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# Connecticut Provider Forum



 ValueOptions

# Forum Agenda

- ❖ **Forum Goals**
- ❖ **VO Overview**
- ❖ **Clinical Operations**
- ❖ **Ambulatory Follow-Up**
- ❖ **Quality Management**
- ❖ **Claims**
- ❖ **EDI / Electronic Claims**
- ❖ **Provider Relations/Network Operations**

# CT Forum Goals

- ❖ **To create an open line of communication between ValueOptions and the provider community.**
- ❖ **To facilitate provider staff support through technical assistance, skill building, and clear responsibilities.**
- ❖ **An opportunity for providers to hear the questions and concerns of their fellow providers.**

# *ValueOptions* Overview

- ❖ ***ValueOptions* in CT since 1995**
- ❖ ***ValueOptions* has a relationship with Health Plans, Medicaid, Employer Groups and State of Connecticut**
- ❖ **Provider network includes individual practitioners, groups, clinics and hospitals**
- ❖ **Over 500,000 covered members**

# Connecticut Accounts

- ❖ HealthNet-Medicaid only
- ❖ Anthem BlueCare Family Plan
- ❖ HMO New England and Mohegan Sun
- ❖ United Technologies Corporation
- ❖ Pitney Bowes
- ❖ SBC
- ❖ Coming Soon: CT KidCare

*(See Account Summary)*

# In Transition

- **DMHAS General Assistance Behavioral Health Program (SAGA)**
  - The GABH contract will transition to Advanced Behavioral Health, Inc. (ABH) beginning July 1, 2005.
- **CT KidCare**
  - ValueOptions has been awarded the right to contract with DSS & DCF.
    - Anticipated start date 10/01/05

# In Transition – CT KidCare

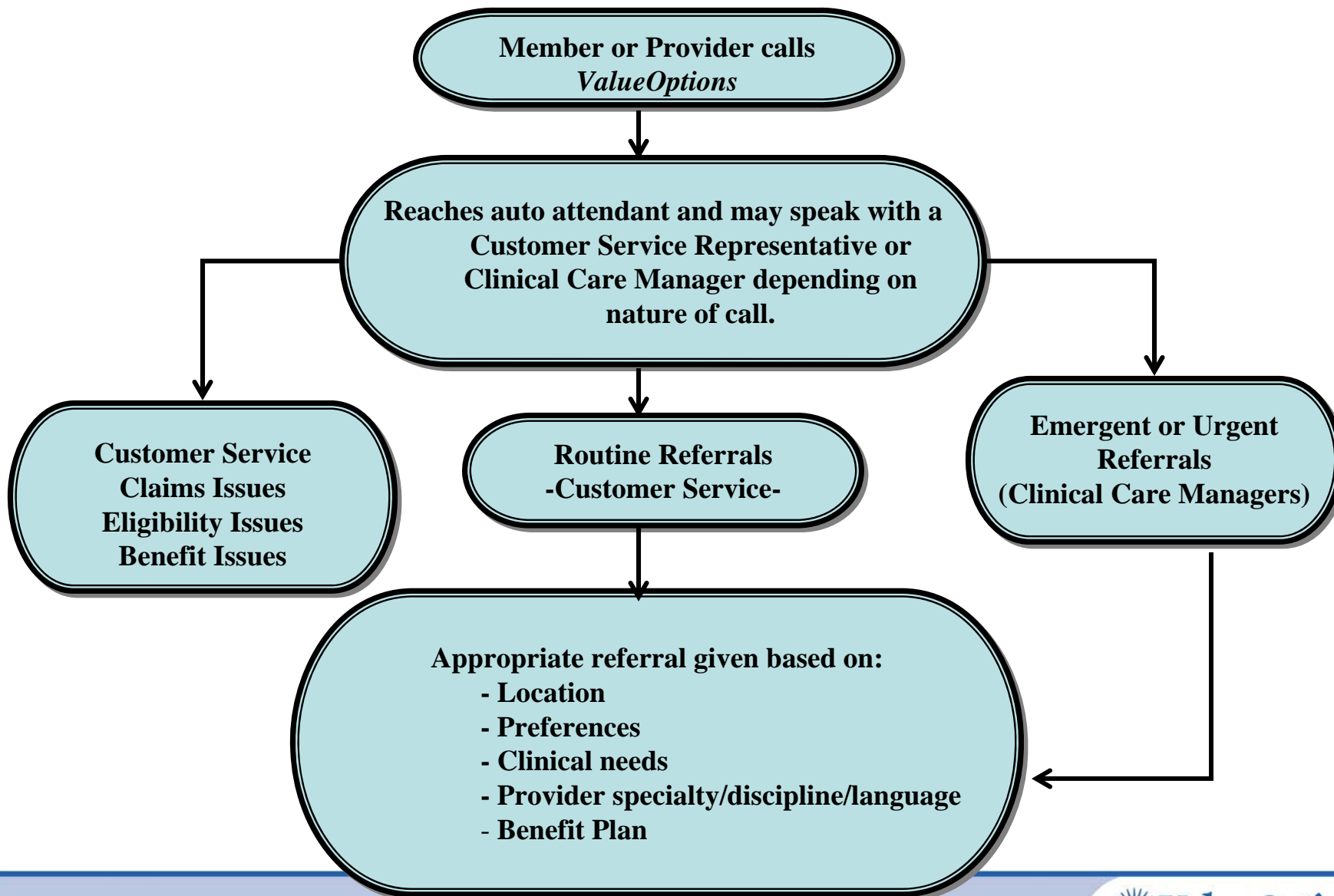
- **Functions of the ASO**
- **Administer the Benefits of this program**
  - ValueOptions will not write benefits or determine eligibility. DSS/DCF will set rates, determine the network, credential and contract providers. We will utilize clinical criteria established by DSS/DCF.
- **Case Management**
  - Utilization Management (notification and authorization)
- **Intensive Case Management**
  - Members with more acute needs; coordination with DCF care coordinators
- **Peer Engagement Specialists**
- **Coordinate with the health plans**
  - Medicaid services that remain with the health Plans (medical/pharmacy/dental/optical/transportation)



