October 2022

QRTips

Mental Health & Recovery Services (MHRS)
Authority & Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOA-Support Team / CYP-Support Team / Managed Care / Certification and Designation

Fraud, Waste & Abuse

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program (18 U.S.C. § 1347).

Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse includes actions that may, directly or indirectly, result in: Unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

A Few Examples of Fraud, Waste & Abuse

Fraud	Waste	Abuse
Deliberately claiming for services that were not provided	Large scale duplicative services.	Billing for a non-covered service
Prescribing/ordering/providing unnecessary medications, treatments, labs, etc.	Providing services/ procedures/ medications that are not medically necessary	Inappropriately allocating costs on a cost report

**These are a few examples of fraud, waste, & abuse.*

All providers are encouraged to review the HCA Office of Compliance Annual Compliance Training for additional guidance on Fraud, Waste & Abuse (FWA). Please communicate such issues to your supervisor or manager. You may also contact another supervisor or manager within your chain-of-command or Human Resources.

Please contact the Office of Compliance with any questions, concerns or to report issues of Fraud, Waste & Abuse.

Office: (714) 568-5614
Hotline: (866) 260-5636 [24/7 Anonymous Reporting]

Officeofcompliance@ochca.com

TRAININGS & MEETINGS

AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2021-2022 AOABH Annual Provider Training

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting:

Cancelled

CYP Online Trainings

2021-2022 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting: 10/13/22

10:00-11:30am

**More trainings on CYP ST website*

HELPFUL LINKS

AQIS AOA Support Team

AQIS CYP Support Team

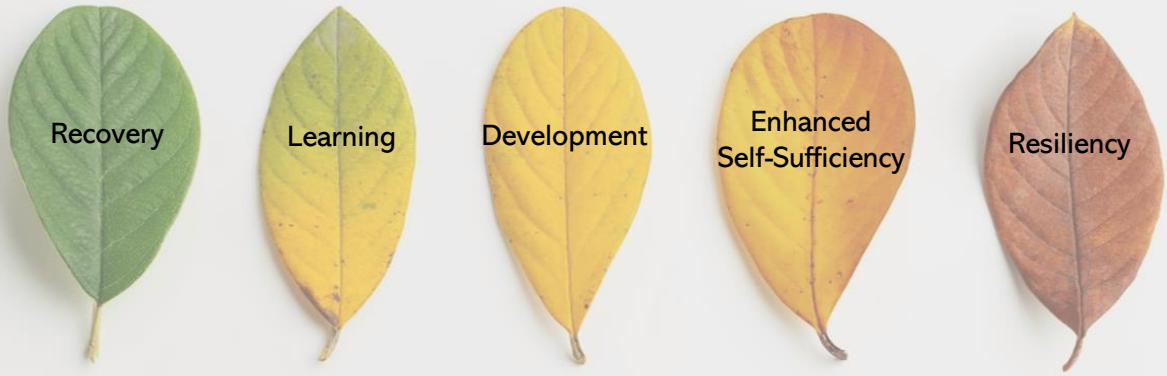
BHS Electronic Health Record

Medi-Cal Certification

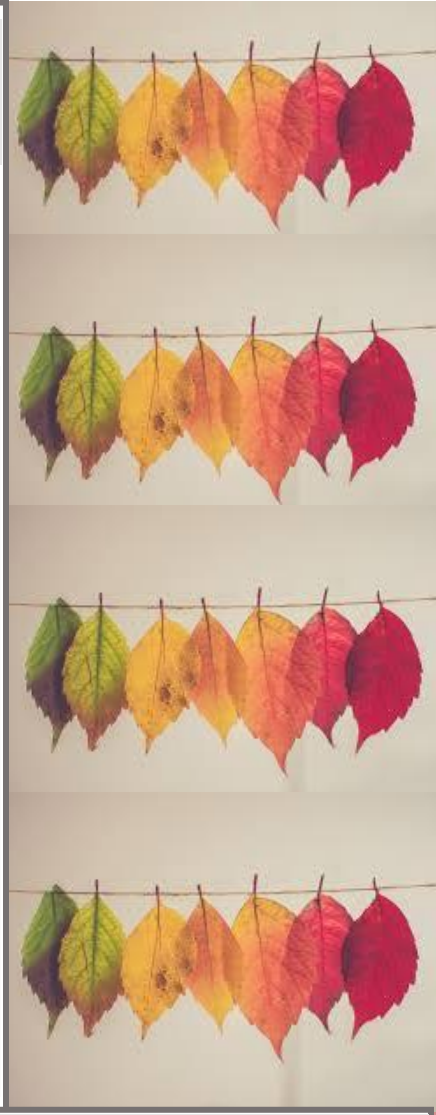
Strength-Based Treatment

CalAIM changes go far beyond documentation reform. One of the many reforms of CalAIM is to encourage strength-based approaches to providing behavioral health care.

