

VSHP/ Behavioral Health

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The contact numbers in the presentation apply to WEST Member Services ONLY. New numbers for EAST Member Services will be published and distributed by VSHP prior to January 1, 2009



Behavioral Health Integration - Transitional benefits

- Continuation of care: Members will be able to receive services from their treating provider for up to 30 days
- VSHP/BH will outreach to providers based on authorizations received from previous vendor
- Providers call 1-888-423-0131 for registration of care
- Members with SED¹, SPMI², Addictive disorders, Co-occurring disorders (MH/SA³) and Dually Diagnosed (MH/DD⁴) seeing out-of-network providers allowed special time frames for transition
 - MH Case Management 3-months
 - Psychiatrist 3-months
 - Outpatient behavioral health therapy 3-months
 - Psych rehab and supported employment 3-months
 - Psychiatric inpatient or residential treatment and supported housing 6-months

1 – Serious Emotional Disturbance

2 – Serious and Persistent Mental Illness

3 – Mental Health/Substance Abuse

4 – Mental Health/Developmental Disability

Behavioral Health - Services/ Utilization Management

- Call 1-800-468-9736 Monday through Friday 8 a.m. to 6 p.m., ET for claims, benefit, eligibility and referral information
- Call 1-888-423-0131 for routine utilization management review
- PCP referrals are not required for Behavioral Health Services
- Staff available 24 hours a day for:
 - member referral requests
 - - authorization of inpatient level of care, detox, crisis respite
 - crisis stabilization services, 23 hour bed
- Behavioral Health Criteria and Treatment Practice Guidelines available on line at VSHPTN.com
- ASAM¹ criteria used for Substance Abuse review

1 – American Society of Addiction Medicine

Behavioral Health - Prior Authorization

Prior Authorization is required for:

- Inpatient
- Subacute
- Residential
- Rehab (SA)
- Detox
- PHP
- IOP
- Day Treatment
- ABA
- Crisis Respite
- Crisis Stabilization
- Psychiatric Testing
- 23-hour bed
- ECT
- Home Health
- Emergency Services / Admissions are allowed 24 hours to authorize care
- Reviews are completed telephonically
- Use Inpatient Treatment Request (ITR) forms available on line at VSHPTN.com as a guide for Telephonic Review process
- Submit ITR's via the Web

Why Medical Necessity Review For Case Management

Services are on a per diem basis and VO is wanting to review for members that are requiring the higher intensity of services. Focus will be on quality issues in terms of members needing other services or a higher level of care. Focus of review will be on coordination of care, need for Disease management, referral to medical or other community services including SA.

Behavioral Health - Priority members

Priority members

- First 10 visits each month do not require authorization
Case Management units can be rolled up (four fifteen minute sessions equal to one)
- Authorization is required by visit 11
- Visits include: Medication, Case Management, Therapy
- Multiple services are allowed on the same day
- Authorizations will be given for three or four months based on treatment plan

No authorization required for

- CRG¹/TPG² assessments
- Crisis Services (mobile crisis, walk in crisis, telephonic)
- Emergency Room Services
- Supported Employment, Illness Management/Recovery, Peer Support,

1 – Clinically Related Group

2 – Target Population Group

Billing Using Modifiers To Denote Licensure Levels

In order to be reimbursed appropriately, it is required that non-MD practitioners bill using the appropriate modifier to denote their licensure level. Per the existing ValueOptions of Tennessee, Inc. Tennessee Managed Medicaid Reimbursement Schedule, the following modifiers must be used:

Modifier Code	Modifier Description
None	MD Level
HP	Doctoral Level
HO	Masters Level
SA	Nurse practitioner rendering service in collaboration with a physician

If the appropriate modifier is not submitted, your claims may be denied.

CRG/TPG Assessments

- Should be completed on all new consumers seeking care
- Should be completed at least yearly or if a consumer's status has changed
- VO will do follow up to all CMHCs on the status of members CRG/TPG assessments

Explanation of Billing Codes and Services

- **H0034:** Illness management and recovery services refers to a series of weekly sessions with trained mental health practitioners for the purpose of assisting individuals in developing personal strategies for coping with mental illness and promoting recovery.
- It is Centered around educating the enrollees on medication and mental health issues. Should be billed in 15 minute increments
- Can be billed by either a peer specialist or a therapist or CM. If done by a therapist or CM use place of service 99.