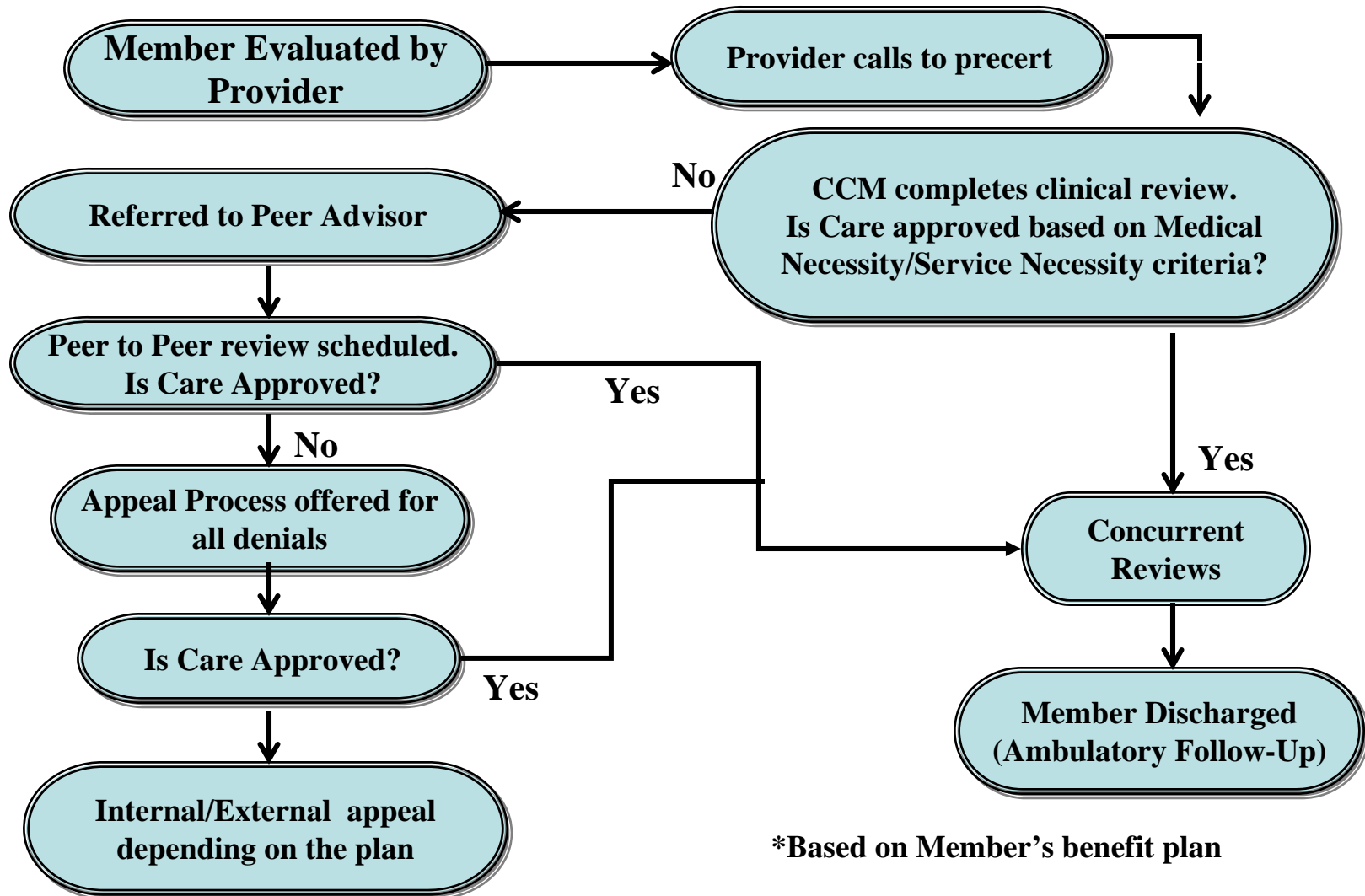
# Clinical Operations



# Referral Process

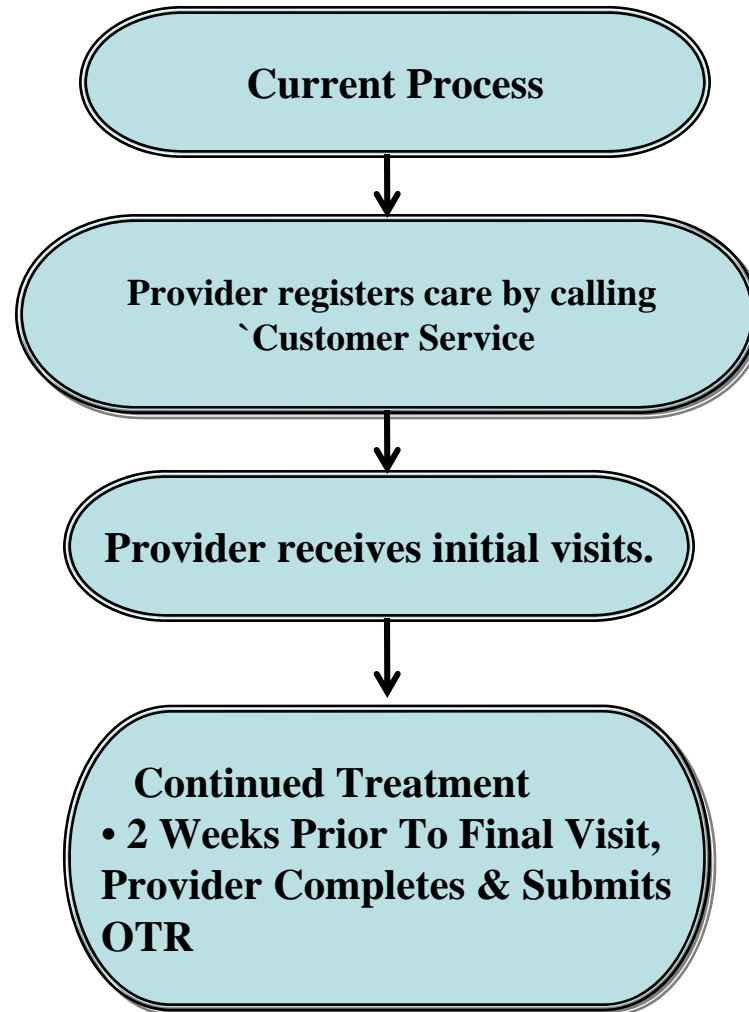


# Pre-certification Process (IP, RTC, PHP and IOP\*)

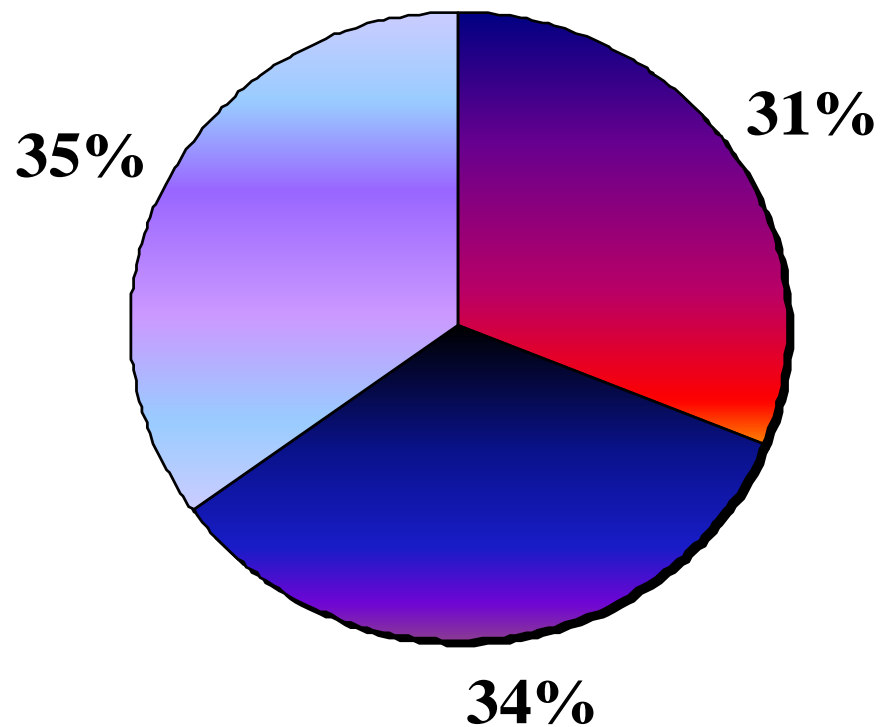


\*Based on Member's benefit plan

# Outpatient Review Process



## Top Reasons – Non Processed OTRs




 **Missing\Incorrect Patient Info**

 **Missing\Incorrect Provider Info**

 **Missing\Illegible Clinical Info**

## Coming in 2005

- ❖ **Interactive Voice Response**
- ❖ **Web-Based Registration**
- ❖ **Member/Provider On-line Resources**



# Ambulatory Follow-Up



# What Providers Can Do?

- ❖ **Appointments must be made within 7 days**
- ❖ **Assess member for non-compliance potential**
