The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION

Who, What, Where, & Sometimes Why

October 2010

Help Protect Confidential Information

OPC recently completed a review of incidents involving breaches of confidential information. The review identified some common circumstances that contributed to these breaches. Although most breaches are not intentional, they are a violation of a consumer's right to privacy. And in some cases, they can expose consumers to genuine risks, such as identity theft. It's up to those of us who manage confidential information to exercise due diligence in protecting it. To that end, we have pulled together some information for you regarding some common circumstances surrounding most confidentiality breaches, as well as a few suggestions and reminders to help prevent accidental disclosure.

1) Disclosure of confidential information to the wrong recipient

Accidental disclosures probably account for the majority of confidentiality breaches. Keep in mind that most of these incidents can be attributed to inattention! We are all extremely busy, and most of us probably have to multi-task throughout the day. This is all the more reason to slow down and stay focused when we need to share or transmit confidential information. It's important to verify phone numbers, fax numbers, and e-mail addresses in order to avoid disclosing information to the wrong party. So remember:

- Slow down!
- Double check all fax and phone numbers before transmitting or sharing confidential information.
- Make sure that your fax cover sheets notify the recipient that the information you're transmitting is confidential (and if the information is related to substance abuse, the cover sheet needs to state that the information has been disclosed from records protected by 42 CFR Part 2).
- *Never* transmit confidential information via e-mail outside of a secure network, unless the information has been password protected/encrypted using a minimum of 128-bit key length.
- Even when sending confidential information *within* a secure network, pay close attention to the auto-fill function in the "Send" field. While this feature may be a time-saver, it makes it easier to send something to the wrong person by mistake.
- Double check all record numbers when looking up consumer data… a typo can easily lead to an unintentional breach of confidentiality!

2) Possession of confidential information without a "need to know"

Remember that employees are *not* entitled to have access to all the confidential information held by a facility. They have a right to access only the specific information they need to complete the tasks required for their jobs. This means every employee needs to work to protect confidential information from being seen by persons who are not authorized to access it… *including other employees of the facility!* In many respects, employees should exercise as much caution when working with confidential information within the walls of their office as they do out in the community. So remember:

- If you have confidential information on your desk, move it out of sight when you have a visitor (even if your "visitor" is a fellow employee).
- If you have confidential documents in your office, store them in a locked file cabinet. Keep your door closed (and locked, if possible) when you're not in your office.
- If possible, position your computer monitor so that the screen isn't visible from your doorway. If this is not feasible, look into getting a privacy filter for your monitor.
- Use the password function for your screen-saver so that information on your monitor is not visible during any absence from your office.
- If you maintain any confidential files on your computer, don't allow anyone to use it who should not have access to the information unless *all* files are password protected.

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New and Notable: NC-TOPPS

There are a number of recent – as well as upcoming – changes to NC-TOPPS we want to make you aware of. But before we do, we also want to say ***Thank You!*** *OPC's compliance rate with NC-TOPPS submission requirements improved by more than 26% from 2008 to 2009, and has continued to improve during the first half of 2010. Obviously, our providers have played a huge roll in this improvement! In the most recent Performance Contract Report (for data & report submission), OPC was one of only 3 LMEs with a 100% submission rate of expected NC-TOPPS Update Interviews. And 83.4% of those were submitted on-time (the 4th highest percentage in the state). So thanks again, and kudos on a job well done! We look forward to working with you to continue this upward trend in NC-TOPPS submissions. Now, onto the news…*

User Survey

When you log into the NC-TOPPS website, you will see a link for a user survey. If you haven't already done so, please be sure to complete the survey before December 1st. The state will use the data from the survey to plan future modifications to the NC-TOPPS website, so this is your chance to let them know what works for you, and what changes you'd like to see. Everyone with a Log-in ID for NC-TOPPS can complete the survey, but should do so only once!

Recovery Follow-up Interview

This new interview tool, *which is entirely optional*, is under development and scheduled to be implemented by the end of 2010. Many providers have requested this tool for accreditation purposes. This interview is not required, but will be available for providers to follow up with consumers after they have completed an episode of treatment. The interview will include about 20 questions, and space will be provided for providers to ask additional questions in which they have specific interest. More information on the Recovery Follow up Interview will be provided closer to its implementation date.

