MississippiCAN Psychiatric Residential Treatment (PRTF) Services Provider Training

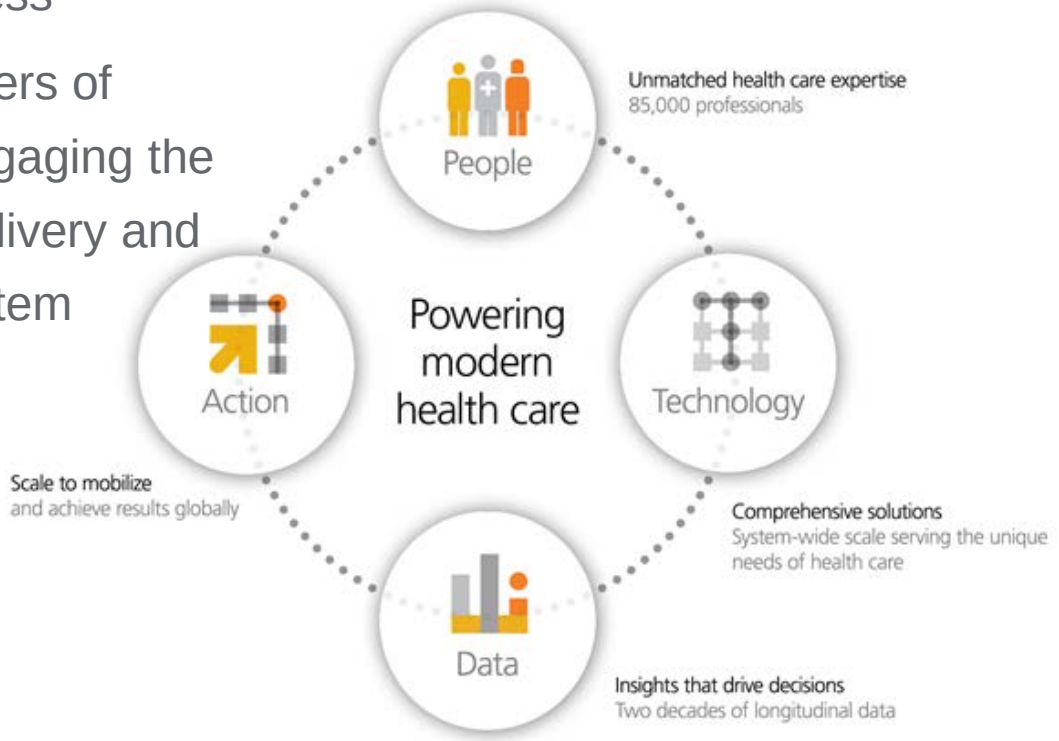
Optum with UnitedHealthcare Community Plan Mississippi

OPTUM®

UnitedHealthcare® Community Plan

Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the health care system work better for everyone
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change: engaging the consumer, aligning care delivery and modernizing the health system infrastructure



UnitedHealth Group Structure

UNITEDHEALTH GROUP®

OPTUM®

Helping make the health system work better for everyone

Information and technology-enabled health services:

- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services

UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- Global

BH1526a_07/2018 United Behavioral Health operating under the brand Optum

Optum and You

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION
NCQA
ACCREDITATION
FULL

Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors (e.g., child and adolescent, medical/psychiatric, Board Certified Behavior Analysts, and addiction specialists) just to name a few

MSCAN PRTF Services Overview

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What is MSCAN PRTF?

- PRTF services are authorized when an individual under age twenty-one (21) does not require emergency or acute psychiatric care but does require supervision and treatment on a twenty-four (24) hour basis
- The goal of PRTF treatment is to help the individual reach a level of functioning where the least restrictive treatment will be possible
- The level of care for admission to a PRTF is the same level of care as MYPAC - Mississippi Youth Programs Around the Clock
- Please refer to the Division of Medicaid Administrative Code Title 23 Part 207 Chapter 4: PRTF at the following link: https://medicaid.ms.gov/providers/administrative- code/
- State Plan for PRTF is available at the following link: https://medicaid.ms.gov/about/state-plan then scroll down to attachment 3.1A, exhibit 16 for all program requirements

Members who are eligible for PRTF

- Be under age 21 upon admission, with a psychiatric disorder that is documented by the assignment of an appropriate diagnosis, as per the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM)
- The child's psychiatric symptoms are severe enough to warrant residential treatment under the direction of a psychiatrist
- The referring psychiatrist or psychologist advises that residential treatment is needed
- The child can participate and process information as evidenced by an appropriate IQ for the program to which they have been admitted, unless there is substantial evidence that the IQ score is suppressed due to psychiatric illness
- The child has failed to respond to less restrictive treatment in the last three (3) months AND/OR adequate less restrictive options are not available in the child's community AND/OR the child is currently in an acute care facility whose professional staff advise that residential treatment is needed
- Please refer to the Division of Medicaid Administrative Code Part 207: Institutional Long Term Care Services at the following link: https://medicaid.ms.gov/providers/administrative- code/ and scroll down to Chapter 4: Psychiatric Residential Treatment Facility for all program requirements.

