QRTips

Health Care Agency, Behavioral Health Services, AQIS AOABH Support

Final Rule

Important Change to Mental Health Co-Therapist Group Process – Effective April 1, 2019

Because of a new requirement under the Federal Final Rule for Managed Care, the State has changed the way mental health groups must be recorded and billed. This new requirement is described in DHCS Information Notice 18-002, Co-Practitioner Claim Submission Requirements. In short, we are required to supply the National Provider Identifier (NPI) for *each* provider who is billing for a service.

In order to accommodate this new requirement, when a mental health group is facilitated by more than one provider, *each provider must separately document and record his/her own service* via paper Encounter Document or an electronic progress note. When documenting, the system will still ask how many providers facilitated the group – continue to post that accurately.

Whether a billable or a non-billable service should be recorded depends on the following: 1) the client's primary health plan and 2) the licensure of the provider IF the primary health plan is either Medicare or Certified Medicare Advantage Plan (CMAP). For a complete guide on determining the appropriate service code, please refer to the guide available on the AQIS AOABH Support Team website.

For questions or concerns, please contact AQIS at 714.834.5601 or BHS IRIS Liaison Team at 714.347.0388.

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Chart Documentation Requirements

Group Note Reminders

Speaking of group notes, here are some additional tips and reminders:

- It is acceptable for group notes to contain a general statement about the purpose of the group.

- Although it is OK to have a general statement about the purpose of the group, each group note needs to be *individualized* to the client that is attending the group (e.g., client's response to group interventions).

- Each provider does separate progress notes on all participants documenting the provider's *specific* involvement and the amount of service and documentation time.

- If there was billable travel time associated with the group, manually split up the travel time for every note. The clinician should document the total number of participants even though they might not have the same health plan.

Reminders

*Service Chiefs and Supervisors, the Provider Directory excel spreadsheets are due on the 3rd Monday of each month. Please be sure to respond to the most recent request sent via email by Amanda Hamm.

*Service Chiefs and Supervisors, please document the review of QRTips in staff meetings. Thank you!

Upcoming Trainings & Meetings

New Provider Training
(Documentation & Care Plan Trainings)

Wednesday April 17th 8:30am – 4pm

Wednesday April 24th 8:30am – 4pm

*Please call 714.834.5601 to sign up.

Core Trainers Meetings

County Core Trainers Meeting

Thursday April 4th 10am – 11:30am Room 433

Contractor Core Trainers Meeting

Thursday April 11th 1:30pm – 3pm Room 433

HELPFUL LINKS

AQIS AOABH SUPPORT TEAM WEBSITE
ORANGE COUNTY, CALIFORNIA - AUTHORITY & QUALITY IMPROVEMENT SERVICES

AQIS DOWNLOADS
ORANGE COUNTY, CALIFORNIA - DOWNLOADS

2018 CODING MANUAL & CLINICIAN HANDBOOK
CODING MANUAL & CLINICIAN HANDBOOK V10

BHS ELECTRONIC HEALTH RECORD
BHS ELECTRONIC HEALTH RECORD INFORMATION

MEDI-CAL CERTIFICATION/RECERTIFICATION
ORANGE COUNTY, CALIFORNIA - MEDI-CAL CERTIFICATION

Please contact AQIS AOABH Support with any questions or comments. We look forward to helping you. Thank you!