

CHNCT
Frequently Asked Questions

Effective 9/1/05, ValueOptions will begin managing the behavioral benefit for Community Health Network of Connecticut (CHNCT)

Please note the following:

- For CHCNT members admitted to inpatient care, on or before August 31, 2005, Magellan Health Services will continue to manage the care and pay claims for all authorized days, including any admission days that extend beyond August 31, 2005 (*Appendix K cases may not follow this routine, please call after August 29, 2005 for more information*).
- For ambulatory services (outpatient, intensive outpatient, extended day treatment, partial hospitalization, and home based psychiatric services), Magellan Health Services will manage the care, accept and process Treatment Request Forms (TRFs), and pay claims for dates of service on or before August 31, 2005. However, any authorizations for ambulatory services that were previously approved by Magellan for services dates beyond August 31, 2005, will no longer be valid past August 31, 2005. Claims for dates of service after August 31, 2005 will not be paid by Magellan even if previously authorized.

If you have a member currently in treatment that will go beyond August 31, 2005, please do the following:

- For Outpatient Mental Health Treatment (Case Management: CPT Code 99362) and Outpatient Substance Abuse treatment, please go to www.valueoptions.com and click on For Providers. On the left hand side, click on Network Specific Information, New York City Health Plans, ValueOptions CHNCT Request for Auth for Transition and fill out the document. Once completed, please fax the document to **212-560-7791**. We will begin accepting these spreadsheets effective August 15, 2005, but you will not receive a written authorization before August 29, 2005.
- For Intensive Outpatient, Partial Hospital, Extended Day treatment, Home Based Services, Methadone Maintenance and other wrap around services, please call ValueOptions on September 1, 2005 to request an authorization.
- For a new Inpatient admission, please call ValueOptions on September 1, 2005 to request an authorization.
- For providers who are out of network and seeing members, please call ValueOptions on September 1, 2005 to request an authorization.

Q. What is the benefit plan for the CHNCT line of business?

HUSKY A

Benefit Year: Calendar year
Benefits: Outpatient Mental Health
Outpatient Chemical Dependency
Inpatient Mental Health and Substance Abuse
Carve Outs: Residential (Group Home and Halfway House)

HUSKY B

Benefit Year: Calendar year
Benefits: Outpatient Mental Health
Outpatient Chemical Dependency
Inpatient Mental Health and Substance Abuse
Carve Outs: Residential (Group Home and Halfway House)
Co-Payment: \$5 Co-pay for outpatient visits

Q. How do I contact ValueOptions for any questions I have related to CHNCT business?

A. Please call ValueOptions by dialing 866-529-6002. Depending on the nature of the call, the menu choices will direct you accordingly.

CHNCT

Frequently Asked Questions

Q: Where do I send Outpatient Treatment Reports (OTR), appeals and claims to be handled for dates of service from 9/1/05 forward?

A: Please direct your documents to the following addresses:

OTRs:

ValueOptions
P.O. Box 1885
New York, NY 10116-1885
Attention: OTRs

Appeals:

ValueOptions
P.O. Box 1884
New York, NY 10116-1884
Attention: Appeals

Claims:

ValueOptions
240 Corporate Blvd.
Norfolk, VA, 23052
Attention: CHNCT Claims

Q: Where do I send Outpatient Treatment Reports (OTR), appeals and claims to be handled for dates of service prior to 9/1/05?

A: Please direct your documents to the following addresses:

TRF's:

Magellan Health Services
199 Pomeroy Road
Parsippany, NJ 07054
Attention: Treatment Request Forms
or FAX: 877-551-8302

Appeals:

Magellan Health Services
199 Pomeroy Road
Parsippany, NJ 07054
Attention: Appeals

Claims:

Magellan Health Services
P.O.Box 1027
Maryland Heights, MO 63043
Attention: Claims

Q: Who can I contact for assistance with claims questions for dates of service prior to 9/1/05 at Magellan Health Services?

A: For **Medicaid** claims issues prior to 9/1/05, please contact Magellan Health Services at 800-666-9578.

Claims

Q. Which claims forms should I submit?

A. The UB92 and CMS 1500 Forms are accepted. The UB92 Form can only be used for inpatient and alternate level of care for mental health and substance abuse (not outpatient mental health). The CMS 1500 should only be used for outpatient mental health facilities and practitioners. Please visit www.valueoptions.com/provider/handbooks.htm for more information on billing procedures.

Q. Can I submit my claims electronically to ValueOptions?

A. Yes. For accounts in which ValueOptions pays the claims CMS 1500 and UB92 electronic submissions are accepted, according to guidelines contained in ValueOptions, Inc. EDI materials found on our website at www.valueoptions.com. If you are interested in electronic claim submission, please contact our ValueOptions Electronic Claims Specialist at 1-888-247-9311. If you are already submitting electronically for ValueOptions, you can begin with CHNCT as well.