- ❖ **Keep alternate member phone numbers  
(Cellular, Family, Friends)**
- ❖ **Outreach to member after missed appointment**
- ❖ **Coordinate/communicate with prescribing  
psychiatrist/PCP**

# What Administrative Staff Can Do?

- ❖ **Call member prior to first appointment to remind them of date and time**
- ❖ **Notify *ValueOptions* Care Manager of any missed appointments**



# Quality Management



 **ValueOptions**

# Quality Management

- aids in the development of strategic plans to resolve conflicts and achieve shared goals.
- has expertise regarding confidentiality, regulatory requirements and other standards such as the Health Insurance Portability and Accountability Act (HIPAA)
- develops programming to continuously improve our performance and achieve the best outcomes for members.
- reviews, researches and resolves any complaints and/or grievances received at the Service Center

# Claims



# Our Focus

## ❖ Claims Submission

- Timely Filing
- Critical Factors
- Common Billing Errors
- Claim Denials

## ❖ Claim Appeals

## ❖ Electronic Filing

## ❖ Website Information

# Claims Submission

## ❖ Timely Filing

Claims for services rendered must be submitted within timely filing guidelines from the date(s) of service or from the date of eligibility determination.

Claims that are not submitted within each account's time frame will be denied reimbursement.

## ❖ Incomplete Claims

Claims will be returned to the provider if required data elements are not provided.