MSCAN PRTF Providers

CARES Center	402 Wesley Avenue Jackson, MS 39202	601-709-1367	601-359-3703
The Crossings	5000 Hwy 39 N Meridian, MS 39301	601-483-5452	601-581-9944
Crossroads	3531 Lakeland Drive Flowood, MS 39232	601-936-2024	601-936-7827
Diamond Grove	2311 Highway 15 South Louisville, MS 39301	662-779-0119	662-779-0126
Millcreek (Magee)	900 First Ave. NE Magee, MS 39111	601-849-4221	601-849-5646
Millcreek (Pontotoc)	1814 Hwy 15 N Pontotoc, MS 38863	622-488-8878	662-488-8767
Parkwood PRTF	8135 Goodman Road Olive Branch, MS 38654	662-895-4900	662-895-4403
San Marcos*	120 Bert Brown Road San Marcos, TX 78666	1-800-251-0059	512-754-3883
Specialized Treatment Facility	14426 James Bond Road Gulfport, MS 39503	228-328-6000	228-328-6035
Timber Ridge Ranch*	15000 Hwy 298 Benton, AR 72019	501-594-5211	501-594-5236
Youth Villages	3320 Brother Blvd Memphis, TN 38133	901-251-4901	901-251-5018

Referrals for these facilities must go through State Level Case Review (SLCR)

List Effective 5/7/18

Optum MS CAN PRTF Services- Member Information

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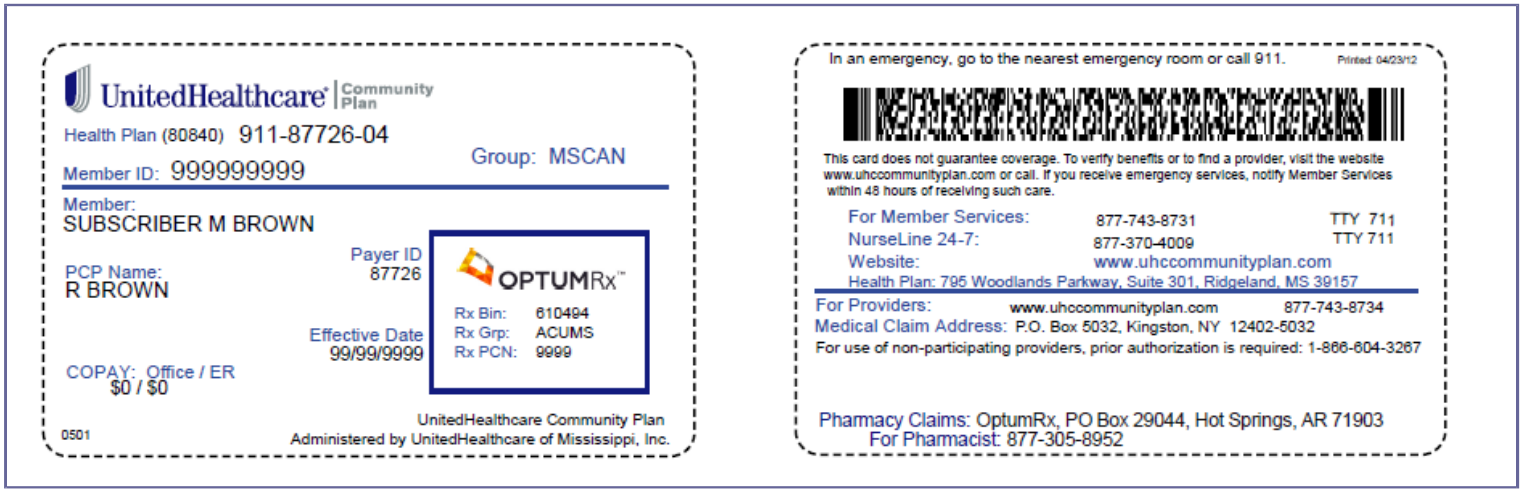
Member ID Card

- Will be sent directly to the member
- The member's ID number will be their Medicaid number
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



Please note this image is for illustrative purposes only.

Member Rights and Responsibilities

- Members have the right to be treated with respect and recognition of his or her dignity, the right to personal privacy, and the right to receive care that is considerate and respectful of his or her personal values and belief system
- Members have the right to disability related access per the Americans with Disabilities Act
- You will find a complete copy of Member Rights and Responsibilities in the Provider Network Manual
- These can also be found on the website: **providerexpress.com**
- These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting
- We request that you display the Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to the members

Member Website

- liveandworkwell.com makes it simple for members to:
  - Identify network clinicians and facilities
  - Locate community resources
  - Find articles on a variety of wellness and work topics
  - Take self-assessments

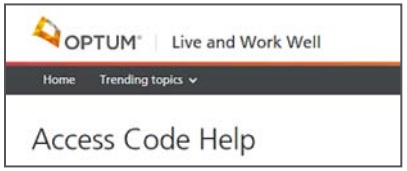
- The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.

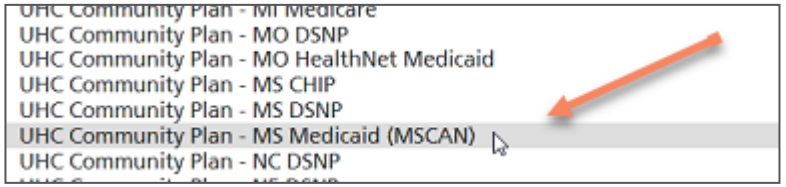
- Providers can be located geographically, by specialty, license type and expertise.