Q. Does the ValueOptions, Inc. electronic claims format work with MedLink and other claims clearing houses?

A. Please contact our ValueOptions Electronic Claims Specialist at 888-247-9311. Please note: ValueOptions does not reimburse for provider expenses associated with electronic submission.

Q. 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.

Q. How long does it take ValueOptions to process and pay a claim?

A. ValueOptions will process a "clean claim" (i.e. complete, error free) within forty-five (45) days of receipt. Electronic claims are processed faster. Providers have an additional 60 days to file an appeal.

Q. As an individual practitioner, billing outpatient services, do I need to include the provider number on

CHNCT
Frequently Asked Questions

my claims?

A. Yes, include the provider number in block 33 of the CMS 1500 form and completely and accurately fill out blocks 31, 32, and 33 on the CMS 1500 Claim form.

Q. As a Facility, how do I bill for service other than outpatient level of care?

A. Use the provider number in Block 33 GRP on the CMS 1500 form and Block 51 of the UB 92 form. Use the revenue codes for each specific service listed on the Exhibit A of the facility agreement.

Q. As a Facility billing for services other than outpatient, how do I bill?

A. Use the provider number in Block 33 GRP on the CMS 1500 form and Block 51 of the UB 92 form. Use the revenue codes for each specific service listed on the Exhibit A of the facility agreement.

Q. How do I resubmit a previously rejected claim?

A. ValueOptions will only reprocess claims when the date of service is on or after September 1, 2005. When submitting a corrected claim, providers should clearly write "*Corrected Claim*".

Q. Can a provider bill using ICD-9 codes?

A. Yes. Claims payments are programmed to reimburse for DSM-IV and ICD-9 codes.

Q. Who can I contact for assistance with claims questions/issues?

A. Please call 866-529-6002 and select the prompt for the Claims Customer Service department.

Clinical, Authorization and Quality Services

Q. How many pass-through (waiver) outpatient mental health sessions am I allowed?

A. Providers must register all care by calling 866-529-6002. Once registered, you will receive an authorization number and 20 initial pass-through sessions.

Q. What is the process to obtain authorization for other levels of care?

1) Methadone Maintenance- Provider should call ValueOptions to pre-certify the sessions. If the request meets criteria, six months of treatment will be authorized. For additional sessions, the provider should call ValueOptions prior to the last week of services to complete a telephonic review.

2) Outpatient Rehabilitation Services- Provider should call ValueOptions to pre-certify the sessions by completing a telephonic review. If the request meets criteria, ValueOptions will authorize 20 initial sessions. For additional sessions, the provider should call ValueOptions and complete a telephonic review prior to the last week of service.

3) Home Based Services/VNS- Provider should call ValueOptions to pre-certify an initial evaluation. Once the evaluation is completed, please complete a telephonic review to request additional sessions.

4) Case Management Services- Provider should call ValueOptions to pre-certify the service. For additional sessions, the provider may request it on the OTR form for outpatient mental health treatment. For additional sessions for home based services and other wraparound programs, the authorization request would be completed with a telephonic review with ValueOptions.

5) Extended Day Treatment- Provider should call ValueOptions to pre-certify the service by completing a telephonic review.

6) Alternate Levels of Care (Partial Hospitalization and Intensive Outpatient) - Provider should call ValueOptions to pre-certify the service by completing a telephonic review. For additional sessions, the provider should complete a telephonic review prior to the last authorized day of service.

CHNCT

Frequently Asked Questions

Q. When should I submit my OTR (Outpatient Treatment Report)?

A. To ensure continuity of care, please submit your OTR two weeks prior to the end of the existing authorization.

Q. Is ValueOptions Clinical/Utilization Review (UR) department available after-hours and weekends?

A. Yes, ValueOptions Clinical Care Managers (licensed clinicians) are available 24-hours a day, 365 days a year. It is imperative that, in the event of emergent care, the provider contact *ValueOptions* as soon as possible to register care, but no later than 24-hours after the emergent contact/session/admission.

Q. As an inpatient provider, am I required to obtain pre-authorization for every admission?

A. Yes, pre-certification is required for all admissions. All patients must be evaluated by the admitting or referring provider/facility, and must meet ValueOptions' Medical Necessity Criteria for the level of care being requested. Please refer to our Clinical Criteria, which is available to all providers on our *ValueOptions* web site. www.valueoptions.com

Other

Q. What will happen when the Connecticut Department of Social Services implements the full carve out for behavioral health services as has been discussed for January 2006?

A. This is an interim arrangement between CHNCT and ValueOptions until the carve-out is implemented. You will be receiving additional communications from DSS at a later time.