

DEVELOPMENTAL SERVICES DIVISION

CHILDREN'S MENTAL HEALTH BUREAU

Fall 2015, (REPLACES ALL PREVIOUS VERSIONS)



PURPOSE OF TODAY'S TRAINING

- To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving youth needing mental health services.
- Provide an overview of CMHB
- To review recent policy changes affecting Children's Mental Health Services
- Children's Mental Health Medicaid Resources

Montana Medicaid Programs for Children's Mental Health

CMHB ADMINISTRATIVE FUNCTIONS:

- ✓ Design
- ✓ Develop
- ✓ Manage
- ✓ Evaluate

All in accordance with federal and state rules and regulations.

Medicaid is a payer, not a placing agency. CMHB does not "place kids". CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

CMHB HMK *PLUS*/MEDICAID ELIGIBILITY

Youth who meet the definition of having a **serious emotional disturbance (SED)** with household **income under 133% FPL**; and

Meet the **age limit criteria** for the specific service.

Non-SED youth up to 18, (or up to 20 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited.

The full definition of SED is located in the Children's Mental Health Bureau Medicaid Services Provider Manual:

<http://dphhs.mt.gov/dsd/CMB/Manuals>

UTILIZATION REVIEW

The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires all agencies serving a Medicaid population and receiving Medicaid funds to have a utilization management program in place to monitor a beneficiary's need for a service before payment for the intended service is authorized.

UTILIZATION REVIEW CONT.

Currently, CMHB contracts with Magellan to complete the utilization reviews for Psychiatric Residential Treatment Facilities.

The CMHB Clinical Team completes the utilization review for the remaining services through prior authorization, continued stay reviews, and retrospective reviews depending on the service.

Forms are located at

<http://dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>

POLICY AND RULE CHANGES

CMHB communicates policy and rule changes through public notice via websites and emails.

To become an interested party to receive notices of rule changes, submit a request to:

Melissa Higgins: mhiggins@mt.gov

Or send a written request to:

Melissa Higgins

Children's Mental Health Bureau

111 N. Sanders, P.O. Box 4210

Helena, MT 59604

RECENT RULE CHANGES

- Children's Mental Health Bureau Medicaid Services Provider Manual became effective October 1, 2015. MAR 37-719
- Children's Mental Health Bureau's Non-Medicaid Provider Manual effective October 1, 2015. MAR 37-713
- Psychiatric Residential Treatment Facility effective October 1, 2015. MAR 37-715
- Updates to the Children's Mental Health Fee Schedule effective October 1, 2015.
MAR 37-718

Highlights that may affect billing for services effective October 1, 2015

- The procedure code and unit of reimbursement for Extraordinary Needs Aid is amended from S5145UD with a 1 hour unit to H2019TG with a 15 minute unit.
- A new definition for SED that uses the ICD-10 codes. New diagnosis codes were added while some were removed.

Clarification of out-of-state PRTF reimbursement

MAR 37-715 creates a separate rule regarding the reimbursement for out-of-state PRTF services.

- Differences in how in-state and out-of-state are reimbursed:
 - The out-of-state PRTF bundled per diem rate INCLUDES:
 - All services, therapies and items related to treating the youth's psychiatric condition, unless specifically noted;
 - Services provided by **physicians, psychiatrists, mid-level practitioners**, licensed psychologists, licensed clinical social workers and licensed professional counselors;
 - Psychological testing;
 - **Pharmacy and lab services**; and
 - Support services necessary for daily living and safety.
 - The out-of-state PRTF bundled per diem rate DOES NOT INCLUDE:
 - Montana mental health center evaluations for transition age youth to determine whether or not they qualify for adult mental health services and have a SDMI; and
 - Ancillary services as described in each specific State Plan service in Attachments 4.19B, provided by a different provider under arrangement with the PRTF.

CMS-1500 Data Collection

National Uniform Claim Committee when filling out CMS-1500:

- **Title 32: Service Facility Location**
 - **Instructions:** Enter the name, address, city, state, and ZIP code of the location **where the services were rendered**. When reporting an NPI in the “Service Facility Location,” the entity must be an external organization to the Billing Provider.

PROVIDER NOTICES

Provider notices are found at <http://medicaidprovider.mt.gov/>. Click the Resources by Provider Type link.

The End User Agreement for Providers will open; to advance you must choose I ACCEPT.

Provider pages are organized alphabetically by provider type.

Most of the CMHB provider notices are under the Mental Health Center provider type.

