



Department of Medical Assistance Services  
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Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Medicaid Enrolled Intensive In-Home Service Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 10/7/2009

**SUBJECT:** Notice of Changes to the Prior Authorization Process for Intensive In-Home Program – *Effective December 1, 2009*  
Notice of Service Limit Edits for Claims Processing – *Effective December 1, 2009*  
Notice of Additional Program Eligibility Data Required for Assessment – *Effective December 1, 2009*  
Notice of New Mental Health Auditing Contractor

The purpose of this memorandum is to provide information regarding new processes and requirements, as well as a reminder of program eligibility data required for assessments, for the Intensive In-Home (IIH) State Plan Option (SPO) program. After an extensive review of current utilization and prior authorization requirements of IIH services, the Department of Medical Assistance Services (DMAS) determined that some processes needed to be modified in an effort to address provider concerns and feedback, bring the service in line with processes for other community mental health rehab services that became effective August 1, 2009, and to ensure appropriate utilization of services.

The Department will provide training on these changes during the fall Children's Mental Health Training. There will be six live trainings held across the Commonwealth of Virginia, beginning September 30, 2009 and ending November 13, 2009. Providers may register electronically by going to the DMAS website, [www.dmas.virginia.gov](http://www.dmas.virginia.gov), then clicking on the *Learning Network* on the left side menu.

**1) Changes to the Prior Authorization (PA) Process for Intensive In-Home Services: Effective December 1, 2009.** New recipients can receive up to one week (up to 12 units in the first week) of service, then PA is required for all services beyond the first week. This one week is not renewable annually and is only allowed for new recipients admitted on or after December 1, 2009. New recipients are defined as a recipient with no IIH claims activity since January 1, 2009.

This is a change from the current process, which allows 12 weeks of service without PA for new admissions.

**For existing recipients currently with a PA for IIH services with dates of service on or after January 1, 2009.** Existing recipients are defined as a recipient having IIH claims activity with any provider with dates of service January 1, 2009 forward.

If an existing recipient has a current PA that extends beyond December 1, 2009, no action is needed. The PA will be honored. When the PA period ends and if the recipient continues to be in need of treatment, a request must be submitted to KePRO, DMAS' prior authorization contractor, to extend the treatment period.

**For existing recipients who are currently in their 12 week period without PA.** Providers must submit a request to KePRO to obtain PA for dates of service December 1, 2009 and beyond, if services are to continue beyond November 30<sup>th</sup>. PA is needed for claims to pay with dates of service December 1, 2009 forward. Providers may begin requesting PA through KePRO starting November 1, 2009 for dates of service December 1, 2009 forward.

PA decisions will be made utilizing DMAS criteria identified in the *Community Mental Health Rehabilitative Services Manual*.

**2) Service Limit Edits for Claims Processing: Effective December 1, 2009.** There are two new service limits that have been changed.

**Changes to Service Limits on Assessments (H0031)**

For dates of service starting July 1, 2009, the service limit for assessments will be changed from two per provider per fiscal year (July 1 – June 30), to two per provider per recipient per fiscal year. This allows each provider to bill two assessments for each individual from July 1 – June 30 of every year. This initiative will address recipient transfers to other providers and allow for the reimbursement of additional assessments. The claims system will allow the new service limits as of December 1, 2009.

For dates of service starting December 1, 2009, the assessment code (H0031) must be billed before the service treatment (H2012) will pay in the Medicaid Management of Information System (MMIS) claims system. The purpose of this change is to ensure that the regulatory requirement indicating eligibility assessments are performed prior to service delivery

**Service Limit Edits for IHH Service (H2012)** - the MMIS claims payment system will stop payment for IHH services under the State Plan Option services when claims exceed the 26 week service limit allowed in the regulations. If the recipient is under 21 years of age and is in need of services beyond the State Plan Option service limit of 26 weeks, providers must request the service extension through KePRO under Early and Periodic Screening Diagnosis and Testing (EPSDT). The MMIS system starts counting the State Plan Option Service limit on July 1<sup>st</sup> of every year. Once the 26 weeks are used, providers may request extended services under EPSDT through June 30<sup>th</sup> of each year. The IHH Service limits under State Plan Option service will renew each July 1<sup>st</sup> to 26 weeks per recipient. The first week without PA (for new admissions) is counted in the 26 weeks of State Plan Option services.

