



**ValueOptions of Kansas
And
The Kansas Department of Social and Rehabilitation Services
Present**

“Getting Connected to ValueOptions”

July 12, 2007

To Hear Audio:

**Dial-In Number:
800-475-0453**

**Pass Code:
Kansas**

**Leader:
Ms Tracy Hubbard**

Note: All participant phone lines will be muted. However, there will be several opportunities to ask questions during the presentation. Question and Answer sessions will be operator assisted.

Today's presentation is available online at:

http://www.valueoptions.com/providers/Training/Training_Workshops_Archives.htm

Be sure to share this information with your staff!



National Network Operations

VALUEOPTIONS



Your voice at ValueOptions...

Network Credentialing

- ValueOptions of Kansas Initial Credentialing Application
- NPI Form
- ValueOptions of Kansas Program Addenda

National Network Operations

- To update us on any changes, please call
800-397-1630 or
visit us on line at
www.valueoptions.com
- Credentialing/re-credentialing issues
- Application status updates



NPI

- **The NPI is a Federal Government requirement for all providers/practitioners who provide ANY patient information in any format other than direct hand transmissions. This includes authorization forms, faxes, e-mails, and paper or electronic claims.**
- Please apply now! Providers can apply through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained **by calling the NPI Enumerator at (800) 465-3203**. Once you obtain your NPI, you must complete the forms located on our Web site.



National Provider Relations

VALUEOPTIONS



*Your voice at
ValueOptions...*

Provider Handbook

- Prepared as a guide to ValueOptions of Kansas policies and procedures for providers.
- Provides important information regarding the managed care features incorporated in the ValueOptions of Kansas provider contract; and also reflects the policies that are applicable to our “general” product lines.

Provider Handbook cont.

- Divided into the following sections:
 - **Administration**
 - *Provider Responsibilities, Credentialing and Sanctions, Claims, Online Services, Referral, Quality Management, and Utilization*
 - **Clinical Criteria**
 - **Treatment Guidelines**
 - **Forms**
 - **Glossary of Terms**
- We also made each section printer friendly for your convenience.

National Provider Relations Web Site

- **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 2006 Provider Forums. eLearning under development.

National Provider Relations Web Site

- **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.

National Member Website

■ **Resource Center**

- Print Members Rights and Responsibilities poster
- Post in your office - visible to all members

■ **Education Center**

- Offers information on various behavioral health topics



VO-KS Clinical Overview

VALUEOPTIONS

VO-Kansas Staff

- Executive Team
 - CEO
 - CFO
 - Quality Director
 - Medical Director
 - Provider Relations Director
- UM Team
 - Clinical Director
 - Customer Service
 - Clinical Care Managers (independent license)
- Regional Provider Representative Staff



Kansas Level of Care Criteria

The medical necessity determination process is driven by the ASAM PPC-2R criteria contained in the KCPC system.

- ASAM Criteria
 - Medical Complications
 - Past Attempts
 - Withdrawal Signs and Symptoms
 - Usage History
- All Elements captured in KCPC

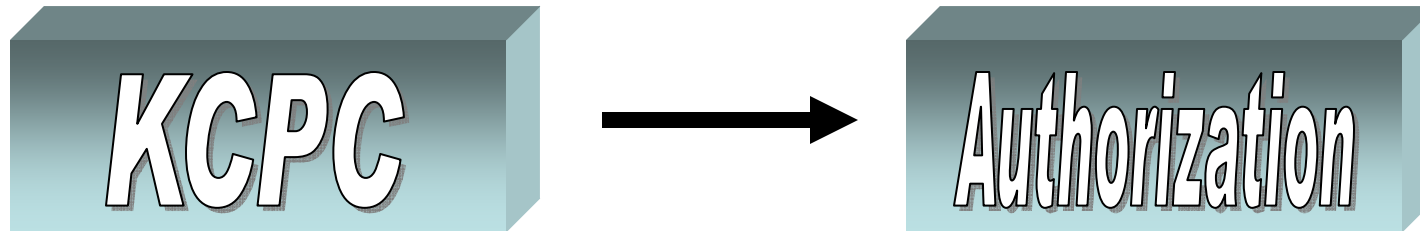


Keys to Utilization Management



- Goals for each Level of care
- Expected Timeframes based on Clinical need not calendar based
- Clinical Criteria
- Transitioning of care and retention

Authorization Process



The KCPC is the gateway to
Authorization for all Services

Authorization Process

- KCPC is the tool developed by the State which is required for the collection of clinical information for a level of care determination
- The KCPC is completed by the provider
- The Provider then submits the “service request” electronically through the KCPC to ValueOptions



Authorization Process



- ValueOptions will review the KCPC for Medical Necessity based on the ASAM Criteria
- The care manager will authorize or submit for review to the Medical Director if Criteria is not met
- If the member is on placed on a residential wait list – The RADAC will notify VO and prior authorization will be given if it is clinically indicated
- Once the member arrives for treatment and signs the release of information, the provider will fax the release to ValueOptions with a cover letter with the request for authorization and date of admission in the cover. It is helpful if you put you provider and vendor number on the request.