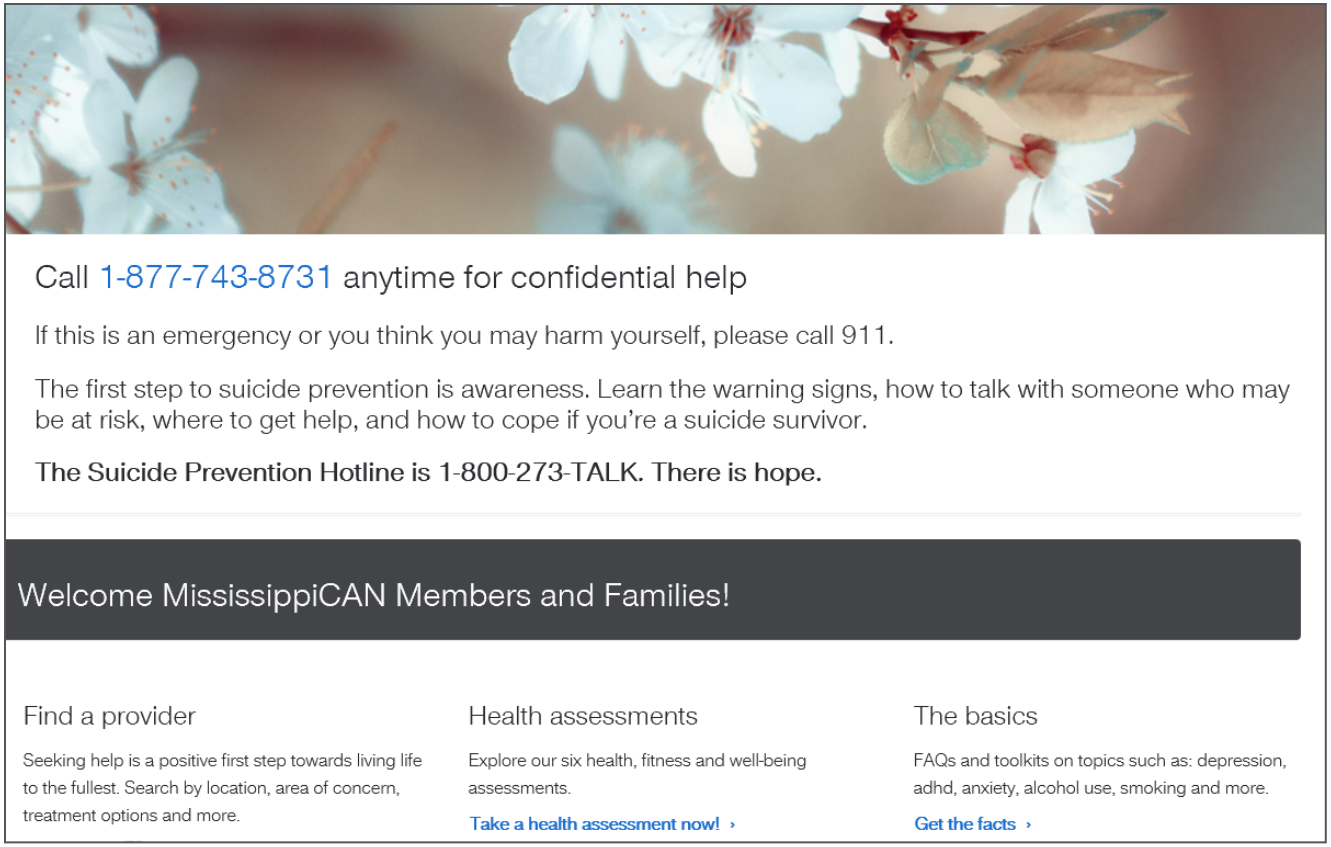
- The website has an area designed to help members manage and take control of life challenges.

Member Website

liveandworkwell.com







MSCAN
PRTF Service Requirements

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Intake

At Intake:

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers

Member Access to PRTF

Assessment and Evaluation

A diagnostic evaluation must document the need for the PRTF level of care. Diagnostic evaluations must be completed within the first fourteen(14) days of admission. The assessment process must include, but is not limited to, the following:

- A psychiatric evaluation.
- A psychological evaluation signed by a licensed psychologist, which must have been completed in the sixty (60) days prior to admission. If no psychological evaluation has been conducted within the last twelve (12) months, one must be completed within fourteen (14) days following PRTF admission.
- A medical history and examination.
- A psychosocial assessment, which includes a psychological profile, a developmental profile, a behavioral assessment, and an assessment of the potential resources of the resident's family.
- An educational evaluation.
- A nursing assessment.
- A nutritional assessment, if indicated.

Source: https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-207.pdf

PRTF Eligibility and Prior Authorization with Optum

- Call the number on the back of the member's insurance card to see if member is eligible for your services or verify on provider portal
- When calling the Optum Care Advocate:
  - you must have the member's name, ID#, date of birth and address
- Check benefit coverage relating to both the service (PRTF) and the diagnosis on provider portal or by calling the number on the member's insurance card
- The level of care for admission to a PRTF is the same level of care as MYPAC - Mississippi Youth Programs Around the Clock
- Make sure all services **receive prior approval before beginning services**
- The Program must request an authorization. Providers would follow the same process to request a PRTF authorization as they would for any other service in MS. Phone: **1-877-743-8734**

Optum PRTF Admission Criteria

- The member's current condition cannot be safely, efficiently, and effectively assessed and/or treated in a less intensive level of care
- Failure of treatment in a less intensive level of care is **not** a prerequisite for authorizing coverage
- The member's condition includes consideration of the acute and chronic symptoms in the member's history and presentation including co-occurring behavioral health or medical conditions, informed by the information collected by the provider following evaluation and treatment planning described in the Common Best Practices
- The member's condition can be safely, efficiently, and effectively assessed and/or treated in the proposed level of care. Assessment and/or treatment of the member's condition require the intensity and scope of services provided in the proposed level of care
- Co-occurring behavioral health and medical conditions can be safely managed in the proposed level of care
- Services are medically necessary

Optum PRTF Admission Criteria (cont.)

- For all levels of care, services must reasonably be expected to improve the patient's condition.
- The treatment must, at a minimum, be designed to reduce or control the patient’s psychiatric symptoms so as to prevent relapse or hospitalization, and improve or maintain the patient’s level of functioning
- For many psychiatric patients, particularly those with long-term chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of Improvement
- In addition to the above, some patients may undergo a course of treatment that increases their level of functioning but then reach a point where further significant increase is not expected. All service requests will be reviewed on an individual bases by Care Advocacy.