According to CalAIM, the priorities of strength-based approaches include:



It is strongly encouraged to learn, implement and utilize strength-based approaches when delivering SMHS to beneficiaries.



Medi-Cal Billing Lock Outs, FAQ

When does a Medi-Cal lock out occur?

- When a beneficiary/client is in jail, juvenile hall or placed in an Institution for Mental Disease (IMD).

What are examples of an IMD?

- Some examples of IMD's are psychiatric hospitals, psychiatric health facilities (PHF), skilled nursing facilities with special treatment programs (SNF-STP), mental health rehabilitation centers (MHRC), or state hospitals.

As a provider, can I bill for completing my assessment during a lock out?

- No, unfortunately any assessment service during a lock out is non-billable.

Can I bill Targeted Case Management (TCM) or Intensive Care Coordination (ICC) during a lock out if the beneficiary/client is in the treatment phase?

- TCM and ICC are allowed to be billed if solely for the purpose of coordinating placement of the beneficiary/client from a psychiatric hold. In addition, the service must be rendered 30 calendar days prior to discharge.

Treatment Authorization Request Part 1

Medi-Cal beneficiaries may be eligible to receive medically necessary Specialty Mental Health Services under the MHP from out-of-network providers in certain circumstances. It is the policy of Mental Health and Recovery Services (MHRS) that all out-of-network providers meet specified requirements, including but not limited to those required by the Department of Health Care Services (DHCS) for Medicaid Managed Care Plans.

SCENARIO 1

An MHP service provider completes a psychosocial assessment for a Medi-Cal beneficiary and determines that a specific treatment intervention/modality is medically necessary to address the beneficiary's primary MHP diagnosis and condition. However, the provider/clinic/or program does not have the expertise to provide that intervention/modality, or the modality requires prior authorization (i.e. eating disorder treatment).

Guidance for Scenario 1:

- **Do not convey that the MHP does "not" offer a particular service or treatment modality**. *The MHP is required to ensure that at all medically necessary covered SMHS are made available, sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished* (MHSUDS Information Notice No.: 19-026)
- Remember that the Mental Health Plan is a large network of providers and services. We need to first confirm that the requested or needed treatment modality isn't, in fact, available through the MHP system of care. If you are unsure about which services or modalities are available, please contact AQISSupportTeams@ochca.com for assistance.
- If a provider documents in their notes or their assessment that a treatment modality would benefit the beneficiary's condition, the MHP is REQUIRED to provide that service.
- Prior to authorizing or denying any treatment, please contact AQIS.
- The MHP is required to ensure that *any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs*. (MHSUDS Information Notice No.: 19-026)
- *No individual, other than a licensed physician or a licensed mental health professional who is competent to evaluate the specific clinical issues involved in the SMHS requested by a beneficiary or a provider, may deny, or modify a request for authorization of SMHS for a beneficiary for reasons related to medical necessity.* (MHSUDS Information Notice No.: 19-026)

Part 2 of this article will be in next month's QRTips with another scenario and more guidance.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- GRIEVANCES & INVESTIGATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT FOR MHP PROVIDERS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP)
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHPS PROVIDER DIRECTORIES

REMINDERS

CLINICAL/COUNSELOR SUPERVISION REPORTING FORM (CSRF)

- All registered counselors and licensed waivered providers must submit a CSRF to the MCST to track and monitor those who must undergo clinical supervision.
- Registered counselors and licensed waivered providers are **prohibited** from delivering Medi-Cal covered services if they have not submitted their CSRF.

COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing letter of approval. (NEW COUNTY EMPLOYEES: A County memo was distributed to all County Directors, Managers and Service Chiefs on August 1, 2022 detailing the credential implementation for **new County employees** that went into effect September 1, 2022.)
- **Existing County Employees** who are licensed, waivered, registered and/or certified providers that deliver Medi-Cal covered services are now undergoing the credentialing process in phases as of September 2022. A Credentialing Team member will reach out to the Service Chiefs 3-4 weeks prior to the credentialing timeframe to schedule a "Meet & Greet" in order to provide support when undergoing the process.

UPDATE: NOABD LETTERS

The NOABD letters have been updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. The newly revised NOABD templates have been updated as of July 2022 and is available on the AQIS website to begin using, immediately. Discard all old NOABD templates.

Hyperlink Access: https://www.ochealthinfo.com/about-hca/mental-health-and-recovery-services/quality-services-compliance/mental-health-plan-and

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Providers are required to maintain their credentials under their certifying board (i.e. BBS, BOP, CCAAP, etc.) and must renew it on-time. If the provider has let their credentials lapse they must **NOT** deliver Medi-Cal covered services and claim Medi-Cal reimbursement in reliance of those services. This practice is viewed as fraudulent.
- When the provider's credential has expired the MCST and IRIS immediately takes action to deactivate the provider in the County system. The provider must petition for their credentialing suspension to be lifted and provide proof of the license, certification and/or registration renewal to MCST and IRIS. The reinstatement is **NOT** automatic.

