Welcome to our Introduction to the Georgia Collaborative ASO

- Please take a moment to review the following:
- We will get started closer to the top of the hour
- You MUST dial into the conference line to hear the presentation:
  - Call 866-830-4851 and enter passcode 4328593 when prompted
- Please DO NOT place your line on HOLD
  - If you place this call on hold we will be able to hear any hold music or hold recordings
  - If you get another call, please hang up from this call and dial back in when you have completed your other call.
- Thank you for joining us. We will begin shortly!
ASO Behavioral Health
Provider Update and Review

June 8 & 9, 2015
Agenda

- Introductions
- Collaborative Overview
- Timeline Update
- Clinical Overview
- Quality Overview
- Program Integrity & Compliance Overview
- Provider Network Management Overview
- Other Informational Resources
- Questions & Answers
Introductions

- Department of Behavioral Health and Developmental Disabilities
  - Melissa Sperbeck, Deputy Chief of Staff
- The Georgia Collaborative ASO
  - Jason Bearden, CEO, GA Collaborative ASO
  - Janet Gaspard, VP of Clinical Implementations
  - Wendy Martinez, CEO, BHL
  - David Newton, VP of Clinical Operations
  - Mona Allen, VP of Quality Management
  - Sheree Marzka, Senior Director of National Compliance
  - Sheri Smidhum, Director of Provider Relations
  - Andrew Leece, Provider Relations Communications Specialist
The Georgia Collaborative ASO

- The right service
- In the right amount
- For the right individuals
- At the right time
Goals of the Collaborative

“Providing Easy Access to High Quality Care That Leads to a Life of Recovery and Independence”

- Support recovery, resiliency and independence in community-based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to “communicate” (The CONNETCS platform)
- Coordination of previously disparate systems
- Improve state wide and provider specific outcomes and provider performance
Updates on the Georgia Collaborative Timeline
The go-live date for certain behavioral health and intellectual and developmental disabilities services remains July 1, 2015. However, certain activities will be phased beyond this date as part of our ongoing implementation.

- **Provider Training**
  - **7/1**
  - **Provider Enrollment**
  - **GCAL**
  - **Compliance**
  - **Reporting**
  - **Clinical Functions:**
    - Inpatient authorizations
    - PASRR - Clinical review
    - PRTF/CBAY level of care determination

- **Quality Management Training**
  - **8/1**
  - **BH Quality Management**

- **Provider Training**
  - **10/1**
  - **ASO Implementation continues for DD**
  - **BH Eligibility and registration**
  - **BH Clinical Operations**
  - **BH Claims processing and Finance**
  - **PRTF & CBAY authorization**
  - **BH Encounter processing**
  - **CID generation for hospital & DD**
Training and Communications

- Training will be conducted in webinars and face to face sessions
- Email invites will be sent to all enrolled providers pertinent to content presented
- Many webinars will be recorded and posted for your convenience
- All training materials posted to the Collaborative and DBHDD ASO webpage

- Beacon’s Temporary Page for GA: [http://www.valueoptions.com/providers/Network/Georgia.htm](http://www.valueoptions.com/providers/Network/Georgia.htm)

- The Georgia Collaborative website *(coming soon)*: [www.georgiacollaborative.com](http://www.georgiacollaborative.com)
The Georgia Collaborative: Clinical
ASO Clinical Management & Authorization Process

<table>
<thead>
<tr>
<th>APS Healthcare</th>
<th>The Georgia Collaborative ASO (Beacon Health Options, Behavioral Health Link, &amp; the Delmarva Foundation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Link</td>
<td>APS Healthcare</td>
</tr>
<tr>
<td>Community Authorizations (MICPs)</td>
<td>Contracted Inpatient Services</td>
</tr>
<tr>
<td>Encounter Processing</td>
<td>PRTF and CBAY Level of Care</td>
</tr>
<tr>
<td>CID Generation</td>
<td>PASRR</td>
</tr>
</tbody>
</table>