Continuing Stay Criteria

- Admission criteria continue to be met and active treatment is being provided
- Member is supervised and evaluated by the admitting provider
- Treatment plan is individualized with Common Clinical Best Practices
- PRTF is reasonably expected to improve the member's presenting problems
- Factors leading to admission have been identified and are integrated into the treatment and discharge plans
- Clinical best practices are being provided with sufficient intensity to address the member's treatment needs
- The member's family and other natural resources are engaged to participate in the member's treatment as clinically indicated and feasible

Discharge Criteria

- The continued stay criteria are no longer met
- The member's condition no longer requires PRTF
- The member's condition has changed to the extent that the condition now meets admission criteria for another level of care
- The member requires medical/surgical treatment
- After an initial assessment the member is unwilling or unable to participate in treatment despite motivational support or intervention to engage in treatment, and involuntary treatment or guardianship is not being pursued

Release of Information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations

Coding, Billing and Reimbursement

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MSCAN Medicaid PRTF Reimbursement

They are reimbursed on a per-diem rate:

- **Room & Board (R&B) REV code 1001**
- Therapeutic Leave (TL) REV code 0183
- Hospital Leave (HL) REV code 0185

For most hospitals and other healthcare institutions, the UB04 is probably the right form to submit to get reimbursed by an insurance company for services provided. It is important to understand how it is different from the HCFA1500.

The UB04 is intended for submission only by health care institutions such as drug rehabilitation clinics, while the HCFA1500, also called the CMS 1500, is for private providers such as individual physicians.

MS CAN Medicaid PRTF Reimbursement

The UB04 asks for information about the patient and the healthcare provider, about the specific time of patient admission and of the procedure or procedures, and various relevant payment data.

Though the first part is fairly standard, the two forms use a different set of medical codes for the type of bill, admission status, and nature of procedure.

However, because most healthcare providers fall uniformly into one category or the other, these code distinctions will probably never cause any confusion.

MSCAN Medicaid PRTF Reimbursement

An important point that comes out of understanding the necessary fields on all these forms is that regardless of what an institution uses the UB04, keeping very exact records of all the details of a patient's visit is very important to have the necessary information to complete these forms.

Because managing all this data, and repeatedly filling in the same information in the first half of these forms can be difficult, UB04 software is a very effective tool to help manage insurance claim submission.

This kind of software can interact with spread sheets and database software to import relevant data, decreasing clerical errors and cutting down on the time required to fill out repetitive data. It also facilitates electronic filing, the most efficient way to submit insurance claim forms.

Claims Submission

Required Claim Forms

- UB-04 form

Claims/Customer Service # :

- Phone: 1-866-556-8166
- Fax: 1-855-312-1470

Electronic Claims Payer ID:

- 87726

Paper Claims:

When submitting behavioral Claims by paper, please mail claims to:

United Healthcare
P.O. Box 5032
Kingston, NY 12402-5032

Claims Submission (Cont.)

- If not submitting claims online, providers must submit claims using the current UB-04 with appropriate coding
- UnitedHealthcare Community Plan requires that you initially submit your claim within 180 days of the date of service
- All claim submissions must include:
  - Member name, Medicaid identification number and date of birth
  - Provider's Federal Tax I.D. number
  - National Provider Identifier (NPI)
  - Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at cms.gov

Claims Submission - EDI/Electronically

- Electronic Data Interchange (EDI) is an exchange of information
- Performing claim submission electronically offers distinct benefits:
  - **Fast** - eliminates mail and paper processing delays
  - **Convenient** - easy set-up and intuitive process, even for those new to computers
  - **Secure** - data security is higher than with paper-based claims
  - **Efficient** - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
  - **Notification** - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
  - **Cost-efficient** - you eliminate mailing costs, the solutions are free or low-cost

Claims Submission Option - EDI/Electronically (cont.)

- You may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims is 87726

- Additional information regarding EDI is available on:

  https://www.uhcprovider.com/en/health-plans-by-state/mississippi-health-plans/ms-comm-plan-home.html

  and for additional support: uhcprovider.com

Electronic Payment & Statements (EPS)

With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through EPS you need to enroll at myservices.optumhealthpaymentservices.com.
Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan when the program is deployed.

*Note: For more information regarding enrollment, please call **1-866-842-3278**, option 5, or go to **UHCprovider.com** > Electronic Data Exchange or for Support call 800-210-8315 or email : ac_edi_ops@uhc.com*

Claims Tips

To ensure clean claims remember:

- An NPI number is always required on all claims
- A complete diagnosis is also required on all claims

Claims filing deadline

- Providers should refer to their contract with United to identify the timely filing deadline that applies

Claims Processing

- Clean claims, including adjustments, will be adjudicated within 14 days of receipt

Balance Billing

- The member cannot be balance billed for behavioral services covered under the contractual agreement

Claims Tips (Cont.)

Member Eligibility

Provider is responsible to verify member eligibility through DHS website

Coding Issues

Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:

- Submitting claims with codes that are not covered services
- Required data elements missing, (e.g., number of units)

Provider information missing/incorrect

Example: provider information has not been completely entered on the claim form or place of service

Prior Authorization Required

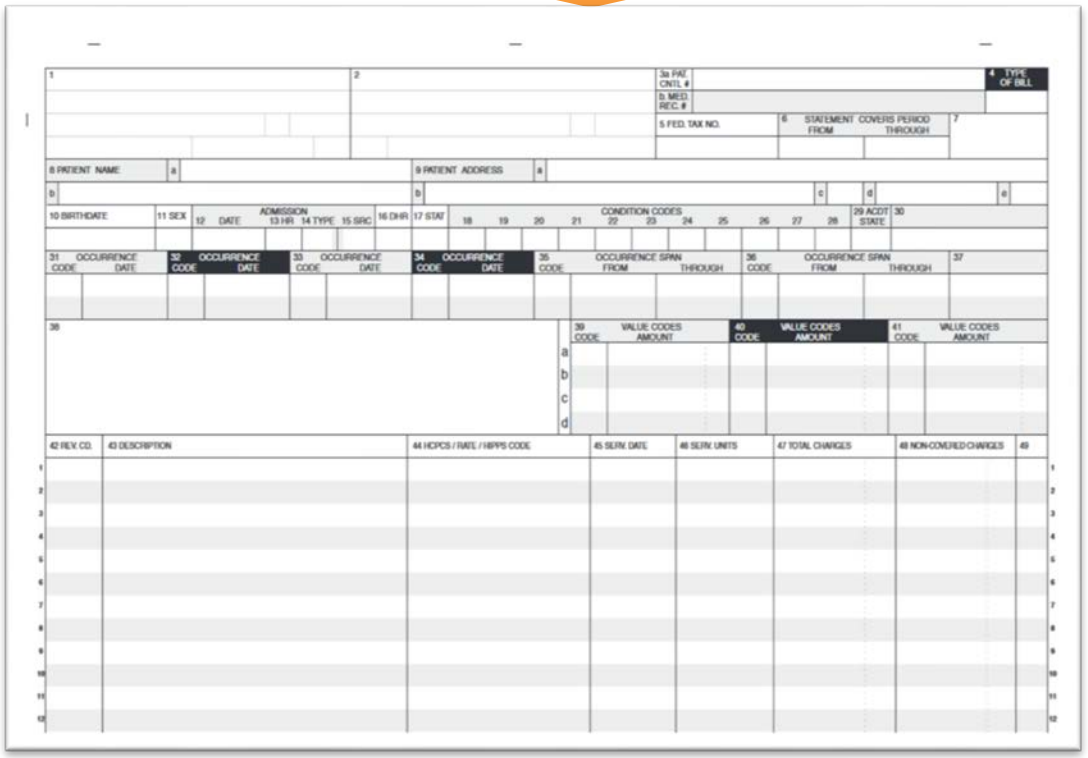
Prior Authorization is required for all services or when additional units are being requested

