



Dear Provider,

ValueOptions would like to remind you about the change in our outpatient mental health/outpatient substance abuse authorization process for the following accounts for new patients only. Affinity Health Plan (Medicaid, Child Health Plus and Family Health Plus), Community Premier Plus (Medicaid, Child Health Plus and Family Health Plus), and GHI-BMP.

For Affinity Health Plan and Community Premier Plus, we have programmed our system to pay for twenty (20) outpatient mental health or outpatient substance abuse sessions without an authorization. For GHI-BMP, the system has been programmed for ten (10) outpatient mental health sessions (only) without an authorization.

All contracted CPT codes would apply with the exception of psychological testing, which will continue to require pre-certification. Upon nearing the end of these pass through sessions (approximately 2 weeks prior), ValueOptions would recommend that you submit an Outpatient Treatment Report (OTR) for mental health or call ValueOptions for substance abuse treatment if additional sessions beyond the initial pass-through sessions are necessary. As a contracted provider, it is your responsibility to ensure continued authorization is obtained prior to rendering additional sessions.

To ensure adequate coverage is in place for each member, ValueOptions would like to recommend the following:

- 1) Please verify with the member that they have available sessions before providing treatment and submitting claims. Some plans have a fixed number of sessions available through their benefit plan per calendar year.
- 2) Review with the member the number of sessions that have been used year to date.
- 3) Call our Interactive Voice Response system to check eligibility. For Affinity Health Plan and Community Premier Plus please call, 1-866-752-5447 to check eligibility. For GHI-BMP, please call 1-866-498-2868.
- 4) You can also call our Customer Service Department to determine how many claims have been submitted. Please note that paid claims is only an indicator of use of benefit.

The following grid has been created to provide you with an overview of the waiver program by benefit plan.

Plan	Waiver	Benefit
Affinity Health Plan-Medicaid	20 Outpatient Mental Health and Substance Abuse sessions	Unlimited outpatient mental health and substance abuse sessions
Affinity Health Plan-Child Health Plus and Family Health Plus	20 Outpatient Mental Health and Substance Abuse sessions	60 sessions shared for both OPMH and OPSA benefits
Community Premier Plus-Medicaid	20 Outpatient Mental Health and Substance Abuse sessions	Unlimited outpatient mental health sessions
Community Premier Plus-Child Health Plus and Family Health Plus	20 Outpatient Mental Health and Substance Abuse sessions	60 sessions shared for both OPMH and OPSA benefits
GHI-BMP: City of New York Benefit	10 Outpatient Mental Health Sessions	Unlimited outpatient mental health sessions
GHI-BMP: Federal	10 Outpatient Mental Health Sessions	Unlimited outpatient mental health sessions
GHI-BMP	10 Outpatient Mental Health Sessions	Based on specific plan. Benefits between 20-40 sessions.

We would also like to take this opportunity to remind you to notify us when there is a change in any of your demographic information. Changes can be submitted in writing via a Change of Address form which can be found on www.valueoptions.com.

Thank you again for your ongoing commitment to serving our covered members and partnering with us to provide excellent care. If you have any questions regarding this mailing or require additional assistance from our Provider Relations helpline, please call ValueOptions at **1-866-477-9741**.

Thank you,

Stephen SooHoo, CSW
Director, Provider Relations
New York City Service Center
ValueOptions Inc.

Enc.: Outpatient Waiver



GHI-BMP, Affinity Health Plan (Medicaid, Child Health Plus and Family Health Plus) and Community Premier Plus (Medicaid, Child Health Plus and Family Health Plus)

Outpatient Mental Health/Outpatient Substance Abuse Waiver Frequently Asked Questions:

Q: What is the effective date of this waiver program?

A: For GHI-BMP, the effective date is March 14, 2005. For Affinity Health Plan and Community Premier Plus, the effective date is June 18, 2004.

Q: How many sessions can I receive from this waiver?

A: Providers can submit claims for 10 outpatient mental health sessions without an authorization for GHI-BMP. For Affinity Health Plan and Community Premier Plus, you can submit claims for 20 outpatient mental health or substance abuse sessions without an authorization.

Q: What am I required to do after the pass-through sessions are used? How many additional sessions will I receive?

A: Upon nearing the end of the pass-through sessions, please submit an Outpatient Treatment Report (OTR) to request additional sessions. The additional authorization is based upon medical necessity and benefit availability. New York City Service Center Outpatient Treatment Reports can be found on www.valueoptions.com. Send the completed OTR to P.O. Box 1884, New York, NY 10116-1884

Q: Is there a specific number of sessions available for each benefit?

A: Yes, some of the GHI plans and the Child Health Plus/Family Health Plus plans have a fixed number of sessions available per calendar year. Please verify with the member that they have available visits before providing treatment and submitting claims.

Q: If the Member needs to go to an IOP program and they have not used all the allocated outpatient sessions, do I have to obtain an authorization?

A: This claims enhancement applies only to outpatient mental health therapy and medication management sessions. Any alternative level of care (e.g. IOP, PHP) must be preauthorized by calling the number on the back of the member's card.

Q: If the Member is dually diagnosed with a Substance Use and Psychiatric Disorder and the Substance Use Disorder is the primary diagnosis, do I have to obtain an authorization or will the waiver apply?

A: For GHI, the waiver is for Outpatient Mental Health only. A psychiatric diagnosis must be primary. If substance abuse is primary, please call *ValueOptions, Inc.* by dialing the number on the back of the Member's insurance card to register the care and receive authorizations. For Affinity Health Plan and Community Premier Plus, outpatient substance abuse is included in the 20 visit pass-through.

Q: What if I already obtained an authorization for outpatient treatment prior to the effective date, can I receive the additional pass-through sessions?

A: This waiver program applies to new patients only. If you have an existing patient, please follow our normal procedures of submitting an OTR to request additional sessions.

Q: What happens if the member tells me that they have available sessions and I submit claims and find the member was mistaken. Will I be able to have my claims paid?

A: All payments are based on eligibility and available benefits at the time of the claim submission.

Q: If I am out of network provider, can I take advantage of this new process?

A: No, this waiver enhancement is programmed to pay claims for outpatient mental health sessions for in-network providers only.

Q: Which CPT codes apply to this waiver?

A: All contracted outpatient mental health CPT codes, except psychological testing, neuropsychological testing and ECT, apply and visits are subject to benefit requirements for GHI-BMP. All of the previously

mentioned codes as well as all contracted outpatient substance abuse codes apply for Affinity and Community Premier Plus.