7/1

10/1

The Georgia Collaborative ASO

Behavioral Health Link
The Collaborative Clinical Operations Goals

- Promote a strength-based treatment and person-centered care
- Individualized treatment with focus on specific needs of individuals
- Practice an approach that emphasizes families as partners in care
- Identify gaps in services
- Improve network access and quality of services
- Enhance communication and collaboration within the behavioral health delivery system
- Support access to community based services to prevent unnecessary institutional care
- Provide providers with information on their practice analytics
- Provide accountability measures in the behavioral health care system
- Recruit and retain traditional and non-traditional providers
### Data Dictionary

<table>
<thead>
<tr>
<th>Now</th>
<th>The Georgia Collaborative ASO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration/New Episode Request</td>
<td>Registration is separate process from authorization for services. Authorization for services for new individual is called initial authorization request. Active registration with eligibility for funds must be in place prior but is not combined with the authorization request.</td>
</tr>
<tr>
<td>Services Packages</td>
<td>Types of care - Individual service groupings can be selected based on the type of care by the provider. No pre-determined bundles/packages will be given.</td>
</tr>
<tr>
<td>Service Groups</td>
<td>Service classes are groupings of service codes and services. Providers can bill for any code within the class.</td>
</tr>
<tr>
<td>Ongoing Authorization</td>
<td>Concurrent authorization requests for additional services when current authorization timeframe is expiring. Can request up to 30 days prior to expiration date of current auth.</td>
</tr>
<tr>
<td>Discharge Review</td>
<td>Still a discharge! DBHDD &amp; Collaborative are working on plan for which types of care require a discharge.</td>
</tr>
</tbody>
</table>
## Covered Services - Higher Levels of Care

A 4-tier process is used to determine the type of care.

### FY2016 Behavioral Health Services

#### Level of Service = Inpatient

<table>
<thead>
<tr>
<th>Level of Service</th>
<th>Type of Service (MH, SU, MHSU)</th>
<th>Level of Care</th>
<th>Type of Care</th>
<th>Service Class Code</th>
<th>Service Description</th>
<th>Initial Auth Length</th>
<th>Concurrent Auth Length</th>
<th>Max Auth Units</th>
<th>Max Daily Units</th>
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<tbody>
<tr>
<td>Inpt</td>
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<td>Inpatient</td>
<td>Behavioral</td>
<td>IPF</td>
<td>Community Based Inpatient (Psych)</td>
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<td>varies</td>
<td>varies</td>
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<tr>
<td>Inpt</td>
<td>SU</td>
<td>Inpatient</td>
<td>Detox</td>
<td>IPF</td>
<td>Community Based Inpatient (Detox)</td>
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<td>varies</td>
<td>varies</td>
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<td>Inpt</td>
<td>MH, MHSU</td>
<td>Crisis Stabilization Unit</td>
<td>Behavioral</td>
<td>CSU</td>
<td>Crisis Stabilization</td>
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<td>5</td>
<td>5</td>
<td>1</td>
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<tr>
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<td>Crisis Stabilization Unit</td>
<td>Detox</td>
<td>CSU</td>
<td>Crisis Stabilization</td>
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<td>5</td>
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<td>Inpt</td>
<td>MH</td>
<td>PRF</td>
<td>Behavioral</td>
<td>PRT</td>
<td>PRTF</td>
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<td>30</td>
<td>30</td>
<td>1</td>
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<tr>
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<td>SU</td>
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<td>Detox</td>
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<td>Residential Detox</td>
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<td>Inpt</td>
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<td>Nursing Home</td>
<td>Behavioral</td>
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<td>PASRR Nursing Facility</td>
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### Covered Services – Outpatient Services

