Dear TERM Domestic Violence Victim Group Provider:

We are excited about reaching the TERM Domestic Violence Victim Group standards commencement date of April 1, 2015 and would like to express our gratitude for your collaboration toward meeting this important milestone. TERM is committed to improving the clinical quality of the behavioral health services provided to clients, and you are crucial to the success of carrying out this mission.

In order to support you with implementation of the standards in your TERM Domestic Violence Victim Group practice, we would like to communicate some reminders and resources:

TERM Specialty Requirement Forms and supporting documentation are due Wednesday April 1, 2015.
Thank you to those who have already completed this step!

For all clients authorized on April 1, 2015 or later, please remember:

- The Intake & Assessment process described in the Standards should be completed including administration of the Danger Assessment (Campbell, 2003) and Substance Abuse screening tools.
- The Intake Assessment form should be completed and submitted to Optum within 30 days of authorization; the Quarterly Group Progress Report should be submitted every 12 weeks thereafter; a final Discharge Report is due on completion of treatment.
- Curricula topics outlined in the standards need to be incorporated into treatment.

- The next 40 hour Domestic Violence Counselor Training will be held by the Women's Resource Center and begins on May 2, 2015. For more information, contact the Women's Resource Center at (760) 757-3500.
- A Sample Claim Form has been developed for your convenience and is included on page 2 for your reference in submitting claims for your group services.
- Please see pages 3-4 for answers to Frequently Asked Questions about TERM Domestic Violence Victim Groups.

Thank you for your continued partnership in delivering exceptional behavioral health services to the clients of San Diego County Child Welfare Services. For questions or feedback you can contact us at:

1-877-824-TERM (1-877-824-8376)
Option 1: Clinical Support Team (authorizations, referrals, and work product tracking)
Option 2: Claims Department (billing, claims questions)
Option 3: Provider Services (contracting questions)
Option 4: TERM Clinical Team (general clinical questions)
Option 5: TERM DV Victim Standards Team:

- x67082 - Michelle Hemmings, PsyD
- x67184 - Blanca Lugo, MFT
- x67083 - LeAnn Skimming, PhD

FAX # 1-877-624-8376

www.optumhealthsandiego.com

Other useful resources:
PSW Locator Number: 858-694-5191

San Diego Domestic Violence Council:
http://www.sddvc.org/

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | PICA

CARRIER

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | X OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): A00000-1 (CWS Case #)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Person, Test

3. PATIENT'S BIRTH DATE MM DD YY: 01 01 1901 — SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street): 123 Any Street

6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other

7. INSURED'S ADDRESS (No., Street)

CITY: Any City — STATE: CA

8. RESERVED FOR NUCC USE

CITY — STATE

ZIP CODE: 92108 — TELEPHONE (Include Area Code): (619) 000-0000

ZIP CODE — TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY — SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO — PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: Signature on File — DATE: Date

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: Signature on File

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY — QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE — 17a. — 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): Joe Provider, MFT

20. OUTSIDE LAB? YES NO — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind.

A. V71.09 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01 01 15	01 01 15	11		90802V		A	20.00	3		NPI	
2	01 10 15	01 10 15	11		90853V		A	20.00	1		NPI	
3	01 17 15	01 17 15	11		90853V		A	20.00	1		NPI	
4	01 31 15	01 31 15	11		90889V		A	50.00	1		NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER: 123456789 — SSN X EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED: Signature — DATE

32. SERVICE FACILITY LOCATION INFORMATION
123 Provider Office Lane
Any City, CA 92108
a. NPI b.

33. BILLING PROVIDER INFO & PH # (619) 111-1111
Joe Provider
123 Provider Office Lane
Any City, CA 92108
a. NPI b.

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org — *PLEASE PRINT OR TYPE* — APPROVED OMB-0938-1197 FORM 1500 (02-12)

TERM Domestic Violence Victim Group FAQs

Who can I contact with specific questions or comments?

