

October 12, 2011

SCFAC Request
Division of MH/DD/SAS Update
News Highlights and Excerpts from State Documents

ELT

- The Executive Leadership Team (ELT), the Division's team leaders and representatives from the Division of Medical Assistance attended a two-day managed care training at Piedmont Behavioral Healthcare's (PBH) headquarters.
- The local training sessions allowed managers to receive group instruction and to work privately with their PBH counterparts to examine business systems in action.
- A plan is underway to continue this exchange to build expertise in managed care administration.

IMT Workgroup

- All LME/MCO's that have been approved to proceed are having monthly meetings with DMA and DMH/DD/SAS.
- These meetings are an opportunity for the LME/MCO's to provide updates on the status of the Waiver implementation.
- DMA and DMH/DD/SAS have an opportunity to ask questions as needed.

EMT Workgroup

- This committee has not yet been established.

1915 b/c Waiver Project

The Durham Center with Cumberland and Johnston County

- As part of the on-going formal procurement process, The Durham Center submitted a Plan of Correction and had a very successful second site review.
- As a result, they have been selected to be the next Local Management Entity (LME) to participate under the 1915 b/c Medicaid waiver for mental health, developmental disabilities and substance abuse services.

Comparison: NC Innovations and CAP MR/DD Waiver is now posted on the web at <http://www.ncdhhs.gov/mhddsas/waiver/comparisongrid.pdf>

Oct 26 -27: NC ONE COMMUNITY IN RECOVERY CONFERENCE

- The conference will be held at the Benton Convention Center 460 N. Cherry St. Winston Salem NC. The brochure may be accessed at this link on the Northwest AHEC website <http://northwestahec.wfubmc.edu/brochures/111026-27.pdf>
- As indicated on the brochure, "If you have questions about registering or need auxiliary aids or special services to attend this program, please contact Liz Leonard, (336) 713-7715 or leonard@wakehealth.edu at least five working days prior to the program".

Crisis Counseling Program

If you have been affected by the recent storms/hurricanes, a toll free line has been established for residents in the following counties:

- Bladen, Brunswick, Carteret, Cumberland, Duplin, Halifax, Harnett, Hoke, Lee, Lenoir, New Hanover, Onslow, Pender, Robeson, Sampson, Vance, Wayne, and Warren
- 866 – 451-7760
- 8 a.m. – 12 a.m.
- 7 Days a Week

Trust Fund Report on MH/DD/SAS and Bridge Funding Needs

<http://www.ncdhhs.gov/mhddsas/statspublications/Reports/reports-generalassembly/generalreports/trustfundmhddsas.pdf>

CAP I/DD New Waiver Effective November 1, 2011

Effective 11/1/11 CAP MR/DD Changes will be implemented. Please review Implementation Update #90 for specific information.

- Effective November 1, 2011, the total habilitation hours received by a participant must not exceed 129 hours of habilitation per month. Please review the CAP MR/DD services that are available.
- The 129 hours per month limit is inclusive of the habilitation the participant may receive through engagement in Day Supports, Supported employment, Long Term Vocational Supports and Home and Community Supports. *NOTE: The combination or distinct utilization of these services is not to exceed 129 hours a month.*
- **This is a firm limit FOR ADULTS over age 21. Requests to exceed the limit for children under age 21 will be reviewed under EPSDT.**
- **Due Process** As of November 1, 2011 the 129 hours a month of habilitation will be a limitation for adults and therefore it cannot be appealed for recipients 21 and over.
- Requests submitted for recipients under the age of 21 will be reviewed under EPSDT and if denied, the recipient will be provided with an adverse decision notice that includes an appeal form and a description of how to appeal to the Office of Administrative Hearings.

Division Workgroup Volunteer Opportunities

For a current look at the postings <http://www.ncdhhs.gov/mhddsas/consumeradvocacy/volunteer-yes.htm>

Critical Access Behavioral Healthcare Centers (CABHAs)

- CABHA Certified Agencies as of September 16, 2011
http://www.ncdhhs.gov/mhddsas/providers/CABHA/cabha_certificationlist_09-16-11.pdf

Clinical Coverage Policies

Public Comment is being sought by the Division of Medical Assistance (DMA):

The following proposed new or amended Medicaid clinical coverage policies are available for review
Public comments for the Proposed Medicaid Clinical Coverage Policies can be submitted at

<http://www.ncdhhs.gov/dma/mpproposed/index.htm>

- Proposed [PDL Review Panel Guidelines and Procedures](#) Public comment ends October 24, 2011
- Proposed [4A, Dental Services](#) Public comment ends October 27, 2011
- Proposed [Medicaid and NCHC Preferred Drug List \(PDL\)](#) Public comment ends October 22, 2011

Letter of Attestation Revision

- As previously announced in the September 2011 Medicaid bulletin, the Division of Medical Assistance (DMA) will no longer notify providers who received a minimum of \$5 million in Medicaid payments during the federal fiscal year (October 1, 2009 through September 30, 2010).
- Upon enrollment and re-enrollment in the N.C Medicaid program, providers are required to complete and sign the Letter of Attestation on the NCTracks website at <http://www.nctracks.nc.gov/provider/forms/> as a condition of participation in the Medicaid and N.C. Health Choice programs.
- In accordance with Session Law 2011-399, § 108C-9 requires the revised provider attestation to contain a statement that the provider:
 - “has met the minimum business requirements necessary to comply with all federal and State requirements governing the Medicaid and Children's Health Insurance programs,
 - does not owe any outstanding taxes or fines to the U.S. or North Carolina Departments of Revenue or Labor or the Employment Security Commission,

- does not owe any final overpayment, assessment, or fine to the North Carolina Medicaid or North Carolina Health Choice programs or any other State Medicaid or Children's Health Insurance program, and
- has implemented a corporate compliance program as required under federal law.”