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<tr>
<th>Level of Service</th>
<th>Type of Service</th>
<th>Level of Care</th>
<th>Service Code</th>
<th>Service Groups Available</th>
<th>Service Description</th>
<th>POS</th>
<th>Initial Auth</th>
<th>Concurrent Auth</th>
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<tr>
<td>Outpatient</td>
<td>MH, MHSU</td>
<td>Outpatient</td>
<td>ACT</td>
<td>20601</td>
<td>20601-ASSERTIVE COMMUNITY TREATMENT</td>
<td>11</td>
<td>90</td>
<td>240</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CT1</td>
<td>21202</td>
<td>21202-COMMUNITY TRANSITION PLANNING</td>
<td>11</td>
<td>90</td>
<td>50</td>
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<tr>
<td>Outpatient</td>
<td>SU</td>
<td>Outpatient</td>
<td>OPD</td>
<td>21102</td>
<td>21102-AMBULATORY DETOXIFICATION</td>
<td>22</td>
<td>14</td>
<td>32</td>
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<td></td>
<td></td>
<td></td>
<td>BHA</td>
<td>10101</td>
<td>10101-BH ASSESSMENT &amp; SERVICE PLAN DEVELOPMENT</td>
<td>22</td>
<td>14</td>
<td>varies</td>
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<td>PEM</td>
<td>10120</td>
<td>10120-PSYCHIATRIC TREATMENT POLICY</td>
<td>22</td>
<td>14</td>
<td>varies</td>
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</tbody>
</table>

- **Level of Service**: Outpatient
- **POS**: Place of Service
- **4-tier process to determine type of care**
- **Individual service groups within each type of care**

Revised 2015.04.23
Covered Services – What has Changed?

Service System Management

Functional Assessment Instrument

- Helps with measuring progress and change
- Takes knowledge and imbeds it into the work with individuals
- Streamlines the complexity of integrating different perspectives
- Effectively factors in the individual’s needs, and provides pathway for modifying services to meet needs
- Tools that will capture information to help us make decisions based on individual needs
Covered Services –What has Changed?

Adult Needs and Strengths Assessment (ANSA)

Child and Adolescent Needs and Strengths (CANS)

Outcome management tools

- Help with measuring progress and change
- Information Integration tool takes knowledge and imbeds it into service delivery and generated data back to providers
- Developed from communication theory, facilitates linkage between assessment and service plan development
- Can be utilized to monitor behavior change by comparing scores over time
- Useful in treatment planning, program evaluation, level of care eligibility
Crisis Referral and Bed Management
Referral Status Board and Beds Inventory Status

- Within the first quarter of FY 2016 all BHCCs, CSUs, State Contracted Hospitals and State Hospitals will use the electronic resources on bhlweb.com for referrals and bed tracking to varying degrees just as Regions 1, 4, 5 & 6 do now.

- All facilities will receive referrals via bhlweb on the CSU/State Contract Bed Referrals Status Boards, BHCC Notification Boards, and State Hospital Notification Boards

- These applications are in electronic communication with the CONNECTS platform—allowing all data to come together for the benefit of continuity of care and higher level analysis
Referrals: GCAL Single Point of Entry (SPOE)

- SPOE and PPOE refer to “Single Point of Entry” or “Preferred Point of Entry”

- SPOE - applies to access to State Contracted Beds in regions without acute admissions to State Hospitals (1, 4 & 6)

- PPOE - applies to BHCCs, CSUs and State Hospitals in all DBHDD Regions (Regions 2 & 3 will go live during the first quarter of FY 2016)

- All referrals for State Contracted Beds or state hospital beds for adults must go through GCAL and be referred to available CSU resources in the region prior to utilizing a contract bed or state hospital bed
Referrals: GCAL Preferred Point of Entry (PPOE)

- Effective during the first quarter of FY 2016, all referrals from outside entities are to be made through GCAL.

- The term preferred is used because CSUs attached to CSBs can and should admit directly from their own clinics and own field staff (i.e. ACT staff, IFI staff).

