MANAGED CARE

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NAMI Walks Update

As you know, NAMI provides a tremendous amount of support, and help to individuals and families who deal with mental illness. May 11th was the Fresno local NAMI Walks — the major fund-raiser where people (ranging from friends to families and clients to clinicians) got together and raised over $46,000 to help fund NAMI services to people in Fresno County. Thanks to everyone who came out and who donated time and money to make a positive difference in the lives of so many people.

Billing Codes Revisited

As you may recall, as of the first of the year, Fresno County made some changes to the billing codes for services our Providers . . . well .. . provide. Although there is quite a list of difference codes, here is just a quick "cheat-sheet" of codes used most often. For the entire list of codes, please contact your Provider Relations Specialist (PRS) at Managed Care.

103 Individual Assessment
159 Plan Development
83 Individual or Family Therapy
82 Group Therapy
150 Collateral
205 Case Management
158 Rehabilitation

We Appreciate Your Patience

First of all, we want to validate what many of our providers have been experiencing: frustration with Managed Care from taking way to long to get paid. We agree. It ***has*** been taking way too long and we want you to know that we (many divisions of County Mental Health) have been working to solve the problems we have been experiencing that have fueled your frustrations. We can tell you that we've had major challenges with computer software that we are still trying to work out (from rolling-out new software and services); that we've been understaffed and then there are all the internal changes in the department that have made providing quality and quick service difficult to provide. We offer this only as information — not excuses. And, we apologize for the delays.

We do want you to know that we have heard you and we are working at making the changes needed to get back on track and provide the excellent service you deserve. That said, we request your continued patience as we work at creating the changes that will fix the problems that cause you so much frustration. We truly value you, your patience, the incredible services you provide for our clients and a willingness to work with us as we work through all of this. Thank you.

Collateral or Case Management

One of the places we often see confusion in documentation is noting the difference between Collateral (150) and Case Management (205).

Collateral is a service activity to a *significant support person* in the client's life with the intent of improving or maintaining the mental health of the client. The client may or may not be present for this activity. Remember that an appropriate Release of Information (ROI) must be completed *prior* to sharing information.

Case Management (205) involves linkages, monitoring progress, advocating, brokering or ensuring access with or on behalf of the client. Key phrases in Case Management include "linked," "assisted to . . . for . . . with," "monitored," "brokered for," and "advocated for."

Case Management *is not* skill development, assistance in daily living or training a client to access services.

Plan Development

Almost all documentation and billing is based upon the Assessment and the Plan of Care (POC) also known as "Plan Development." It only makes sense that you cannot have the right treatment if you don't have the right diagnosis. Plan development is the process and documentation of the primary diagnoses, the target symptoms (of those diagnoses) and what treatment interventions will be used to diminish the target symptoms and improve the client's level of functioning. The POC needs to clearly define these things specific to the individual client. The POC is also a contract, of sorts, between the Provider, the Client and Managed Care. That being the case, it is one of the most important documents in the client's medical record because just about every service (intervention) you will provide is predicated on what is documented in the POC. It is in the POC that we often find problems that can have devastating outcomes in an audit — devastating in that the County ends-up recouping payment because of those errors. For more information, please refer to your Documentation and Billing Handbook. Don't have one? Contact your Provider Relations Specialist and they will get one to you or keep reading and someplace in this article will be a web link of where you can download and store your very own copy. That said, here is a fairly comprehensive list of areas of significance that could cause recoupment of funds.

1.) The maximum duration of a POC is 365 days. If any services are provided outside the active dates of the POC, all those services would have to be disallowed. Some POCs are written to be active for only 6 months. Again, if services are performed outside the active dates of that POC, all of those services are disallowed. The one exception to this is billing for crisis intervention services and initial assessment and initial plan development.

2.) If there are any services provided and billed for that are not included in the POC, none of those services are billable. Example: POC does not include group therapy but provider has billed for group therapy – none of the group therapy sessions for that particular Client are billable.

3.) If the POC is not signed by the Client (POC must be signed by both the Client and the Clinician) and there is no documentation in the chart indicating why the POC is not signed (i.e. the Client accepts services but refuses to sign due to paranoia), all services are disallowed. If there is documentation that the Consumer refuses to sign and there is continued documentation showing evidence that on-going efforts are being made to get the Consumer's signature, then we can accept services provided and billed-for, but without that documentation we must disallow all services billed.

If the POC has been amended, those changes must be initialed and dated by both the clinician and the Client.

4.) If the POC has been amended (i.e. changes in anything from the initiation of that POC), those changes must be initialed and dated ***by both the clinician and the Client***. If changes were made without the Client's initials and date (demonstrating that the Client participated in developing the change in treatment) all the notes for whatever services the POC was amended to include are not allowable.

5.) If the primary diagnosis and symptoms are a diagnosis and symptoms that are not covered by Medi-Cal (i.e. pervasive developmental disorder such as mental retardation) and no other diagnosis/ symptoms are listed that are covered (i.e. secondary depression, anxiety, etc.) then the services are disallowed.

Wow! That's a lot of possibilities for recoupment of funds! That's why it is so important to know the intricacies in writing a thorough and comprehensive POC when initiating services. As mentioned earlier, all the information you need to know about writing a thorough and comprehensive POC is contained in the Documentation and Billing Handbook, which you can get right now by clicking on this link Managed Care and scroll down until you see the link for Documentation and Billing Handbook— 2012. If you click on that link, you will get a PDF file of the Handbook that you can download to your computer.

Bon Voyage & Welcome Aboard

There are some staffing changes at Managed Care that we wanted you to know about. First, our Interim Supervisor, ***Rose Gamino*** has left us as she and her husband are expecting their 2nd bouncing baby boy next month. Behavioral Health continues to search for qualified applicants to fill the Supervisor position at Managed Care. In the meantime, ***Diana Yee*** has stepped-in as the interim Supervisor of the Managed Care unit. Second, ***Jonathan Scott Halverstadt*** is leaving Managed Care to work as a URS with the MHSA programs under the supervision of Stacy VanBruggen. Bon Voyage Rose and Jonathan. Welcome to Diana.

Also coming, on-board, to Managed Care are: ***Katherine Martinez, LMFT*** who started working as a URS with our team mid May. Kathy has been with the County for years, most recently with the school based team at CMH. ***Sandra Nelson, RN*** just recently joined our team, as a URS. Ms. Nelson comes to us from the East Coast and brings her knowledge and experience as a nurse working in substance abuse and inpatient settings. ***Teresa Medina*** came on-board in the middle of May to work for us as an Office Assistant. Teresa comes to us with data entry experience at the Red Cross.