

Clinically Speaking

June 2011

An Optima Behavioral Health Publication

HIPAA 5010

The HIPAA 5010 compliance mandate will be effective January 1, 2012. Are you ready? Optima Health is in the process of implementing the necessary system changes to accommodate the new file formats. We are working with our partners to ensure a seamless transition. The new HIPAA 5010 transaction changes are designed to create a uniform process for the exchange of healthcare data and it is the precursor in preparation for the ICD 10 changes. All covered entities must comply with the HIPAA 5010 which includes providers, billing service vendors, clearinghouses, and health plans.

Centers for Medicaid and Medicare Services (CMS) has been adamant that the compliance date of January 1, 2012 will not be delayed or changed to a future date. To ensure that you will have a smooth transition, preparations should begin now.

For more information, visit the CMS website at <http://www.cms.gov/Versions5010andD0>.

Stay informed on our progression towards the implementation deadline by visiting optimahealth.com.

If you have any questions, please feel free to email us at OHP5010@sentara.com.

Get social with Optima Health!
Connect with us today.



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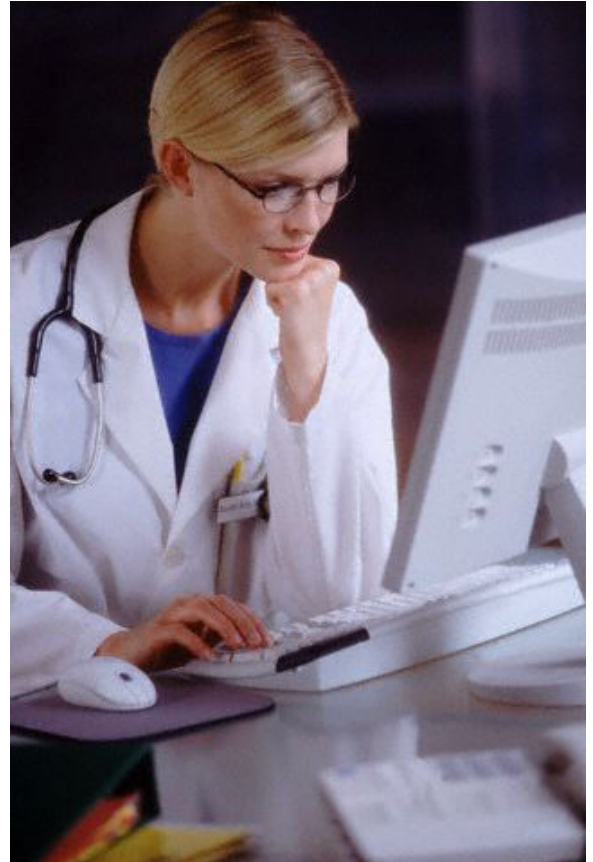
Maximum Out-Of-Pocket Now Available on the Web

Optima Behavioral Health is excited to announce a recent enhancement to Provider Connection.

The new View Eligibility feature allows registered Provider Connection users to view more detailed member plan benefits, including current maximum out-of-pocket, deductible, and benefit plan specifics.*

We would like to thank you for your patience during development, and emphasize our ongoing commitment to responding to the needs of our providers and staff!

*Please note: Current deductible and maximum out-of-pocket data will reflect any claims that have been processed to date. It is not inclusive of pending claims and/or claims not yet submitted by the provider.



Summary of Health Reform Changes/Updates

Under the provisions of the Mental Health Parity & Addiction Equity Act, insurance coverage for behavioral health is required to be equal to coverage for physical conditions.

The following updates are now effective for Optima Health commercial group plans*

- Yearly benefit limitations eliminated. Benefit restrictions are no longer in place for biologically and non-biologically based diagnoses. This development also applies to Optima Family Care and Optima Medicare.
- “Gatekeeper Process” through EAP eliminated. All Optima Health members may now directly access outpatient behavioral health services without first seeking an authorization through their Employee Assistance Program (EAP).

*These changes do not apply to Optima Individual plan products. Please continue to verify member benefits prior to rendering services.

Member Matching Form Reminder

The Optima Behavioral Health (OBH) Member Matching Form is an instrumental resource that allows us to successfully pair Optima Health members with a provider best suited for their needs, and to filter referrals based on the provider’s specialty.

It is important that information reflected in the OBH Provider Directory is accurate and up to date. Be sure to include a completed Member Matching Form with each new OBH Credentialing Application.

Member Matching Forms that are received in conjunction with any requested provider/practice change will act as a replacement for the current information on file. Please be advised that information detailed in the Member Matching Form should be inclusive of all locations affiliated with the Tax ID noted on the form.

Health Reform Update

As we work to ensure compliance with the new laws, Optima Behavioral Health recognizes that our members, providers, employers, and brokers have many questions. Please visit the Optima Health website for Frequently Asked Questions and other information related to health reform. <http://www.optimahealth.com/OptimaHealth/Public/HealthPlanProducts/Pages/health-reform-updates.htm>

Consult Codes

Optima Health will continue to accept consultation codes for all Commercial and Self-funded accounts until July 1, 2011 based on 2011 American Medical Association CPT coding guidelines. Effective July 1, 2011, all consultation services should be billed using the appropriate E/M codes.

July 2011 Pharmacy Changes

These changes apply to plans with pharmacy benefits administered by Optima Health. The purpose of the following is to communicate pharmacy changes effective July 1, 2011.

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
Kapvay (clonidine HCL controlled-release)	ADHD	New Medication Commercial – Tier 4 with a step-edit Medicare – Non-formulary Medicaid – Non-formulary	clonidine	n/a

Coordination of Care Review

The 2010 Treatment Record Review was completed in December. Thank you to those of you who participated by providing requested records for review. We recognize the additional time and effort required of your staff and sincerely appreciate your cooperation. The focus of this review was once again communication and coordination of care with Primary Care Physicians (PCPs). During the annual HEDIS review, which occurs between February and May each year, PCP records are reviewed for evidence of communication from specialists (medical and behavioral health), inpatient hospitalizations, and ambulatory surgery centers. The rate of communication from behavioral health providers found for members who had a behavioral health visit in 2009 was 21 percent, a decrease from 29 percent the previous year.

Of the PCP records reviewed that did not contain communication from a behavioral health provider in 2009, 29 member records from 10 behavioral health provider groups were reviewed. Aggregate results are as follows: Thirty-eight percent of the records reviewed contained a Release of Information for the PCP which was signed in 2009. Seventeen percent of these records also contained documentation that some form of communication had occurred. Only 1 of the 29 members chose not to have information shared with their PCP.

To assist and support coordination of care between our behavioral health and primary care providers, a Confidential Exchange of Healthcare Information form is available on the Optima Behavioral Health website under Provider Resources. We encourage you to communicate with your patient's PCP at the initiation of treatment, as medication changes occur, and at the discontinuation or termination of treatment.

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.

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