UB-04 - Claim Form

All billable services must be coded. Coding can be dependent on several factors:

- Type of service
- Submitted charges per service
- Place of service (residential -55)
- If multiple dates of service is consecutive and for the same service, they can be billed on the same line.
- If the dates of service are not consecutive, the service would have to be listed on a separate line along with the service code.

UB04



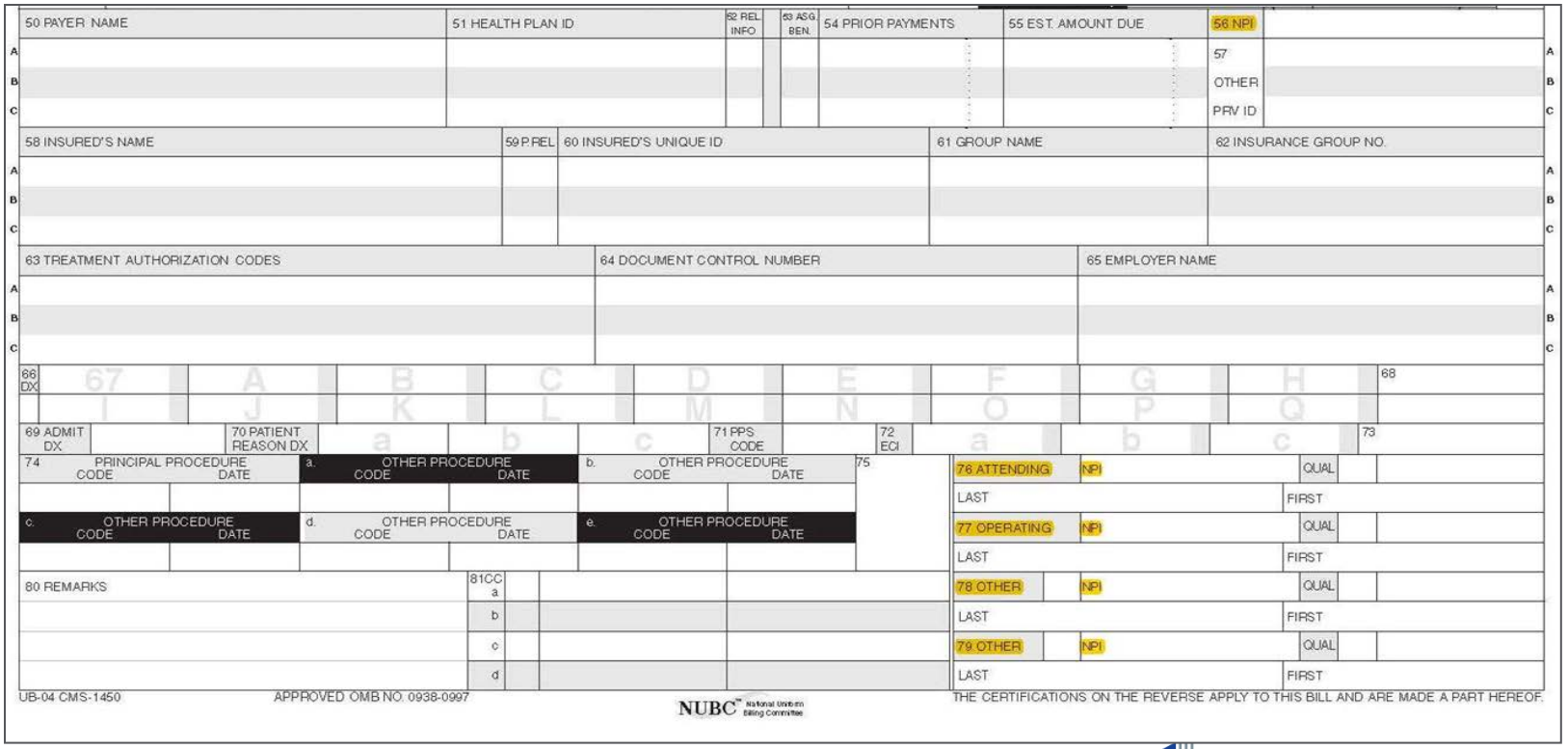
Claims Submission Review Upon Receipt

- It is a MississippiCAN requirement that all care providers listed on a claim are enrolled with DOM and are eligible to participate in the Mississippi Medicaid program.
- Our claims edit will help ensure your claims meet this requirement.
- Our system will look for a match between the care providers on a claim and their DOM enrollment information.
- If the information matches, the claim will be processed. If the care provider information doesn't match, the claim will be returned to the submitter by a 277 claim status response electronically; or if a paper claim was submitted a reject letter will be generated and mailed to the provider.