- BHCCs, State Hospitals, and CSUs can and should admit walk-ins who meet criteria.
Walk-in, Probate, and Law Enforcement Drop off: Marketing GCAL to facilitate the appropriate level of care

- GCAL will triage and link individuals to most appropriate and least restrictive level of care starting with routine and urgent appointments
  - All Tier 1 and 2 providers will have urgent slots dedicated for GCAL referrals
  - GCAL will no longer make routine appointments or discharge appointments effective July 1 but will help an individual choose a provider and link them to the provider where the appointment will be scheduled. Individuals can also use ReferralConnect to find a provider
- When appropriate, Mobile Crisis dispatch and linkage to the outpatient provider of record (Starting 10/1) will be utilized using information from Connects
- While GCAL will do everything possible to avoid inappropriate referrals and drop-offs, state law allows direct transport by police and transport by probate order and does not forbid individuals from walking in for services. GCAL will be marketed to these groups to facilitate appropriate referrals
Clinical Functions: Utilization Management (UM)
Adult State Contracted Beds (Inpatient) UM Work Flow

**Beginning 7/1/15:**

- Referral is made to GCAL for an inpatient placement
- GCAL will conduct an initial level of care review and approve the individual for a contract bed.
- Beacon UM staff will conduct concurrent review with provider telephonically and provide that authorization decision to the provider

- **APS will continue making the initial and concurrent UM decisions through 6/30/15**
- **Beginning 7/1/15 the Georgia Collaborative will be responsible for initial inpatient authorizations thru GCAL**
- **Beginning 7/1/15 Beacon UM staff will be responsible for continued stay UM determinations**
- **State contracted beds for C&A will be implemented in the future in similar manner**
Outpatient UM Guidelines

What’s Changing in future (10/1/15)

- Registration as a separate process will be completed via ProviderConnect or Batch prior to authorization request
- No longer receiving pre-determined packages/units of services based on registering admission
- Based on type of care requested, list of services for selection will be offered for selection
- Providers should select services based on individualized plan of care for that individual while anticipating which services may be of benefit to the individual during the upcoming authorization period
Maximum units allowed should be considered for each service with provider requesting based on individual’s plan while factoring in periods of progress and regression where additional units may be needed. Providers should request appropriate units taking all factors into account.

Services known as the “Core Service Package” have changed to “Non-Intensive Outpatient Services”

- Initial authorization is for 30 days to allow for complete assessment & time for thoughtful treatment planning.
- Time for completing CANS/ANSA
- 1st Concurrent authorization request for 365 days!
Clinical Functions: PRTF & CBAY Level of Care (LOC) & Authorization Processes
PRTF & CBAY LOC and Authorization Process (7/1/15 – 9/30/15)

Referring provider faxes to the Collaborative a PRTF/CBAY request with all supporting documents

- **Approve**
  - PRTF accepting individual for admission submits an authorization request to APS. Through the current PRTF system - Request indicates the admission date. APS verifies PRTF LOC was approved by Collaborative.
  - Once verified, APS approves an authorization for 30 days (assuming admission is within 30 days of LOC determination date). Auth is passed to HP.
  - CBAY LOC information passed to DBHDD.

- **Deny**
  - Request for PRTF/CBAY LOC is denied and adverse decision letter* via certified mail noting right to fair hearing for Medicaid members. Denial letters are copied to provider, DBHDD State Office, DBHDD C&A Program Specialist, Regional Office & DBHDD General Counsel. For DJJ committed youth, designee and DJJ State Office.

**Concurrent Review**

**Appeal**
Provider submits concurrent requests in APS system for PRTF. The Collaborative is provided access to request, reviews, outreaches to provider as needed, a medical necessity decision is rendered, documented and communicated to APS.

APS enters concurrent auth in their system and passes Authorization decision to HP.

Appeal
Follows Current Appeals Process
Clinical Functions: Care Coordination
How is RECOVERY defined?

Georgia’s Definition of Recovery

- Recovery is a deeply personal, unique, and self-determined journey through which an individual strives to reach his/her full potential. Persons in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.

- Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices, and opportunities.