Continued Stay Review

- Progress in treatment
 - Changes...
- Signs and symptoms of withdrawal
- 12 Step Program
- Trigger Identification
- Family Involvement



Transition Plan for 7/1/07

Transferred Authorizations Continued Stay Review

Service	Maximum Continued Stay Review Date
<i>Level IV</i> Hospital Based Detoxification Service & Residential Inpatient Services	Continued stay review date or July 5, 2007 whichever occurs first
<i>Level III.2-D</i> Social Detox	Continued stay review date or July 6, 2007 whichever occurs first
<i>Level III.3/III.5</i> Residential Intermediate Services	Continued stay review date or July 13, 2007 whichever occurs first
<i>Level III.1</i> Reintegration Services	Continued stay review date or August 1, 2007 whichever occurs first
<i>Level II.1</i> Intensive Outpatient Services	Continued stay review date or August 15, 2007 whichever occurs first
<i>Level I</i> Outpatient Services	Continued stay review date or September 1, 2007 whichever occurs first
<i>Other Services</i> Medicaid Case Management	Continued stay review date or September 1, 2007 whichever occurs first
Person Centered Case Management	Continued stay review date or September 1, 2007 whichever occurs first
Overnight Boarding rate for each child when child is present with Mother who is in level III services	Continued stay review date or August 1, 2007 whichever occurs first
Support Services	Continued stay review date or September 1, 2007 whichever occurs first

Transition plan for providers not on KCPC

- Paper form for Transition of Authorizations
- Set training for KCPC before 7/30/07 with a RADAC
- Any provider not on KCPC by 10/1/07 must transition members to appropriate care and provider

New Utilization Guidelines for CSR

Utilization Management Guidelines

Service	Authorization Method	Unit	Initial Authorization timeframe
Level IV Hospital Based Detoxification Service & Residential Inpatient Services	Telephonic Review And KCPC Assessment	Day	3 – 7 days
Level III.2-D Social Detox	Review of KCPC Assessment submitted while client is in Social Detox	Day	5 – 7 days (This is an on demand service with the request submitted to VO with a minimum the first 3 dimensions of the KCPC completed)
Level III.3/III.5 Residential Intermediate Services	Review of KCPC followed by Telephonic Review	Day	7-14 days with CSR based on Medical Necessity up to 14 days
Level III.1 Reintegration Services	Review of KCPC followed by Telephonic Review	Day	14 days with CSR based on Medical Necessity up to 30 days

New Utilization Guidelines for CSR

Service	Authorization Method	Unit	Authorization timeframe
Level II.1 Intensive Outpatient Services	Review of KCPC	Day	Adults – 18 days authorized for a 10 week period to accommodate delayed start of treatment. Youth – 12 days authorized for a 10 week period to accommodate delayed start of treatment. CSR timeframes based on medical necessity.
Level I Outpatient Services Includes Individual and Group Sessions	Review of KCPC	Unit	40 units (hours) of treatment over 16 weeks to accommodate delayed start of treatment. Concurrent review timeframes based on medical necessity.
Other Services Medicaid Case Management*	KCPC Assessment	Unit	40 units for every 12 weeks of treatment.
Person Centered Case Management*	KCPC Assessment		40 units for every 12 weeks of treatment.
Overnight Boarding rate for each child when child is present with Mother who is in level III services	KCPC Assessment	Day	One day for each day in level 3 treatment services when the child is present with mother.
Support Services *	KCPC Assessment	Unit	40 units for every 12 weeks of treatment.

*In regards to the "Other Services" section of the Utilization Management Guidelines, if you are requesting any of these services in addition to a main modality of care (i.e. Reintegration, Outpatient etc.) the service periods must match and therefore the units authorized may be adjusted to accommodate the primary modality of care.



Avoiding a Readmission & Recovery

- Solid discharge plans
 - Relapse prevention
 - Triggers
 - Peer support programs
- Abilities of Supports
- Reestablish Baseline
- Community Supports
- Physician Integration



Substance Abuse Services & Integrated Care

- Populations of Focus
 - Integrated Primary Care with medical and behavioral health services
 - Pregnant women and women with families
 - Coordination with Medicaid Health Providers
 - HIV Affected
 - Persons with Co-occurring disorders
 - Coordination with MH Clinics
 - Coordination with Department of Corrections

