

Dear Case Responsible Providers:

This is a brief update about several issues which we have had questions about:

1. Consumer Demographics (Face Sheet) – It is important to include the Axis I, II, and III diagnoses on the face sheet. (Axis II must have at least V71.09 “No Diagnosis on Axis II”; Axis III must have at least V71.9 “No Diagnosis on Axis III”) In order to open a case to Western Highlands Network-WHN (which means we can bill Raleigh for services), we must have a diagnosis, consumer demographics, and IPRS Target Population. We require the Face Sheet and IPRS. The consumer diagnosis is on the PCP, but we do not always have it during initial services. So please make sure that the consumer diagnoses are on the Face Sheet. A sample Face Sheet is on the WHN website.
2. Child Mental Health Respite – When a child mental health consumer is approved for respite services, a constellation of providers is approved, so that when the child needs a service, the provider with an available bed at any given time can be accessed. As a result, an authorization number is not sent to each provider, however, the case responsible person is faxed a notice of approval, with an authorization number. When the child accesses a particular provider for respite, it is incumbent upon the case responsible person to give the authorization number to that provider, to be used when the provider bills. The case responsible person also must keep track of usage, in order to avoid over-use of the approved amount. In a few months, our computer system will be able to send authorizations to multiple providers. At that time, we can suspend the notification requirement, however, case responsible persons will always need to track usage to ensure it does not exceed authorizations.
3. Electronic SAR versus Paper SAR – We ask that all providers submit electronic (BUI) SARs whenever possible. But due to a software limitation, we still must have you also fax a paper copy of the electronic SAR. We are tweaking the software and are hopeful that by November 1 this will no longer be necessary. In the meantime, when you submit the BUI SAR, please fax the EMR snapshot of the BUI SAR. (Do not send a screen-print of the BUI SAR display.)
4. Overlapping Service Request – If a case responsible person wishes to add additional units to a service which has already been authorized, the electronic (BUI) SAR will stop you. We are correcting this feature, but in the meantime, you must submit a paper SAR if you are making an overlapping request.
5. Reproduction of SAR Form – We have been receiving SARs that are not accurately reproduced. It appears that the Word document is not printing out correctly for some providers. If it doesn't, please print out the pdf version of the SAR from the WHN website and use it to distribute to all your staff. If you use a copy of a SAR that has not been accurately reproduced, it will not have all needed information, and therefore, it will be administratively denied as an incomplete SAR.
6. Pended Authorizations – When a case responsible person receives notice that an SAR has been pended, the “Pended Authorization Form” will accompany the notification. This form advises the case responsible person about what needs to be done. When the case responsible person responds to the pend by faxing back additional information, it is critical that a copy of the “Pended Authorization Form” be faxed back with the information. This enables us to route the fax to the clinical specialist who pended the SAR. We receive hundreds of faxes everyday which are addressed to a specific clinical specialist. Most of these faxes do not need to go to a specific clinical specialist. It is important that we have a way to route information to the clinical specialist who is working on a pended service. We, therefore, must have the “Pended Authorization Form” returned with the follow-up information faxed by the case responsible person. If we don't get it, the information is easily lost in the thousands of SARs we receive weekly. If we receive information—responding to a pended SAR—without a “Pended Authorization Form,” we will administratively deny the service. This requirement is stated on the form.
7. Urgent Authorizations – Urgent authorizations require telephone discussion with a clinical specialist; they can facilitate it the same day if truly urgent. If you cannot reach a clinical specialist, call WHN and ask for the Services Management Officer of the Day. That person will be person paged and return your call. SARs for continuing services should be submitted 10 days before the service is needed.
8. How does a provider get paid for the assessment if they find that a consumer does not meet a Target Population? – There was some confusion about the document we sent you regarding this issue. To clarify, if you assess a consumer and they do not meet a Target population, you still must open the case (in the Western Highlands Network system) to get paid for the assessment. This means you must send the Demographics and IPRS form to Western Highlands Network. We must have those two documents in order to bill upstream and then reimburse you for the assessment (90801 or H0031/01).

9. Offering consumers a choice of providers – According to the WHN provider choice policy, for post-PCP provider choice, case responsible persons must offer the consumer a choice of geographically-accessible providers, as listed on the Western Highlands Network website. The listing will be available on the website on October 1, or soon after that date.
10. Services **Not** Requiring Authorization - These services no longer require authorization: med. review, med. admin., med. counseling, room & board, therapeutic leave, therapeutic leave room & board. We sent a document to you outlining all the codes for these services. The document specified that the policy was effective July 1, 2004, but the header stated October 1 implementation. To clarify, the policy is effective July 1.