

Clinically Speaking

June 2010

An Optima Behavioral Health Publication

Mental Health Parity & Addiction Equity Act

Under the provisions of the Mental Health Parity & Addiction Equity Act, recently passed, insurance coverage for mental health services is now required to be the same as coverage for physical conditions. Optima Behavioral Health (OBH) will administer behavioral health benefits at the same level of benefits as PCP services for all fully-insured and self-funded commercial products. This will be effective as each employer group renews their plan offering beginning July 1, 2010.

This means that organizational insurance plans can no longer use a “Gatekeeper Process” for access to mental health services. By doing away with the Gatekeeper process, covered employees no longer need an authorization to access outpatient mental health benefits. The removal of the authorization requirement will also be implemented at the beginning of each organization’s contract renewal.

This change will go into effect on July 1, 2010 for Children’s Hospital of the King’s Daughters (CHKD). CHKD employees and their dependents that are covered by Optima Health may directly access outpatient mental health services without first seeking an authorization through Optima EAP. Optima Health will notify outpatient mental health providers of additional organizations that will be affected by this change as their renewal dates approach.

In addition, effective July 1, 2010, Optima Family Care (Medicaid) and Optima Health commercial plans will no longer have visit limitations for behavioral health services. The parity regulations for Optima Medicare Preferred and Optima Medicare Value (PPO) products have not been finalized by the government. As soon as we have information on the finalized regulations, we will pass on that information to our network providers.

It is highly recommended that all Providers sign up for Provider Connection by going to the Provider Page at www.optimabehavioralhealth.com. This will prove to be a valuable tool for you and your staff to check eligibility and benefits while we transition members to the new parity benefits.

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Optima Behavioral Health Introduces New Online Services!

Optima Behavioral Health is pleased to introduce Provider Connection – a self-service online tool used to verify member eligibility and benefits, check claims status, as well as view remits and pending claim reports. Provider Connection eliminates the need to spend time on the phone accessing this information for your Optima Health members.

Registration is currently open for all behavioral health providers and staff.

To register for Provider Connection, simply visit www.optimabehavioralhealth.com and complete the online registration form located on the provider page. Within ten business days of registration, you will be notified by phone of your confidential user name and password.

The screenshot shows the Optima Behavioral Health website's 'Provider Resources' page. At the top, there is a navigation bar with links for Members, Employers, Providers, Consultant/Brokers, Products, Quality Improvement, and About Us. The main heading is 'Provider Resources'. A 'Provider Connection' dropdown menu is open, showing options: Provider Registration, View Eligibility, View Claims, View Remits and Pending Reports, and Delete User Request. To the right, there is a 'Find It Fast' search box with a 'Search' button and a list of links: Find a Provider, Contact Us, Optima EAP, Employment, Web Site Map, and Confidentiality. Below the search box, there are links for 'Contact information' and 'Frequently Asked Questions'. The 'Provider Credentialing' section explains that OBH accepts online applications from the Council for Affordable Quality Healthcare (CAQH) and provides links for 'OBH Provider Credentialing Packet' and 'Need to obtain a CAQH ID?'. The 'Provider Changes and Updates' section asks providers to notify the company of any changes (relocation, joining additional practice, leaving a practice, etc.) 30 days in advance to avoid interruptions in referrals and payments.

Consultation Coding

As of January 1, 2010, the Centers for Medicaid and Medicare Services (CMS) eliminated the use of all consultative codes for physician Medicare billing. Consultative codes are being replaced by evaluation and management (E/M) codes. In accordance with these changes by CMS, Optima Medicare Advantage also stopped accepting these codes beginning January 1, 2010 to follow the CMS ruling. Effective July 1, 2010, Optima Family Care will also follow CMS and no longer accept consultative codes.

Optima Health Commercial products will follow the new American Medical Association guidelines as defined in the 2010 Current Procedural Terminology (CPT) code book. Optima Health will continue to accept consultation codes for all Commercial and Self-funded accounts.

Pharmacy Changes

Applies to plans with pharmacy benefits administered by Optima Health
The purpose of the following is to communicate pharmacy changes effective July 1, 2010:

Note: Pharmacy changes are made on a quarterly basis with effective dates of: January 1st, April 1st, July 1st, and October 1st.

*For Groups without a Four-Tier pharmacy plan, drugs listed as moving to tier 4 will remain at tier 3.

Drug Name	Indication	Description of Change (By Formulary Type)	Generic Alternatives	Lower Tier Alternatives
Fanapt (iloperidone)	Antipsychotic	New Medication Commercial – Tier 4 with step-edit Generics Plus – Non-Formulary with step-edit Medicare – Tier 3 Medicaid – Non-Formulary with step-edit	risperidone	n/a
Intuniv (guanfacine extended release)	Attention Deficient Disorder	New Medication Commercial – Tier 4 with step-edit Generics Plus – Non-Formulary with step-edit Medicare – Non-Formulary Medicaid – Non-Formulary with step-edit	guanfacine immediate release	Concerta
Invega Sustenna (paliperidone)	Schizophrenia	New Medication Commercial – Medical Benefit Generics Plus – Medical Benefit Medicare – Non-Formulary Medicaid – Medical Benefit	haloperidol deconate fluphenazine deconate	n/a
Risperdal Consta (risperidone)	Schizophrenia	Removal of PA No longer requires prior authorization under the medical benefit	haloperidol deconate fluphenazine deconate	n/a
Saphris (asenapine)	Antipsychotic	New Medication Commercial – Tier 4 with step-edit Generics Plus – Non-Formulary with step-edit Medicare – Tier 3 Medicaid – Non-Formulary with step-edit	risperidone	n/a

Clinically Speaking is now published quarterly and delivered to providers and office staff via e-mail. It is also available to view on the Web site, www.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.

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