OPC Provider Relations & Quality Improvement

The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION

Who, What, Where, & Sometimes Why

March 2010

Documentation Issues Discovered through DMH Audit

During the recent audit of federal mental health and substance abuse block grant funds, several issues were identified related to disclosure of consumers' protected health information. The specific issues involved documentation and accounting of disclosures, authorization for disclosure forms, and the language required to accompany disclosures. This article provides guidance as well as sources of information for those areas. As always, please let us know if you have any questions.

1. Documentation and Accounting of Disclosures

4/1/09 Records Management and Documentation Manual – Chapter 12-5

45 CFR 164.528

10A NCAC 26B.0207 and .0303

State rules require documentation in the client record whenever confidential information is released. In addition, the HIPAA privacy rule gives an individual the right to an accounting of disclosures of protected health information [PHI] made by a covered entity or its business associate (s). The covered entity must account for disclosures of PHI made in the six years prior to the date of the individual's request. The accounting does not have to include disclosures made before the Privacy Rule compliance date [April, 2003], and the rule does not apply to every disclosure of PHI. At a minimum, provider agencies must keep an accounting of release and disclosure log in the individual's service record that contains the following information:

- Name of the individual
- Medical record number
- Medicaid ID number
- Date the information was released/disclosed
- Provider/Entity/Agency/Individual to whom the information was released
- Purpose of the release/disclosure
- Description of the specific information released/ disclosed
- Signature of person disclosing the information

2. Authorization for Disclosure Forms

4/1/09 Records Management and Documentation Manual – Chapter 12-4

45 CFR 164.508(c)

10A NCAC 26B.0202

42 CFR 2.31

Under all three confidentiality laws applicable to MH/DD/SA services, a service provider must obtain an individual's written authorization for disclosure of confidential information, unless the use or disclosure is required or otherwise permitted by the applicable law. Each law requires specific elements to be contained in a consent form [also referred to as an authorization or release form]. For the most part, these requirements are the same for each law and one consent or authorization form may be constructed to meet the requirements of all three laws. <u>At a minimum</u> a comprehensive authorization for disclosure form should include:

- Consumer's name
- Name of facility disclosing the information
- Name of individual or agency to whom the information is being disclosed

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Documentation Issues (continued from page 1)

- Information to be disclosed (must be identified in a specific and meaningful fashion)
- The purpose of the disclosure
- Length of time authorization is valid (not to exceed 1 year)
- Statement that authorization is subject to revocation except to the extent that action has been taken in reliance on the authorization
- Statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization
- Statement about the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the privacy rule
- Signature of the consumer or legally responsible person
- Date authorization is signed

3. Redisclosure Statements

10A NCAC 26B.0208 and .0304

42 CFR 2.32

State rules require that recipients of confidential information be informed that redisclosure of such information is prohibited without client consent. A stamp may be used to fulfill this requirement. Additionally, the federal substance abuse rules require that each disclosure made with the client's written consent be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Three Year Re-Endorsement Service Reviews

The three (3) year re-endorsement process was described in the January Quality Times. Visit the OPC website at www.opcareaprogram.com in case you missed it.

Here is some additional information about the process of site/service re-endorsement:

- OPC will determine which sites/services to review for re-endorsement based on the time-frames and results of monitoring activities and/or endorsement reviews.
- Many of the site/service endorsements in the OPC catchment area have end dates in late summer or early fall of 2010.
- We plan to schedule the reviews throughout the spring and early summer, and at least two months prior to the endorsement end date, to allow sufficient time to work through the Plan of Correction (POC) process as needed.

- We will contact you to schedule the review for your agency and will follow the endorsement checksheets for the selected service (s).

<u>FYI…</u>

- Clinical interviews will soon be incorporated into the endorsement process.
- The revised Child and Adolescent Day Treatment endorsement checksheet will be utilized as of April 1st and includes the use of clinical interviews.
- Development of the interview questions is currently in progress.

Change in Requesting ValueOptions Authorization Letters

Effective March 1, 2010, notices of new authorization approvals, and the letters will be available only on the ValueOptions online provider portal ProviderConnect. ValueOptions has ended the mailing of paper authorization approval letters as of March 1, 2010. Adverse determination letters will continue to be mailed to the recipient with a copy to the provider.

This effects providers who bill Medicaid services through OPC using the OPC provider number for authorization. The services that are billed using OPC's provider ID are Level II Therapeutic Foster Care, Targeted Case Management and outpatient therapy that is provided by a professionally licensed therapist using H-codes.

In the past, OPC has required that provider make a request for these authorization letters. In order to better formalize the process, a request form has been developed to use for this specific purpose. On this form, the following information will be required:

- *Recipient Name*
- *Medicaid ID Number*
- *Date of Birth*
- *Service Code*
- *Date of Authorization Period*

To request a Value Options authorization letter, please complete the required form and fax it to Naomi Avissar at 919-913-4038. **(Please do not email your request as it contains protected health information).** Naomi will process the requests and fax letters to providers twice a month.