Claim Revision Edits- What to Check for:

The UB04 has 5 sections where provider data is stored, these have been highlighted for easy reference. The CRE edit will validate the provider information when these boxes are filled.

- Field 56 – Bill to/Pay to provider and NPI
- Field 76 – Attending provider and NPI
- Field 77 – Operating provider and NPI
- Field 78 – Reserved for other provider and NPI
- Field 79 – Reserved for other provider and NPI



EDI Claim Revision Edits- What to Check for:

Through the electronic claims submission process, UHC will be validating physician data in the following loop and segments if applicable

ANSI ASC X12N 5010 837P

- 2420A NM – Rendering Provider
- 2420C NM – Service Facility Location
- 2420D NM – Supervising Provider
- 2420E NM – Ordering Provider
- 2420F NM – Referring Provider
- 2010AA NM – Billing Provider

ANSI ASC X12N 5010 837I

- 2010AA NM – Billing Provider
- 2310A NM – Attending Provider
- 2310B NM – Operating Provider
- 2310C NM – Other Operating Provider
- 2310D NM – Rendering Provider
- 2310E NM – Service Facility Location
- 2310F NM – Referring Provider

Appeals and Grievances

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Appeals

- An Appeal is a request for review related to an Adverse Benefit Determination.
- Providers can request an Appeal directly within 30 calendar days of receiving notice of Adverse Benefit Determination.
- Appeals will be acknowledged in writing within 10 calendar days.
- Appeals will be resolved within 30 calendar days (Expedited resolution upon request).

Appeal requests can be made orally or in writing;
however, an oral request to appeal shall be followed up by a written, signed, appeal.

Services While In Appeal

- You may continue to provide service following an adverse determination, but the member should also be informed of the adverse determination
- The member or the member representative should be informed that the care will become the financial responsibility of the member from the date of the adverse determination forward
- The member must agree in writing to these continued terms of care and acceptance of financial responsibility. You may charge no more than the Optum contracted fee for such services, although a lower fee may be charged
- If, subsequent to the adverse benefit determination and in advance of receiving continued services, the member does not consent in writing to continue to receive such care and we uphold the determination regarding the cessation of coverage for such care, you cannot collect reimbursement from the member pursuant the terms of your Agreement

Grievances

We strive for the best customer service, but if you have a grievance please contact us:

- Call **1-866-556-8166** and a Customer Service representative will assist with the grievance process

- Or send a written grievance to:

  United Behavioral Health
  Appeals & Grievances
  P.O. Box 30512
  Salt Lake City, Utah 84130-0512

  Fax: **1-855-312-1470**

Resources

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Provider Contracting

We are interested in contracting with you for the above named services. Our goal is to make sure Medicaid recipients who qualify for these services are able to access the state approved providers for these services through their appropriate CCO.

Please contact us so that we can get you the application, start the credentialing process and work together to serve these unique populations in Mississippi.

Rusty Palmer, LPC-S
Sr. Network Manager (MS)
Optum / United Behavioral Health
james.palmer@optum.com
Phone: 1-651-495-5298
Fax: 1-855-291-7422

Dawn M. Teeter
Network Manager (MS)
Optum / United Behavioral Health
dawn.teeter@optum.com
Phone: 1-952-687-4121
Fax: 1-844-328-5129

Adam T. Pancake, LPC, NCC
Interim Network Manager for Mississippi
Optum / United Behavioral Health
adam.pancake@optum.com
Phone: 1-770-200-6735
Fax: 1-855-228-3939