- Recovery belongs to the person. It is a right, and it is the responsibility of us all.
The Georgia Collaborative ASO’s Specialized Care Coordination Program is:

- a community based program designed to monitor, support, and serve individuals within the behavioral health and developmental disability population

- uniquely targets individuals with the most complex care needs or during critical transition periods to best support care coordination with all community-based providers
Overview – Targeted High Touch

- Certified Peer Specialist
- Complex Care Coordination
- Community Transition Specialist
- Data Reporting and Analytics

Intensity (Touch)
- High
- Low
Specialized Care Coordination– Local in the Community

Clinical Care Coordinators (CCC)

Certified Peer Specialist (CPS)

Community Transition Specialist (CTS)
Community Transition Specialist (CTS)

Care Coordination is **targeted on** TRANSITIONS OF CARE

- Provides outreach and discharge appointment coordination to support the transition from a High Level of Care to a community based provider
- Engagement occurs within seven and 30 days of discharge
Care Coordination is targeted on
COORDINATION OF CARE

Complex Care Coordination is the deployment of licensed clinicians that provide clinical oversight to vulnerable individuals with complex diagnostic histories and/or multiple hospitalizations.
Certified Peer Specialists:

- Show by example that long-term recovery is attainable
- Assist their peers in skill building
- Support goal setting
- Develop problem-solving
- Facilitate individuals building a self-directed – Whole Health Action Management (WHAM) and Wellness Recovery Action Plan (WRAP)
Summary:
Plan for Clinical Processes July 1- Sept 30
Summary of July to October UM Processes

- GCAL will continue to provide assistance with referrals to CSU and contracted inpatient beds as indicated
- GCAL will be making UM decisions on these admissions and coordinating the authorization of the services with the Collaborative
- Concurrent Inpatient reviews will be completed telephonically with the Beacon UM staff between the hours of 8:30 AM to 5 PM weekdays with the exception of holidays
- LOCUS/CAFAS will continue to be the tools utilized for medical necessity for these admissions
- PRTF Level of Care and concurrent review determinations will be conducted by the Collaborative Utilization Managers
- CBAY Level of Care determinations will be conducted by the Collaborative Utilization Managers
- All other services such as PSR, ACT, and standard outpatient services will continue to be submitted to APS using current processes
# Summary of July to October UM Processes

<table>
<thead>
<tr>
<th>Service</th>
<th>Who Requests</th>
<th>How Requests</th>
<th>Response Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Contracted Inpatient</td>
<td>Provider of service</td>
<td>Contact GCAL for initials, concurrent reviews conducted with Beacon staff telephonically</td>
<td>Telephonic notification of review decision</td>
</tr>
<tr>
<td>PRTF/CBAY level of care determinations</td>
<td>Provider who identifies need for service</td>
<td>Secure fax of information to Collaborative at 844-865-5510</td>
<td>Telephonic</td>
</tr>
<tr>
<td>PRTF authorizations</td>
<td>Provider of service</td>
<td>Continue as current APS process – Collaborative will partner to obtain information</td>
<td>Telephonic in addition to update to APS system</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Provider of service</td>
<td>Continue as current APS process</td>
<td>Continue as current APS process</td>
</tr>
<tr>
<td>PASRR L2</td>
<td>Provider who identifies need for service</td>
<td>No change – request thru Alliant/GMCF</td>
<td>Telephonic and written</td>
</tr>
</tbody>
</table>
Quality Management
Timeline and Process Updates

Quality Reviews:

- Behavioral Health
- Reviews will begin in August 2015
- Developmental Disabilities
- Reviews will begin in July 2015

Updates to the Review process:

- Review tools
- New reports
- BH quality and compliance component
- Staff and individual interviews
Guiding Principles & Foundational Elements

