



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

January 2009

## *Tiered Rates for Community Support Approved*

In the most recent Enhanced Services Implementation Update, the tiered rates for community support have been officially announced as the approval from CMS has been given. The State Plan Amendment has been approved with an effective date of January 1.

Please see Implementation update 52 as well as the January 16th, 2009 memorandum which includes additional information regarding the state plan amendment. These documents can be located at <http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdefupdates/index.htm>

The state plan amendment has changed the payment methodology from a blended rate to a tiered rate which is based on the credentials of the staff who provides the service. There are four tiers which providers will be reimbursed at:

- Qualified Professional—Licensed
- Qualified Professional—Unlicensed
- Associate Professional
- Paraprofessional

Please take note that these modifiers will only be used on claims to indicate detail for the payment claimed. Authorizations will occur at the aggregate level and there will be no need to seek reauthorization if the current authorization for services has not yet expired.

Because there was a delay in notifying the community of the new rates and modifiers, some community support claims dated January 1st, 2009 and beyond could have been potentially paid using the U3 and U4 modifiers. If your agency has been paid for any events that occurred after January 1, a replacement claim will need to be filed with EDS. Replacement claims of this nature must be filed by April 30, 2009. Please see the June 2007 Medicaid bulletin for information on how to file a replacement claim.

Please be advised that the new required modifiers will guide the payments that you receive. If you do not use the correct modifiers, there is a danger of a potential payback situation if discovered through a post payment audit.



# Tips for TOPPS



Now it's more important than ever that you log-in frequently to the NC-TOPPS website. Effective immediately, the state has reduced to 45 days the length of time that a QP can go without logging in before your User ID becomes inactive. You need not enter an NC-TOPPS interview during that time period. Simply logging in to check on updates that are due or to edit your information will prevent your ID from becoming inactive. Note that this applies to everyone who has an NC-TOPPS user ID, not just super users. If you should try to log in and be unable to do so, chances are that NC-TOPPS staff have inactivated your log-in information. If this should happen to you, you'll need to send an e-mail to the NC-TOPPS Helpdesk ([nctopps@ncsu.edu](mailto:nctopps@ncsu.edu)) asking to have your log-in ID reactivated.

Ever wonder what happens to all of that data you enter when you're submitting NC-TOPPS interviews? Last month the outcomes dashboard went live on the NC-TOPPS web page. It allows anyone to view and compare an LME's data with either the data from the state or from other LMEs. This online dashboard is updated on a monthly basis. Outcomes data is available in several domains, including homelessness, quality

of life, and substance use, among others. NC-TOPPS staff are reviewing other domains from the various interview tools for future inclusion in the outcomes dashboard. You can get to the dashboard by clicking on the "*Outcomes at a Glance*" icon on the NC-TOPPS home page. There are plans to develop the ability to review and compare provider-specific data in this dashboard in the future, but there are challenges in these efforts. Probably the major hurdle to overcome is that many provider agencies are listed in different ways in the NC-TOPPS database, depending on how QPs have entered the provider agency name when they complete the user enrollment process. With several different names in the database for the same provider, it becomes impossible to pool the data and produce accurate results in the outcomes dashboard. In the mean time, it is possible to request reports for your agency based on the data in the system if you have entered NC-TOPPS interviews on 20 or more consumers. The reports are available by special request, using the "*Contact us for NC-TOPPS Reports*" link on the home page of the website. But remember, if your staff are not all using the same provider agency name when they en-

roll, you'll need to provide all of the ways your agency may be listed in order to obtain accurate reports.

Finally, remember that you are required to use the LME assigned record number for the consumer when submitting NC-TOPPS interviews! This has been identified as a significant statewide issue, making it difficult to match NC-TOPPS data with information in the state's Client Data Warehouse. During the coming year, the state is asking LMEs to work with them to rectify this issue by educating providers and helping to identify and correct inaccurate record numbers currently in the system. We have already contacted many providers to identify consumers with incorrect record numbers in the system, and we appreciate your cooperation with this process. We look forward to partnering with you in the coming year to make the information in the NC-TOPPS database as accurate as possible!