**3) Additional Program Eligibility Data Required for Assessment: Effective December, 1, 2009 Intensive In-Home Assessment Elements (H0031).** Currently, Providers must include within their assessment documentation specific data elements justifying medical necessity for recipients to receive IHH treatment. Providers are subject to retractions when assessments are billed without including all data elements. These data elements are included below and are in the *Community Mental Health Rehab Services Manual*, (Chapter IV, and Appendix C) located on the DMAS website. Assessments do not require PA.

**Standardized Data Elements Required When Billing for IHH Assessments (H0031)**

- ❖ Must be face to face prior to admission
- ❖ Must be completed by a Qualified Mental Health Professional (QMHP) or Licensed Mental Health Professional (LMHP)

- ❖ Must include documentation on the specifics of how the child meets the service eligibility criteria
- ❖ Individuals must demonstrate a clinical necessity arising from a condition due to a mental, behavioral, or emotional illness that results in significant functional impairment in major life activities.
- ❖ Documentation must include how the recipient is at risk of removal from the home related to their behavioral health issues
- ❖ Document that service needs can best be met through intensive in-home services

Individuals must meet at least two of the following criteria either on a continuing or intermittent basis:

1. have difficulty establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
2. exhibit such inappropriate behavior that repeated interventions by the mental health, social services or judicial system are necessary; and/or
3. exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize inappropriate social behavior

**New Requirement: Effective December 1, 2009:** During the assessment process, the assessor must also document any other treatments that have been provided in the six-month period prior to the assessment. Documentation in the assessment must also reflect services that have been unsuccessful, and whether the recipient has seen a psychologist, a psychiatrist, Family Assessment and Planning Team (FAPT Team under the Comprehensive Services Act program) or one of the Community Services' Boards within the past 6-months prior to the assessment.

Assessments must be billed separately from the service treatment.

Additional information regarding the assessment process and documentation requirements will be included in the Fall Trainings.

**4) New Mental Health Auditing Contractor.** Health Management Systems (HMS) has been contracted to conduct certain Community Mental Health Rehabilitation Services post payment reviews. HMS began reviewing post payment claims in September 2009. They will review the period of claims for state fiscal year 2008, from July 1, 2007 through June 30, 2008.

HMS will notify the provider two weeks in advance of the post payment review. The review will be conducted on site, or as a desk review. If the provider is chosen for a desk review, they will have 14 business days to submit the record to HMS for review. Failure to submit the requested records may result in retractions. The review process will remain in alignment with the current process that DMAS now follows.

HMS and DMAS have worked together to create Frequently Asked Questions (FAQs). These FAQs have been derived from the providers that attended the Town Hall Meetings and webinars that HMS held in August 2009. You may find these FAQs at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). In addition to the FAQ's, HMS' review process and DMAS appeals process work flow are also available.

For those providers unable to attend a Town Hall meeting in person, HMS has recorded a web version of the presentation. To access this presentation, follow these instructions:

1. Go to [dmas.webex.com](http://dmas.webex.com) (there is no www)
2. Look to the left under Attend a Session and click Recorded Sessions

3. Select HMS Town Hall Presentation (it is dated 9/1/09)
4. Register (Your name & email address. Registration information can only be viewed by DMAS. Your information is not shared with others.)
5. View (The session should begin to play at that point)

For additional information regarding HMS' Review Process, you may go to their website located at [www.hmspermedion.com](http://www.hmspermedion.com). Click on the tab in the left hand column titled, "Virginia Medicaid: Behavioral Health" to access information and educational materials related to the Community Mental Health Rehabilitation Services post payment reviews.

### **Resource Information**

Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmass.virginia.gov](mailto:PAUR06@dmass.virginia.gov).

For questions regarding the auditing services of HMS, Inc., inquiries may be sent to [hmsaudits@dmass.virginia.gov](mailto:hmsaudits@dmass.virginia.gov) or (804) 225-3536.

For questions specifically regarding any of the Community Mental Health Rehab Services, you may send inquiries to [CMHRS@dmass.virginia.gov](mailto:CMHRS@dmass.virginia.gov). Remember do not send Protected Health Information (PHI) by e-mail unless it is sent via a secure encrypted e-mail submission.

All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of-state call 804-786-6273.

### **Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers an enhanced web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The ARS website address is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE™ at <http://dmass.kepro.org/>.

