

Provider *LINK* Newsletter

Newsletter Fall 2011

Volume 1, Issue 2



Fraud and Abuse

INSIDE THIS ISSUE

Fraud and Abuse	1
Fraud and Abuse continued	2-3
Informed Consent	4-5
Waiting List	5
Contact Us	5
Provider Handbook	5
HIPAA Changes	6
Rendering Provider ID	7
New Provider Location	7
Health Alert	7

NFBHP/FHP's Compliance Program focuses on the Federal, State and Local compliance issues which are unique to the Tampa Regional Service Center (TRSC). National standards of ethical practice have been established for all service center employees and contracted providers are capable of reducing the prospect of unlawful or inappropriate activity. NFBHP/FHP works closely with our National office, state authorities, and accrediting organizations to demonstrate that we meet acceptable standards of conduct and performance.

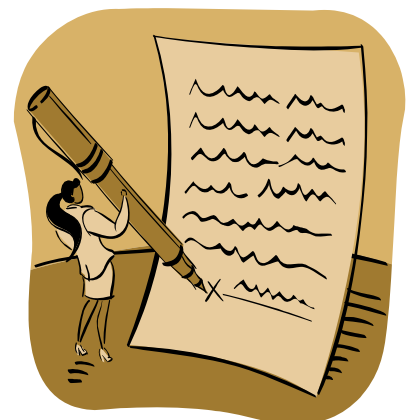
NFBHP/FHP of ValueOptions has developed a Compliance Plan to provide an overview of the activities conducted to assure compliance with state and federal regulations, National ValueOptions' policies and procedures, contract requirements, local policies and procedures, and accreditation standards. The intent is to demonstrate how NFBHP/FHP complies with these varying requirements, and the actions that are taken to prevent/detect any practices which could qualify as Medicaid fraud

and abuse violations, incorrect billing practices, conflicts of interest, unethical business or patient care activities.

NFBHP/FHP is committed to working with our business partners and our National Office to ensure compliance with internally imposed standards of ethical practice as well as regulatory requirements applicable to our daily operations.

REMEMBER.....

"If it is not documented, it didn't happen"



To accomplish great things, we must not only act, but also dream; not only plan, but also believe.
- Anatole France

Fraud and Abuse Continued

Some **Key Terms** to keep in mind:

Fraud – *Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit*

- * *Most Medicaid payment errors are billing mistakes and are not the result of someone such as a physician, provider, or pharmacy trying to take advantage of the Medicaid Program*
- * *Fraud occurs when someone **intentionally** falsifies information or deceives the Medicaid Program*

Waste – *Thoughtless or careless expenditure, consumption, mismanagement, use or squandering of healthcare resources, including incurring costs because of inefficient or ineffective practices, systems or controls*

Abuse – *Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to health programs, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards*

Program Integrity – *Steps & activities included in the compliance program & plan specific to fraud, waste & abuse*

Most of you are quite aware of FHP's recent Program Integrity Activities as you have been required to review Encounter Data identified by our Quality Improvement Department to ensure appropriateness of services and justification for time spent for the services you have encountered. Many of you now are becoming familiar with FHP's more recent Program Integrity Activities, a retrospective review of Encounters through Clinical Record Reviews. Randomly selected Encounters are being reviewed that have been identified as high units of service from our Program Integrity report, a report you all have become familiar with. Upon review of these randomly selected encounters; if documentation does **not** support the service encountered, the time spent or does not follow the Medicaid Community Mental Health Handbook for clinical record documentation, **Encounters will be backed out by FHP. Corrective Actions will be initiated with Providers who do not meet the Performance Goal of 95% and sanctions may apply. If patterns or trends and concern is identified through these retrospective reviews of clinical record documentation, FHP will be required to report these activities to MPI.**

Good Clinical Record Documentation:

- Provides Evidence Services Were Provided
- Required to Record Pertinent Facts, Findings, & Observations About an Individual's Medical History, Treatment, and Outcomes
- Facilitates Communication & Continuity of Care Among Counselors & Other Health Care Professionals Involved in the Member's Care
- Facilitates Accurate & Timely Claims Review & Payment
- Supports Utilization Review & Quality of Care Evaluations
- Enables Collection of Data Useful for Research & Education

Basic Clinical Record Documentation needs:

Start & Stop Times

Every Billable Activity Must Have a Service Start Time and Stop Time that Matches Time Billed
Service Codes

Service Codes Submitted w/ Claims for Payment Must Match the Documentation in the Charts
Individualized Progress Notes

Notes Must be Specific to the Members, Appropriately Support the Time, Type, etc. of Services Billed & Tie Back to Treatment Plans

The Members' Names Must be Included on All Notes

Units Billed

Number of Units Billed Must Match Number of Units in Documentation

Full Signatures w/ Credentials & Dates

All Documentation/Progress Notes Must be Signed & Include Credentials

Covered vs. Non-Covered Services

Are Services Covered/Billable?