WHAT IS MEDICAID FRAUD, WASTE AND ABUSE?

- **Fraud:** Deception or misrepresentation made by a health care provider with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under Federal requirements set forth in 42 C.F.R § 455 which relates to Medicaid.
- **Waste:** The over utilization of services, or other practices that result in unnecessary costs generally not considered caused by criminal negligent actions but rather the misuse of resources.
- **Abuse:** Provider practices that are inconsistent with sound fiscal, business or clinical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet recognized standards for health care or clinical policy.

WHAT MEDICAID FRAUD LOOKS LIKE?

Most types of Medicaid fraud, waste or abuse fall into one or more of these categories:

- Billing for “phantom patients” who did not really receive services
- Billing for medical services or goods that were not provided
- Billing for old items as if they were new
- Billing for more services that could be provided in 24 hours a day
- Billing for unnecessary tests
- Paying a “kickback” in exchange for a referral for medical services or goods
- Charging Medicaid for expenses that have nothing to do with caring for a Medicaid client
- Overcharging for health care services or goods that were provided
- Concealing ownership in a related company
- Using false credentials for staff
- Double-billing for health care services or goods that were provided
- Providing services by untrained staff

You may submit an [Online Medicaid Fraud and Abuse Confidential Complaint Form](http://www.ncdhhs.gov/dma/fraud/reportfraudform.htm) using the website <http://www.ncdhhs.gov/dma/fraud/reportfraudform.htm>.

To report suspected Medicaid Fraud, Waste or Abuse, please call the North Carolina DHHS Customer Service Center toll-free number at 1-800-662-7030 or the North Carolina Medicaid Program Integrity Tip-Line at 1-877-DMA-TIP1 (1-877-362-8471).

Medicaid Recipient Prior Approval and Appeal Processes (Due Process) and Early and Periodic Screening, Diagnosis and Treatment Seminar

- The Medicaid **Recipient** Prior Approval and Appeal Processes and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) seminar is scheduled for October 18, 2011.
- Seminars are intended to address Medicaid **recipient** prior approval and appeal processes when a Medicaid service is denied, reduced or terminated.
- The seminar will also focus on an overview of EPSDT-Medicaid for Children. Billing will not be addressed during the presentation.
- October 18, 2011
The Royal Banquet and Conference Center- Room C
3801 Hillsborough Street
Raleigh, NC 27607

Subscribe and Receive Email Alerts for Medicaid Updates

- NC Medicaid allows all providers the ability to sign up for NC Medicaid email alerts. Email alerts send notices to providers on behalf of the NC Division of Medical Assistance (DMA) and NC Health Choice (NCHC) programs.
- Email alerts are sent to providers when there is important information to share outside of the general Medicaid Provider Bulletins.

Submitting Claims for Reimbursement

- Program Integrity has identified some trends in outpatient mental health non-physician practices, independent and group.
- Some providers are operating after-school programs, summer programs, or non-licensed day treatment programs and submitting claims for reimbursement from the North Carolina Medicaid Program.
- Medicaid only reimburse for services that are medically necessary, meets the criteria established through clinical policy and when the provider is qualified to provide the services.

Defrauding the NC Medicaid program is a serious offense and will be dealt with accordingly. Sometimes the penalty includes civil and/or criminal remedies. Medicaid providers may receive a federal indictment involving wire fraud, identity theft, and arson by the U.S. Attorney's Office.

Behavioral Health Review Section
DMA, 919-647-8000

Outpatient Behavioral Health Services Seminars

Outpatient Behavioral Health Services Provider seminars are scheduled for November 2011. Information presented will include:

- A review of Clinical Coverage Policy 8C – Outpatient Behavioral Health services provided by Direct-Enrolled Providers and policy updates
- Billing procedures including billing “incident to” a physician
- Prior approval
- National Correct Coding Initiative,
- Carolina Access for recipients under age 21
- Health Choice
- Fraud and Abuse

Sessions will be held at the following locations, and begin at 9:00 a.m. and end at 12:00 p.m

November 2, 2011 Asheville
November 3, 2011 Charlotte
November 9, 2011 Raleigh
November 17, 2011 Wilmington

Per Member/Per Month (PM/PM) Rates for Care Management

- The Per Member/Per Month (PM/PM) rates paid to Carolina Access primary care providers (PCPs), Community Care of North Carolina (CCNC) PCPs and the CCNC Networks are now published on the following DMA website at <http://www.ncdhhs.gov/dma/provider/financial.htm>.