
MFP/Mental Health Waiver



WISE PROVIDER MEETING
CVH

January 17, 2012

Agenda Items



- DMHAS Update
 - **New Waiver Services**
 - Provider Satisfaction Survey
 - Report Cards
 - Non Medical Transportation
 - Post Training
 - TCM
 - Billing
 - Authorization
 - Resubmission form
 - Process

 - Questions/Answers
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Waiver Update

- **85 Active Clients on the Waiver** (118 enrolled program to date)
 - **29 Actively planning for discharge**
 - **8 referrals pending disposition**
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Assisted Living Service Agency

- personal care and homemaker services
 - medication oversight
 - therapeutic social and recreational programming
 - congregate meals
 - 24 hour on site response staff.
 - four levels of service based needs for personal care and nursing services
 - licensed service
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Brief Episode Stabilization

- brief concentrated interventions – 4- 8 hour blocks
 - used to stabilize psychiatric, behavioral and/or situational problems
 - avert hospitalization and/or a more restrictive placement, or
 - following discharge from an institutional setting
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Community Living Support Services

- support services purchased by the day or half (12 hour) day
 - can include overnight supervision
 - provided in settings with up to three individuals
 - supports focus on ADLS and IADLS
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Personal Emergency Response System

- electronic device worn by individual to secure help in an emergency
 - system is connected to the individual's phone
 - response center is staffed by trained professionals 24/7
 - service may include an electronic medication management system
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Provider Satisfaction Survey

- Per Contract ABH is required to send out a Provider Satisfaction Survey to all contracted providers every six months from enrollment date.
 - Response rate has been low.
 - ABH would like this to increase.
 - Please respond to the survey as we use this information for CQI.
 - Easy to do, it is an electronic survey.
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Report Cards

Report will distributed to all providers early
February 2012 via email to CEO's.

Categories

- ❑ Collaboration
- ❑ Recovery Plan
- ❑ Monthly Notes
- ❑ Client Satisfaction
- ❑ Claims Data
- ❑ Audits



Non Medical Transportation- Individual

- Flyers were sent out in December to WISE clients
- Received many responses from clients wanting to know if RA's could get paid the mileage- answer is **no**
- Transportation must be added to Recovery Plan
- ABH credentialed one Individual