Provider Dashboard

One exciting development is the addition of provider information to the NC-TOPPS Dashboard! This is a public website that allows consumers and other stakeholders to review outcomes data. At present, the data included in the Dashboard is available only at the LME level, which can be compared to other LMEs as well as a statewide average. But within the next few weeks, the information will be available at the provider level as well. This will allow anyone who accesses the Dashboard (which always pulls from the most current data) to compare outcomes for one provider with the statewide average, with the LME, or with other providers. In order to display the data, a provider must have a minimum of 10 consumers in the NC-TOPPS database. The state plans to include a link to the dashboard on the Division of MH/DD/SAS home page. To view the dashboard, go to http://nctopps.ncdmh.net/dashboard/ .

Miscellaneous Items

✦ *Provider Compliance Reports.* Beginning with the current Fiscal Year (FY2010-11), the Division will begin to issue "Provider Compliance Reports" for NC-TOPPS, which will be similar to the LME Performance Contract Reports mentioned at the start of this article. These reports, which will be issued on a quarterly basis, will provide information on provider agencies submission of expected Update Interviews, as well as timeliness of submission for these Updates. The first of these reports is expected by the end of October.

✦ *Targeted Case Management & NC-TOPPS.* Targeted Case Management (for MH and SA consumers) has been added to the list of services that require submission of NC-TOPPS interviews. When certified CABHAs begin providing TCM, they will need to submit an Initial Interview for any consumer who is not currently in the NC-TOPPS database.

✦ *Data Entry Users.* Providers who use support staff to submit NC-TOPPS interviews online, please note: data entry users (DEUs) may enter NC-TOPPS data for a currently registered QP. But in order to do this, the QP must interview the consumer using a printable interview version, and must sign and date the paper version. When the DEU logs in, he or she must verify that the QP has signed the paper interview (there will be a prompt on the website). If the DEU indicates the QP has not signed the paper form, the Interview cannot be submitted online, and will show up as incomplete until the paper version is signed and is so noted online. Both the paper interview with the QP's signature *and* the printed online confirmation report must be filed in the consumer's medical record.

Bi-Annual Interviews. Recently a number of NC-TOPPS updates have been showing up for the first time with due dates from several months in the past. The culprit? Mistaken use of the Bi-Annual Interview! Please note that this interview tool should not be used until *18 months* after the consumer's Initial Interview was submitted. A number of providers have been using this interview instead of the 6-Month Update, and this throws off the schedule. Please make sure you are using the correct interview tool when submitting an NC-TOPPS update!

That's all folks! Thanks again for all of your efforts to get NC-TOPPS interviews submitted within the required time lines. Note that OPC offers training in NC-TOPPS twice each year. The next training is scheduled for Wednesday, 4/27/2011. Please contact Michael Norton (919-913-4079) if you have any questions regarding NC-TOPPS.

CAP-MR/DD Three Year Re-Endorsement

- The majority of OPC CAP-MR/DD Providers will require three year re-endorsement in 2011.
- CAP-MR/DD provider endorsement and enrollment is statewide; therefore a provider is only re-endorsed once statewide by the LME where the provider's corporate office is located.
- Per IU #62, it is the responsibility of the provider to initiate the process by submission of an Attestation Letter to the LME within 30 days prior to expiration of the previous Notification of Endorsement Action (NEA).
- CAP-MR/DD providers shall submit the Letter of Attestation and supporting documentation to the LME located in the catchment area where the provider's corporate office is located.
- In the event that a provider does not deliver services where the corporate office is located and was endorsed by another LME, the provider shall submit the Letter of Attestation to the LME which endorsed the service; that LME is responsible for completing the Notification of Endorsement Action (NEA) letter for the provider.

The provider is responsible for submitting the NEA to other LMEs that contract with (signed MOA) the provider for the same CAPMR/DD services. It is the responsibility of the provider to initiate this process.

Providers who received endorsement from OPC should check the end date of their previous endorsement NEA. Please submit the following documents to Debbie Santucci, via certified mail, at least 30 days prior to the endorsement end date:

- **Letter of Attestation;**
- **A copy of the national accreditation certificate;**
- **A report of any dissolutions, revocations, or revenue suspensions that have occurred over the past three years.**

Current business information requested on the Letter of Attestation.

