



Provider Bulletin

for the Adult Mental Health Division

January 2009

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If you have a question about information in this Provider Update, please contact AMHD Provider Relations at (808) 586-4689.

Aloha & Happy New Year!

The purpose of this communication tool is to provide Purchase of Service (POS) providers 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

Reminders of Changes to Claim File Specifications:

As detailed in our last Provider Bulletin, additional specifications for claims files will be rolled out in 2009.

- 1. Remittance Advice.** A reminder that for claims files submitted after 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.
- 2. Rendering Provider in the 837 Claims File.** Based on provider input regarding the Rendering Provider claim edit, AMHD has decided to **delay** the implementation of this requirement until **February 1, 2009**. Should you have any questions regarding this matter, please feel free to contact the AMHD Chief Information Officer, Mr. John Jansen at (808) 236-8393 or by email at john.jansen@doh.hawaii.gov
- 3. Consumer Names in the 837 Claims File (requirement was effective 11/01/08).** There have been questions about how to manage discrepancies on how a consumer name is spelled. The following is some background information on how the process works.

During AMHD claims processing, the consumer's name as spelled in the claims file is compared with the registered name. If there is no match, an exception report is generated by AMHD Fiscal Staff and then faxed to the provider. Providers can compare their records to the authorization letter and either change the name to match how it is registered in our system or update the registration information. It is also possible that the name matches but that the authorization number needs to be corrected. After updating the authorization number information, the claim can be submitted electronically as a new claim.

When asked to update the spelling of the name as registered, the following process is followed by the AMHD MIS staff:

1. Look up the consumer in the system and verify information;
2. Verify if other providers are currently offering services to this consumer;
3. Notify all providers currently providing services that the name will be changed and the effective date of the change. At least two weeks notice will be given; and
4. On the effective change date, modify the consumer name in the system.

The impact for providers is that claims files processed on or after the date that the name is changed must include the new spelling of the name in order to process for payment. Therefore, updating of these changes must occur in a timely manner to prevent delay in payment. When requesting a name change, please use the following form or format:

Request for AMHD to Update a Consumer Name

Please fax to (808) 236-8365 (don't forget a cover sheet!).

Agency Name:	
Agency Telephone Number:	
Agency Fax Number:	
Agency Contact Person:	

Reference Number	Last Name	First Name	Change Last Name To:	Change First Name To

AMHD Medical Director Corner (Dr. William Sheehan)

I estimate that between 50-75% of the consumers receiving CBCM services from the Division will be affected by the upcoming changes to the unit limits and transition to commercial insurance plans.

To prepare for these events, there are actions that should be done so to be ready when the limits go into effect on January 1, 2009. Each consumer who is receiving services should be told about the upcoming changes. Recovery plans, Wellness Recovery Action Plans, and Crisis Plans should be reviewed and updated based on consumer input, to include preventive and early responses to the situation. Persons at risk for decompensating, including psychosis or suicide, should have updated plans in place. Recovery teams should be meeting, and psychiatrists, supervisors, and team leaders should be guiding line staff in developing plans for each consumer on the team. Safeguards should be in place for early identification and response to consumers who experience a significant change in their condition.

If you are working with a consumer who has not yet made a plan with your recovery team, please do so now. If you are a case manager, please double check your consumer rosters to be sure everyone is notified and everything has been done to prepare for the upcoming changes. If you are a supervisor or other leader, please confirm all is in place for the January 1, 2009, implementation date at your agency and on your team.

Working together, we can adjust and adapt to the new realities of our situation. These necessary changes can be accomplished safely and in an orderly manner, with planning, preparation, and creativity.

AMHD Quality of Life Interview Too Few Consumers Have More than One QOLI

The AMHD requires Quality of Life Interviews (QOLIs) and Demographics at Admission to be completed on all consumers receiving Community Based Case Management (CBCM) services at state-operated Community Mental Health Centers (CMHCs) and Purchase of Service (POS) Providers. The Demographics at Admission Form is only completed once, while QOLIs should be completed at intake, every six months, and at discharge. The intention of the QOLI data is to examine changes over time in order to assess the impact of services.

A review of QOLIs received during FY07 found that of all consumers admitted during FY07, only **280** had a QOLI at admission and a QOLI six months later.

In a technical report published earlier this year, it was reported that **3,772** consumers were admitted into service during FY07 (MHSRET, Technical Report No. 080701). This means that only **7.5%** of the 3,772 consumers had both a QOLI completed at intake and a follow-up QOLI six months later. The biggest problem with such a small number of consumers having a QOLI on admission and six months-later, is that any findings regarding the impact of services are not representative of the entire AMHD population.

