



Provider Bulletin

for the Adult Mental Health Division

**September
2008**

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Welcome!

The Adult Mental Health Division (AMHD) is pleased to announce the launch of the new *Provider Bulletin* communication tool for AMHD Purchase of Service (POS) providers. The purpose of this communication tool is to provide you with up-to-date new or revised information, and to assist us when implementing new AMHD business activities and initiatives. We welcome your ongoing feedback and suggestions for improvement as we work to develop this valuable communication tool.

AMHD Billing & Claims

Additional specifications for claims files will be rolled out in 2008 and 2009. The information requested will help us to process your claims more efficiently and automate your reconciliation process. We are also planning a series of conference calls and meetings where questions about these changes can be addressed. **The first conference call is scheduled for Monday, September 8, 2008 at 2 PM.** To participate in the conference call, dial 1-888-482-3560 and enter access code: 5864781.

Consumer Names in the 837 Claims File

Effective November 1, 2008 AMHD will require that all claim files include the Consumer name spelled exactly the way it is printed on the Authorization Letter. By doing so, you will help us to more accurately process your claims and quickly report back when incorrect authorization numbers have been submitted. This will help us to more accurately pay for services. An additional benefit is that this will also help us to prevent duplication in reporting. At your request, we will post a file with the current spelling as recorded on the Authorization Letter on your SharePoint site.

Frequently Asked Questions

1. What is the correct spelling of a consumer's name?

AMHD will validate the name submitted in the claim file with the name as recorded on the Authorization Letter. A consumer's name should match the way it appears on the Medicaid or other insurance card.

2. What do I do if the name on the Authorization Letter is misspelled?

Inform AMHD of the correct spelling of the consumer's name. Please fax this information to (808) 236-8365. We will need the Reference Number, wrong spelling of the name and the correct spelling of the name. We will post a form for your convenience in the Provider section of the www.amhd.org website. Change the name in your billing system only after you have received confirmation that the update has been completed.

3. How will this change how I get paid?

If the name and the authorization number match, the claim will adjudicate and you will find the details in the Remittance Advice. If the name and authorization number do not match, you will receive an Unmatched Claims Report which will show all the claims where the authorization number and name do not match. Prior to this requirement, if an incorrect authorization number was submitted, the claim might not show up on either report. Finding these claims is time consuming because you would have to look for unpaid claim lines.

4. What do I do with the Unmatched Claims Report?

Your agency will only get this report when an authorization number and name do not match for your agency. Check the name against your Authorization Letter and update the authorization number. Most of the time, we find that two numbers have been transposed. Then you can resubmit the claim as a new claim. The Utilization Management staff will assist if you need an Authorization Letter replaced or have other questions.

Rendering Provider in the 837Claims File

Effective November 1, 2008 AMHD will require claim files for CBCM services to include the name of the person who actually rendered the service. Some purchase of service providers already include this information in their 837 files. The Rendering Provider loop in the claim file holds this information.

Frequently Asked Questions

1. Who is the Rendering Provider?

The Rendering Provider is the clinician who actually delivered the service.

2. Does this apply to residential providers?

No. This does not apply to Specialized Residential, 8-16, 24-hour or other “per diem” services.

3. Do we have to get NPI numbers for all staff, including case managers with bachelor’s degrees?

Individuals register only one time for an NPI number, regardless of where they work. Your licensed clinical staff, such as psychiatrists and registered nurses, may already have an NPI number. Other staff, such as case managers who have graduated with a bachelor’s degree most likely do not have an NPI. For these individuals, the primary identifier will be your agency’s NPI number with the staff person’s Employer Identification Number in the secondary ID field. **A conference call specifically geared for providers who use EZClaim is planned for Monday, September 8 at 3:00 PM. To participate in the conference call, dial 1-888-482-3560 and enter access code: 5864781.**

4. Where does the Rendering Provider Information go?

The Rendering Provider is placed in Loop 2310B. If you are an EZClaim user, instructions for adding the Rendering Provider to the Physician, Organization and Facility Library can be found by looking in the Help Index for Rendering Provider.

5. Does this mean the check will go to the Rendering Provider?

No. The “Pay To” field determines the name on the check.

6. What if more than one provider delivers a service on the same day?

So long as the procedure code – modifier combination is unique, you can list the actual provider of service.

7. What if two different case managers delivered the exact same service at different times on the same day?

List the agency as the provider in this situation only.