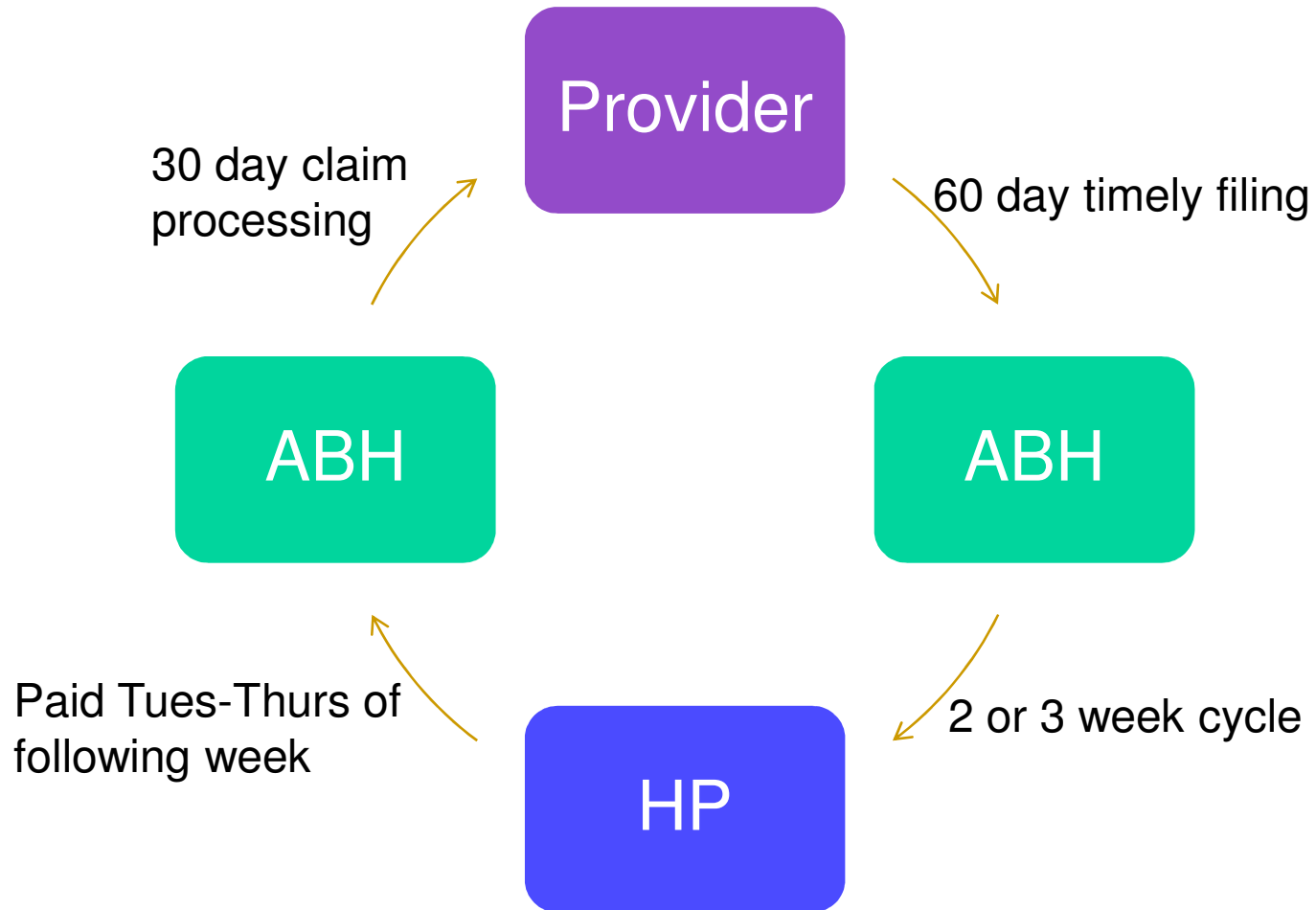
Post Training for RA's

- First round of re-credentialing found that many RA's do not have sufficient post training. (6 hours per year)
 - Beginning this calendar year **Boundaries and Ethics training** will be a required post certification training this must happen within the first year.
 - Training will be conducted in late February in Middletown for everyone.
 - Agency specific training available if there at least 15 participants.
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Billing

- General Process
 - Authorizations
 - Resubmission Form
 - Timely Filing Reminder
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General Process



Current Check Run Cycle- Jan. 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
		HP Claims Cycle	Providers submit claims at	any time		
15	16	17	18	19	20	21
	HP Claims Cycle (cont.)				HP Cycle closes	
22	23	24	25	26	27	28
		ABH receives EOB & money from HP		ABH Check Run	Checks mailed to providers	
29	30	31				

Authorizations

- Make sure you have an authorization
 - Only provide services if you have a auth
 - Make sure any verbal changes are sent in writing
 - Adhere to units
 - Don't exceed more than Total Units
 - Weekly total units are a guideline
 - Ask DMHAS for more if you anticipate going over
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Resubmission Form

- Available on ABH website
 - <http://abhct.com/downloads/CLAIM%20RESUBMISSION%20FORM%20VERSION%202.PDF>
 - Use this to make any changes to existing claims, **especially** if you are resubmitting denied claims
 - If you just re-send a claim, it will be processed as normal and that is double billing
 - Please send resubmissions separately from regular claims
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W.I.S.E. CMS-1500 Claim Resubmission Form

Please attach the updated claim to this form and fax to LaReese Cooper @ **860-638-5302**.

Reason for resubmission: (check all that apply)

- Missing information incorrect information Denied

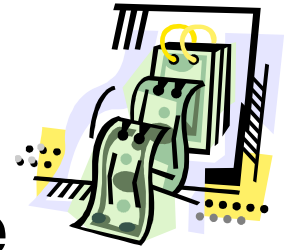
What was changed/ missing?

- Demographics
 Diagnosis Code and/or Pointer
 Date of Service
 Place of Service Code
 Procedure Code
 Units
 Dates
 Client and/or Physician signature

Other: _____

Date of Service:	1/15/12
Resubmitted by:	Amy Smith
Contact Number:	203-123-4567
Agency Name:	Provider A
Agency Address:	456 DMHAS Ave, Town, CT

WISE TIMELY FILING



60 days from the date of service

- Determined by the date of receipt either on the fax or stamped received date on mail delivered claims (not the postmark)

The DOS is not included in the count

Example

Date of Service:

July 8

60 day start:



July 9

Timely Filing:

September 6



Denied:



September 7

Final Notes

- Claims are due to ABH within 60 days of date of service (DOS)
 - ABH has 30 days to process clean claims
 - Only send claims once
 - Any changes or updates should include Resubmission Form
 - Be sure you have an auth and that it is accurate!
 - Be sure claims submitted are billable and that all information is correct
 - See Provider Manual, Billing Guide, and rate schedules for guidance
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ABH Provider Customer Service

WISE Program Contact Sheets have been sent to your agency, if you have a personnel and/or address change please complete and send back to LaReese.

LaReese Cooper, Program Specialist

Provider relations, credentialing, claims

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Networking

- What is working well?
- Resources?
- Case consults