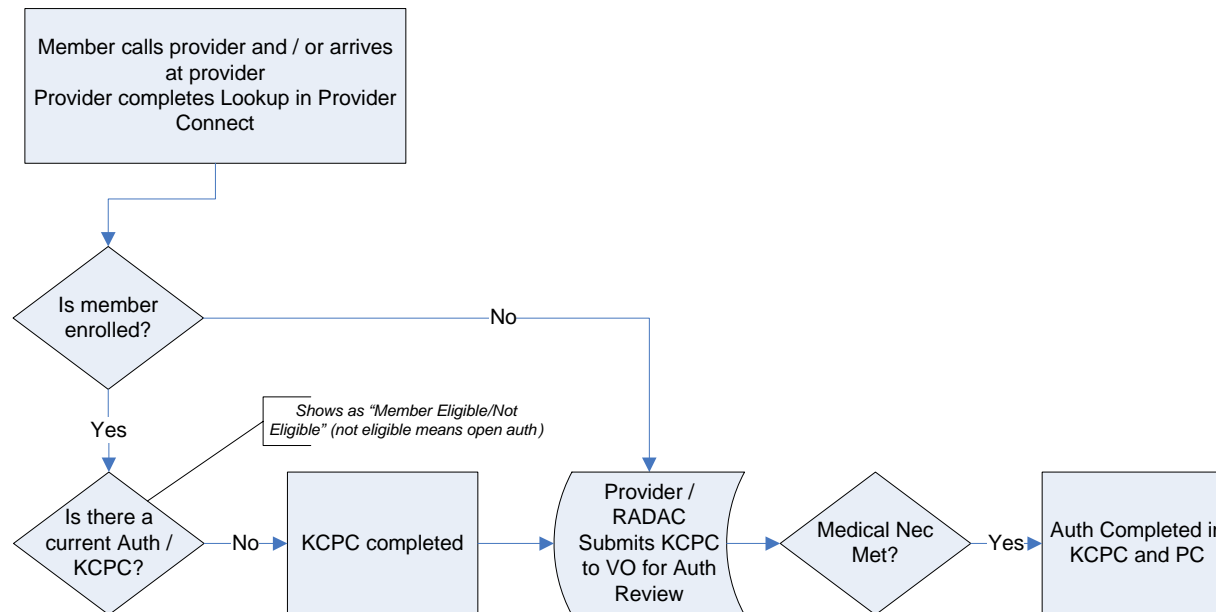
ProviderConnect Connection

- Always start with Provider connect and look up member
 - Active Medicaid enrollment & AAPS Funded
 - If member is eligible for new assessment
 - Already has service authorization or other issues
 - Current Authorization and Date of Expiration of authorization for CSR
- Proceed with KCPC Assessment or CSR
- Submit request to ValueOptions

ProviderConnect Connection

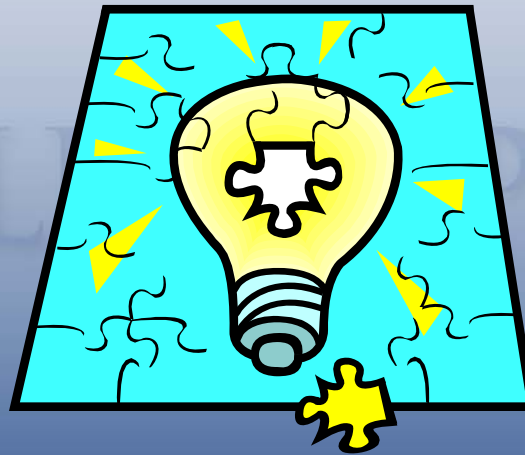
- ValueOptions returns authorization information in KCPC and Provider Connect
- If the member is placed on a waiting list for Residential Services the Authorization will be pre-approved if clinically indication and will show in Provider connect as a Pend Auth (AKA Prior Approval)
- When the bed is available or the member arrives for treatment
 - Provider submits Inquiry through Provider Connect with attestation that release of information is on file with provider
 - VO receives the Inquiry and releases the KCPC file and initiates the authorization (will show as authorized in PC and KCPC)

Provider Connect Connection





***What has ValueOptions of Kansas
Done to
Make Things Easier for You?***



Technology Enhancements

“ProviderConnect”

(Provider Online Services)

**Increased convenience & decreased
administrative burden!**

ProviderConnect (*Provider Online Service*)

What is ProviderConnect?

ProviderConnect is an online tool where providers can:

- Verify Member eligibility
- View authorizations
- View the details and status of claims
- Submit single and batch claims
- View and print authorization letters
- Submit inquiries to Customer Service
- Submit updates to provider demographic information
- Access and print forms

ProviderConnect (*Provider Online Service*)

What are the benefits of ProviderConnect?

- Easily access routine information 24 hours a day, 7 days a week
- Use the same ValueOptions web address (www.valueoptions.com)
- Complete multiple transactions in a single sitting
- View and print information
- Reduce calls for routine information

How to Access ProviderConnect

Step 1: Go to www.valueoptions.com

Step 2: Click on “Providers”

Step 3: Click on “Try the Demo”

WWW.VALUEOPTIONS.COM

The screenshot shows the ValueOptions website homepage with a dark blue background. At the top left is the logo for ValueOptions, which includes a stylized green and blue checkmark icon and the text "VALUEOPTIONS Putting People First". In the top right corner, the word "Contacts" is written in a light blue font. The main content area features a central photograph of an elderly man with glasses and a mustache smiling, with a young girl hugging him from behind. The word "Improving" is overlaid in white text on the right side of the photo. To the left of the photo is a purple rectangular box containing the text "Emotional Support in the Aftermath of Virginia Tech Tragedy". Below the photo is a horizontal navigation bar with four colored buttons: a green button labeled "Members", a red button labeled "Providers", an orange button labeled "Clients", and a blue button labeled "Company". At the bottom left of the page, the text "Terms & Conditions | Privacy" is visible.