8. What if two staff delivered services at the same or overlapping times on the same day?

With the exception of treatment planning, AMHD will only pay for the services of one clinician at a time.

9. How will this change how I get paid?

This does not change the payment process.

Remittance Advice

Effective January 1, 2009 AMHD will distribute remittance advice to all providers who submit electronic claims by posting the HIPAA compliant 835 file on the provider’s SharePoint website. This file will save staff time in reconciling payments. You can request the change from paper to electronic at any time after September 1, 2008. Hardcopy remittance advice will only be available to those providers who submit paper claims.

AMHD Utilization Management (UM) Reminders

1. Providers are required to get pre-authorization for Group A Services, including Community Based Intervention (CBI) Wrap, Continued Crisis Services (CSM, LCRS), Specialized Residential (SRSP), and Intensive Outpatient (IOP). Failure to submit requests and receive prior authorization may result in a denial.
2. Requests for service authorization for Group B Services, including Housing, Supported Employment, Representative Payee, Psychosocial Rehabilitation (PSR), Day Treatment for Dual Diagnosis, Aftercare, Respite, Peer Coach, CBCM, etc, must be submitted within thirty (30) days of the initial date of service. Requests not received within the stated time frame may be denied.
3. If a service authorization request is received and it is determined to be incomplete or requires additional information, it will be returned to the provider. The provider will have twenty-one (21) calendar days to return all of the requested information. If the information is not received, your request may be denied.
4. UM has thirty (30) calendar days to process a standard authorization requests. Request for crisis services will be processed within two (2) business days. If you need to know the status of an authorization request that you have submitted for a standard request, please allow two weeks for processing before calling.

AMHD Provider Quarterly Reports

1. AMHD recently combined their regular quarterly reporting into one quarterly report submission. This helps AMHD aggregate and communicate data and is intended to help providers avoid having to submit duplicate information to multiple people.
2. Providers are reminded to submit their Provider Self-Reports in a timely manner as required by AMHD. The reports are due on the 15th of the month following the last day of the reporting quarter or the next business day. For example, the report for the 3rd quarter (July 2008 through September 2008) would be due on the Share Point site no later than October 15, 2008.
3. Please note that the Provider Self-Report form is new for the October 15, 2008 report. The new form will be on your Share Point site. The new form has undergone some technical and programming changes to improve standardization when loading data into an AMHD reportable format.
4. AMHD's Information System department is creating electronic "provider alerts" to acknowledge the receipt of the report from providers. The acknowledgement will be automatically forwarded to whoever uploads the document to the AMHD Share Point site, and will only state that the report was received by AMHD.

AMHD Website

The AMHD Website is currently under construction and will be updated during the month of August 2008. If you have any questions regarding the AMHD website information, please contact the Provider Relations Director at (808) 586-4689 or email at dawn.mendiola@doh.hawaii.gov.

Community Based Case Management (CBCM)

AMHD is continually working with the Community Mental Health Centers and Purchase of Service providers to address questions and concerns regarding CBCM services. Meetings are held in each county to discuss issues specific to that county. Here is a list of future meetings:

- East Hawaii CBCM Implementation, September 12, at Hilo CMHC, 1:00 pm
- West Hawaii CBCM Implementation, November 12, at CARE Hawaii, 1:00 pm

Learning Opportunities & Opportunities for Growth

- 23rd Annual Statewide Consumer Conference will be held from September 5 – 6, 2008 in **Honolulu**. Registration deadline is July 14. Scholarships are available. See attached for information on registration and how to apply for a scholarship.
- “Anxiety” workshop will be held on September 9, 2008 in **Maui** at the Cameron Center. Free. For more information call 242-6461.
- Real Data in Real Time: Sharing Best Practices in Mental Health Services conference will be held from September 8 – 9, 2008 in **Portland, OR**. For more information please call Jeanne Negley at 1-888-523-5225 or email conference@charpp.org or visit www.charpp.org.
- Meeting the Challenge: Treating Addiction in the 21st Century will be held on October 24, 2008 in **Honolulu**. For more information email pbroat@hazelden.org.
- Ethical Standards for Certified Substance Abuse Counselors will be held on November 13, 2008 in **Honolulu** at Kapolei. \$15. For more information call Lilia Calivo at 692-7522.
- Tools for Suicide Prevention & Intervention will be held on November 21, 2008 in **Honolulu** at the Pacific Beach Hotel. For more information call 733-9238 or email arthur.tani@doh.hawaii.gov.