

ECBH ALERT 7-16-10

CRISIS/ACCESS NUMBER- 1-877-685-2415

MONTHLY PROVIDER FORUMS

ECBH has been conducting monthly (versus quarterly) Provider Forums since October 2009. The intent of the Provider Forums is to promote communication between the LME and Network Provider Agencies, as well as to provide technical assistance and training on a wide variety of issues and topics.

In addition, as a result of ECBH's previous management responsibilities of Albemarle Mental Health Center (AMHC) and current merger (effective 7/1/10) of ECBH and AMHC, the Provider Forums that were being held separately for ECBH and AMHC providers *have now combined* to 1 Monthly Provider Forum.

The Provider Forums occur the **2nd Tuesday of every month at 1:00 pm** at the Martin County Community College (1161 Kehukee Park Rd. Williamston, NC 27892) in Building #2.

If you or an appointed individual from your agency is unable to attend one of the Monthly Provider Forums, you can obtain a copy of the minutes and any attachments distributed at the forum at the ECBH website at the following link:

www.ecbhme.org/Page_Provider.php?id=56

Please plan on attending these forums every month. Due to the never-ending changes we are facing in the current Mental Health, Substance Abuse, and Developmental Disabilities environment, these forums are our opportunity to try and make some sense of it all!

Thanks for your past and future participation.

UPDATED LME ADMISSIONS AND DISCHARGE FORM

An updated LME Admissions and Discharges form has been posted to the NC DMH/DD/SAS website at the following link:

<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm#lmeforms>

Please utilize this updated form for all admissions and discharges.

Also, please update your policies and procedures to include this new form. Thanks!

WHERE ARE THE MANUALS?

The new CAP manuals were recently posted on the Division website and then mysteriously disappeared. There were some edits that needed to be made, so the Division has temporarily removed them from the website while the necessary edits are being made. The Division is hopeful to have the Comprehensive and Supports Waiver Manuals posted again as soon as possible. Keep checking the website until they are re-posted. Thanks.

REPORTING PROVIDER FRAUD AND ABUSE

The N.C. Department of Health and Human Services (DHHS) has created a poster asking citizens to report Medicaid fraud and abuse. In a memo dated June 4, 2010, DHHS Secretary Lanier Cansler asked all health care agencies and private health care providers to print and prominently display the poster in their offices (see attached documents). We appreciate your participation in this important effort. For more information, please refer to the Division of Medical Assistance (DMA) website at <http://www.ncdhhs.gov/dma/provider/fraud.htm>

NC-TOPPS REMINDERS

Superusers – do not approve new users/clinicians for your agency unless they have a corporate email address. Take the time on a regular basis to view the QP list and remove users that are no longer employed with your agency. To complete this task go to the NC-TOPPS Profile Mgmt System under “Remove Users” and follow the prompts.

Superusers/Users - remember to view your agency’s Incomplete NC-TOPPS list and Updates Needed list weekly. Incomplete NC-TOPPS must be confirmed or deleted within 3 days.

NC-TOPPS LME Monthly Call Minutes for June 2010 will be posted shortly on the NC-TOPPS Home Page, please click on “other info” on the NC-TOPPS homepage to view.

ECBH and NC-TOPPS would like to extend an invitation to providers who are interested to dial into the July 19th conference call. The call-in line is limited to 100 callers, those calling in after the limit is met will not be able to participate. Please contact me if you are interested in participating (contact info below).

AMHC/ECBH Merger information went out through our network as an MCO Alert to all AMHC providers and is posted on the website www.ecbhlme.org. NC-TOPPS change requirements and instructions fall under #11 in the merger plan. All AMHC providers are required to read and follow these instructions.

For assistance with NC-TOPPS questions or concerns, please contact Susan Massey at 252-639-7740 or smassey@ecbhlme.org.

PROVIDERLINK

When sending faxes through Providerlink, please make sure you are only sending 1 consumer record in each fax. We are getting many faxes with multiple consumers in them, even though there is a fax separation page between the consumers. Please, only 1 consumer document per fax!

Also, please make sure the spelling of the consumers' names and their dates of birth are accurate, and included on every page of the document. This will help us to get the documents into the correct consumer record.

If you have any Providerlink questions, please contact Debbie Lambert at 252-332-7437.

PERSON-CENTERED PLAN REMINDER!!

As a reminder, as outlined in Implementation Update #68, beginning July 1, 2010, the new format **MUST** be used **when the next annual re-write of the PCP is due.**

· For example, if the date on the current PCP is March 12, 2009, the annual rewrite is due by March 12, 2010 and MAY be completed using the new format. The annual rewrite due the next year, March 12, 2011 **MUST be on the new format.**

· If the date on the current PCP is August 10, 2009, the annual rewrite is due by August 10, 2010 and **MUST be on the new format.**

The new PCP format and supporting documents may be found at:
<http://www.ncdhhs.gov/mhddsas/pcp.htm>

The new PCP format includes:

- One Page Profile
- Action Plan
- Crisis Plan
- Signature Page

A revised PCP Instruction Manual is posted along with the new PCP format and Update/Revision pages. In addition, supplemental pages are posted, that include the Person Centered Thinking Tools and Guidelines for use in preparing the One Page Profile and for use by providers to assist in implementation of the PCP.