Please see the process and forms in the IU #62 for more information: http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh10-8-09update62

The Attestation Letter can be found at the following link: http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/cap-attestationletter.doc

Please be aware that OPC's next Provider Direct New User Training will be held on December 6th. This change was made to accommodate the holidays in November and December. There will be no new user training on November 29th or at the end of December. The refresher trainings for November and December will remain as scheduled.

Focus on: Local Monitoring

Many providers have inquired about the reasons that their agency must be monitored by OPC when they are either accredited or licensed. The response to those questions is that State Rule **10A NCAC 27G .0601** maintains that the LME *must* **monitor the provision of public services** provided by Category A and B providers in the LME's catchment area. Category A providers include licensed facilities, except hospitals (e.g. 24-hour residential facilities, day treatment, PRTFs and outpatient services). And, Category B providers are community-based providers not requiring State licensure. If you receive a visit, your agency fits into one of these categories.

The frequency of monitoring is determined by the score your agency receives on the Frequency and Extent of Monitoring (FEM) Tool. The FEM is a LME desk review. The FEM assesses your agency's performance by evaluating the provider's longevity; staff

competencies and experience; local collaboration activities; data submission; quality management; the addition of new services; the provider's status with other oversight agencies, such as DHSR or DSS (if licensed), DMH, DMA, your accreditation organization, and the LME; incident reporting data that includes whether or not incident reports and quarterly summary reports have been received and their timeliness, response to Level II and III incidents, patterns of incidents reported; and, complaints. The LME assesses your agency's policies and procedures for receiving and handling complaints, responsiveness to complaints, and patterns of complaints. Each of the elements listed are scored, then automatically generate an overall score of "High", "Moderate" or "Low" which determines the frequency of monitoring.

If your agency receives a "High" score, you will receive an onsite regularly scheduled local monitoring a minimum of once every 3 years; if you score "Moderate", you will receive an onsite regularly scheduled local monitoring a minimum of every 12-18 months; and, if you score "Low", you will receive an onsite regularly scheduled local monitoring a minimum of two times a year (every 6 months). This frequency schedule for your full local monitoring is determined using the Provider Monitoring Tool, however, you may see us more often if you add services that requires endorsement visits, if you have Level III incidents that require investigations, etc.

Correcting Denied Claims and Services in Provider Direct: Helpful Tips

Services Denied due to incorrect information on the claim:

Correct the information for only the denied services and submit just those services as new claims.

Ex.: An 837 bill file was submitted: Some services in the bill file were approved, and other services denied due to invalid place of service or invalid/incorrect/incomplete diagnosis code. Correct the errors for the denied services and submit just those services in a new 837 bill file. The original denied services will remain in the system as denied services.

Ex.: A CMS-1500 claim form was submitted through Provider Direct: Some services were approved, other services on the CMS-1500 claim form were denied due to invalid units or invalid place of service. Correct and submit only the denied services on a new CMS-1500 claim form. The original denied services will remain in the system as denied services.

Ex.: All services on a CMS-1500 claim form are denied due to invalid diagnosis or invalid rendering provider listed in the claim form. Submit a new CMS-1500 claim form, including all the services from the original CMS-1500 claim and list the correct valid diagnosis or the correct rendering provider on the new CMS-1500 claim form. The original denied services will remain in the system as denied services.

Services Denied due to incorrect or missing information in the consumer's enrollment or authorization record:

If you are able to add/correct/update the needed information in the consumer's enrollment or authorization record, then fax the Claims Inquiry/Correction Form to 919-913-4086. Provide all information requested on the Claims Inquiry/Correction Form. In the column titled "Description of Error/Action Required," list what was corrected, then write "readjudicate." OPC's readjudication process will map the original claim information to the updated consumer enrollment/authorization set-up. You will not need to resubmit the claim/services.

Billing and Reimbursement Update:

Internally at OPC we have established a work group to exclusively address denials. This group meets weekly and has divided up the task of researching claims by the type of denial. In addition to working to resolve individual claims, the group has also been tasked with identifying trends across providers that may need to be addressed systemically as well as trends within provider agencies that may require additional technical assistance.

We have already identified several system issues affecting Day Treatment and Targeted Case Management services , and we are working with our vendor to address those. In addition We have identified the following common provider errors resulting in denials:

- Billing for dates of service prior to 7/1/10
- Billing for service codes that are not (and should not) be in the contract
- Billing submitted for consumers who are not enrolled in the system
- Expired target populations

One tool now at your disposal is the list of reports now available on Provider Direct. You can access these reports, which include claims status, client and authorization dumps, and RAs, by clicking "Download File" on your Provider Direct gateway page.