The expectation is that the claim will be returned with enough time to meet timely filing guidelines.

## ❖ Resubmission of Corrected Claims

The claim must be resubmitted with the words "CORRECTED CLAIM" stamped or written on top of the claim .

Corrected Claims submitted without this information will be denied as a "duplicate claim" or for timely filing.

# Critical Scanning Factors for Paper Claims

- ❖ Original red line claim forms
- ❖ Black ink machine print only
- ❖ Machine print within the boxes
- ❖ Use upper case letters
- ❖ Use a laser printer
- ❖ Use 8 digit dates (e.g. 01232004)
- ❖ Use of dashes, slashes, or circles will delay processing
- ❖ Use fixed width fonts like Courier 10 or above
- ❖ Use 8 ½" x 11" paper for any additional notes (Do not fold or staple)
- ❖ Complete the patient's date of birth
- ❖ Use signature on file

# Timely Filing

- ❖ HealthNet-Medicaid only.....90 days
- ❖ Anthem BlueCare Family Plan.....120 days
- ❖ DMHAS – GA BH Program.....180 days
- ❖ HMO New England.....90 days
- ❖ Mohegan Sun.....90 days
- ❖ United Technologies Corporation..... 1 year
- ❖ SBC.....90 days/1-2 years\*
- ❖ Pitney Bowes..... 1 year

\* See benefit package

# Common Billing Errors

## ❖ Handwritten Corrections

## ❖ Missing or invalid elements

- Member identification numbers
- Place of Service
- Service Codes need to be indicated on each claim line.
- Revenue Codes
- Diagnosis Codes
- CPT codes
- Provider and/or Vendor Identification Numbers

# Claim Denials

## ❖ Top Reasons

- Service Not Authorized
- Duplicate Claim
- Timely Filing
- Itemized Bills Needed
- Coding Errors

# Claims Appeals

- ❖ Appeals need to be submitted with a cover letter stating the reason for denial
  - (See Account Summary for addresses)
- ❖ Provide additional supporting information (i.e. proof of authorization, eligibility, Primary Carrier EOB).
- ❖ Appeal letters should also state the reason for appeal, the member's name, ID number, Dates of Service and the Service Code billed.

# EDI

## Electronic Claims

# Electronic Claims Advantages

**It's better, faster and cheaper!**

- ❖ **Reduced Paper Files**
- ❖ **Reduced Labor and Postage Expenses**
- ❖ **Reduced potential of error or mishandling**
- ❖ **Faster claims processing improves cash flow**

## ValueOptions EDI (Electronic Data Interchange)

- ❖ *ValueOptions* offers **FREE EDI software**
- ❖ **Runs on Windows 98 or above**
- ❖ *ValueOptions* offers **Single Claim Submission, directly on our website, for smaller volume Providers**
- ❖ *ValueOptions* offers a dedicated helpdesk (**888-247-9311**) for EDI issues

# EDI Requirements

- ❖ **Completed Account Request Form from Submitter**
- ❖ **Intermediary Authorization Form** (if using a billing agent or clearinghouse)
- ❖ **Files must be HIPAA compliant**
  - If using EDI claims link (version 3.0) software, this is HIPAA compliant
- ❖ **Must submit test file to verify accurate information is included in the file**

# When Help Is Needed for EDI

## ❖ Become an EDI submitter

- Need submitter ID and password
- E-Support Helpdesk – 888/247-9311 (option 3)
  - Monday – Friday, 8 a.m.- 6 p.m. EST

## ❖ Fax 866/698-6032



# Corporate Provider Relations

Your voice at ValueOptions...



# National Network Operations

- To update us on any changes, please call **1-800-397-1630** or visit us on-line at [www.valueoptions.com](http://www.valueoptions.com)
- **Credentialing/re-credentialing issues**
- **Application status updates**



# Provider Relations

- ❖ **Network participation**
- ❖ **Recruitment**
- ❖ **Education/Communication on new provider initiatives**

**Please contact Provider Relations at:**

**1-866-477-9741 or**

**[ctproviderrelations@valueoptions.com](mailto:ctproviderrelations@valueoptions.com)**

# Provider Handbook

- Prepared as a guide to *ValueOptions*' policies and procedures for individual providers, affiliates, group practices, and facilities.
- Provides important information regarding the managed care features incorporated in the *ValueOptions*' provider contract; and also reflects the policies that are applicable to our “general” commercial product lines.