MANAGED CARE SUPPORT TEAM

REMINDERS (CONTINUED)

ACCESS LOGS REPORTS & CORRECTIONS

- Service Chiefs/Program Directors are to run and review Access Log reports **weekly** to fix timely access errors and ensure Access Log entries are entered **daily** by the staff (e.g. Intake Counselor).
- The MCST runs an IRIS Access Log report monthly and quarterly for the DMC-ODS and MHP to monitor, reconcile and identify errors to be corrected by the programs.
- The MCST Access Log Team relies on program to make those corrections timely. Any errors found by the MCST must be corrected within **3 business days** upon receiving the e-mail notification.

2nd OPINION/CHANGE OF PROVIDER REPORT

- DMC-ODS and MHP County and County Contracted programs are required to complete the 2nd Opinion/Change of Provider log and submit it to the MCST. The quarterly log for July 1 – September 30, 2022 is due to the MCST by **October 10, 2022** deadline and e-mailed to AQISManagedCare@ochca.com with the Subject Line: 2nd Opinion/Change of Provider Report.

PROVIDER DIRECTORY – COMING SOON!!!

- The Provider Directory spreadsheet will undergo changes to streamline the data collection by incorporating the NACT requirement fields. This will help reduce the reporting duplication and save time for you as a provider. A brief training on the new spreadsheet will be offered at the QI Coordinators' Meetings in November and December. The newly revised Provider Directory spreadsheet will go into effect **January 1, 2023.**

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER
Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION
Lead: Esmi Carroll, LCSW

ACCESS LOGS
Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD
Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Paula Bishop, LMFT

CONTACT INFORMATION

200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I)
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW, Administrative Manager
Dolores Castaneda, LMFT, Service Chief II

***Disclaimer**: The AQIS Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to MHP providers as a tool to assist with compliance with various QA/QI regulatory requirements. IT IS NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and compliance with all local, state, and federal regulatory requirements.*

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AQISManagedCare@ochca.com and BHSIRISLiaisonTeam@ochca.com

Review QRTips in staff meetings and include in meeting minutes.

Thank you!

AQIS, Quality Assurance & Quality Improvement Division

Ian Kemmer, LMFT
Director, AQIS

MHRS-AOA Support Team
714.834.5601

Manager
Berenice Moran, LMFT, AMII
bmoran@ochca.com

Service Chief II
Ken Alma, LCSW
kalma@ochca.com

BHCII Staff
Blanca Rosa Ayala, LMFT
bayala@ochca.com

Ashley Bart, LMFT
abart@ochca.com

Grace Ko, LCSW
gko@ochca.com

Sang-Patty Tang, LCSW
stang@ochca.com

Support Staff
Sharon Hoang, SA
shoang@ochca.com

Ashley Lopez, OS
aslopez@ochca.com

MHRS-CYP Support Team
714.834.5601

Manager
John Crump, LMFT, AMII
jcrump@ochca.com

Service Chief II
Asmeret Hagos, LMFT
ahagos@ochca.com

Audit Staff
Mark Lum, Psy.D.
mlum@ochca.com

Cheryl Pitts, LCSW
cpitts@ochca.com

Eduardo Ceja, LMFT
eceja@ochca.com

Stephanie Stefanelli, Psy.D.
sstefanelli@ochca.com

Support Staff
Mabel (Maby) Ruelas, SA
mruelas@ochca.com

MC Support Team
714.834.6624

Manager
Annette Tran, LCSW, AMI
anntran@ochca.com

Service Chief II
Dolores Castaneda, LMFT

BHCII Staff
Paula Bishop, LMFT
pbishop@ochca.com

Esmi Carroll, LCSW
ecarroll@ochca.com

Elaine Estrada, LCSW
eestrada@ochca.com

Jennifer Fernandez, ASW
jfernandez@ochca.com

Staff Specialists
Araceli Cueva, SS
acueva@ochca.com

Samuel Fraga, SS
sfraga@ochca.com

Elizabeth Martinez, SS
emmartinez@ochca.com

Support Staff
Katherine Alvarado, OS
kalvarado@ochca.com

Certification & Designation Support Services Team
714.834.5601

Service Chief II
Rebekah Radomski, LMFT
rradomski@ochca.com

Certification
Sara Fekrati, LMFT
sfekrati@ochca.com

Eunice Lim, LMFT
elim@ochca.com

Debbie Montes, LMFT
dmontes@ochca.com

Andrew Parker, LMFT
aparker@ochca.com

Designation
Diana Mentas, Ph.D.
dmentas@ochca.com

Selma Silva, Psy.D.
ssilva@ochca.com

Support Staff
Josie Luevano, SA
jluevano@ochca.com

Fabiola Medina, OS
fmedina@ochca.com