Need an authorization letter?

When requesting Value Options authorization letters, please use the form posted on OPC's website. It can be found at:

http://opcareaprogram.com/forms/providers/Incident/Provider%20Request%20Form%20for%20VO%20Auths.pdf

Remember to password protect any client specific information to ensure any protected health information remains confidential!

Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *The new clinical policy for MH/SA Targeted Case Management is located at: http://www.ncdhhs.gov/dma/mp/8L.pdf*
- *Please review the updated records management policies at http://www.ncdhhs.gov/mhddsas/recordsmgmt/index.htm*

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- If you share a printer with other employees, be sure to retrieve any confidential documents from the printer as quickly as possible… and *definitely* take them off the printer before you leave for the day!

3) Transporting confidential information

Keep in mind that taking confidential information from one location to another, while often necessary, *does* increase the possibility that the security of the information could be compromised! When transporting hard copies of confidential documentation, it is best to keep them secured in a locked container and stored out of site in the most secure location of the vehicle (e.g., your trunk). In addition, your vehicle should be locked or attended at all times. If you take confidential information home with you for work purposes, it should be locked away when you are not using it (and returned to the office when you return). As for confidential information saved on portable data storage devices, it should be password protected! This is true for any file containing confidential information, whether it is stored on a laptop, a flash drive, a DVD, or any other portable device. So remember:

- *Password protect* all confidential files on portable data storage devices (and if you need to write the password down to remember it, do not keep it with the data storage device)!
- Lock all hard copies of confidential information in a briefcase or some other container, and then lock that container in the trunk of your vehicle. If you leave the vehicle, remember to lock it. And when feasible, take the information with you when you exit the vehicle.
- When working from home, it is your responsibility to protect any confidential information you bring from your office. The information should be kept in a locked container when you're not working with it.

If you would like more information on confidentiality rules, OPC will offer training on "Client Rights and Confidentiality" on Wednesday, November 10th, from 1:00 – 4:00 P.M. Registration forms are available online at http://www.opcareaprogram.com/Forms/QI/Trainings/RegistrationForm.doc

New Training Requirements for Intensive-In Home, Day Treatment and Community Support Team

The latest information on the new training requirements for these three services is located in IU #73 and IU #75 on the Division of MH/DD/SAS website at: http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm

Here are a few of the highlights:

- The new training requirements for Intensive-In Home and Community Support Team are effective as of 1/1/11.
- Within the new requirements for Community Support Team and Intensive-In Home there are later dates for completion of some of the trainings for staff members of existing providers.
- The new training requirements for Day Treatment went into effect as of 4/1/10 with the exception of Person Centered Thinking (12 hours), which is effective as of 1/1/11.
- Many of the required trainings must be provided by "approved" or "certified" trainers. There are some exceptions, however, so please read carefully.
- Agency staff members can often take a "Train the Trainer" course to become a credentialed trainer and can then train others. The IU's list links to sources for these trainings.
- The Person Centered Thinking training has been increased to 12 hours from a "certified" trainer, effective 1/1/1 for all three services.

The North Carolina Collaborative Training Institute offers new on-line System of Care trainings which meet the state requirements for Intensive In-Home and Day Treatment. Here is the link: www.nccti.org

Upcoming OPC Trainings and Events

Client Rights and Confidentiality
Wednesday, November 10th
1pm-4pm, Europa Center

OPC Addictions Training Series (Part 1 of 4)
Friday, November 19th
9am-3:30pm, Europa Center

Provider Direct Refresher Training
Thursday, November 11th
9am-1pm, Europa Center

Thanksgiving Holiday
Thursday and Friday, November 25th + 26th
OPC Administrative Offices Closed

Working with Young People on the Autism Spectrum
Monday and Tuesday, November 15th+16th
8:30am-4:30, Binkley Baptist Church
1712 Willow Drive, Chapel Hill

Provider Direct New User Training
Monday, December 6th
9am-5pm, Europa Center

Please visit our online event calendar for more information on upcoming events at: http://www.opcareaprogram.com/calendar/October2010.html

If you would like information added onto our event calendar, please notify your provider representative.

For questions, please contact Naomi Avissar at (919) 913-4053