- Incorporate provider feedback
- Minimize provider administrative burden
- Integrate and coordinate where applicable, IDD and BH
- Offer incentives for positive performance and technical assistance for those who need additional training/help
- Incorporation of SAMHSA National Behavioral Health Quality Framework Recommendations
- Build upon the existing compliance/program integrity tools while implementing a stronger focus on quality
- Focus reviews on coordination of care and transitions of care
- Incorporate new service areas into review (CSU)
- Utilize direct interviews with individuals served and provider staff to gain a more complete organizational perspective
Highlights of Key Changes

- Reviews will use current foundation with new overlay of quality.
- When possible reviews will be conducted in tandem with other entities.
- More actionable data, feedback and technical assistance.
- More input from more sources – individuals, staff, family, advocates, providers, stakeholders, etc.
- Number of records - similar number of records reviewed, but the frequency of reviews will depend on performance.
- One comprehensive tool comprised of - four scored sections and two non-scored.
# GA Collaborative Quality Review Instruments

<table>
<thead>
<tr>
<th>Section</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Keep Billing Validation Section</td>
<td>25%</td>
</tr>
<tr>
<td>II. Combination of Assessment and Treatment Planning</td>
<td>25%</td>
</tr>
<tr>
<td>III. Focused Outcome Areas</td>
<td>25%</td>
</tr>
<tr>
<td>A. Documentation General/Overall</td>
<td>(New)</td>
</tr>
<tr>
<td>IV. Service Guidelines Compliance</td>
<td>25%</td>
</tr>
<tr>
<td>V. Interviews with Individuals receiving services</td>
<td>(New)</td>
</tr>
<tr>
<td>VI. Interviews with Staff providing services</td>
<td>(New)</td>
</tr>
<tr>
<td>VI. *CSU Specific Review Section</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

*Specific to and used with CSUs only
Program Integrity & Compliance
Program Integrity – Prevention

- **Industry Partnership** – Work w/ Federal, State and peer agencies, to coordinate audits & investigations and keep current on fraud, waste & abuse schemes

- **Training, Education & Technical Assistance** – Offer training to staff and providers so people can better avoid and identify potential fraud, waste & abuse

- **Ethics Hotline** – Provided to allow reporting, anonymously if desired, issues surrounding fraud, waste & abuse (1-888-293-3027)

- **Claims Edits** – Automatically identify claims for issues such as duplicate claim, unknown services, unknown or ineligible member, and ineligible providers

- Individual’s will be receiving Explanation of Benefit (EOB) statements
Program Integrity – Audit & Detection

- **Interdepartmental Coordination** – Routinely work with departmental resources to gather information such as provider audits or performance issues, which may indicate potential fraud, waste & abuse
- **Data-mining & Trend Analysis** – Random reviews of database information, such as claims and utilization review data, claims submittals, etc. to identify patterns of potential fraud, waste & abuse
- **Audits** – Reviews to ensure compliance w/ Federal and State laws, regulations, billing and documentation requirements and to monitor for possible fraud, waste & abuse
Program Integrity - Investigation

- **Internal/External Referrals** – Utilize multiple resources for gathering information related to fraud, waste & abuse allegations

- **Comprehensive Audits/Investigations** – If fraud is suspected or audit findings indicate a possible systemic problem, an investigation will be initiated and may include interviews and review of a larger volume of documents
Program Integrity - Resolution

- **Reporting** – Report any suspicion or knowledge of fraud and abuse to DBHDD for referral to DCH and/or MFCU. Follow-up summary reports are sent within 2 business days.

- **Corrective Actions** – Recommend provider corrective action plans (CAPs) to DBHDD to include remedies such as repayment of funds, training, referral to law enforcement or other regulatory authorities, etc.

