



The Colorado Medicaid Community Mental Health Services Program Frequently Asked Questions

General Questions

Q1. What changes are taking place?

A. Colorado Medicaid is re-contracting with the Behavioral Health Organizations which manage care for Medicaid Members. The organization formerly known as Foothills Behavioral Health will now be known as Foothills Behavioral Health Partners (FBH Partners). The organization formerly known as Northeast Behavioral Health will now be known as Northeast Behavioral Health Partnership (NBHP). Both organizations have recognized and now include ValueOptions as the managed care services provider. ValueOptions will continue as the managed care services provider for Colorado Health Partnerships.

Q2. What is the timeline?

A. We intend to have established the new VO CO Medicaid Network, serving FBHPartners, NBHP and CHP, by July 1, 2009.

Q3. What services are being added and/or removed?

A. There is no change in covered services.

Q4. What is the effective date that this transition will occur?

A. July 1, 2009.

Q5. Does ValueOptions exist in Colorado today?

A. ValueOptions is no stranger to Medicaid Members in Colorado. Today, the company provides managed care services to Colorado Health Partnerships (CHP), the Medicaid BHO for 43 counties in western and southern Colorado. ValueOptions also provides Mental Health & Substance Abuse and EAP services to employees of many companies operating in Colorado.



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Q6. If I have more questions after reading the FAQs, who can I call?

- A.** Please feel free to call ValueOptions of Colorado directly at (800) 804-5040 from 8 a.m. to 5 p.m., Monday – Friday, MST.

Q7. What will the new provider network be called?

- A.** The ValueOptions Colorado Medicaid Provider Network.

Q8. I have worked with FBH/NBH/CHP before. Will I be receiving additional Member referrals?

- A.** Yes. If you are enrolled as a ValueOptions Colorado Medicaid Network provider, you are eligible to treat Members from any of the three partnerships/BHOs. You may also accept ValueOptions non-Medicaid referrals.

Q9. Will my reimbursement change?

- A.** CHP, FBHP and NBHP all have different Medicaid fee schedules. At this time, these fee schedules will not change. The fee schedules will be applied based on the BHO in which the Member is eligible. In other words, you may receive different reimbursement depending on the county in which the Member is eligible for Medicaid. Please reference the fee schedule included with your provider network paperwork for additional information.



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Q10. What are the hours of the ValueOptions Clinical Department?

- A. Licensed clinicians are available 24-hours a day, 7 days a week, and 365 days a year. It is imperative that in the event of emergent care, the provider contact ValueOptions as soon as possible, but no later than 24-hours after the emergent contact/session/admission.

Q11. What is the transition plan for current Medicaid members I am seeing?

- A. All FBH and NBH authorizations open as of June 30, 2009 will be automatically transferred to ValueOptions. New authorizations for services beginning on or after July 1, 2009 must be obtained through ValueOptions.

Q12. How do I obtain authorizations?

- A. Requests for authorizations may be submitted via TeleConnect, our Interactive Voice Response technology or ProviderConnect through www.valueoptions.com. Through upcoming provider educational webinars and Face to Face sessions, you will have the opportunity to learn more about these provider tools and more.

Q13. Will I have to use any of ValueOptions authorization forms to request services?

- A. No paper forms will be required for authorization. Providers are able to request authorizations via ProviderConnect and/or TeleConnect. *COCARS will still be required and must be submitted to ValueOptions via the CCAR website or by mailing the original CCAR form to 7150 Campus Drive, #300, Colorado Springs, CO 80920.



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Provider Network – Contracting and Credentialing

Q14. I am not a provider in the ValueOptions network. What do I do to join the network?

- A.** If you are a current provider in the Foothills Behavioral Health or the Northeast Behavioral Health networks, you are being considered for transition to the ValueOptions CO Medicaid Network.

If you are not a contracted provider with either ValueOptions, NBH or FBH, please note the following: On behalf of FBHPartners; Northeast Behavioral Health Partnerships; and Colorado Health Partnerships, ValueOptions is currently reviewing coverage areas, clinical specialty needs and member access. It is our intent to minimize care disruption of any members in active treatment. ValueOptions is collaborating with its partners on how to ensure that network access is maintained. This review will be completed in the next several weeks and at that time VO will notify those providers needed for the network via mail to determine your level of interest in joining the VO CO Medicaid network.

Q15. Do I have to be credentialed by ValueOptions?