CMHB KEY PROVIDER NOTICES

- ◉ November 26, 2014 - Individual psychotherapy code and family therapy with patient present can not be billed on same day.
- ◉ December 1, 2014 - Clarification regarding website and form change for TGH and HSS extensions
- ◉ December 18, 2014 - Guidance provided surrounding electronic funds transfer and electronic remittance advice changes
- ◉ February 9, 2015 - Explanation regarding four new HCPCS modifiers: XE, XP, XS and XU

FEE SCHEDULES

- ❖ Most fee schedule changes are annually.
- ❖ Two fee schedules apply to CMHB programs.
 - ❖ RBRVS
 - ❖ CMHB Medicaid Youth Mental Health Fee Schedule

Please look for provider rate increases on the October 1, 2015 fee schedule.

SEARCH HINTS FOR RBRVS

- In order to search the PDF, press Ctrl F.
- Be aware that the columns on the right side of the table provide different rates depending on provider type.
- Mental health dollar amounts are located per code under the “Mental Health Office Fee” header.
- Currently an Excel version of the RBRVS fee schedule has been added so the filter capabilities can be utilized.

FREQUENTLY ASKED QUESTIONS (FAQs)

- What are the requirements for Outpatient Therapy, in excess of 24 sessions and concurrent with other services?
 - To review the standards for Outpatient Therapy, in excess of 24 sessions and concurrent with other services, see the Children's Mental Health Bureau Medicaid Services Provider Manual found on the CMHB website.
- How to bill ENA in a TGH?
 - When ENA is provided in a TGH, the TGH claim must be submitted and paid prior to submitting the claim for ENA.

FAQs CONTINUED

- Can a youth receive outpatient therapy concurrent with CSCT?
 - Yes but the outpatient therapist must be providing a service the CSCT provider is not certified or trained to provide or the type of therapy is not appropriate for the milieu.

- How are ancillary services billed when a youth is in a PRTF?
 - For PRTFs, providers of ancillary services must be Montana Medicaid providers and they must bill directly to Montana Medicaid.

FAQs CONTINUED

- How do I know how many units of HSS have been used by a youth?
 - Call Provider Relations 1-800-624-3958.
 - You need to know the NPI of agency you are representing.
 - It is helpful if you write down call date/time, person's name you talked to, and call reference number (CRN).

- When billing HSS, it is best to bill weekly rather than monthly.
 - The whole claim will deny if only 1 unit over 365.
 - HSS claims are first billed/first paid.

RESOURCES

Main Montana Medicaid

<http://medicaidprovider.mt.gov/>

RBRVS fee schedule, provider notices, General Information for Providers Medicaid manual, CMBH provider manual. Xerox information, provider relations, and enrollment questions.

CMHB Website

<http://www.dphhs.mt.gov/children>

Medicaid Services Provider Manual

<http://www.dphhs.mt.gov/dsd/CMB/Manuals>

Main Fee Schedule

<http://www.dphhs.mt.gov>

Proposed Rule Changes

<http://www.dphhs.mt.gov/dsd/adminrules.shtml>

Non-Medicaid Services Manual

<http://www.dphhs.mt.gov/dsd/CMB/Manuals>

CONTACT INFORMATION

- Developmental Services Division
Department of Public Health and Human Services
111 N. Sanders Room 307
P.O. Box 4210
Helena, MT 59601-4210
Phone: (406) 444-4545
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Staffing Changes

- The Regional Resource Specialist for the Central Region has been moved into the Central Office, and is now Theresa Holm.
- The Regional Resource Specialist for the Western Region is Afton Russell.
- New Medicaid Program Officers:
 - Tracey Riley for Acute, PRTF, TGH, PHP, ENA, and Outpatient
 - Callin Geer for Mental Health Center Services including CSCT, Day TX, TFOC-P, CBPRS and TCM

CMHB CENTRAL OFFICE

DSD DIVISION ADMINISTRATOR

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CMHB BUREAU CHIEF

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MEDICAID PROGRAM

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LICENSED CLINICIAN

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❖ Vacant

❖ Cynthia Erler

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CENTRAL OFFICE STAFF CONTINUED

FAMILY LIAISON

- ❖ Kandis Franklin, Family Liaison, (406) 444-6018, kfranklin@mt.gov

CO-OCCURRING GRANT

- ❖ Joclynn Ware, Grant Manager, (406) 444-5979, jware@mt.gov

RESEARCH ANALYST

- ❖ Robin Albee, Research Analyst, (406) 444-2727, ralbee@mt.gov
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OFFICE MANAGER

- ❖ Lori Davenport, Office Manager, (406) 444-4545, ldavenport@mt.gov

REGIONAL STAFF

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