1ST LEVEL EDITS FOR CLAIMS PROCESSING-- EFFECTIVE 7-1-10

Effective 7/1/10 ECBH will implement new edits in claims processing at the 1st level of adjudication. These new edits will now deny claims which do not contain all required information for a clean claim at the 1st level of adjudication. These claims were previously being approved at our 1st level of adjudication but denying on the state level. ECBH claims processing staff were notifying the provider of these denials to obtain the needed information to correct the claim. ECBH staff would then refile the claim after the corrections were made. These new edits will be **responsibility on the provider** to submit a clean claim, which results in a more efficient turn around time for payment.

The additional edits that have been added are as follows:

- INS - Invalid client ID
- TDX - target pop/diagnosis mismatch (diagnosis does not fit target pop)
- TPD - target pop does not cover date of service billed
- TSV - service does not fit in target pop
- TPM - client does not have a target pop at all

It will be the **PROVIDERS RESPONSIBILITY** to check provider folders (**weekly**) to insure all the claims that have been approved at the 1st level of adjudication. If you have denials, again, it is the **PROVIDERS RESPONSIBILITY** to correct and re-enter the claims.

REMEMBER, you have a 74 day window (time frame) to get a clean claim entered. (A clean claim is a claim that is approved at the 1st level of adjudication - one that states 1st level adjudication approved). Submitted claims approved at the 1st level of

to the state
for payment by ECBH. See updated claims entry manual for complete instructions.

The claims department will be glad to assist you with any questions. You may call 252-332-4137, choose option 4.

Thank You,
ECBH Claims
Department

HELP DESK TICKET SYSTEM FOR PROVIDERS

IT has developed a help desk ticket system. There will be a link on our website, www.ecbhlme.org, for providers to submit tickets requesting help. The instructions are included in the **attachment above** titled "Using the Help Ticket System," and will also be posted on our website.

ENTERING TARGET POPS

Entering a new target pop request (no other TPop in system, or only TPop that have already ended before your start date)

Enter Agency Requesting Change

No need to enter anything in Old Target Pop slot

List the Target Pop code in New Target Pop slot

Enter start date of Target Pop

Enter end date of Target Pop:

If adult, add 10 years to start date UNLESS

- 1) AMCS, ADSC or ASCS code (only good 14 days at a time, and if ongoing will need new TPop request for each 14-day period)

- 2) AMAO, ASAO or ADAO code (only good for 30 days at a time – This is a screening/outreach code and is only for an initial visit. If client is receiving ongoing treatment, he/she should be in a regular TPop.)

If child, end date is day before 18th birthday UNLESS

- 1) CMCS, CDCS or CSCS code (only good 14 days at a time, and if ongoing will need new TPop request for each 14-day period)
- 2) CMAO, CDAO, CSAO code (only good for 30 days at a time – This is a screening/outreach code and is only for an initial visit. If client is receiving ongoing treatment, he/she should be in a regular TPop.)
- 3) CMECD code (this is only good from date of third birthday until the day before 6th birthday)

Enter name of Contact Person (person to be called if there is a problem with the request)

Enter Agency Phone Number (LME cannot contact you about any problem or question regarding the TPop request without this)

Entering a Change Target Pop request, without changing a previous TPop

To change a start date and/or end date of an existing TPop:

Enter Agency Requesting Change

No need to enter anything in Old Target Pop slot

List the Target Pop code in New Target Pop slot

Enter new start date of Target Pop (if only changing the end date, this will be the same as original entry)

Enter new end date of Target Pop (if only changing the start date, this will be the same as original entry)

Enter name of Contact Person (person to be called if there is a problem with the request)

Enter Agency Phone Number (LME cannot contact you about any problem or question regarding the TPop request without this)

Entering a Change Target Pop request, with resulting change or deletion of a current or previous Target Pop

If your request will require a change in the end date of current or previous TPop, or require the deletion of a current or previous TPop:

Enter Agency Requesting Change

Enter TPop code to be changed or deleted in Old Target Pop slot

List the new Target Pop code in New Target Pop slot

Enter start date of new Target Pop

NOTE: Do not use a start-date prior to date of YOUR agency's first service, as this would interfere with another agency's billing.

Enter end date of new Target Pop

Enter name of Contact Person (person to be called if there is a problem with the request)

Enter Agency Phone Number (LME cannot contact you about any problem or question regarding the TPop request without this)

NOTE: A TPop which must be ended early to allow the new TPop, will automatically be ended one day before the New Start Date. If a previous TPop falls entirely within the dates of the new request, the old TPop will be deleted.

Exercise caution when changing/deleting an existing Target Pop. Check the Updates Service Array on the right-hand side at: <http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm> to see if services you bill are payable under the existing TPop. If so, do NOT request to change/delete the existing TPop, as this could cause payment problems for another provider.

If you have questions regarding Target Pops, please contact:

Bonnie D Harrison

Target Pop Specialist

East Carolina Behavioral Health (ECBH)

bharrison@ecbhme.org

Phone: 252-332-7453