The request form will be posted on the OPC website under provider forms in the near future.

For any questions regarding this please contact your provider representative.

OPC Provider Council Elected

OPC is pleased to announce the newly elected members of OPC Provider Council:

Amy Stevens (Advanced Health Resources) - Child DD

Robin Baker (The Arc of Orange County) - Adult DD

Bebe Smith (UNC STEP/OASIS) - Adult MH

Tom Reid (Carolina Outreach) - Child MH

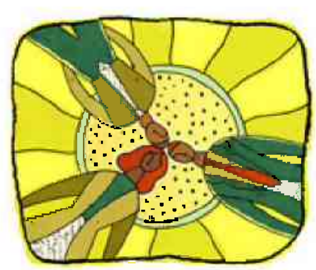
Connie Renz (UNC Horizons) - SA Provider

Trish Hussey (Freedom House) - Comprehensive "CABHA Ready"

Danny Merwin (Triumph) - Comprehensive "CABHA Ready"

OPC/LME staff that will serve on this council are Dave Jenny, Finance Officer, Donna Prather, Medical Director, Debra Farrington, Care Management Director, Lynne Hamlet, QI/PR Director and Phyllis Williams, Provider Relations Manager.

The OPC Provider Council, on behalf of all providers within the OPC provider community, will work in partnership with OPC staff to promote a strong system of high quality services for consumers with MH/DD/SA needs. The first Provider Council meeting will be held in April.



Provider Survey

Please take a moment to complete our provider satisfaction survey if you have not had a chance to do so yet. We value your feedback! You can complete this survey online from our webpage at:

http://www.opcareaprogram.com/

The survey is will be available to participate in until the end of the day on Wednesday, March 31st. Thanks for your help!

Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *Please visit the North Carolina 2010 Census website for useful information regarding this critical survey.*

  http://2010census.nc.gov/
- *OPC will be announcing trainings for the implementation of Cardinal Innovations, our new business system. If you currently bill through OPC, a representative from your agency must attend one of the initial orientation sessions. Stay tuned for further information.*

FY09-10 IPRS BILLING DEADLINE ANNOUNCEMENT

The cut-off date for **IPRS** claims with **service dates January 1, 2010 through April 30,2010 will be Monday, May 17**. **<u>We will strictly enforce this deadline and allow no exceptions</u>.** It is now too late to submit any IPRS claims for services provided prior to January 1, 2010. In an effort to more quickly process and make payment to providers for IPRS services, we encourage providers to promptly submit claims for services having already occurred as soon as possible. This will help reduce the volume of claims submission needing to be done in the first two weeks of May. We also ask that you carefully review your spreadsheets for all possible errors prior to submission to opctickets, as there might not be enough turn-around time for identification/correction of errors and resubmission of claims before the May 17 deadline.

Our claims adjudicator is being instructed to return billing spreadsheets submitted after May 17, if the spreadsheet contains any claims with service dates prior to May 1.

The cut-off date for **IPRS** claims with **service dates May 1, 2010 through June 30, 2010 will be Monday, July 12**. **<u>Again, this deadline will be strictly enforced with no exceptions accepted.</u>**

Thanks for helping OPC process and make payment to providers as quickly as possible.

Providers who are interested in becoming a CABHA in order to continue provision of Community Support Team, Intensive In-Home or Child and Adolescent Day Treatment must submit their Letter of Attestation to the Division of MH/DD/SAS by April 1st, 2010. This date is critical to make sure there is sufficient time to conducts the necessary certification reviews. Submit letters of attestation to:

Contact.dmh.lme@dhhs.nc.gov

SAMHSA is committed to promoting evidence-based and promising practices in serving persons with mental illnesses and/or substance use disorders. The Evidence-Based Practice (EBP) Knowledge Informing Transformation (KIT) series helps to further that commitment. The materials provide innovative, engaging, and effective learning tools that help shape mental health services toward recovery. The first-generation EBP KIT topics include:

Assertive Community Treatment

IDDT

Supported Employment

Please see information online at:

http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/

Upcoming OPC Trainings and Events

Friday, April 2nd
Good Friday
OPC Offices closed

Monday, April 12th
New Provider Orientation
Europa Center, 1pm-4pm

Monday, April 12th
OPC Board Meeting
Europa Center, 7pm-9pm

Wednesday April 14th
NC-TOPPS Training
Europa Center, 1pm-4pm

Thursday, April 22nd
New Directions in the Treatment of Autism Spectrum Disorders
Extraordinary Ventures, Chapel Hill, 1pm-3pm

Wednesday, April 28th
Suicide Prevention
Europa Center, 1pm-4pm, *$25*
CEUs offered

Please visit our online event calendar for more information on upcoming events at: http://www.opcareaprogram.com/calendar/April2010.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