- A.** In order to continue to serve CO Medicaid Members for FBHPartners, Northeast Behavioral Health Partnership or Colorado Health Partnerships, you must be credentialed and contracted by ValueOptions.

Q16. What are the credentialing criteria?

- A.** ValueOptions program for credentialing providers is designed to comply with national accrediting organization standards as well as local, state and Federal Laws. All providers who participate in the ValueOptions network must meet, at a minimum, the established discipline specific credentialing criteria for network participation. In addition, applicants must demonstrate compliance with applicable state and federal licensure statutes and regulations, professional training and work history that meet ValueOptions standard criteria. All network providers must have a current valid license as an independent provider at the highest level certified or approved by the state for the provider's specialty/program status.

Facility/Organizational provider credentialing occurs at the program level (i.e. outpatient mental health and/or substance abuse clinic) and we have developed criteria that is consistent with the



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state licensure requirements. All non-licensed staff must have direct clinical supervision by licensed staff; non-licensed staff may not provide the predominate portion of any major intervention modality other than educational services.

For information on discipline specific criteria, please visit ValueOptions Website at www.valueoptions.com and go to the provider section and select Forms

Q17. I am applying to be a provider for the VO Colorado Medicaid Network. Will my office be site visited by a VO employee or designee?

- A. Site visits of individual practitioner offices are no longer required for initial participation in the VO Colorado Medicaid Network. Organizational providers require an initial site visit for all non-accredited facilities.

Q18. Will I have a person to contact for contracting questions?

- A. For Facility Contracting questions, please contact the following:

- Lyn Nonez, National Provider Contracting at (703) 390-5205 or by email at Lydwin.nonez@valueoptions.com
- For Individual Practitioner contracting questions, please contact provider relations at (800) 397-1630 between the hours of 8:00am and 5:00pm Eastern time

Q19. Where do I send my completed credentialing applications and contracts?

- A. Please send completed **Facility and Practitioner** credentialing applications & contracts to:

ValueOptions Inc.
P.O. Box 41055
Norfolk, VA 23541
Attn: Network Operations

Q20. I am not a current facility provider but have members in treatment. Do we continue treatment and get paid for services rendered? Or do the members have to be transitioned to a current network provider?



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- A. If you are an SCA (Single Case Agreement) provider with either FBH or NBH, your SCA will be valid under ValueOptions, specific to the member in care. You may be eligible to join the VO CO Medicaid Network. You may also be offered additional SCAs by ValueOptions in the future.

Q21. How often will providers in the VO CO Medicaid Network need to be recredentialed?

- A. We will adhere to NCQA standards of recredentiaing every three years.

Online Services

Q22. What online services does ValueOptions offer?

- A. ValueOptions has enhanced our on-line services to provide added convenience for our providers. The following online services are available:
- **Our online provider services (ProviderConnect):** Use ProviderConnect to conduct the following electronic transactions:
 - **View member eligibility**
 - **Request authorization**
 - **View authorization status**
 - **Submit claims (both single claim and batch)**
 - **View claim status**
 - **View and update your provider profile**

** Through upcoming provider educational webinars and Face to Face sessions, you will have the opportunity to learn more about these provider tools and more. See the webinar information included in this packet for upcoming educational/training opportunities.*



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- **Colorado Medicaid Network own network-specific Web site:** Here you will find information developed specifically for Colorado Medicaid providers including upcoming trainings, handbooks, and other important information and updates.
- **Achieve Solutions Web site (www.achievesolutions.net/providers):** ValueOptions offers this site to help you engage your patients in actively participating in their own treatment and recovery. Find thousands of articles, quizzes and other tools on mental health and substance abuse. Print and share this information with members and refer them to the site.
- **Provider Forums:** Our provider forums are administrative and clinical programs offered via face-to-face, online, or by telephone. There is no cost to participate and all are encouraged to attend.
- **The Valued Provider Newsletter:** Stay abreast of important information by reading our quarterly newsletter.

Q23. Will I be able to use all online services offered?

A. Yes, you will be able to access all online services; however some of our online features may not be available to you initially or may not be applicable to the ValueOptions Colorado Medicaid Network. We will keep you informed of what functions are available to you.

Claims

Q24. What do I need to do to submit claims electronically?