Dial 1-877-824-8376

Option 1: Clinical Support Team (Authorizations, referrals, and work product tracking)
Option 2: Claims Department (Billing, claims questions)
Option 3: Provider Services (Contracting questions)
Option 4: TERM Clinical Team (Clinical questions)

What do I need to do to be a TERM-approved Domestic Violence Victim Group provider?

Complete and submit the Domestic Violence Victim Group Clinician Specialty Requirements Form AND attend a DV Victim Group Provider orientation with TERM staff (to schedule one, call 877-824-8376, then select Option 4).

Where do I obtain the required 40-hour DV Victim Counselor training?

The trainings are provided by local Domestic Violence shelters.

How many sessions will be covered?

Group treatment authorizations will typically be for a 26 week authorization period. Re-authorization can be requested from the PSW based on clinical necessity.

What is the duration of the weekly group sessions?

1.5 hours.

Is there a standard group structure?

Groups can be closed or open and may range from a minimum of 3 members to a maximum of 12. Groups should be separated by gender.

Can non-CWS referred clients be included in the groups?

Yes. Non-CWS referred clients that are clinically appropriate for TERM DV Victim Groups can be included in the victims group.

Is there an attendance/no show policy?

Considering the variety of needs and obstacles in the client population, providers should address this issue as clinically appropriate. Providers should be transparent about their attendance policy in their informed consent forms and in conversation with clients and referring PSW's; however, providers may not bill clients for missed appointments.

How much documentation am I required to submit and how often? How do I access the forms?

The Intake Assessment form is due 30 days after authorization and a Quarterly Progress Report is due every 12 weeks thereafter. A Discharge Summary (via the Quarterly Progress Report form) should be submitted at time of discharge. For typical cases, 3 reports total will be submitted. The forms are accessible on the Optum San Diego webpage under the County Staff & Providers, section TERM providers, Group Standards tab.

Where can I access the assessment measures?

The Assessment Tools appendix offers resources for accessing the assessment measures. Click on the hyperlink for each assessment measure for more information.

What are the rates of compensation?

- Intake Session = $20 per unit for Licensed providers and $10 per unit for Interns, with a max of 3 units
- Group session = $20
- Intake Assessment Report, Quarterly Progress Report and Discharge Summary = $50 each, for a total of 3 that are reimbursable.

How do I submit claims for the group? What codes do I use?

The Health Insurance Claim Form will be submitted per the instructions on the form. The following codes apply to the DV Victim Groups:

Licensed Providers

- 90802V – Diagnostic Evaluation (or Intake)
- 90853V – Group Session
- 90889V – Submission of documentation, up to 3 (three) are reimbursable: One Intake Assessment and two Quarterly Progress Reports (one may be the Discharge Summary).

Interns

- 90802VI – Diagnostic Evaluation (or Intake)
- 90853VI – Group Session
- 90889VI – Submission of documentation, up to 3 (three) are reimbursable: One Intake Assessment and two Quarterly Progress Reports (one may be the Discharge Summary).

What will TERM oversight consist of?

TERM will conduct quality assurance reviews of Intake Assessment forms and Quarterly Progress Updates. TERM will also be conducting at least annual site monitoring of required documentation and observation of treatment groups. A copy of the On-Site Group Monitoring Audit Tool is located on the Optum website under the TERM Group Standards Tab.

Will I have to follow a group curriculum?

A list of group topics that need to be addressed in the course of treatment is provided on pages 20-22 of the TERM Domestic Violence Victim Group Psychotherapy Treatment Standards; additional topics may be determined by providers as clinically indicated.

If my practice is filling up or if I am going to take a leave of absence from my practice, may I choose to be unavailable for new TERM referrals?

Please make sure to notify Provider Services at 800-798-2254 option 7 when you are unavailable to accept new referrals. We can easily temporarily close your practice to new referrals. By temporarily making your practice unavailable to referrals, the PSWs will know not to send you new referrals and this will assist with ensuring timely access to care. Please remember to call us when you return from vacation or have more time to accept new clients. When you are ready to accept new referrals, we can quickly re-open your practice. When we re-open your practice, this informs the PSWs that you are once again available to accept their referrals.