PROVIDER HOME PAGE

The screenshot shows the ValueOptions Provider Online Services home page. At the top left is the ValueOptions logo. The main header is a red banner with the word "Providers" in large, light-colored letters and "Provider Online Services" in white below it. Below the banner is a blue navigation bar with the text "ValueOptions Home » Provider Online Services". On the left side, there is a search bar and a vertical menu with the following items: Providers' Home, Provider Handbook, Forms, Education Center, Compliance, Network-Specific, News, Contact Us, and Practice Profile. Below the menu is a link for "Privacy Statement". The main content area features a photograph of an elderly man with a young girl. To the right of the photo is a "PROVIDERCONNECT LOG IN" box with links for "Log In", "Register", and "Try the Demo". Below that is a "SPOTLIGHT" box with three items: a video titled "Recovery is not a destination. It's a journey." (AVI), a link for "ValueOptions NPI Submission Process", and a link for "Important Changes in Authorization Process". The main text area contains a welcome message, a paragraph about the ProviderConnect tool, a paragraph about the Provider Handbook, a paragraph about the Forms section, a paragraph about the Education Center, and a paragraph about the Network-Specific page.

VALUEOPTIONS

Providers

Provider Online Services

ValueOptions Home » Provider Online Services

Search

- Providers' Home
- Provider Handbook
- Forms
- Education Center
- Compliance
- Network-Specific
- News
- Contact Us
- Practice Profile

[Privacy Statement](#)

Welcome to ValueOptions Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence. ProviderConnect is easy to use, secure and available 24/7. [Click here](#) for HIPAA resources, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the claims process!

Review the [Provider Handbook](#) to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our [Forms](#) section and download the forms you need. Our forms are also included in the provider handbook.

Enter our [Education Center](#) to find useful tools and resources to aid you in your practice. Register for [Provider Forums](#), read educational articles, and access the [Achieve Solutions](#) website that provides helpful member materials and resources.

Select the [Network-Specific](#) page for detailed information about specific state or regional networks.

PROVIDERCONNECT LOG IN

- Log In
- Register
- Try the Demo

SPOTLIGHT

- Video: "Recovery is not a destination. It's a journey." (AVI)
- [ValueOptions NPI Submission Process](#)
- [Important Changes in Authorization Process](#)



Provider Contracting

VALUEOPTIONS

What Does Contracting Do?

- Negotiates Program Contract Language
- Supports Provider Relations regarding provider contractual issues, such as balance billing, etc. from a legal perspective
- Amend current Agreements
 - Adding programs after they have been credentialed
 - Deleting programs no longer offered by agencies
 - Adding networks to existing Agreements

KANSAS CONTRACTING DOCUMENTS

- ValueOptions Provider Agreement
- ValueOptions Program Addendum
- Kansas Medicaid Fee Schedule
- Block Grant Funding



Claims Payment

Your guide to ValueOptions of Kansas

VALUEOPTIONS

Glossary of Terms

- Provider – Individual clinician, practitioner, facility or program, that provides substance abuse services to eligible members
- Member – The term used to describe the person receiving care. Other references to this person may include (but are not limited to) Patient, Consumer, Insured, Dependent, Client or Beneficiary

Glossary of Terms Continued

- Claim – A request from the provider to ValueOptions for payment of services rendered
- Claim Form – The form required to request the payment from ValueOptions for services rendered
 - Forms are required to request payment for Medicaid Managed Care, Medicaid Fee-For-Service and AAPS/Block Grant

Glossary of Terms Continued

- UB04 – Uniform Billing revised in 2004. The standard claim form used for filing Hospital Based Detoxification Services only
- CMS-1500 – CMS means the Centers for Medicare and Medicaid Services. The standard claim form used for filing provider and AAPS/Block Grant payment requests for all other services

Glossary of Terms Continued

- EDI – Electronic Data Interchange – Standardized method of transmitting data between computer networks
- 837P – HIPAA compliant file format for submitting claims which would otherwise be submitted on a CMS-1500 claim form. Use this file format for submitting provider claims
- 837I – HIPAA compliant file format for submitting claims which would otherwise be submitted on a UB04 claim form. Use this file format for submitting claims for Hospital Based Detoxification Services

Glossary of Terms Continued

- Service Class Grid – Is an Excel Spreadsheet used by ValueOptions to identify the covered services in the contract
- NPI – National Provider Identifier – the provider identification number assigned to identify the provider on a national level. The provider will use this number to submit for all health care claims, regardless of the insurance carrier

EDI

- ValueOptions of Kansas can receive your 837 transaction directly
- Access the ValueOptions web site at www.valueoptions.com
- Access “For Providers” on the left hand side of the screen
- Access Handbooks – Administration - Online Services
- Required Forms referenced in Online Services are available by accessing the forms menu on the left side of the screen
- EDI help is available from eSupport Services at 1.888.247.9311 (*Mon-Fri. 8am – 6pm EST; 7am – 5pm CDT*)

EDI File Types Accepted

- 837P
- 837I (Hospital Based Detoxification Services)
- Single Claim Submission
- EDI Claim Link for Windows
- Written from the Provider's Practice Management System

Kansas Service Class Grid

- Will be used for building covered benefits on ValueOptions' claim processing system
- Will be used for authorization entry
- Will be used for processing claims and AAPS/Block Grant reimbursement requests