Service Definitions

Services Provided/Documented Must Meet the Service Definition for the Specific Code Billed

Ensure Progress Notes are Legible

Please be sure your Clinical Staff are aware of the documentation requirements in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook as well as the Mental Health Targeted Case Management Handbook.

Preventing fraud and abuse is everyone's responsibility. Educate and train staff about the importance of Fraud and Abuse Prevention as well as the requirements for reporting suspected fraud and/or abuse.

Please ensure your organization takes the appropriate measures to address identified issues, as significant consequences may be required for a compliance failure.

To report suspected Medicaid Fraud, please call the Attorney General toll-free at 1-866-966-7226 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at

https://apps.ahca.myflorida.com/inspectorgeneral/fraud_complaintform.aspx

Other Links

http://ahca.myflorida.com/Executive/Inspector_General/complaints.shtml

FHP and NFBHP are always available for any questions or concerns pertaining to Fraud and Abuse Prevention, our Program Integrity Activities currently in place as well as any technical assistance we may be able to provide you in educating or training your staff. Please feel free to contact:

TampaQi@valueoptions.com

Informed Consent for Psychotherapeutic Medication

Pursuant to statute 409.912(51) *The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.*

Florida Statute 394.492(3) *“Child” means a person from birth until the person’s 13th birthday.*

Psychotropic (Psychotherapeutic) Medications include antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizers. Anticonvulsants and ADHD medications (stimulants and non-stimulants) are not included at this time. The generic names of those medications subject to the informed consent are listed below.

Alprazolam	Dexmedetomidine	Maprotiline	Risperidone
Amitriptyline	Diazepam	Meprobamate	Secobarbital
Amobarbital	Doxepin	Midazolam	Selegiline
Amoxapine	Droperidol	Mirtazapine	Sertraline
Aripiprazole	Duloxetine	Modafinil	Sodium Oxybate
Armodafinil	Escitalopram	Molindone	Temazepam
Asenapine	Estazolam	Nefazodone	Thioridazine
Bupropion	Eszopiclone	Nortriptyline	Thiothixene
Buspiron	Fluoxetine	Olanzapine	Tranlycypromine
Butabarbital	Fluphenazine	Oxazepam	Trazodone
Carbamazepine	Flurazepam	Paliperidone	Triazolam
Chloral hydrate	Fluvoxamine	Paroxetine	Trifluoperazine
Chlordiazepoxide	Haloperidol	Pentobarbital	Trimipramine
Chlorpromazine	Iloperidone	Perphenazine	Venlafaxine
Citalopram	Imipramine	Phenelzine	Vilazodone
Clomipramine	Isocarboxazid	Pimozide	Zaleplon
Clorazepate	Lithium	Protriptyline	Ziprasidone
Clozapine	Lorazepam	Quazepam	Zolpidem
Desipramine	Loxapine	Quetiapine	
Desvenlafaxine	Lurasidone	Ramelteon	

Effective September 1, 2011, the Bureau of Pharmacy Services will implement this legislative directive as follows:

The prescriber must complete either the **Medicaid “Informed Consent for Psychotherapeutic Medication” attestation form**; the **Department of Children and Families CF1630 form**; or provide the **court order for the medication**.

The completed form must be presented to the pharmacy with every **new** prescription for a psychotherapeutic medication.

The completed form must be filed with the hardcopy prescription in the pharmacy and held for audit purposes for a minimum of five years.

Informed Consent for Psychotherapeutic Medication cont'd

In order for a prescription claim for a psychotherapeutic medication to pay, the pharmacy must enter the medical certification code “2” to certify that the consent form has been filed with the prescription. This process is similar to the pre-existing family planning “6” and dialysis “8” code requirements.

Pharmacies may not add refills to old prescriptions to circumvent the need for an updated informed consent form.

Every **new** prescription will require a **new** informed consent form.

The informed consent forms do not replace prior authorization requirements for non-PDL medications or prior authorized antipsychotics for children and adolescents from 0 through 17 years of age.

Waiting List for Services

At **NO TIME** should a NFBHP/FHP Member be on a waiting list for services. If your organization is having difficulties in meeting access standards, please contact **Robin Hamel, Clinical Director** or **Jaclyn Santucci, Quality Manger** so that we may assist you in ensuring our Members are accessing services in a timely fashion.

Contact Us

Tampa Regional Service Center

Area 3: (866) 570-0895

Area 5: (888) 563-9022

Area 6: (800) 808-8033

Area 7: (866) 717-3816

Area 8: (866) 218-6069

NFBHP/FHP Provider Handbook

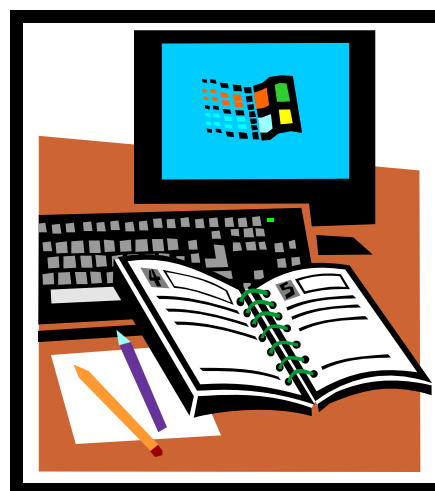
NFBHP/FHP, maintains an updated provider manual to comply with all state regulations.

