



Reducing the Risk of Overpayments: Documenting Services

Provider Webinar, February 12, 2019
Joy Chestnut, Program Integrity Investigator

1


Objectives of this training...

To enhance compliance and help providers reduce the risk of receiving an overpayment.

Objectives

- ▶ Where do I find the rules for service notes?
- ▶ What must be included in a service note?
- ▶ Is that signature any good?

This presentation is a summary of the requirements outlined in CCP 8C and APSM 45-2. Those sources are superior to any criteria outlined in this presentation.



2

Laws, Rules, Regulations, Policies...

- ▶ State Plan
- ▶ North Carolina General Statutes
- ▶ North Carolina Administrative Code
- ▶ Clinical Coverage Policies
- ▶ Service Definitions
- ▶ Records Management and Documentation Manual



3

3

NC State Plan, General Statutes, Administrative Code

- ▶ NC State Plan: Title XIX of the Social Security Act requires that North Carolina provide a plan to administer and manage the North Carolina Medicaid Program.
 - <https://medicaid.ncdhhs.gov/notices/medicaid-state-plan-public-notices>
- ▶ NC General Statutes: Chapter 122C-Mental Health, Developmental Disabilities and Substance Abuse Act of 1985.
 - <https://www.ncleg.gov/Laws/GeneralStatuteSections/Chapter122C>
- ▶ NC Administrative Code: Title 10A, Chapters 26, 27, 28 & 29
 - <https://www.ncdhhs.gov/divisions/mhddsas/commission/ncadministrativecode>



4

4

NC DHB Clinical Coverage Policies

- ▶ NC Medicaid and Health Choice Clinical Coverage Policies for Behavioral Health
 - <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>



5

5

Clinical Coverage Policies

- ▶ 8A, Enhanced Mental Health and Substance Abuse Services
- ▶ 8A-1, Assertive Community Treatment (ACT) Program
- ▶ 8A-2, Facility-Based Crisis Service for Children and Adolescents
- ▶ 8B, Inpatient Behavioral Health Services
- ▶ 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- ▶ 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21
- ▶ 8D-2, Residential Treatment Services
- ▶ 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ▶ 8I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population
- ▶ 8J, Children's Developmental Service Agencies (CDSAs)
- ▶ 8L, Mental Health/Substance Abuse Targeted Case Management
- ▶ 8N, NC Health Choice – Intellectual and Developmental Disabilities Targeted Case Management
- ▶ 8-O, Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse Co-Occurring Disorders
- ▶ 8-P, North Carolina Innovations



6

6

NC DHHS Service Definitions

▶ State Funded Services

- <https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>
- Enhanced Mental Health and Substance Abuse Services 2019 effective 11-1-19
- ACT Policy
- Facility-Based Crisis - Child
- Community Support Team (CST) 11-1-19
- Peer Support Service-Final for Posting 11-1-19
- Inpatient Behavioral Health-FINAL for Posting 7-1-16
- IPS-SE for AMH-SAS 1-7-19
- Transition Management Services-Final for Posting 11-1-19
- Critical Time Intervention-CTI-Final for Posting 7-1-16
- Developmental Therapy Service Final for Posting 7-1-16



7

7

<https://providers.partnersbhm.org/>

- Clinical Tools (7)
 - Whole Person Integrated Care
 - Benefit Grids
 - Service Definitions
 - CANS Training
 - Clinical Practice Guidelines
 - EPSDT
 - Evidence-Based Practices

8

8

Records Management and Documentation Manual (APSM 45-2)

- ▶ Records Management and Documentation Manual APSM 45-2 (Chapter 7: Service Notes and Service Grids)
 - <https://www.ncdhhs.gov/divisions/mhddsas/reports/records-management-and-documentation-manual-rmdm>

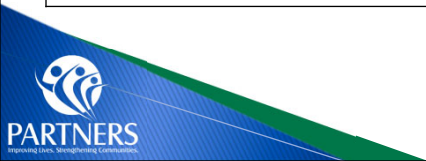


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9

Contents of Service Notes

| CCP 8C | APSM 45-2 |
|---|--|
| Chapter 7.3.1, Each page must contain: | Chapter 7. Service notes shall include, but are not limited to the following <u>on every service note page</u> |
| The Member's Name | Name of the individual receiving the service |
| Service Record Number of Member | Service Record Number of the individual |
| Member's Medicaid Identification Number | Medicaid Identification Number for services reimbursed by Medicaid |



10

10

Clinical Coverage Policy 8C

| CCP 8C | APSM 45-2 |
|---|--|
| Chapter 7.3.5 Must be a progress note for each treatment, which includes: | |
| Date of Service | Full date the service was provided [month/day/year] |
| Name of the Service Provided | Name of the service provided [e.g., Community Support – Individual] |
| Type of Contact | Type of Contact [face to face, phone call, collateral] |
| Purpose of Contact | Purpose of the contact [tied to specific goal(s) in the service plan] |
| Description of Treatment or Interventions Performed | Description of the intervention(s)/ treatment/ support provided. |
| Effectiveness of Interventions and member's response | Effectiveness of the intervention(s) and the individual's response/progress toward goal(s) |
| | Place of service [when required by the service definition] |



11

11

Clinical Coverage Policy 8C

| CCP 8C | APSM 45-2 |
|--|---|
| Duration of Service, in minutes | Total amount of time spent performing the service |
| Signature with credentials, degree and licensure | Signature. <ul style="list-style-type: none"> • Professionals: Signature, with credentials, degree, or licensure of clinician who provided the service. • For licensed professionals, the full signature denotes the clinician's licensure and/or certification; for non-licensed professionals, the full signature denotes the degree [e.g., BA, MSW] and should also include the individual's professional status [e.g., QP or AP], and any other certifications the person may hold [e.g., CSAC]. • Paraprofessionals, signature and position of the individual who provided the service. |



12

12

Signature/Date

- ▶ Paper Records = Handwritten Signature
- ▶ When dated signature is required, signature is not valid without the date appearing next to it
- ▶ The date next to a signature must be entered ON THE DATE THE PERSON SIGNS THE DOCUMENT
- ▶ Electronic Signature, if date required, must appear next to the electronic one.
- ▶ Electronic Signatures must be under sole control of person using it
- ▶ Only the authorized person can apply a specified signature



13

13

Conclusion

It is the Provider's responsibility to stay abreast of the requirements for delivering the medical services they are credentialed and contracted to provide in the Partners' Provider Network.



14

14

Contact Information

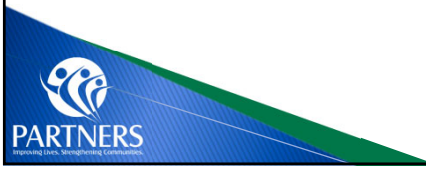
How to Report Fraud or Abuse

Help us fight health care fraud and abuse. Reporting Medicaid fraud or financial abuse will not interfere with an enrollee's access to health care. If you suspect billing for a service, a conflict of interest, a violation of Medicaid or Medicare rules, or conduct violation might be illegal, please report your concerns to:

- Partners Regulatory Compliance Alert Line at 1-866-806-8777 or
- Partners Online Alert Line at <https://partnersbhm.alertline.com>

You do not have to provide your name or contact information. However, we can often conduct a more effective investigation if you let us contact you. Your name will not be shared with anyone investigated.

Note: In rare cases involving legal proceedings, your identity may have to be revealed.



Joy Chestnut, MHA, CLEAR
Certified
(704) 844-2520
jchestnut@partnersbhm.org

15