Kansas Service Class Grid

Last Updated: 07/09/07	Service Code	MOD 1	Service Description	Auth Req	Place of Service	Unit Value	PAYMENT SOURCE Medicaid Managed Care	PAYMENT SOURCE Medicaid FFS	PAYMENT SOURCE SAPT [KA3]	PAYMENT SOURCE SAPT [KA4]	Claim Form or Electronic Format to Use
Inpatient - Hospital Based Services											
Hospital Based Detoxification Service	0116, 0126, 0136, 0146, 0156		Detoxification Services in a Hospital Setting - Level IV	Y	21, 51	Day		X			UB04, 837I
								X			
								X			
								X			
								X			
Hospital Based Residential, Drug and Alcohol Treatment	H0011		24 Hour Residential Rehabilitation Program Service - Level IV	Y	21, 51	Day	X	X			CMS-1500, 837P
Residential Treatment Center	H0019		Reintegration - Level III.1	Y	55	Day	X	X	X		CMS-1500, 837P
	H0018		Adult Intermediate - Level III.3	Y	55	Day	X	X	X		
	H0014		*Social Detox - Level III.2-D	Y	55	Day			X	X	
Intensive Outpatient Program (IOP)											
Intensive Outpatient Program IOP	H0015		Alcohol and/or drug services; intensive outpatient, including counseling; crisis intervention, and activity therapies or education - Level II.1	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	Day	X	X	X		CMS-1500, 837P
Intensive Outpatient Program IOP - Youth under 18	H0015	HA		Y	03, 11, 12, 22, 53, 55, 57, 71, 99	Day	X	X	X		
Outpatient											
Outpatient Individual	H0004		Outpatient Individual Counseling - Level I	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	15 Minute Unit	X	X	X		CMS-1500, 837P
Outpatient Group	H0005		Outpatient Group Counseling - Level I	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	15 Minute Unit	X	X	X		
Other Services											
Support Services (Transport / Tech)	A0160		Flexible funds (not food)	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	Hour			X		CMS-1500, 837P
Assessment	H0001		KCPC Assessment	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	Unit	X	X	X		
Medicaid Case Management	H0006		Medicaid Case Management	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	15 Minute Unit	X	X			
Person Centered Case Management	H0006	HV	*Case management for SAPT special Populations - Mod codes needed	Y	03, 11, 12, 22, 53, 55, 57, 71, 99	Unit			X		
Overnight Boarding	0160		*Overnight boarding to be used with RTC Only KIDS (Overnight Boarding rate for each child when child is present with Mother who is in level III services).	Y	53, 55, 99	Day			X		
11= Office 12 = Home 03= School 21 = Inpatient Hospital 22 = Outpatient Hospital 51 = Inpatient Psychiatric Facility	53 = Community Mental Health Center 55 = Residential Substance Abuse Treatment Facility 57 = Non-Residential Substance Abuse Treatment Facility 71 = State or Local Public Health Clinic 99 = Other Unlisted Facility										