Based on the few data we did receive we learned that receiving mental health services from AMHD positively impacts self-reports of mental health among consumers just starting treatment. On intake, 71.4% of consumers rated their mental health as poor/fair. This decreased to 44.2% for QOLIs completed on follow-up. Unfortunately, because these data came from such a small percent of the total number of total consumers – we cannot assume that this finding is reflective of all those individuals just starting to receive CBCM services.

As we receive more complete data from providers including multiple QOLIs for each consumer, we will be able to report more findings regarding the impact of services on the quality of life of consumers. At this point, however, it is important to emphasize that because of the lack of data at intake and 6 month follow-up, the AMHD is lacking critical information on the majority of the consumers served and as a result cannot fully determine the impact of services. It is important that all providers of CBCM services complete QOLIs on all their consumers at intake, every six-months, and then at discharge.

Providers who have questions about how to collect, enter, or submit the QOLI data should call Annette Crisanti, Ph.D., MHSRET immediately at (808) 895-0440 or email Annette.crisanti@doh.hawaii.gov.

AMHD Utilization Management (UM) Reminders

Effective January 1, 2009, AMHD will change the maximum Community Based Case Management (CBCM) service authorization limit to fourteen units per month. Providers may request an exception to the fourteen units per month limit on a case by case basis for an emergent or crisis situation only. The definition of an emergent or crisis situation is the same as that which was used for exception to the twelve unit per day cap previously enacted. (See AMHD memorandum to CBCM providers dated 03/31/08). Providers should fax their written requests for exceptions to AMHD's Utilization Management Unit at (808) 453-6966 utilizing the current request for additional units form. As a reminder, all requests for exceptions must be accompanied by written clinical documentation that clearly demonstrates the emergent need for additional authorized units and specifies the date range and number of additional units requested.

Due to additional feedback received from the CBCM providers requesting that AMHD extend the claim submission deadline for calendar year 2008 CBCM services, AMHD changed the claim submission deadline for 2008 CBCM services from December 31, 2008 to January 7, 2009.

Specialized Residential Services (SRSP)

In an effort to provide clearer language and descriptors, AMHD has been working over the past several months to update the Admission, Continuing Stay and Discharge criteria for our Specialized Residential Services (SRSP). Once a rough draft of the new language was completed, all of the SRSP providers were invited to participate in the review and provide recommendations for final language. This effort was, in part, due to a need for a clearer understanding of the nature of the Specialized Residential setting in the treatment continuum. SRSP is designed to provide short-term, intensive residential treatment to assist consumers in maintaining their tenure in the community. SRSP is not a substitute for long-term maintenance of baseline needs or long term institutionalization. It is critical for Case Managers and treatment providers to be able to clearly articulate the treatment needs the consumer faces, and to work closely with the SRSP program, along with the consumer, in developing meaningful treatment goals that can be accomplished in the short term, and that will contribute to the consumer's ability to remain in their community. The revised criteria have been well-received among the providers and will become effective January 1, 2009. Questions regarding the Specialized Residential program(s) can be directed to Steve Balcom, Crisis Services Director at 453-6939. A copy of the new "[SRSP Service Authorization Request Form](#)" which outlines the criteria can be found in the "Provider Forms" section of the AMHD website (www.amhd.org).

Community Based Case Management (CBCM)

AMHD is continually working with the Community Mental Health Centers and POS providers to address questions and concerns regarding CBCM services. Meetings are held within each county (with video conference to Oahu) to discuss issues specific to that county. Here is a list of future meetings:

- Oahu CBCM Implementation, January 15, 2009, at 11:30 am, at Helping Hands Hawaii (Dillingham Office)
- Kauai CBCM Implementation, February 20, 2009, at 1:00 pm. Video Conferencing site to be announced.

Homeless Outreach

A Homeless Outreach Quarterly Provider meeting will be held on Monday, March 9, 2009, from 9:00 am – 11:00 am, at AMHD – 2385 Waimano Home Road, in Room 10.

Representative Payee

Rep Payee Quarterly Provider meeting will be held on Monday, March 9, 2009, from 1:00 pm – 3:00 pm, at AMHD – 2385 Waimano Home Road, in Room 10. Video conferencing site to be announced.

