



Naughty or Nice?

MANAGED CARE



DECEMBER 2014

IN THIS ISSUE



Santa is watching everyone, or so the story goes; watching to see who has been naughty and nice. He rewards the good little boys and girls with wondrous gifts. Those who have been naughty end-up with a lump of coal. It is a story we are all familiar with. A story with a moral and a story we can all relate to.

It is really the same sort of thing when it comes to your annual audit. If you have been diligent in meeting Medi-Cal standards for documentation, everything goes well; if you have not met Medi-Cal standards, maybe not so well. I guess that makes your Utilization Review Specialists (URS's) similar to Santa's helpers (or at least Medi-Cal's helpers) when we review your records.

Much like Santa, we (URS's) are cheering for you to do well when we come to review your charts. Our desire is to see everyone do well with their audit and pass with flying colors. Awesome audits means clients are receiving excellent care, there is excellent stewardship of taxpayer's money and there is likely to be a boost in the economy when you take yourself out to dinner to celebrate your success.

Unfortunately, it doesn't always turn out so nice. But wait! There is good news! If you are concerned about doing well in your next audit, call us and let's set-up a time to meet to answer your questions and provide additional training on the intricacies of documenting to Medi-Cal standards. We are here to help.

Maybe you don't need a full-on training. Perhaps you've got just one simple (or not so simple) question you'd like clarification about. Call us. Email us. Send us an Instagram (#whatever that is). Let us know what you need clarification about and we will happily provide it — just like one of Santa's happy little elves.

Much of this newsletter is a checklist of naughty and nice. Take a look. How would you do? Would you end-up on the naughty list or would you end-up on the nice list?

Naughty

Billing Medi-Cal a flat-rate amount for services (e.g., billing 180 minutes for an assessment regardless of the amount of time it actually took to facilitate the assessment) would put you in the naughty category.

Nice

Bill for the exact number of minutes used when providing a reimbursable service. No more. No less. It is that simple. This is sure to keep you on the "Nice" list.

Some providers have reported that they have "always" billed a flat rate amount of time for an assessment, regardless of how long it took. "That's the way we've always done it," they said. Regardless of what they have always done, to bill for time not used is fraud (very naughty) according to the California Code of Regulations 1840.326 and is punishable with some pretty hefty fines and possibly even prison time, let alone losing one's license from the BBS to practice in the State of California.



Nice

Document what psychotherapeutic interventions you used in your treatment sessions and use clinical language to describe what you did, why you used those specific interventions and how using those interventions will help your client meet the treatment goals you and the client identified in the Plan of Care you co-created at the onset of treatment. It is important for the URS to understand, from reading your documentation, what is taking place (the client’s focus) and why your interventions (your focus of treatment) are needed (medical necessity). The client’s focus and your focus should match-up.



Naughty

If you were to document your only treatment intervention as “listened to the client,” it would likely land you on the “Naughty List.” Listening to our clients, certainly, is a big part of what we do in treatment, but Medi-Cal would want to know how is your listening to the client (at \$57 and hour) different from the client’s aunt or a store clerk listening to them for free? Interventions need to be clearly defined as specialty mental health services and written in such a way that it is clear that those services required a highly trained professional to perform in order to help move the client’s treatment forward.



Nice

Expand on your client’s overall treatment by providing additional needed and billable services. Clearly, clients sometimes need more than individual psychotherapy and you can augment their treatment by providing case management interventions or collateral activities that will enrich their

overall treatment. Case management is a service in which you monitor symptoms, consult directly with other professionals, or link your client to other community resources, and this service is tied into the identified symptoms and/or impairments on the POC. Your documentation should clearly draw the connection to your treatment.



Naughty

Claiming case management time simply for setting up an appointment with a client, writing a letter for a client for school or Court, or gathering up paperwork — tasks that are viewed by Medi-Cal as *clerical* — will surely land you on the “naughty List.” Medi-Cal does not pay for clerical work — even if you are a “one-man” shop.



Nice

Provide group therapy for your clients and when you submit your billing, divide the number of minutes based on the total number of clients present, not just those who have Medi-Cal. This will provide an accurate reflection of the work you performed for Medi-Cal.

Managed Care Training



Upon reading the previous sections of “Naughty or Nice” in this newsletter, how did you do? Would you be on the “naughty list” or the “nice list”? Our goal is for you to be successful when it comes time for your annual Managed Care chart review. If you think you could use a “tune-up” to help you brush-up on Medi-Cal documentation and billing standards, you are welcome to attend a special training on Thursday, December 18th from 2-5PM. Space is limited, so if interested in attending, contact your PRS today to reserve your place.



Your Go-To Person at Managed Care

Let’s say it’s 3:00 o’clock in the morning and you have a burning question about documentation and billing. Who doesn’t, right? So, you start to wonder, “Who can I contact at Managed Care to get an answer?” To that we would say, “So glad you asked!”

The best place to start is always with your Provider Relations Specialist (PRS). We’ve got three of the best and each has been assigned to serve providers based on the provider’s alphabetical listing. Here is the roster:

A-H Arlene Liles

arliles@co.fresno.ca.us

I-Q Dee Howell –

dchowell@co.fresno.ca.us

R-Z Mark Golden –

mgolden@co.fresno.ca.us

You are also welcome to call your PRS on our Managed Care main phone line:

Phone (559) 600-4645

Winter Holiday Schedule



Managed Care Staff is here throughout the month of December and ready to help answer those burning 3:00 AM (see above) questions — but not at three o’clock in the morning. We are here Monday through Friday from 8:00 AM to 5:00 PM. The office will be closed on Thursday, December 25th for the Christmas Holiday. Amazingly, we will also be closed on Thursday, January 1st, New Year’s day.



Happy Holidays

All of us here at Managed Care thank you for all you do to make a positive difference in the lives of our clients and we wish you the happiest of holidays.

