



Provider Bulletin

for the Adult Mental Health Division

March 2013

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*If you have any
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Provider Relations at
(808) 586-4689.*

Aloha!

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 Adult Mental Health Division (AMHD) business activities and initiatives. We welcome your ongoing feedback and suggestions for improvement as we work to develop this valuable communication tool. Please contact us if there are any topics you would like to see in the Provider Bulletin at (808) 586-4689.

Welcome New Division Employees!

Mr. Loren Okamura, Contract Specialist, previously worked with the Public Utilities Commission and before that with the Department of the Attorney General. He has many years of experience working on procurement, contracts administration and grant applications. In a former life, Loren was a case manager, is familiar with our services, and briefly worked with Child and Adolescent Mental Health Division's Quality Assurance Program.

Ms. Maria Zimmer, Resource Management and Development Specialist, previously worked for Beacon, AlohaCare and Queen's Healthcare Plans. She has many years of health care administration experience including leadership roles in customer and provider services. She has worked with the Med-QUEST health plans since inception in 1994.

If you're in the vicinity of Kinau Hale, please stop by and say hello to these new employees!

Reminders for Claim & Payment Inquiries

For claim submission or payment inquiries, please submit to AMHD the *Provider Claim & Payment Inquiry Form* as instructed on the form. Do not send individual inquiries to AMHD staff via email, telephone or fax. The form is located on our website at <http://amhd.org/Provider/Forms.asp>. For questions, please call (808) 586-4689.

Changes to *Provider Contact Change Form*

AMHD has revised the former *Provider Address/Location Change Form*. The revised form is attached and will soon be located on the AMHD website. Changes must now be completed and submitted sixty days prior to the change.

New Requirement for Provider Appeals

Effective immediately, please include the **claim number** on all provider appeals. The claim number is located in the 835 file in the CLP07 element. Appeals received without the claim number will be returned unprocessed. For questions regarding this new requirement, please call (808) 586-4689.

Utilization Management Updates

AMHD Utilization Management (UM) has relocated their offices to Hale F; however, until further notice we are still in the process of assigning our permanent phone numbers. Please continue to call (808) 586-7400 for UM general inquiries.

We apologize if you occasionally have difficulty with this phone line as we have been experiencing technical difficulties since our move. We hope to have this rectified soon. Once UM is permanently situated, we will then post our new direct lines for future reference. Should you need immediate assistance, please contact Ms. Janelle Saucedo, UM Coordinator, at (808) 453-6909.

UM would like to thank all of our service providers who continue to deliver to us daily updates regarding housing vacancies, consumers at risk of losing their housing and waitlists. These have been very helpful in assisting us with discharge planning from Hawaii State Hospital and Kahi Mohala.

Community Based Case Management Service Authorizations

All Community Based Case Management (CBCM) continued stay authorizations that end on March 31, 2013, and that do not include increased service units, will automatically be effective April 1, 2013 and extended through March 31, 2014. Please do not submit any paper fax or Provider Connect service continuation requests for these authorizations.

If your current service authorization ends on a different date, however, or is reflective of additional units, please submit a service authorization request for continuation via Provider Connect or paper fax. Should you have any questions, please contact Ms. Janelle Saucedo, UM Coordinator, at (808) 453-6909.

As payors of last resort, AMHD is committed to ensuring that services are provided to AMHD eligible consumers. All providers are reminded to verify consumer's health insurance coverage prior to submitting a service authorization request to UM.

If a consumer is found to be ineligible due to other health insurance coverage, AMHD will work with their third party payer and/or new service provider to ensure that the consumer is discharged from AMHD and transitioned in a timely and responsible manner.

We appreciate your assistance in this ongoing effort to ensure AMHD is payor of last resort. For questions on this please contact Ms. Janelle Saucedo, UM Coordinator, at (808) 453-6909 or Dawn Mendiola at (808) 586-4689.

Representative Payee Services

The Adult Mental Health Division (AMHD) recently re-procured the Representative Payee Services, statewide, with new contracts to start on April 1, 2013.

The Representative Payee (PR) service is an educational opportunity for consumers to learn how to manage their own finances and is not meant to be a long-term fiduciary arrangement. As consumers become self-sufficient, involvement with the RP shall decrease until it ends, whereby additional consumers will be able to benefit from the learning opportunity and be referred for services.

The expected length of service for consumers in this RP program shall be up to two (2) years. The staff from the Hawaii State Hospital, the Community Mental Health Centers, and the Community-Based Case Management-Recovery Services Providers shall only refer consumers to the RP service who meet the criteria and AMHD Level of Care for the RP service. The case managers and RP Providers shall recognize consumers who are not progressing through the service and shall refer them to alternative supports within the two (2) year time frame.

Consumers who are unable to become self-sufficient at managing their own finances via this service may need to be transferred to an organization that is participating with Social Security Administration's (SSA) Representative Payee Payment Program. This program is geared toward providing financial support services to individuals who require assistance with their Social Security or Supplemental Security Income payments.

For consumers that need to be discharged from this service, the AMHD shall provide a transition period of up to one (1) year, to enable the Provider to assist each consumer with their individual needs. In extenuating circumstances, the discharge period may be extended. The Representative Payee Provider will receive a monthly payment for the discharge period.

