this application is accurate to the best of my knowledge and that I have reviewed the applicant responsibilities above with the applicant.	
<p><i>Please Note: Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties including, but not limited to, loss of member benefits and the ability to re-apply for the NorthStar Program. It may also be subject to Federal and/or State prosecution.</i></p>	

## Contact Information for Social Security Application Assistance

We know that many of you no longer have time to assist consumers in filing for Social Security benefits. The two individuals below assist consumers in doing that, and both have an excellent track record. They do not charge if the application does not succeed, and don't charge until it is approved, at which time they charge the allowable percentage of the back pay. We've worked with both at ValueOptions and have found them both to be very professional, to work well with consumers, and to have a high percentage of success. They both work cases in all phases (initial application, reconsideration, and administrative law court hearings) so you can feel comfortable referring consumers to them throughout the process. It is always best to have assistance from the initial application.

Keith Frazier has also established a nonprofit entity separate from Frazier Benefits to manage SSI or SSDI benefits as a payee. As we know, far too many consumers are victimized by unscrupulous boarding home owners who act as payees. In addition, it can be problematic for either treating sources or family members to act as payee. Therefore, having a reputable entity that can provide this service is something that can benefit many.

Sharon Birminhgham

sharonb@nuwavenet.com

(972) 452-3372

Keith Frazier

**Frazier Benefit Services, LLC**

1-972-782-9757 (Office)

1-888-473-8816 (Toll Free)

972-971-0822 (Cell)

1-972-782-2695 (Fax)

P.O. Box 381927

Duncanville, Texas 75138

keith.frazier@frazierbenefits.us



## NorthSTAR News

Some *not so good* news first....

Due to budget cuts and more people needing services, some hard choices had to be made. The following will close December 1, 2011:

- MetroCare After Hours Urgent Care Clinic
- MetroCare Drop-in Center at Lancaster Kiest Clinic
- Lakes' Drop-in Centers in Greenville and Terrell

Some people may have some fewer services, while some people will not have a change.

- Mobile Crisis will still be there to help you **decide what to do in a crisis.**  
(Call 1-866-260-8000)
- The Southern Area Behavioral Health After-Hours Urgent Care Clinic will remain open.

Some *good news* is that ValueOptions is working with stakeholders to increase the focus on **Recovery**.

We want persons who get services in NorthSTAR to get ***what help they need when they need it*** so they can get back to the things in life that matter to them. To this end we will be working with our members, our providers, and those in our area who care about good mental health outcomes to make sure the supports are there to help our members reach these goals.

Some of the things we will be doing to make this happen are:

- Making our website better, with more information to help you help yourself
- Working with the local affiliates of the National Alliance on Mental Illness (NAMI), the Depression and Bipolar Support Alliance (DBSA), and Mental Health America (MHA) to support their education and support groups
- Working with our providers to link you to supports in the community
- Starting Peer Support Services at Green Oaks

We want you, our member, to be the most important person in shaping your own future. And, we want to be your partner as you do that.

NAMI Dallas (214) 341-7133  
NAMI Ellis Co. (Sue) (469) 733-4626  
MHA of Greater Dallas (214-871-2420

NAMI Collin County (214) 908-NAMI  
NAMI Kaufman Co. (Emma) (972) 962-3784  
DBSA (817) 654-7100