

Western Highlands Communication Bulletin #27
Medicaid & IPRS Letter of Notification Protocol
March, 08 2006

Due to the ability of providers to begin directly enrolling to provide enhanced services and the need to more closely track State dollars, Western Highlands Network will be authorizing distinct service authorizations for Medicaid and IPRS State dollars.

Effective starting 3/20/06 all service authorizations received will be for specific Medicaid or for IPRS State funded reimbursement. These "Letters of Notification" will display after each authorized service whether it is an authorization for Medicaid reimbursement or for IPRS State funded reimbursement.

Please note an authorization that is specific to Medicaid can only be used when the consumer has Medicaid, and likewise an authorization for IPRS services can only be used when either a consumer does not have Medicaid or is being authorized for a service that is only funded by State IPRS funds.

If you receive a Medicaid authorization for a consumer and the consumer later loses their Medicaid you must resubmit a Service Authorization Request for an IPRS authorization, and your previous Medicaid authorization will no longer be valid.

If you have an IPRS funded authorization and your consumer is placed on Medicaid you must obtain a Medicaid authorization to submit claims for reimbursement. If the Medicaid is made effective prior to your IPRS authorization you will need to contact the Services Management department of Western Highlands Network to get the IPRS authorization converted to a Medicaid authorization. This will need to be done prior to claim submission to prevent any denial of claims.

In order to most accurately monitor the Medicaid status of consumers it will be critical that your agency develop a system for determining Medicaid eligibility on a monthly basis for consumers your agency is serving. Obtaining the consumer's Medicaid card on a monthly basis is usually the quickest way of determining eligibility each month. However, if a consumer does not have their card or it is lost you can determine eligibility through the Automated Voice Response System or through one of the Electronic Data Interchange interactive eligibility verification programs. Information about these resources can be found in the Division of Medical Assistance (DMA) Basic Billing Guide at the link below.

<http://www.dhhs.state.nc.us/dma/bulletin/BasicMed0805.pdf>

Attached is a sample Letter of Notification with authorizations specific to Medicaid and IPRS services. Please note the differences between the two as you begin to track these two distinct service authorizations.

Medicaid authorization: This authorization is for Medicaid funds, and assumes the consumer is eligible for Medicaid benefits. If the consumer is not eligible for Medicaid, this authorization will not be valid, and a new Service Authorization Request must be submitted for State Funds.

Reminder: For authorizations of the packages 90800 and H0000, the following services are NOT covered under this authorization for the designated T.P.:

CSMAJ, CSIP, CSSP, CDECI: all services

AMSPM, AMSMI: 90809, 90849

AMPAT: 90809, 90810, 90812, 90814, 90846, 90847, 90849, 90853, H0001, H0031

CMPAT: 90808, 90809, 90810, 90812, 90814, 90846, 90847, 90849, 90853, H0001, H0031

AMDEF, CMDEF: 90805, 90807, 90809, 90849, H0001, H0031

ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, ASHOM, CSSAD, CSWOM, CSCJO, CSDWI :90810, 90812, 90814

TNC target populations cover 90801, H0031, H0001 only

AO target populations cover H0001 and H0031 only; or YP230 (Assertive Outreach), which must be authorized separately through Access

Note: If you are authorized for case management by Access, AO and TNC target populations will not cover case management. You must establish a valid target population by the date case management services begin.

This is based on the IPRS target populations as published on the DMH website:

<http://www.dhhs.state.nc.us/mhddsas/>

An e-mail has been sent to the following addresses:

XXXXXXXX@youreemail.org