- **Appeals** – If a provider disagrees with an audit report, an appeal may be requested along with a written explanation and documentation supporting the reason for the dispute.
Provider Network Management Resources
Provider Network Management

- **Beginning in July 2015, the Collaborative will:**
  - Assume the responsibilities for the Provider Enrollment process for new providers submitting Letters of Intent (LOIs) and processing existing provider applications for expansion of services or locations
  - Review all applications and submit recommendations for approval or denial to DBHDD
  - Assist DBHDD in developing criteria and metrics to assess network adequacy
  - Continue to respond to provider inquiries and assist with provider training

- **Beginning in October 2015, providers will:**
  - Utilize the full functionality of the ProviderConnect system to interact with the Collaborative
Provider Applications:

Behavioral Health:

- DBHDD will complete the BH Letters of Intent (LOIs) received through May
- All approved LOIs will move to the Collaborative for application review starting in July
- Existing BH providers may submit applications to expand services or locations to the Collaborative starting in July
- The Collaborative will host the next BH Provider Enrollment Forum in mid August
Provider Applications:

Developmental Disabilities

• The Collaborative will host the IDD Provider Enrollment Forum in mid July and accept LOIs in August

• DBHDD has a temporary hold on provider expansion requests for the month of June.

• Existing IDD providers may submit applications to expand services and locations to the Collaborative starting in July

Provider Resource Directory

• [www.mygcal.com](http://www.mygcal.com) will transition to ReferralConnect
### Projected Behavioral Health Provider Enrollment Dates

<table>
<thead>
<tr>
<th>BH Provider Enrollment Forum</th>
<th>Open Enrollment Period</th>
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</thead>
<tbody>
<tr>
<td>August 13, 2015</td>
<td>September 1-30, 2015</td>
</tr>
<tr>
<td>April 15, 2016</td>
<td>May 1-31, 2016</td>
</tr>
<tr>
<td>IDD Provider Enrollment Forum</td>
<td>Open Enrollment Period</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>July 17, 2015</td>
<td>August 1-31, 2015</td>
</tr>
<tr>
<td>November 17, 2015</td>
<td>December 1-31, 2015</td>
</tr>
<tr>
<td>March 15, 2016</td>
<td>April 1-30, 2016</td>
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Coming Soon – www.georgiacollaborative.com

Georgia Collaborative ASO

Welcome to the Georgia Collaborative Administrative Services Organization (ASO) website. Working with the Georgia Department of Behavioral Health and Developmental Disabilities’ (DBHDD) network of more than 600 providers, the Georgia Collaborative ASO facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.
Providers

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

Log In  Register  Demo  Helpful Resources

Providers Menu

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has selected ValueOptions, Inc. to serve as the department’s administrative services organization (ASO). Under the terms of the contract, ValueOptions will assist in the administration of DBHDD’s behavioral health and developmental disability care through a wide range of services. By creating this ASO, this process allowed DBHDD an opportunity to combine functions of existing contracts, modify and add new deliverables that will improve coordination, increase efficiency and support high-quality care for individuals served by the department.

Forms

Visit our Forms section to access various items you may need for enrollments, updates or additional information, including DBHDD HIPAA violations and complaints forms.

Information
An online tool where providers can:

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<th>• Verify individual eligibility</th>
<th>• Register an Individual for funds</th>
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<td>• Access and Print forms</td>
<td>• Request and View Authorizations</td>
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<td>• Download and Print Authorization Letters</td>
<td>• Submit Claims and View Status</td>
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<td>• Access Provider Summary Vouchers (PSVs)</td>
<td>• Submit Customer Service Inquiries</td>
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<td>• Submit Updates to Provider Demographic Information</td>
<td>• Access ProviderConnect Message Center</td>
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INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.
Logging into ProviderConnect

- Go to www.ValueOptions.com, choose “Providers”
- Click on Getting Started under “ProviderConnect” on the right side of the screen to access the demo
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts
- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter an Individual Plan
  - Enter a Special Program Application
  - Enter a Comprehensive Service Plan
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts
- Enter or Review Claims
  - Enter a Claim
  - Enter EAP CAF
  - Review a Claim
  - View My Recent Provider Summary Vouchers
  - PaySpan
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals
- Enter Member Reminders
- Enter Case Management Referral
- Enter Bed Tracking Information
- Search Beds/Openings
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information
- View My Recent Authorization Letters
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com