# Provider Handbook (continued)

- **Divided into the following sections:**

- **Administration**

- Provider Responsibilities, Credentialing and Sanctions, Claims, Online Services, Referral, Quality Management, and Utilization*

- **Clinical Criteria**

- **EAP Information**

- **Treatment Guidelines**

- **Forms**

- **Glossary of Terms**

- **We also made each section printer friendly for your convenience.**

# Corporate Provider Website



The screenshot shows the ValueOptions Corporate Provider Website. At the top right is a search bar with a 'GO' button. The main navigation bar includes 'About', 'Services', 'News', and 'Careers'. A central banner features a blue box on the left with the text 'In the Spotlight' and two sub-topics: 'Healthy Lifestyles and Weight A Strategy for the Workplace' and 'Domestic Violence Prevention at Work'. To the right is a photograph of three people in an office setting. Below the banner are three green buttons labeled 'for providers', 'for members', and 'for clients'. A 'Recent News' section on the left lists three items: 'New Mexico's Behavioral Health Collaborative Selects ValueOptions as Statewide Entity', 'Colorado Awards Contract for Mental Health Care to Colorado Health Networks', and 'ValueOptions Launches Domestic Violence Prevention Initiative'. A larger text block on the right provides a company overview, stating it was founded in 1983 and serves Fortune 500 companies, national and regional health plans, and federal, state, and local governments. The footer contains links for 'Home', 'Contacts', 'Site Map', 'Privacy Statement', and 'Terms and Conditions'.

Search

 [About](#) | [Services](#) | [News](#) | [Careers](#)

*In the Spotlight*

**Healthy Lifestyles and Weight**  
A Strategy for the Workplace

**Domestic Violence**  
Prevention at Work



*for providers* | *for members* | *for clients*

*Recent News*

New Mexico's Behavioral Health Collaborative Selects ValueOptions as Statewide Entity

Colorado Awards Contract for Mental Health Care to Colorado Health Networks

ValueOptions Launches Domestic Violence Prevention Initiative

Founded in 1983, ValueOptions develops and implements managed behavioral health and Employee Assistance Program services for Fortune 500 companies, national and regional health plans, as well as federal, state and local governments. Devoted to excellence in clinical care and customer service, we rank the well-being of our 23 million members as our first and foremost priority.

Over the last several decades, experience has taught us that when it comes to managing behavioral health care, solutions must be dynamic and diverse. To this end, ValueOptions understands that across all aspects of our daily business; vision, innovation, and operational expertise are the keys to success. By offering cutting-edge services for our clients, members, and providers, ValueOptions prides itself on consistently exceeding the evolving needs of the marketplace.

[Home](#) | [Contacts](#) | [Site Map](#) | [Privacy Statement](#) | [Terms and Conditions](#)

# Corporate Provider Relations Website

- **Company News:** Read the most recent news about our company.
- ***The Valued Provider:*** Access articles found in our provider newsletter. Read informative articles and learn about new initiatives underway at *ValueOptions*.
- **Educational Opportunities:** View educational articles and 2005 Provider Forums. eLearning under development.

## Corporate Provider Relations Website (cont.)

**Forms:** Current VO forms posted for your convenience to download and submit.

- **Change of Address and W-9 forms:**  
Help us keep the information we have on file for you current by downloading, completing and sending these forms to us.
- **Outpatient Treatment Reports and Medication Management Forms.**

# [www.valueoptions.com](http://www.valueoptions.com)

- ❖ **Online Provider Service Manual**
- ❖ **EDI Claims link for Windows 3.0 User's Manual**
- ❖ **HIPAA Companion Guide**
- ❖ **24/7 Eligibility Verification (Plan Specific)**
- ❖ **Company Updates and Provider News**
- ❖ **Provider Handbooks**
- ❖ **Member Handbooks**
- ❖ **Clinical Criteria**
- ❖ **Quality Management**
- ❖ **Contract Specific Information and Forms**



*Thank you!*

[www.valueoptions.com](http://www.valueoptions.com)