Diagnosis Code	Diagnosis Description	Diagnosis Code	Diagnosis Description
291.0	ALCOHOL WITHDRAWAL DELIRIUM	304.60	OTHER SPECIFIED DRUG DEPENDENCE, UNSPECIFIED USE
291.1	ALCOHOL AMNESTIC SYNDROME	304.61	OTHER SPECIFIED DRUG DEPENDENCE, CONTINUOUS USE
291.2	OTHER ALCOHOLIC DEMENTIA	304.62	OTHER SPECIFIED DRUG DEPENDENCE, EPISODIC USE
291.3	ALCOHOL WITHDRAWAL HALLUCINOSIS	304.63	OTHER SPECIFIED DRUG DEPENDENCE, IN REMISSION
291.4	ISISYNCTATIC ALCOHOL INTOXICATION	304.70	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DR
291.5	ALCOHOLIC JEALOUSY	304.71	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DR
291.81	ALCOHOL WITHDRAWAL	304.72	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DR
291.82	ALCOHOL INDUCED SLEEP DISORDERS	304.73	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DR
291.89	ALCOHOL INDUCED DISORDERS	304.80	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID T
291.9	UNSPECIFIED ALCOHOLIC PSYCHOSIS	304.81	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID T
292.0	DRUG WITHDRAWAL SYNDROME	304.82	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID T
292.11	DRUG-INDUCED ORGANIC DELUSIONAL SYNDROME	304.83	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID T
292.12	DRUG-INDUCED HALLUCINOSIS	304.90	UNSPECIFIED DRUG DEPENDENCE, UNSPECIFIED USE
292.2	PATHOLOGICAL DRUG INTOXICATION	304.91	UNSPECIFIED DRUG DEPENDENCE, CONTINUOUS USE
292.81	DRUG-INDUCED DELIRIUM	304.92	UNSPECIFIED DRUG DEPENDENCE, EPISODIC USE
292.82	DRUG-INDUCED DEMENTIA	304.93	UNSPECIFIED DRUG DEPENDENCE, IN REMISSION
292.83	DRUG-INDUCED AMNESTIC SYNDROME	305.00	ALCOHOL ABUSE, UNSPECIFIED DRINKING BEHAVIOR
292.84	DRUG-INDUCED ORGANIC AFFECTIVE SYNDROME	305.01	ALCOHOL ABUSE, CONTINUOUS DRINKING BEHAVIOR
292.85	DRUG INDUCED SLEEP DISORDER	305.02	ALCOHOL ABUSE, EPISODIC DRINKING BEHAVIOR
292.89	INHALANT INTOXICATION	305.03	ALCOHOL ABUSE, IN REMISSION
292.9	UNSPECIFIED DRUG INDUCED MENTAL DISORDER	305.1	TOBACCO USE DISORDER
303.00	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, UNSPEC	305.20	CANNABIS ABUSE, UNSPECIFIED USE
303.01	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, CONTIN	305.21	CANNABIS ABUSE, CONTINUOUS USE
303.02	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, EPISOD	305.22	CANNABIS ABUSE, EPISODIC USE
303.03	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, IN REM	305.23	CANNABIS ABUSE, IN REMISSION
303.90	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, UNSPECIF	305.30	HALLUCINOGEN ABUSE, UNSPECIFIED USE
303.91	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, CONTINUO	305.31	HALLUCINOGEN ABUSE, CONTINUOUS USE
303.92	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, EPISODIC	305.32	HALLUCINOGEN ABUSE, EPISODIC USE
303.93	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, IN REMIS	305.33	HALLUCINOGEN ABUSE, IN REMISSION
304.00	OPIOID TYPE DEPENDENCE, UNSPECIFIED USE	305.40	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO
304.01	OPIOID TYPE DEPENDENCE, CONTINUOUS USE	305.41	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO
304.02	OPIOID TYPE DEPENDENCE, EPISODIC USE	305.42	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO
304.03	OPIOID TYPE DEPENDENCE, IN REMISSION	305.43	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO
304.10	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO	305.50	OPIOID ABUSE, UNSPECIFIED USE
304.11	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO	305.51	OPIOID ABUSE, CONTINUOUS USE
304.12	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO	305.52	OPIOID ABUSE, EPISODIC USE
304.13	BARBITURATE AND SIMILARLY ACTING SEDATIVE OR HYPNO	305.53	OPIOID ABUSE, IN REMISSION
304.20	COCAINE DEPENDENCE, UNSPECIFIED USE	305.60	COCAINE ABUSE, UNSPECIFIED USE
304.21	COCAINE DEPENDENCE, CONTINUOUS USE	305.61	COCAINE ABUSE, CONTINUOUS USE
304.22	COCAINE DEPENDENCE, EPISODIC USE	305.62	COCAINE ABUSE, EPISODIC USE
304.23	COCAINE DEPENDENCE, IN REMISSION	305.63	COCAINE ABUSE, IN REMISSION
304.30	CANNABIS DEPENDENCE, UNSPECIFIED USE	305.70	AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUS
304.31	CANNABIS DEPENDENCE, CONTINUOUS USE	305.71	AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUS
304.32	CANNABIS DEPENDENCE, EPISODIC USE	305.72	AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUS
304.33	CANNABIS DEPENDENCE, IN REMISSION	305.73	AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUS
304.40	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE,	305.80	ANTIDEPRESSANT TYPE ABUSE, UNSPECIFIED USE
304.41	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE,	305.81	ANTIDEPRESSANT TYPE ABUSE, CONTINUOUS USE
304.42	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE,	305.82	ANTIDEPRESSANT TYPE ABUSE, EPISODIC USE
304.43	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE,	305.83	ANTIDEPRESSANT TYPE ABUSE, IN REMISSION
304.50	HALLUCINOGEN DEPENDENCE, UNSPECIFIED USE	305.90	OTHER, MIXED, OR UNSPECIFIED DRUG ABUSE, UNSPECIFI
304.51	HALLUCINOGEN DEPENDENCE, CONTINUOUS USE	305.91	OTHER, MIXED, OR UNSPECIFIED DRUG ABUSE, CONTINUOU
304.52	HALLUCINOGEN DEPENDENCE, EPISODIC USE	305.92	OTHER, MIXED, OR UNSPECIFIED DRUG ABUSE, EPISODIC
304.53	HALLUCINOGEN DEPENDENCE, IN REMISSION	305.93	OTHER, MIXED, OR UNSPECIFIED DRUG ABUSE, IN REMISS

Helpful Hints for Faster Payment

- Include the Member's ID Number in the appropriate location
 - Block 1a (labeled "Insured's ID Number") on the CMS-1500 claim form
 - Patient ID Field in an electronic claim file
- If the Member ID Number is not on the claim or it is incorrect, there will be a delay in the processing of the claim
- Submit the Member ID Number from the authorization letter
- Ensure the Member is eligible for benefits on the date of service

Helpful Hints for Faster Payment continued

- The National Provider Identifier (NPI) needs to be submitted on all claims
 - Block 17a (labeled “I. D. Number of Referring Physician”) on the CMS-1500 claim form
 - Block 24J (labeled “NPI”) on the CMS-1500 claim form, **OR**
 - Block 33a (labeled “NPI”) on the CMS-1500 claim form
 - Block 56 (labeled “NPI”) on the UB04 claim form
 - NPI field in an electronic claim file

Helpful Hints for Faster Payment continued

- The address where the service was rendered needs to be submitted on all claims
 - Block 32 (labeled “Service Facility Location Information”) on the CMS-1500 claim form
 - Block 1 (an “unlabeled” field) on the UB04 claim form
 - Service Facility Location field in an electronic claim file

Helpful Hints for Faster Payment continued

- Special Billing Instructions
 - Service codes H0005 (Outpatient Group, Level 1) and H0006 (Medicaid Case Management)
 - Reimbursement for one unit is based on the unit equaling 15 minutes
 - Bill all units rendered on one day on one claim and on one claim line
 - If multiple claims are received or the units are spread between multiple claim lines for the same date of service, we will receive “duplicate claim” edits