Please visit our website at to access the most up-to-date version of our Provider Handbook at:

www.floridahealthpartners.com or

www.nfbhp.com

The Provider Handbook gives providers valuable information specific to managing behavioral health for Florida Medipass members enrolled in NFBHP/FHP's program.



HIPAA: Four Key Changes To Watch For In Version 5010

By Ken Bradley, VP of strategic services, Navicure

The article outlines four upcoming claim changes that you should begin talking to your payers about now to lay the groundwork for a successful 5010 transition.

The transition to Version 5010 may require your practice to make many changes in the way you submit claims, but the following four requirements are especially important to acknowledge and start thinking about now. Giving consideration to these changes and beginning communications with payers about them is something you can do right now to help lay the groundwork for a successful 5010 transition.

Change 1: Consistently enrolling National Provider Identifier

(NPI) subparts. If your practice has multiple NPI subparts, you need to make sure you've enrolled them consistently with all payers using the lowest level enumeration. In addition, for payers that do crosswalk lookups, you should verify that the claim's practice name and address matches what the crosswalk contains. These two efforts can help you avoid enrollment problems and realize consistent reporting.

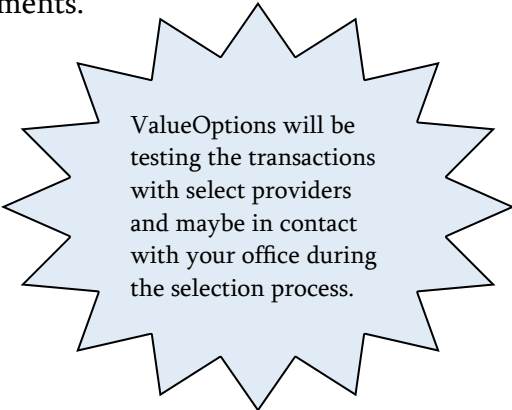
Change 2: Correctly reporting Post Office (P.O.) Boxes. In Version 5010, practices can no longer use a P.O. Box as the primary billing address. If you have a P.O. Box, you'll need to report it separately in the "pay-to" provider field, in addition to reporting a physical street address in the "billing" provider field. Make sure your existing practice management systems can support this change; if it can't, check that work is underway to ensure such support is in place by each payer's scheduled implementation time.

Change 3: Reporting dependents as subscribers.

Some payers including some Medicare and Medicaid plans as well as smaller payers and plans—choose to assign a unique subscriber identification number to the dependents of enrolled members. In these cases, you must report the dependent as a subscriber. It's important to know which payers assign dependents a unique ID so that you can complete your claims appropriately. If you don't, claims may be rejected, resulting in significant financial ramifications. This seemingly minor detail may have a big impact once 5010 goes live. By starting to have conversations with payers now, practices can head off possible denials due to inappropriate dependent reporting.

Change 4: Identifying the referring provider by name.

If your practice currently reports a referring provider using the name of the organization in which he or she works—Acme Hospital, for example you'll need to start reporting the provider as an individual—such as "Dr. John Smith." While many practices already do this anyway, it's good to know what your organization's current approach is to ensure compliance with the new requirements.



ValueOptions will be testing the transactions with select providers and maybe in contact with your office during the selection process.

REMINDER: Rendering Provider ID Numbers and Encounter Submissions

Effective January 1, 2011, NFBHP/FHP has implemented a new requirement for all encounter submissions. All member encounter forms must include the rendering provider ID number. Florida Health Partners will continue to use the HIPPA 4010 standard for submission of all encounter data, however, the rendering provider ID number should be added in one of the following fields:

- Loop 2310B
- Loop 2420A

The rendering provider ID should identify the practitioner who actually provided the service to

the Member and not the provider responsible for oversight of that practitioner.

Any encounter transmitted to NFBHP/FHP after January 1, 2011 that does not have the rendering provider ID number in Loop 2310B or Loop 2420A, will be denied for lack of information.



New Provider Locations in Pasco

Two FHP Providers have opened new locations to service Pasco County Members.

Directions for Mental Health, Inc.

5642 Meadowland Street
New Port Richey, FL 34652
(727)524-4464

Mental Health Care, Inc.

2740 Windguard Circle, Suite j101
Wesley Chapel, FL 33544
(813)239-8526

Health Alert: Provider Scheduling Resource

Health Alert, is an appointment and medication reminder system for both providers and members.

This system is available to all providers through the ProviderConnect application. Easily set up outpatient appointment reminders, medication administration reminders and medication refill reminders for your NFBHP/ members.

An online demo is available to all network providers at: www.floridahealthpartners.com or www.nfbhp.com and click "demo" or login to ProviderConnect today and begin taking advantage of this valuable tool!

"YOUR LIFE IS YOUR MESSAGE TO THE WORLD. MAKE IT INSPIRING."

~ Lorrin L. Lee