# Attention: New POC Policy

Providers should review the revised Policy and Procedure for the Review, Approval and follow-Up of Plan(s) of Correction (POC) of 12/08 located at: [http://www.dhhs.state.nc.us/MHDDSAS/provider\\_monitor\\_tool/appendix-m1-09.pdf](http://www.dhhs.state.nc.us/MHDDSAS/provider_monitor_tool/appendix-m1-09.pdf)

The new Policy is in effect for all POC processes originated as of January 2009.

Any agencies which started the POC process with OPC prior to implementation of this change will complete the process according to the previous POC Policy.

### Things to Know:

A POC may be required for out-of-compliance findings resulting from: a Medicaid Audit; Endorsement review; Provider Monitoring/Performance review; Performance Management Agreement review; any review, audit or monitoring and/or investigation of

complaint or allegation of violation of applicable law, rule or DMH/DD/SA Policy.

The number of requests for submission of a POC has decreased from 3 to 2. The report or letter requesting a POC serves as the first request. If not received, a final request letter is sent specifying the timeframe for submission and consequences if not received.

The maximum number of POCs that can be submitted has decreased from 3 to 2.



Very specific Components of a POC and Criteria for Review of the POC are listed in the Policy. OPC must utilize these in evaluation of a POC. (See page 5)

## Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *Please review Implementation Update #52. There is important information regarding community support services, national accreditation, CAP MR/DD services and making provider number changes to completed authorizations.*

Partial acceptance of a POC has been eliminated. The POC can only be “approved” or “not approved”.

OPC must follow-up on POCs that are accepted to assure that the POC is being followed and out-of-compliance findings have been minimized or eliminated. Only 2 such follow-ups can occur with serious negative consequences if unsuccessful.

Failure of a provider to submit a POC, submit an acceptable POC or follow a POC such that the out-of-compliance findings are minimized or eliminated results in serious consequences. According to the Policy, “the matter will be submitted to the appropriate personnel for possible withdrawal of endorsement or revocation of authorization to receive public funding for providing mental health, developmental disabilities and substance abuse services...”

## IMPORTANT!!!

When *enrolling* a consumer, please fax your paperwork to the Care Management Department at 919-913-4001. This is done by submitting the State published Consumer Admission and Discharge Form with your enrollment materials.

If you are *updating* a target population due to a billing denial or a change in diagnosis, an Additional Information Form must be faxed to Kimberly Fearrington in the OPC finance department at 919-913-4101.

**Thank You!!**

## HELP IS AVAILABLE!



Do you or your agency employees need technical assistance or training? Our clinical staff may be able to help!!

Please submit a request for technical assistance. The request form can be found at:

<http://www.opcareaprogram.com/Forms/Providers/Trainings/Request%20for%20Clinical%20and%20Technical%20Assistance%20Training%20Form.doc>

## Upcoming OPC Trainings and Events

February 11th:

Clinical Supervision

1pm-4pm, Europa Center

February 13th:

Sexually Aggressive Youth: The Basics  
9am-12pm, Homestead Community Center

February 20th:

ASAM Criteria

9am-4pm, Europa Center

February 25th:

NC-TOPPS Training

1pm-4pm, Europa Center

February 27th:

Writing an Effective Plan of Correction

1pm-4pm, Europa Center

March 11th:

Clients Rights and Confidentiality

1pm-4pm, Europa Center

March 25th:

Suicide Prevention

1pm-4pm, Europa Center

April 8th:

Documentation 101

1pm-4pm, Europa Center



Please visit our online event calendar for more information on upcoming events at:

<http://www.opcareaprogram.com/calendar/February2009.html>

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

For additional questions, please contact Gwen Gattis at (919) 913-4053