

Clinically Speaking

December 2011

An Optima Behavioral Health Publication



Optima Medicare Reminder

Optima Health has made a decision to discontinue our Medicare Advantage plans on December 31, 2011. Because of inadequate Federal funding and changing government policies the Medicare Advantage program is no longer viable. With the current Federal debt discussions and additional Medicare Advantage payment cuts resulting from Health Reform, we do not expect the

future outlook to improve. Across the country, other insurance carriers have exited similar products. We are disappointed to have to make this decision.

Optima Health has been working with our 14,000 Medicare members, and through our brokers, to transition those affected to other health plans in the marketplace. Optima Medicare Members were notified in mid-September allowing them ample time to make informed decisions.

This change does not affect our other plans or products. We continue to remain a strong and viable health insurance plan in Virginia. In fact, we continue to grow our membership in Individual, Commercial, and Medicaid across Virginia.

If you have any questions regarding these changes, please contact Provider Services at 757-552-7174 or 800-648-8420.

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HIPAA 5010

The compliance deadline for the implementation of Version 5010 is January 1, 2012. These changes were designed to create a uniform process for the exchange of healthcare data and are the precursor for the ICD 10 changes.

Optima Health has been implementing the necessary system changes to accommodate the new file formats and working with our partners to ensure a seamless transition. This transition will affect providers, billing service vendors, clearinghouses, and health plans.

- Providers contracted with clearinghouses other than Payerpath:
Claims are sent from your contracted clearinghouse to Payerpath. Payerpath then forwards them to Optima Health for processing. Payerpath, like a number of other clearinghouses throughout the country, made the switch to 5010 prior to the January 1, 2012 deadline to ensure a smooth transition. Payerpath has assured Optima Health that proper notification of their transition plan and date was made to the other clearinghouses more than a year prior to their switch.

Since Payerpath transitioned to Version 5010 on November 16, 2011, some providers using other clearinghouses have had claims rejected. The primary reason for rejected claims is that Version 5010 requires the use of a physical address rather than P.O. Box or a lockbox address in the "Provider Billing Address" file segment. Providers that have rejected claims should contact their clearinghouse for assistance on how to ensure that the physical address is entered in the proper file segment instead of a P.O. Box or lockbox. Optima Health will work to process claims as quickly as possible once submitted under these guidelines.

- Providers contracted with Payerpath as their clearinghouse:
Are already transitioned to Version 5010 and this notice is not applicable to your claims.
- Providers that submit electronic claims directly to Optima Health:
May submit either 4010 or 5010 files until the December 31, 2011 deadline.

Information you provide in the Provider Billing Address segment does not affect where Optima Health sends claim payments. Optima Health will continue to send claim payments to the payment address you have provided.

Behavioral Health Member Survey Results

A survey of members who utilized their Behavioral Health benefit during the past year was conducted during September and October. This is an abbreviated survey which focuses on member satisfaction with Optima Behavioral Health customer service, overall satisfaction with Optima Health and satisfaction with counselor/psychiatrist, as well as timely access to behavioral health appointments.

Satisfaction with counselor/psychiatrist:

91.09% of members responded 'excellent,' 'very good' or 'good' compared with 88.14% on the prior year's survey.

Satisfaction with customer service:

increased from 88.08% to 95.00%

Satisfaction with Optima Health: increased from 89.69% to 90.71%

NCQA standards for access to behavioral health appointments are as follows:

Ten days or less for routine appointments:

increased from 78.32% to 81.09%

Forty-eight hours or less for urgent

appointments: essentially unchanged from last year's survey results at 82.75%

Six hours or less for non-life threatening

emergency appointments: essentially unchanged from last year's survey results at 69.49%



We appreciate your cooperation and efforts to see our members in a timely fashion, according to their needs. If you are unable to schedule an appointment for a member within the access standard time frames, please contact Optima Health so that they may be referred to another provider or practice. Case Managers can facilitate expedited appointments for members in emergency situations.

Member Benefits/Eligibility Verification

Optima Behavioral Health strongly recommends verifying members' benefits and eligibility prior to rendering services. As member benefits can change when plans renew yearly, verifying benefits is an important step to ensure reimbursement.

Providers and/or their office staff can obtain this information online via Provider Connection or by calling Provider Services at 800-648-8420.

Participating Laboratory Reminder

Please remember to send all lab work to an Optima Health participating laboratory. LabCorp is not a contracted provider in Optima Health's Hampton Roads service area. If lab work is sent to a non-participating lab, providers will be contacted and asked to redirect any lab work to a participating lab.

Coordination of Care Review

Optima Health values an integrated approach to our members' healthcare. We hope that our providers will share this philosophy as well. Communication among all providers involved in a member's care promotes patient safety. We encourage you to communicate with a member's Primary Care Physician (PCP) at the initiation of treatment, as medication changes occur, and at the discontinuation or termination of treatment.

The 2011 Behavioral Health Treatment Record Review was completed in November. The focus was communication and coordination of care with PCPs. Forty-two member records from eight behavioral health provider groups were reviewed. Aggregate results are as follows: Forty-five percent of the records reviewed contained a signed release of information for the PCP which was valid for 2010. Thirty-one percent of the records contained documentation that some form of communication had occurred. Eight of the 42 members chose not to have information shared with their PCP, an increase over previous years.

Unless otherwise specified, releases are valid for one year. Therefore, they should be reviewed and renewed annually if a member remains in treatment. A Confidential Exchange of Healthcare Information form is available for download on the Optima Behavioral Health website under Provider Resources. However, you may certainly use an alternate version if preferred.

Thank you to those of you who participated by providing requested records for review. We sincerely appreciate your cooperation with this Quality Improvement activity.

Pre-authorization Reminder: Autism Benefit

All services related to autism require pre-authorization. This includes Applied Behavioral Analysis (ABA), therapies, and augmentative devices. Devices and therapies will be authorized under the service requested. Please include the autism diagnosis code in the request. ABA has a separate request form located on optimahealth.com/providers under medical authorizations.

The following requirements are for benefit coverage only:

- Must be an actively enrolled Optima Health member
- Must be ages 2-6
- ABA coverage is limited to \$35,000.00 per year
- Clinical documentation, testing, diagnosis, and treatment plan must accompany the requests for services.

Have You Registered for Provider Connection?

Provider Connection is Optima Behavioral Health's suite of secure self-service resources for providers. As a registered user, you can:

- Check Member Eligibility and Benefits
- View Detailed Claims Status
- View and Download Remits and Pend Reports

Registration is open to all participating providers and staff.

Go to optimabehavioralhealth.com. Under Provider Resources, choose "Provider Registration" from the Provider Connection box. Your Network Educator will contact you with your login ID and password.



Happy New Year From Optima Health!

Wishing you a happy new year and looking forward to working with you in 2012!

Get social with Optima Health!
Connect with us today.



Important Phone Numbers

Provider Services
(eligibility, benefits, authorization, claims, and appeals)
757-552-7174 or 800-648-8420 option 2, then option 1
Monday - Friday 8:00 a.m. - 7:00 p.m.

Clinical Care Services
(inpatient and IOP authorizations)
757-552-7174 or 800-648-8420 option 2, then option 2
Monday - Friday 8:00 a.m. - 5:00 p.m.

www.optimabehavioralhealth.com

Remember! Clinically Speaking is now published quarterly and delivered to providers and office staff via e-mail. It is also available to view on the website, optimabehavioralhealth.com.

We encourage you to provide your e-mail address and practice name to OBHproviders@sentara.com to have the quarterly newsletter e-mailed to you directly.