Helpful Hints for Faster Payment continued

- All services require an authorization
 - Please ensure the care has been authorized prior to submitting the claim

Claim Submission Tips

- The mailing address for paper claims is:
ValueOptions, Inc.
P. O. Box 12698
Norfolk, VA 23502
ATTN: KS Claims
- The ValueOptions - Kansas Customer Service phone number is: 866-645-8216

Claim Submission Tips continued

- Claim Timely Filing Requirements
 - Managed Medicaid and Medicaid Fee-for-Service claims – must be received within 90 days from the date of service
 - If the member has primary health insurance coverage we must receive the claim within 90 days of the date on the primary carrier's Explanation of Benefit

Claim Submission Tips continued

- Claim Timely Filing Requirements
 - AAPS and Block Grant Reimbursement Request Claims – must be received by the 10th of the month following the date of service
 - If the member has primary health insurance coverage please submit the Explanation of Benefit from the primary health insurance carrier as soon as it is received. ValueOptions will adjust the claim once the EOB is received

Claim Submission Tips continued

- Paper Claim Forms Accepted:
 - CMS-1500

- Please submit typed claims on the original (red) claim form

Claim Submission Tips continued

- Timely Filing Requirements for Appeals

If you do not agree with a payment or denial determination please submit a written request for reconsideration within 60 days of the date on the ValueOptions Provider Summary Voucher

Claim Submission Tips continued

- 90% of claims, including payments, adjustments and denials will be processed within 30 calendar days of receipt
- 99% of claims, including payments, adjustments and denials will be processed within 60 calendar days of receipt
- 100% of claims, including payments, adjustments and denials will be processed within 90 calendar days of receipt

Note About Completing Claim Forms

- **NOTE:** The next slides will provide information about the fields that are required to be completed on the CMS-1500 claim form
- If you enter information into any of the other (non-required) fields on the claim form it will be entered into our system, but we will not use this information in the adjudication of the claim

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CMS-1500 Form

1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA (FECA #) <input type="checkbox"/> OTHER (Other) <input type="checkbox"/>										4a. INSURED'S I.D. NUMBER (For Program in Item 1)																								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE (MM DD YY)					SEX (M <input type="checkbox"/> F <input type="checkbox"/>																			
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																								
CITY					STATE					7. INSURED'S ADDRESS (No., Street)					8. INSURED'S NAME (Last Name, First Name, Middle Initial)																			
ZIP CODE					TELEPHONE (Include Area Code)					9. PATIENT STATUS (Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					10. IS PATIENT'S CONDITION RELATED TO: (Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER																								
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) (YES <input type="checkbox"/> NO <input type="checkbox"/>					b. INSURED'S DATE OF BIRTH (MM DD YY)					SEX (M <input type="checkbox"/> F <input type="checkbox"/>																			
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY)					b. AUTO ACCIDENT? (YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State))					c. EMPLOYER'S NAME OR SCHOOL NAME					c. EMPLOYER'S NAME OR SCHOOL NAME																			
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? (YES <input type="checkbox"/> NO <input type="checkbox"/>					d. INSURANCE PLAN NAME OR PROGRAM NAME					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, item 10 and complete Item 9 a-d.																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																								
SIGNED _____ DATE _____										SIGNED _____																								
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO)					17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI					17b. NPI																			
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? (YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES					21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Item 1, 2, 3 or 4 to Item 21c by Line)																			
21. 1. _____ 2. _____										22. MEDICARE RESUBMISSION ORIGINAL REF. NO.					23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE (From To) B. PLACE OF SERVICE C. EMS D. PROCEDURE, SERVICE, OR SUPPLIES (Specify Unusual Circumstances) E. DIAGNOSIS PORTER F. \$ CHARGES G. CPT OR ICD-9 H. ICD-10 I. ID. QUAL J. REFERRING PROVIDER ID. #																																		
1										NPI																								
2										NPI																								
3										NPI																								
4										NPI																								
5										NPI																								
6										NPI																								
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For gov. claims, see back) (YES <input type="checkbox"/> NO <input type="checkbox"/>					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. BALANCE DUE \$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)										32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PI #														
SIGNED _____ DATE _____										a. NPI					b. NPI					a. NPI					b. NPI									

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



Required Information on the CMS-1500

Information	Field #
■ Insured's ID Number	1a
■ Patient's Name (Last, First)	2
■ Patient's Date of Birth	3
■ Patient's or Authorized Person's Signature	12
■ Insured's or Authorized Person's Signature	13
■ Diagnosis Code	21 (1)

Required Information on the CMS-1500

Continued

Information	Field
■ Date of Service	24A
■ Place of Service	24B
■ Service Code	24D
■ Modifier Code (if applicable)	24D
■ Charged Amount	24F
■ Units	24G

Required Information on the CMS-1500

Continued

Information	Field #
■ Federal Tax ID	25
■ Accept Assignment	27
■ Total Charges	28
■ Address of Service Location	32
■ Billing Address (Payment Address)	33
■ National Provider Identifier (NPI)	33a
• NOTE: Fields 17a and 24J are also acceptable fields for reporting the NPI	