Once the consumer enters the Discharge/Transition phase, the services to be provided shall be limited to the duties and services required of all entities working with the SSA's Representative Payee Payment Program.

The duties include, but are not limited to, the determination of each consumer's needs and use their payments to meet those needs; saving any money left after meeting the consumer's needs in an interest bearing account or savings bonds for the consumer's future needs; reporting any changes or events which could affect the consumer's eligibility for benefits or payment amount; keeping records of all payments received and how they are spent and/or saved; providing benefit information to social service agencies or medical facilities that serve the consumer; helping the consumer to get medical treatment when necessary; notifying the SSA of any changes in your (the payee's) circumstances that would affect your performance of continuing as payee; completing written reports accounting for the use of funds; and returning any payments to which the beneficiary is not entitled to SSA.

Initial authorizations for this service shall be for six (6) months. Should you have any questions, please contact the AMHD Contracts Unit at (808) 586-8282.

Need Assistance with Contract or Modification Language?

If you receive a contract or modification that you do not understand, or you have some areas of concern, please contact the AMHD Contracts Unit **before** contacting the Department of Health's Administrative Services Office (ASO). When Providers and Contractors contact the ASO directly for information and bypass AMHD, it delays ASO from processing AMHD contracts and modifications, and adds additional review time to the contracting process.

Please contact Enid Kagesa at (808) 586-8282, Betty Uyema at (808) 586-8281 or Loren Okamura at (808) 586-4667 for assistance. If we are assisting another caller and miss your telephone call, please leave your name, telephone number and reason for your call on their voicemail. We will get back with you as soon as possible. Thank you for your time and attention to this important matter; we appreciate your cooperation.

AMHD RFI's & RFP's

The AMHD is starting a new procurement cycle, and RFI's and RFP's for a number of services will need to be re-procured this fiscal year. The State Procurement Office (SPO) will be launching a planned purchases website which will list all services that state agencies plan to release in the future. This is a new SPO initiative and not all departments and divisions have uploaded their information into the database. However, the AMHD has uploaded a list of its planned purchases for your information. To access this website, please go to http://dags.hawaii.gov/plannedpurchases/view_planned_purchases.php

Hawaii Compliance Express ("HCE")

All providers are required to comply with all laws governing entities doing business in the State of Hawaii. One requirement is a prerequisite to entering into contracts of \$25,000 or more, and it requires providers to have a tax clearance certificate from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Unfortunately, the IRS is no longer providing certifications on the tax clearance certificates, so the only way a provider has to show compliance with HRS §103-53, is to register with the Hawaii Compliance Express (HCE).

The HCE is an online compliance verification from the DOTAX, IRS, Department of Labor and Industrial Relations, and the Department of Commerce and Consumer Affairs. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online Certificate of Vendor Compliance provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes.

Please ensure that the name that is listed with the HCE is the same as the name listed on your contract.

If there is a change in your organization's name or status, please notify the AMHD as soon as possible to avoid delays in payment. We can work with you to complete the paperwork to change the name on your contract and in our payment system, and with the State's procurement system. Should you have any questions, please contact the AMHD Contracts Unit at (808) 586-8282.

2013 Schedule - AMHD Provider General Informational Sessions

Thursday, June 13, 2013

Time: 9:00am – 10:30am at Kinau Hale Doc Boardroom (1st Floor)

Thursday, August 15, 2013

Time: 9:00am – 10:30am at Waimano Hale E


Friday, October 11, 2013

Time: 9:00am – 10:30am at Kinau hale Doc Boardroom (1st Floor)

Tuesday, December 10, 2013

Time: 9:00am-10:30am at Waimano Hale E

***A MINIMUM OF 60 DAYS PRIOR NOTIFICATION OF A CHANGE IN SERVICE LOCATION IS REQUIRED.**

 Department of Health Adult Mental Health Division PROVIDER CONTACT CHANGE FORM	
Agency Name:	Date:
Type of Service(s):	Contact Name & Telephone Number:
Action to: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Close	Effective Date of Action: Reason for Action:
Physical Location Address Change (include 4-digit zip code extension)	
Old Location Address:	New Location Address:
Is the New Location Address the Agency's Primary Business Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Primary Location is:
Is this a Mailing Address Change (including claims and payment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to make changes in a new mailing address for claims and payment, please attach a letter with your organization's letterhead and executive staff signature, and submit along with this completed form. (Note: our system can accommodate only one mailing address per provider.)	
Old Telephone/Facsimile Number:	New Telephone/Facsimile Number:
Last Date Consumers will be seen at the Closed (Old) Location:	
Has this new physical location been added to your Agency's Existing Certificate of Liability Insurance (COLI)? <input type="checkbox"/> Yes, attach a copy of COLI <input type="checkbox"/> No Comments:	

Agency Name (Print)

Signatory Name/Title (Print)

Date

Please mail this completed form and any attachments to:

State of Hawaii, Department of Health
 Adult Mental Health Division
 Attn: Provider Relations
 P.O. Box 3378, Room 256
 Honolulu, Hawaii 96801-3378

For AMHD Use Only

Date Received: _____

Service Coordinator Approval (when applicable) Initials: _____ Date: _____

PHAO Approval (Initials): _____ Date: _____

Comments: