



1985 Tate Blvd. SE, Suite 529, Hickory, NC 28602 p/828-327-2595 f/828-325-9826
305 E. Union St., Suite A135, Morganton, NC 28655 p/828-439-2535 f/828-439-2578

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MHP Provider Network Procedural Update #9

TO: MHP Provider Network – Targeted Case Management, Targeted Case Management for CAP/MR DD on the Supports and Comprehensive Waivers, Therapeutic Foster Care and Provisionally Licensed Staff billing through MHP

FROM: Mental Health Partners – Utilization Management/Quality Management

RE: Therapeutic Foster Care and Targeted Case Management Medicaid Authorization Data Entry

NOTIFICATION DATE: Originally on February 22, 2010, May 12, 2010 & again on July 29, 2010

EFFECTIVE DATE: March 1, 2010

MHP requires Targeted Case Management, Therapeutic Foster Care, and Provisionally Licensed Outpatient Staff billing through the LME to key admission/authorization information into our CMHC/MCO system. This process was implemented in response to Value Options no longer mailing hard copies of the certification letters to the LME for those three aforementioned services.

In February 2010, MHP offered training to providers affected by this change in an effort to prepare providers for this process. At that time the following process was outlined as an expectation for providers to implement and this process is still in place:

Step 1 – TCM Providers , Therapeutic Foster Care Providers and Provisionally Licensed Staff billing through the LME will need to submit a skeleton authorization request to the LME via the MCO. There will be a new menu option available on March 1, 2010 in the MCO. We are only requiring the following items be entered:

- Client Number
- Staff ID
- Dates Requested
- Service Requested
- Medicaid ID of Consumer
- Date of Birth of Consumer

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This information will be posted on the MHP website at www.mentalhealthpartners.org in the Provider Updates section.



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Step 2 – The authorization will automatically pend in the MCO system waiting on final approval from VO.

Step 3 – An LME staff member will work this report **daily** to pull down the VO Certification Letters as they become available. They will use the information entered in the skeleton authorization to find the letters on the Provider Connect Website.

Step 4 – A copy of the VO Cert Letter will be encrypted and emailed to the requesting agency. We will use Axcrypt to encrypt the emails. This FREE software can be downloaded from our website.

Step 5 – The pended authorization request that was keyed by the provider will be approved once we enter the information in the MCO and claims can be entered against that authorization by the provider.

When clients choose to move to a new agency, the **NEW** agency will be required to **enter a new authorization request** in the MCO with the same information as above and the date the client began receiving services at the new agency. The authorization request will be updated with the approved number of units from the original VO request and the new agency can then begin to bill against that authorization in the MCO.

While MHP understands that Targeted Case Management Providers will be able to direct bill very soon and this problem will be resolved for those providers at that time, it is still MHP's expectation that Targeted Case Management, Therapeutic Foster Care and Provisionally Licensed Staff billing through the LME key this data into our CMHC/MCO system. We offer free training on this process every month at our Tate Blvd. office. The next training date is scheduled for August 19th.

Please note that from this point forward MHP will be holding providers more responsible for entering this information into our system. **We will not be sending a reminder regarding missing information until your billing is pended.** Please make sure all of the required information is keyed by your staff for each consumer you serve.

Here's the link to registration for the training.

<http://www.mentalhealthpartners.org/ProviderTrainingClasses.asp>

Exception to the above and a reminder from previous correspondence:

In May 2010, MHP sent correspondence to the provider network regarding **CAP-MR/DD Targeted Case Management** clients for both the Supports and Comprehensive Waivers that are billing Medicaid through the LME.

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Based on Implementation Update #70, pages 7 & 8, Value Options is not requiring preauthorization for the three hours or 12 units per calendar month for Targeted Case Management for consumers on the Supports or Comprehensive Waiver. In order to continue billing through MHP to Medicaid, we are requiring that providers continue to enter their authorization request for this service into CMHC. Providers can enter one month at a time, one quarter at a time or even a year's worth of authorizations at a time in a single authorization request. The LME will not research and look for a Value Options Certification Letter for the 3 hours per month because it is not required. We will, however, continue to check the Medicaid Budget in your contract. This will be the only edit applied to this authorization type.

The additional request for 6 hours used to complete assessments, reauthorizations, and emergency situations needs to be submitted on a separate authorization in the MCO. Again, Value Options will not issue a certification letter for this 6 hours and MHP will continue to check the Medicaid Budget in your contract. Remember that the additional hours require the modifier of "SC" when requesting your authorization.

Please contact your Provider Relations Liaison with any questions regarding this process.

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