Transportation

AMHD is continually working with the East and West Hawaii Transportation Improvement Project (TIP) groups to improve transportation services on the Big Island. Meetings are held to discuss issues specific to each area. Here is a list of future meetings:

- East Hawaii TIP, January 9, 2009, 10:00 am, HCEOC, 47 Rainbow Drive

AMHD Website

We continue to update our AMHD Website and revisions are underway. If you have any questions regarding the AMHD website information, please contact the AMHD Provider Relations Director at (808) 586-4689 or email at dawn.mendiola@doh.hawaii.gov.

Learning Opportunities & Opportunities for Growth

1. What Works Shop: Motivation/Engagement will be held on January 8, 2009, in **Honolulu** (Pearl City). For more information contact Lori Coleman at 733-4493 or email lcolema@camhmis.health.state.hi.us.
2. What Works Shop: Motivation/Engagement will be held on January 8, 2009, on the **Big Island** (Kailua-Kona). For more information contact Lori Coleman at 733-4493 or email lcolema@camhmis.health.state.hi.us.
3. Bipolar Disorder -The Battle for Balance: A Discussion with Experts and Those Personally Affected seminar. Presented by Mental Health America of Hawaii. January 8, 2009, 11:30 – 1:30 in **Honolulu** at Catholic Charities. For more information contact Marya Grambs at 521-7846 or email at marya@mentalhealth-hi.org.
4. Hawaii Psychological Association Diversity Conference - “Culturally-Informed Assessment and Treatment Strategies Series: Filipinos in Hawaii: Sociocultural Factors and the Impact of Catholicism on Acculturation”, January 17, 2009, 9:00 - 4:30 at **Kapiolani Community College**. The Diversity Committee with the assistance of Dr. Darryl Salvador has secured a panel of Catholic Priests to discuss the impact of religion in understanding the beliefs and values working with the Filipino

communities. Due to time constraints, HPA considering group rates for early registration and will honor post-convention rates for those who attended their recent HPA convention.

For more information, please contact Dr. Keith Pedro (don.pedro@doh.hawaii.gov) or Mr. Alex Santiago, HPA Director at 521-8995.

5. Breaking the Barriers: Combating Stigma and Discrimination Against People with Mental Illness, January 15 - February 17, 2009, **Kapiolani Community College Library**. During the month of January 2009, the Adult Mental Health Division (AMHD) and VSA arts of Hawaii-Pacific will sponsor a juried exhibit for artists willing to use their art to combat discrimination against people with Mental Illness. Public opinion about mental illness has been negatively skewed by sensationalized coverage of recent tragic events involving people with mental illness. As a result, people with mental illness can be too ashamed to seek treatment and those already in treatment are often further ostracized. The goal of the exhibit is to help reduce negative stigma toward mental illness, reduce discrimination against those with mental illness, and to emphasize the human dimension, which is often best expressed through creativity and the arts. If you have any questions or comments, please contact Jennifer Miyasaki (events@mhsret.org), Dr. Philippe Gross (grossphi@hawaii.edu), or call (808) 735-3435.
6. Communications within the Family workshop will be held on February 3, 2009, in Maui at the Cameron Center auditorium in **Maui**. Sponsored by Mental Health America. Free. For more information call 244-6461.
7. What Works Shop: Disrupting Disruptive Behaviors will be held February 12, 2009, in **Maui**. For more information contact Lori Coleman at 733-4493 or email lcolema@camhmis.health.state.hi.us.
8. What Works Shop: Disrupting Disruptive Behaviors will be held March 5, 2009, in **Honolulu**. For more information contact Lori Coleman at 733-4493 or email lcolema@camhmis.health.state.hi.us.
9. What Works Shop: Motivation/Engagement will be held March 12, 2009, in **Maui**. For more information contact Lori Coleman at 733-4493 or email lcolema@camhmis.health.state.hi.us.
10. 6th Annual Hawaii Conference on Preventing, Assessing & Treating Childhood, Adolescent & Adult Trauma will be held from March 30 – April 2, 2009, in **Honolulu** at the Ala Moana Hotel. Up to 18 hours of CEU's available. For more information please visit IVATconf@alliant.edu or www.IVATcenters.org.
11. 2009 - SAVE THE DATE. AMHD's 6th Annual Best Practices Conference, "Responsibility and Recovery in the Legal System" will be held from April 14-16, 2009 in **Honolulu** at the Hawaii Convention Center. For more information please visit: www.amhd.org/conferences/2009 or email conference@mhsret.org
12. The Language of Suicide will be held June 2, 2009, in **Maui** at the Cameron Center Auditorium. Sponsored by Mental Health America. Free. For more information call 244-6461.