UnitedHealthcare Provider Website

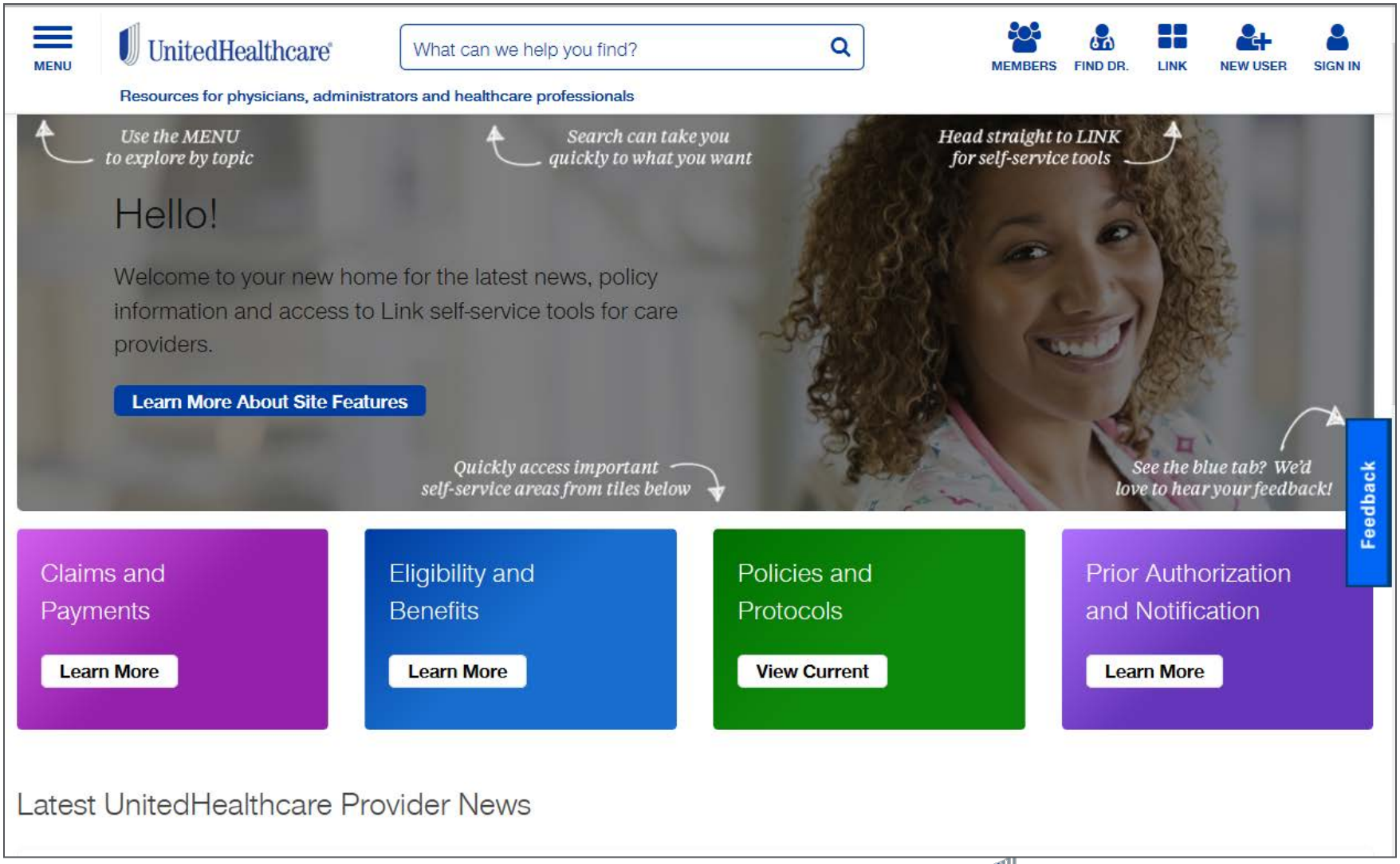
uhcprovider.com

Secure transactions for Medicaid include:

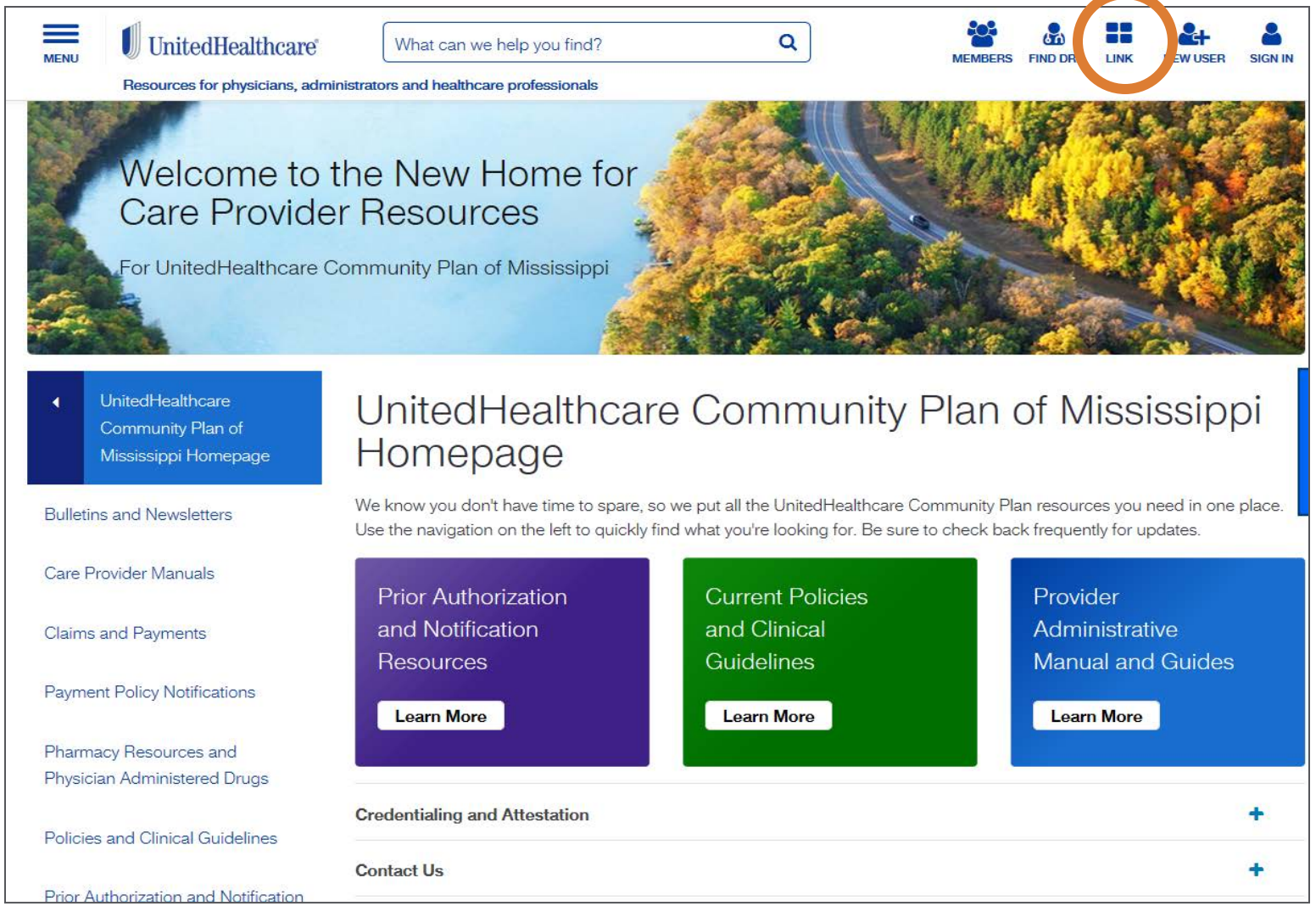
- Check eligibility and authorization or notification of benefits requirements
- Submit professional claims and view claim status
- Make claim adjustment requests
- Register for Electronic Payments and Statements (EPS)
- To request a user ID to the secure transactions on the uhcprovider.com, select New User from the home page
- You may also obtain additional information through the help desk at **1-866-842-3278**

NOTE: For member eligibility, claim status, and reference materials, go to > *Tools and Resources* > *UnitedHealthcare Community Plan Resources Customer Service for website support:* **1-800-600-9007**