### **REQUESTS FOR DUPLICATE REMITTANCE ADVICES**

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

### **ALTERNATE METHODS TO LOOK UP INFORMATION**

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

### **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for

many service types and procedures are available. Contact information for each of the vendors is listed below. . For more information on the services that are offered, contact the vendors. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX <a href="http://www.hdx.com">www.hdx.com</a> Telephone: 1 (610) 219-2322	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363-3666
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### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

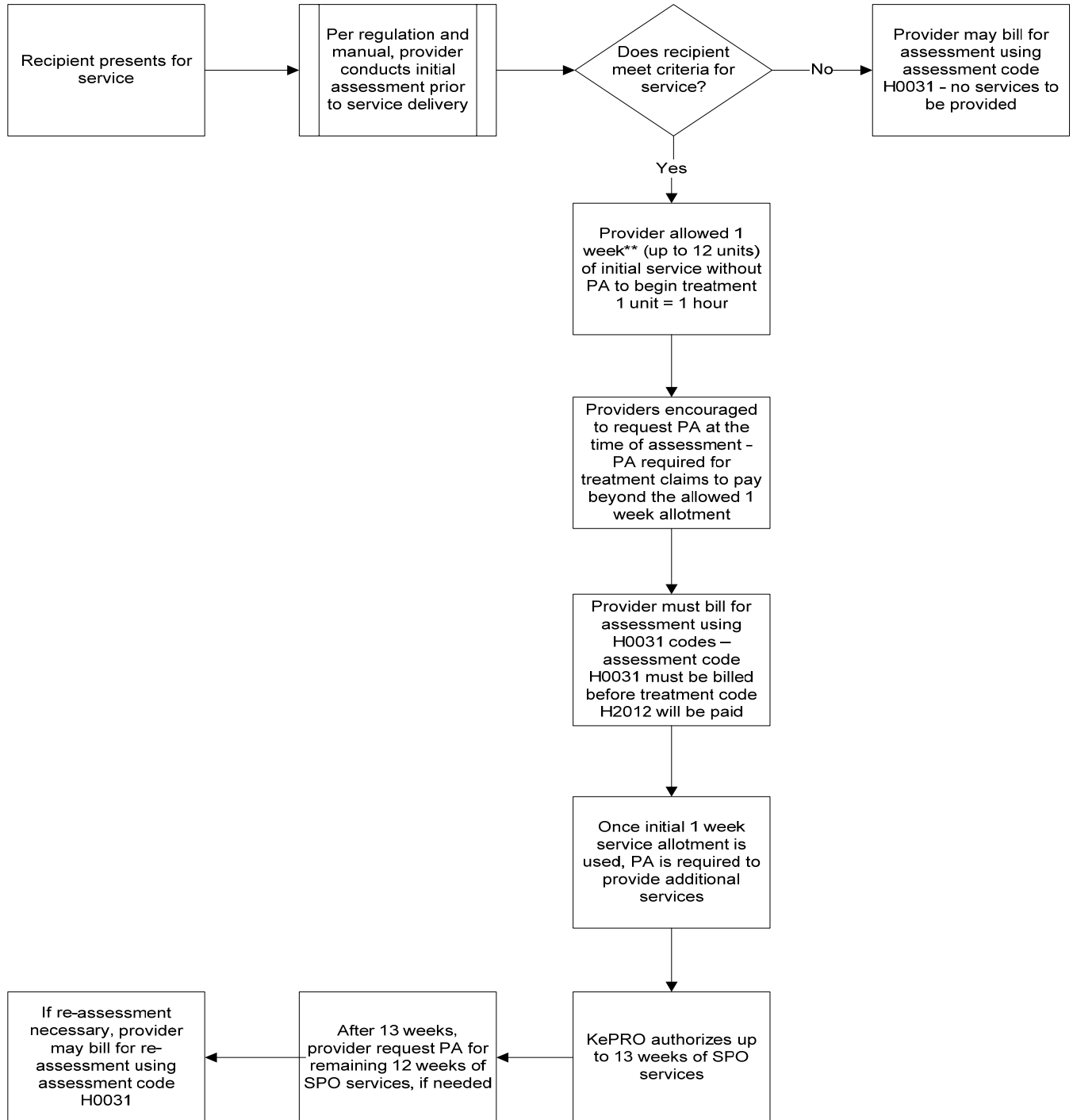
Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-newsletter.asp](http://www.dmas.virginia.gov/pr-newsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

**December 1, 2009  
New IIH Recipients  
(no claims activity with any IIH provider from January 1, 2009)**



\*\*week = Sunday through Saturday

**December 1, 2009**  
**Existing IIH Recipients (claims activity with any IIH provider from January 1, 2009)**