- **T1023:** Used when requesting ABA, screening to determine the appropriateness of consideration of an individual for participation in ABA services

- **H0043:** Used for supported housing services. During the transitional period, VO/VSHP will reimburse providers that offer this service at their existing contracted rate. In order to obtain your existing reimbursement, please contact your ValueOptions Contracting representative and provide them with the per diem for supported housing.

- **T1016:** Case Management authorizations will be built in 15minute increments. Roll up 4 units to equal to 1 visit each month.

- **Crisis Services:** These are grant-funded services. VSHP will be reimbursing for these services on a monthly basis

Behavioral Health - Non priority members

- 20 visits allowed per member per year
- Visits include medication management and therapy, both mental health and substance abuse
- Complete required Outpatient Request Form (ORF) at the end of these sessions
- ORF's may be submitted directly to VSHP by:
 - - Fax at 1-800-292-5311
 - - Web site, VSHPTN.com

Behavioral Health - Benefits for Standard Medicaid

- Mental Health covered as Medically Necessary
- Age 21 and older:
 - Substance Abuse limited to 10-day detox
 - \$30,000 in Medically Necessary lifetime benefits
- Substance Abuse under age 21 years covered as Medically Necessary

Behavioral Health - Coordination of Care / Treatment Planning

- 3M¹, PHQ9², CAGE³, Release of Information forms available on line at VSHPTN.com
- Treatment plans need to be completed within 30 days of admission to an outpatient program
- Treatment plans need to be updated every six months
- Goals should reflect each service a member is receiving
- Treatment plans should reflect member, family involvement

1 – Medical Management Monitoring

2 – Patient Health Questionnaire 9-Item

3 – Cut Annoyed Guilty Eye-opener Screening for Substance Abuse Problems

Sample 3M form

- Has the Member seen their PCP in the past 12 months? Yes No
- Name of PCP seen _____
- Did the Member have problems getting an appointment with the PCP?
- Yes No N/A
- Has the Member used an emergency room for medical reasons more than twice in the past 6 months?
- Yes No
- If the Member is a woman over age 21, has she had a Pap Smear in the past 3 years?
- Yes No N/A
- If the Member is a woman over age 40, has she had a mammogram in the past year?
- Yes No N/A
- **Illness Management**
- Does the Member have a chronic medical illness for which a doctor has recommended visits at least twice per year?
- Yes No If yes, visits kept: Yes No
- If the Member has a chronic medical illness, have they been prescribed medication?
- Yes No If yes, is she/he adhering to the prescription? Yes No
- Does the Member have asthma for which they have seen the doctor in the past year?
- Yes No If yes, is she/he adhering to the prescription? Yes No
- Does the Member have diabetes?
- Yes No If yes, does the Member know value of their last A1c test?
- Yes No If yes, was that value less than 8? Yes No
- **Actions Recommended:** _____

Behavioral Health Discharge planning / Ambulatory follow up

- All members admitted to an inpatient program need to be assessed for case management services
- All inpatient program case managers need to contact all outpatient providers involved with members care
- Case management appointments need to be scheduled within 7 days of discharge
- Other behavioral health appointments should be scheduled within 7 days of discharge
- Behavioral health case management staff available to assist with finding appointments
- Behavioral health case management staff will follow up with both members and providers regarding appointment compliance

Behavioral Health - Mental Health Case and Disease Management Educational Services

- Behavioral health disease management programs on Schizophrenia, Bipolar and Depression
- Providers should provide education on:
 - medications and their side effects
 - behavioral health disorders and treatment options
 - self-help groups, peer support
 - other community support services available for members and families
- Behavioral health case management services available as an additional level of support at 1-888-423-0131
- PCP Consultation line available at 1-877-241-5575

Behavioral Health - Recovery and Resiliency

- A philosophy of Recovery and Resiliency is embraced throughout the continuum of care
- Care management personnel who are knowledgeable and competent in recovery principles
- Treatment planning is conducted with member involvement focusing on member goals, values and beliefs
- Education of family members and others identified by the member as significant in their support structure will be offered
- Empowerment of consumers and family members to engage in mutual support and self-help is encouraged among all providers

Operations - Non-Emergency Transportation Changes

- Contracted with Southeastrans, Inc. to provide non-emergency transportation
- Call Southeastrans on the member's behalf to arrange non-emergency transportation
 - East Region 1-866-473-7563
 - West Region 1-866-473-7564
 - TennCareSelect – Statewide 1-866-473-7565
- File non-emergency transportation paper claims with date of service on or after September 1, 2008 to:
 - Southeastrans, Inc.
 - 4751 Best Road, Suite 140
 - Atlanta, GA 30337

QUESTIONS?