

OPC

Area Program

Administrative Offices
100 Europa Drive
Suite 490
Chapel Hill, NC 27517

Provider Direct Update #2

To: OPC Providers
From: OPC Business Systems Group
Date: December 21, 2010

Re: Miscellaneous System Updates

As we enter our sixth month of implementing the Cardinal Innovations system, we would like to express our appreciation for your diligence in learning the system and for your continued patience as we work through a few lingering issues. We want to use these updates to keep you informed of new additions to the system and provide you with information you may find helpful.

- **PCP Upload Feature – “NEW FEATURE”**

Provider Direct has been updated to include a link which will allow you to upload PCPs and other documentation. You can find the link, titled “Upload PCP”, on your PD Client Gateway homepage.

- **Voiding Enrollments and Clinical Updates – “NEW FEATURE”**

Provider Direct has been updated to include a “VOID” button which will allow you to delete pending enrollments and updates that may have been created in error.

- **CABHA Services**

When submitting claims for a CABHA service, please use your CABHA NPI. It should appear as a choice in the drop-down menu on the CMS 1500 Claim Form. Providers submitting claims via 837s should bill the CABHA NPI number in the 2310B Loop as the Rendering NPI Number. If you have received denials for services submitted without your CABHA NPI, please resubmit those claims, so that they may be re-adjudicated.

- **Diagnosis 315.9**

When choosing a diagnosis of 315.9, please note that there are four choices in Provider Direct. Two of the choices are mapped to mental health diagnosis groupings and two are mapped to developmental disability diagnosis groupings. Please make sure you choose the correct diagnosis for

the service you are providing.

- 315.9 Developmental Disorder NOS **(DD)**
- 315.9 Developmental Disorder NOS / Specific **(DD)**
- 315.9 Unspecified Delay In Development **(MH)**
- 315.9 Learning Disorder NOS **(MH)**

- **Requesting Units of Service**

When requesting authorizations, please make sure to request units based upon the consumer's PCP and the manner in which the service will be provided and billed. Please also keep in mind OPC's benefit package as well as the billing limits for unmanaged services, both of which can be found on OPC's website at <http://www.opcareaprogram.com/cbplan.htm>

The system has built-in daily, weekly, monthly and yearly limits, and billing exceeding those limits will result in a denial. For example, a provider who requests and receives authorization for 600 units/month of individual respite will get a denial if the agency provides and bills 150 units/week, because that amount exceeds the weekly limit in the system. If the provider intends to provide 150 units of service per week, that is how the authorization should be requested.

- **Denials for Max Basic Units Exhausted**

We are aware of a system issue that is resulting in some providers receiving inaccurate denials for "Max Basic Units Exhausted", and we are working with our software vendor to resolve this issue.

- **Updating Consumer Demographic Information**

Please see the last two pages of this document for specific procedures on how to update consumer demographic information.

- **Training**

Due to decreasing attendance, we will no longer hold "refresher" trainings. New user training, which may also be attended by current users, will continue to be held on the last Monday of each month from 9:00 – 5:00. The next training will be January 31st. To register, please contact your provider representative.

- **Login Requests**

All new user login requests must be submitted by the individual at your agency who has been designated as your Provider Direct Contact.

- **Questions**

Email assistance is available via pdhelpdesk@opc-mhc.org Requests for

Managing mental health, developmental disabilities and substance abuse services in
Orange, Person and Chatham Counties

logins, procedural questions and other emails that are not client specific may be sent to this email address. Emails will be replied to within 48 hours.

Authorization or Enrollments questions may also be directed to 919-913-4105.

Questions about completion of a CMS-1500 claim form may be directed to Kris O'Keefe at 919-913-4069, Wendy Weaver at 919-913-4138, or Kimberly Fearington at 913-4045.

Other questions may be directed to your provider representative.

Updating Consumer Demographic Information

1. Demographic items that may be updated by STR and via Client Update in Provider Direct are:

- Primary Language
- Secondary Language
- Race
- Marital Status
- Ethnicity
- Competency Status
- Legal Guardian
- Legal Guardian Relationship Status
- Veteran Status
- Education Level
- Employment Status
- Pregnancy Status
- Proficient in English
- Number in Household
- Household Income
- Deceased Date
- Address
- Phone number

2. Changes to a consumer's Name, DOB, and SS #" cannot be done via Provider Direct. If an IPRS consumer changes his or her name through marriage, divorce, adoption or court order, or informs you of a correction of DOB or SS#, the following procedures need to be followed:

Please fax a copy of the consumer's new Social Security card, Driver's License, adoption certificate or other legal documentation to OPC Care Management (FAX: 919-913-4004).

Please include your phone number and the consumer's previous name and DOB on the fax.

If the consumer has never had Medicaid or Food Stamps, OPC will be able to make the change.

However, if the consumer has received Medicaid or Food Stamps, they will need to take proof of the change to DSS. (The LME cannot make changes to the State's IPRS Browser for any consumer's IPRS record that was established by DSS.)

If you send OPC proof of the change and we find that the consumer's IPRS record was established by DSS, we will call you. At that point, you will need to inform the consumer of the need to go to DSS.

After the consumer has gone to DSS, please contact OPC's Provider Question Line 919-913-4105, and ask to speak with a Data Integrity Specialist who will check the IPRS Browser to see if the change has been made and if so, will make the necessary changes in Provider Direct.

If the consumer refuses to provide proof of change or go to DSS, you will need to use the consumer's old name or DOB on all of your records and in Provider Direct.

In the event that you received a referral from OPC STAR with errors in the name, DOB or SS#, please either make a note in the Comments section of the Enrollment regarding the error or call the Provider Question Line 919-913-4105 and ask to speak with a Data Integrity Specialist.