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ECBH ALERT 9-3-10 CRISIS/ACCESS NUMBER- 1-877- 685-2415

BENEFIT PLAN WEBINAR TRAINING

East Carolina Behavioral Health Utilization Department will be hosting webinar trainings on our established consumer benefit plan. The first training will occur on September 9, 2010

(10a-12p). These benefits are intended to meet the needs of consumers requiring state funded services, while still remaining within our available financial resources. This training will address the authorization guidelines for IPRS funded services only.

You may register using our events calendar on our website at www.ecbhme.org.

NC-TOPPS

NC-TOPPS LME Monthly Call Minutes are posted monthly on the NC-TOPPS Home Page, please click on “other info” on the NC-TOPPS homepage to view.

ECBH’s NC-TOPPS Change of QP Access/Transfer Request Form has been updated and is posted on the ECBH website. To view go to www.ecbhme.org, choose the Provider section then Provider Documents. This form is also attached to this alert---titled “NCTOPPS Change of Access Request Form”.

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

PROVIDERLINK

It has come to our attention that multiple copies of the same PCPs/PCP Revisions are being faxed into Providerlink over a short period of time. When processing an authorization request, the clinician must review the consumer’s PCPs/PCP Revisions that had been sent into Providerlink. Multiple copies of the same document slows down the authorization process. To make the authorization process more efficient and to reduce costs, please make sure you only send one copy of a PCP/PCP Revision. If you have a question as to whether or not we have received a PCP/PCP Revision, or if you have any questions, please contact Debbie Lambert at 252-332-7437.

CDW FAMILY INCOME/SIZE

IMPORTANT: Time sensitive information attached. Please review the attached documentation related to CDW family income/size. If you have any questions please contact Shirley Bennett at 332-4137, option 0.

MEDICAID ALERT—PROVIDERS OF TCM FOR INDIVIDUALS WITH I/DD

Please see the Medicaid Alert below.

ECBH's billing system is ready to accept billing as noted in the provider enrollment information section.

As noted in the below Medicaid Alert, UNTIL PROVIDERS ARE DIRECTLY ENROLLED, providers may continue to bill TCM-IDD services through ECBH with T1017HI and T1017 HI SC at the current rate of \$17.67. Effective January 1, 2011, ECBH will no longer process TCM-IDD Claims.

For State funded TCM (case rate) effective 8/1/10 ECBH will authorize up to 2 units per month and the new Medicaid monthly case rate.

Medicaid Alert

References

- [ValueOptions TCM Provider Change Request Form](#)
- [Electronic Funds Transfer \(EFT\) Authorization Agreement for Automatic Deposit](#)

ATTENTION: PROVIDERS OF TARGETED CASE MANAGEMENT FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

DMA has received approval to implement a new procedure code and rate for Targeted Case Management-for Individuals with Intellectual and Developmental Disability (TCM-IDD) for direct enrolled providers. Effective with date of service August 1, 2010, or the date of enrollment, whichever is the later date, direct enrolled providers may be reimbursed for T1017HE at the new weekly rate of \$62.26. T1017HE may be billed only by the direct enrolled providers. HP will not process any systematic recoupment of T1017 HI and repayment for code of T1017 HE.

Medicaid cost containment initiatives will affect the reimbursement rate for TCM-MH/SA and TCM-IDD. All

Medicaid services will have a 1.35% rate reduction effective with date of service September 1, 2010. The impact for TCM-IDD will be a reduction to \$61.42 per week for T1017 HE.

Provider Enrollment Information

The effective date of enrollment for direct enrolled providers will be the date requested by the provider but no earlier than August 1, 2010, or the date a complete enrollment package is received by CSC, if a date is not requested by the provider.

Until providers are directly enrolled, they may continue to bill TCM-IDD services through the Local Management Entities (LMEs) with T1017 HI and T1017 HI SC, at the current rate of \$17.67 per unit. Effective January 1, 2011, LMEs will no longer process TCM-IDD claims.

Service Authorization

This service must be prior authorized for non-CAP Waiver recipients prior to submitting claims. (TCM for CAP Wavier recipients does not require prior authorization.) Following enrollment, the provider will be able to request authorization for TCM-IDD for new non-CAP Waiver recipients in accordance with current procedures and documentation requirements. Providers may fax authorization requests to VO at 919-877-339-8754. For current recipients with an existing authorization, providers may request transfer of authorizations from T1017 HI to T1017 HE and transfer of the authorization from an LME to their TCM-IDD Medicaid Provider number through the ValueOptions' TCM Provider Change Request Form at http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm . ValueOptions (VO) will retroactively authorize the new code as requested starting August 1, 2010, or the actual provider enrollment date, whichever is later. There will be no charge to provider for this transfer of authorizations.

Additional Claims Processing Information

Claims Submission: The billing limit is one unit per week which runs from Sunday to Saturday. If the claim identifies a span of dates, (e.g. August 2-6, 2010), the claim will be denied. In order to bill, providers must provide at least 15 minutes of service per week. However, the expectation is that service will be provided and documented according to the needs of the recipient. Electronic claims submitted by Direct Enrolled Providers prior to the 8/19/2010 cutoff for procedure code T1017 HE will adjudicate on the 8/26/2010 check write. Claims processed after the 8/19/2010 cutoff will adjudicate according to the current check write schedule. **Please note:** System audits have been developed to deny claims billed with T1017 HE or T1017 HI if billed during the same calendar week. The first claim processed and paid for a recipient will result in the denial of any other claim for TCM during the same week.

Electronic Funds Transfer: Providers must submit to HP a completed EFT form specific to TCM –IDD. Claims will suspend if this EFT form is not on file. Although many providers have completed the enrollment process and been issued a Medicaid Provider Number, many have not completed an Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit form needed for payment. You can access the form from DMA’s website at <http://www.ncdhhs.gov/dma/provider/forms.htm>.

CLARIFICATION FROM DMH/DD/SAS

ECBH received clarification from DMH/DD/SAS on 8/9/10 regarding the Extended/Tripled Endorsement Timeframes (as outlined in Implementation Update #62, 10/8/09). Due to some reported variance amongst LMEs regarding the timeframes for which a provider can reapply for Endorsement after a services is denied OR involuntarily withdrawn, ECBH sought clarification from DMH/DD/SAS.

For an Endorsed service that is or has been denied OR involuntarily withdrawn, there is a **six (6) month** waiting period before the provider organization can reapply for site/service endorsement with the LME that denied or withdrew the endorsement.

If you have any questions, please contact Provider Operations Customer Services at 252-636-1510 or 252-332-4137.

ECBH PROVIDER FORUM

The next Provider Forum will be held on **Tuesday, September 14, 2010** from 1:00pm to 4:00pm. It will be held at Martin Community College Auditorium, Building #2, 1161 Kehukee Park Road, Williamston, NC 27892.

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.ecbhlme.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.

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>

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@ecbhime.org

Phone: 252-332-7453