Valid Reasons for Denial

- The service code on the claim is not on the Service Class Grid
- The diagnosis code on the claim is not a covered substance abuse diagnosis code
- Revenue Codes were billed on a CMS-1500 claim form or in the 837P format, when they need to be billed on a UB04 claim form or in the 837I format

Valid Reasons for Denial Continued

- The member is not eligible on the date of service
- There is not an authorization on the system for the date of service
- There is not an authorization on the system for the level of care billed
- There is not an authorization on the system for the provider

Valid Reasons for Denial Continued

- There is an authorization on the system but the date of service is before the effective date or after the expiration date on the authorization
- The claim is a duplicate claim where the service was previously paid
- The provider is billing for a service they are not contracted to render (the service is not on the provider's fee schedule)

Valid Reasons for Denial Continued

- A modifier code billed on the claim is not valid with the HCPCS code, as identified on the Service Class Grid
- The place of service code on the claim is not valid with the service code, as identified on the Service Class Grid
- The primary insurance carrier's Explanation of Benefit (EOB) is not received with the claim
- Required information, as identified on the previous slides, is missing from the claim



FINANCE

CLAIMS DISBURSEMENTS

VALUEOPTIONS

PROVIDER SUMMARY VOUCHER

Memorial Hospital
PO Box 1290

Latham, NY 12210
800-888-7777

JOHN A PROVIDER
230 ELM STREET
STE 200
ANY TOWN, USA 99999

Date: 08/17/06
Profile: LLL
Vendor #: A998877
Check #: 0000999999
Check Amount: 170.00

Date of Service	Proc Code	Mod Cod	Units	Charged Amount	Allowed Amount	Provider Withhold	Discount Amount	COB Amount	Prepaid Amount	Non-covered Amount	Deductible Amount	Co-Pay Amount	Co-Ins Amount	Paid Amount	Other Ins	EOP Codes
Patient: ELIZABETH L. PATIENT				Member #: 2003999999				Patient #: 90899999111				Claim #: 01 061206 99999 00002				
Provider: JOHN A. PROVIDER				Provider #: 15039999				Parent/Group: OCC CCC001				GL Code: R0CC				
0403-040306	90806		1	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 GF
0411-041106	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00 BS
0425-042506	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00 BS
0505-050506	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00 BS
0509-050906	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ
0516-051606	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ
Claim Totals:				540.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.50	97.50	0.00	
Precert Penalty: 0.00																
Patient: ANGELA M. JACKSON				Member #: 2003888888				Patient #: 908888811				Claim #: 01 061206 88888 00001				
Provider: JOHN A. PROVIDER				Provider #: 150376				Parent/Group: OCC CCC001				GL Code: R0CC				
0418-041806	90801			90.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00 G6 GS
0504-050406	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	22.50	0.00	0.00 BS
0509-050906	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ GS
0516-051606	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ GS
0524-052406	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ GS
0530-053006	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 YA IQ GS
Claim Totals:				540.00	155.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	72.50	0.00	
Precert Penalty: 50.00																
Statement Totals:				1080.00	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	170.00	0.00	
Precert Penalty: 50.00																
Provider Summary				1080.00	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	170.00	0.00	
Precert Penalty: 50.00																

EOP Code	Description
BS	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
G6	DAILY THERAPY LIMITS EXCEEDED
GF	DUPLICATE CLAIM
GS	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
IQ	SERVICE INVALID FOR VENDOR
YA	RESUBMIT WITH CORRECT PAY TO LOCATION



Check Run Information

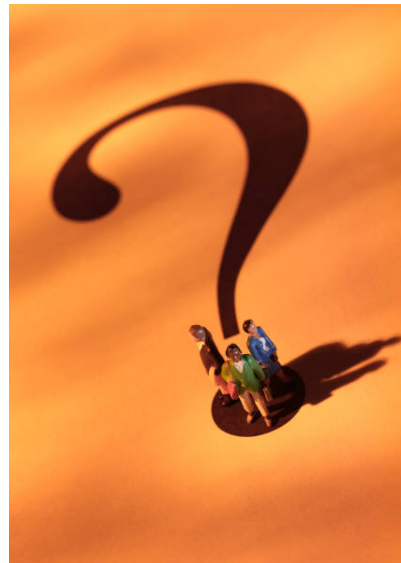
- Check runs will generate every Tuesday.
- Check runs will generate monthly for Block Payments.
- Checks will be mailed from Florida.
- EFT will be an option and the provider must sign up for this feature.
- This is FREE to providers.

ELECTRONIC FUNDS TRANSFER

The Pay Span Health System provides

- One-stop shopping for multiple payors
- An increase in cash flow
- Control over multiple accounts
- Less chance of fraud or lost checks

Questions and Answers



1) Today's presentation is available online at:

http://www.valueoptions.com/providers/Training/Training_Workshops_Archives.htm

You can also follow these steps:

Step 1: Go to www.valueoptions.com

Step 2: Click on "Providers"

Step 3: Click on "Education Center"

Step 4: Click on "Trainings/Workshops"

Step 5: Click on "Archive Forums"



2) Please complete the online evaluation form before exiting the session.



Thank you!

www.valueoptions.com

VALUEOPTIONS