UnitedHealthcare Community Plan– Login Page



UnitedHealthcare Online – Login Page



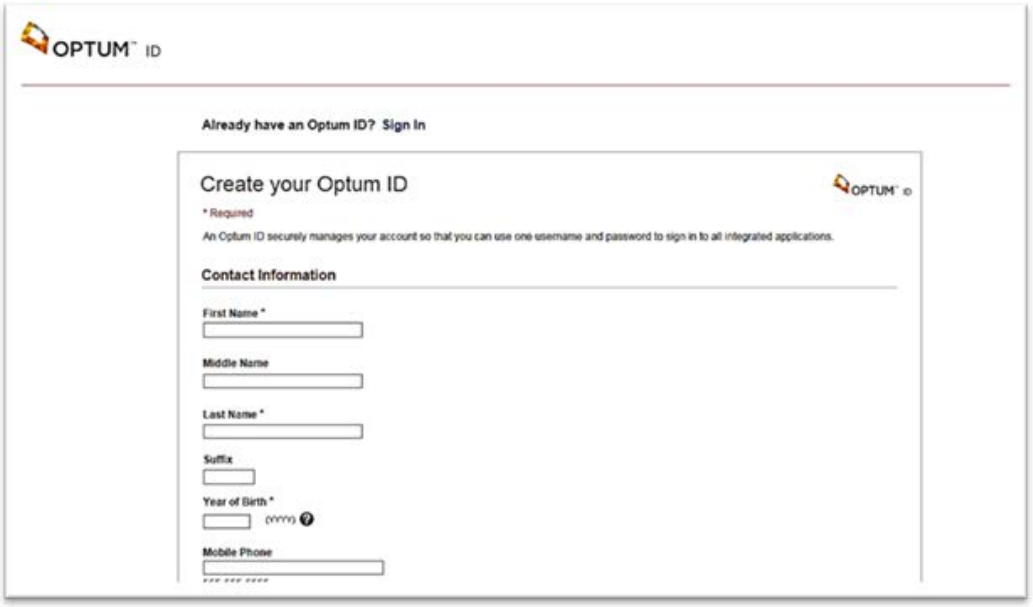
About Link and Optum ID's

- Create an Optum ID
- Manage your Optum ID
- What is an Optum ID?

- **Use self-service**:
  to retrieve your Optum ID
  or reset your password
- Unlock your account
- Manage your profile

Optum ID Registration

- Register for your Optum ID online for immediate access to secure Transactions
- No fees apply
- *Provider Express* Support Center available from 7 am to 9 pm CST toll free at 1-866-209-9320
- Live chat feature also available under “Contact Us” > Website Support



Review of Link and Optum ID's

uhcprovider.com

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers.

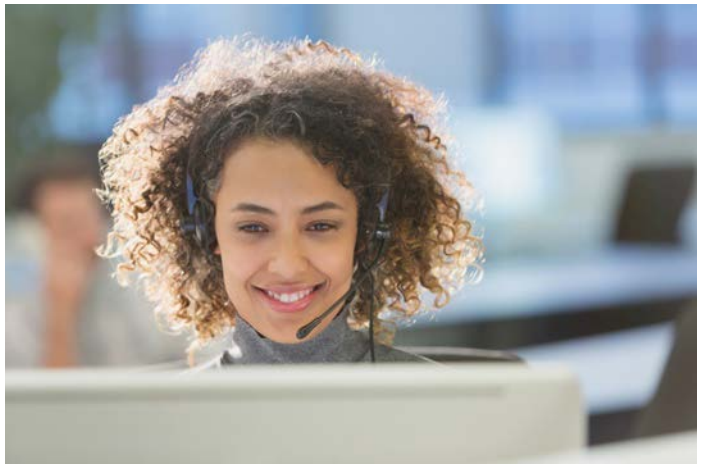
Create an Optum ID

In order to access secure content on UHCprovider.com or to access Link self-service tools to submit claims, verify eligibility or to check for prior authorization requirements, you first need to have an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need an Optum ID? Please register to create your Optum ID.

Have an Optum ID, but need to connect a Tax ID? To start the process, sign in with your Optum ID on UHCprovider.com and click "No" when asked if you received a registration letter that included a security code. From that point, complete the required fields for the form as prompted. For help see the Accessing Link - Quick Reference Guide.



Need help accessing certain applications on Link?
If you are unable to access specific Link Self-Service application using your Tax ID connected Optum ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

Provider and Member Resources

UnitedHealthcare Community Plan is aware of the important role of the member's support team. Family, guardians or representatives can be a big help in getting the right services, and can use this information to assist in supporting the member.

UnitedHealthcare Community Plan in coordination with Optum Specialty Networks coordinates and manages the physical, mental health/substance use and pharmacy benefits for members.

Important Telephone Numbers
Member Services and Care Coordination
Phone numbers are:

- Members – **1-877-743-8731**
- Providers – **1-877-743-8734**

Provider and Member Resources

An extensive condition-based library covering key behavioral and medical topics can be found on liveandworkwell.com under the Health and Well-Being Center within BeWell.

- Abuse & Neglect: Child
- Abuse: Domestic Violence
- Abuse & Neglect: Elder
- ADHD (Adult)
- ADHD (Youth)
- Alzheimer's & Dementia
- Anxiety
- Arthritis
- Asthma
- Autism
- Bipolar (Adult)
- Bipolar (Youth)
- Cancer
- Childhood Illness
- Chronic Pain
- Depression (Adult)
- Depression (Youth)
- Diabetes
- Eating Disorders (Adult)
- Eating Disorders (Youth)
- Heart Disease/Circulatory
- HIV
- Infertility
- Obesity
- Personality Disorders
- Obsessions & Compulsions
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Schizophrenia (Adult)
- Schizophrenia (Youth)
- Sexual Problems
- Stress
- Traumatic Brain Injury

Questions?

Thank you.

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