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A. Contact the EDI Help Desk at 1-888-247-9311. The EDI Help Desk staff will need to assign a submitter ID to you, which allows you to submit claims to ValueOptions. We will require a test file from your office before we will allow the electronic claims to be uploaded to our production environment for claims processing.

Q25. Do I need to supply a National Provider Identifier (NPI)?

A. Yes. Please see the National Provider Identifier (NPI) Submission Information page located on the homepage of our Provider site at www.valueoptions.com for details about NPI and how to submit this information to ValueOptions.

Q26. If I am not able to submit my claims electronically, what do I do?

A. Contact the EDI Help Desk at 1-888-247-9311. They will help you with any issues you may be having with electronic submissions.

Q27. What paper forms can be used for claims submission?

A. Provider are required to bill on the new version of the standard CMS 1500 and the new UB04 form. Red ink forms should be used as these can be scanned, which expedites the claim entry into the claims system. The UB04 form can only be used for inpatient and alternative levels of care, not outpatient professional services. We encourage providers to take advantage of our technology which enables you to submit claims electronically thus expediting payment.

Q28. What is the electronic payer ID for ValueOptions, Inc.?

A. FHC & Affiliates.

Q29. When ValueOptions authorizes care, is the authorization an automatic guarantee of payment for services rendered?

A. No, authorization of services is not a guarantee of payment. Payment depends on a number of factors including member eligibility, provider contract status, and benefit limits at the time care is rendered.



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Q30. As an individual practitioner billing outpatient services, do I need to include the provider number on my claims?

A. The provider’s NPI will need to be included on all claims billed.

The following CMS – 1500 fields are required:

| | |
|--|--|
| • Insured's ID number | • Place of service |
| • Patient's name | • Procedures, services or supplies CPT/HCPCS |
| • Patient's birth date and gender | • Procedures, services or supplies modifier |
| • Insured's name | • Charges |
| • Patient's address, city, state, zip code and telephone number | • Days or units |
| • Patient's relationship to the insured | • Federal Tax ID number and type |
| • Insured's address, city, state, zip code and telephone number | • Total charge |
| • Patient status – married / single | • Signature of physician or supplier including degrees or credentials |
| • Is the patient’s condition related to: Employment? Auto accident? Other accident? | • Name and address of facility where services were rendered |
| • Is there another health benefit plan? | • Physician’s/supplier's billing: name, address, zip code and phone number |
| • Diagnosis or nature of illness or injury | • National Provider Identifier (NPI) |
| • Dates of service | • Taxonomy Code |

In addition, please visit www.valueoptions.com for more information on proper billing procedures.

Q31. For claims previously rejected that need to be resubmitted, what do I need to do?

A. Provider should clearly write “Corrected Claim” on these types of claims and send to:

ValueOptions
P.O. Box 12698
Norfolk, VA 23502
ATTN: Claims Department

Providers need to be aware of the timely filing requirements as stated in their contract with



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ValueOptions. This pertains to first time submissions, as well as re-submissions and a previously processed claim.

Q32. As an agency billing for outpatient services, what information is required to be included on my claims?

A. Outpatient professional services must be billed on a CMS-1500 form. Please see the required fields listed above. In addition, please visit www.valueoptions.com for more information on proper billing procedures.

Q33. As an agency billing for services other than outpatient, how do I bill?

A. Inpatient services and Alternate Levels of Care (PHP, IOP, etc.) must be billed on a UB04 form.

The following UB-04 fields are required:

| | |
|---|---|
| • Provider name, address and telephone number | • Service units |
| • Type of bill | • Total charges |
| • Federal tax number | • Payer |
| • Statement covers period “From” and “Through” | • Release of information certification indicator |
| • Patient’s name (last, first name, middle initial) | • Assignment of Benefits |
| • Patient’s address | • Insured’s name (last, first name, middle initial) |
| • Birth date | • Patient’s relationship to insured |
| • Sex | • Certificate No. – Social Security Number – Health Insurance Claim Identification Number |
| • Marital status | • Group name |
| • Admission date | • Principal diagnosis code |
| • Admission Hour | • Admitting diagnosis code |
| • Admission Type | • Attending physician identification number |
| • Admission Source | • Provider representative |
| • Discharge Hour (if applicable) | • Date |
| • Patient status | • National Provider Identifier (NPI) |
| • Responsible party name and address | • Taxonomy Code |
| Revenue code | |
| Service date | |



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In addition, please visit www.valueoptions.com for more information on proper billing procedure.