

Provider Training October 2018 Questions and Responses

The following questions were posted during the October 2018 Provider Trainings. Questions only cover topics presented during the general session:

- PCS Updates
- Office of Compliance and Program Integrity
- Medicaid Investigation

PCS Updates

- **Why do we continue to receive the ICD-10 Transition form if it has already been completed?**
As of June 1, 2018, QiReport no longer provides a blank NC Medicaid-3137 Form with the annual reminder notification. Providers may log in to their Caseload Report and verify their beneficiaries are current and up to date with submission of the ICD-10 Transition Form.
- **Why do beneficiaries keep going from agency to agency with the ICD-10 form still not complete?**
If the beneficiary changed providers, the current provider assumes responsibility to ensure the ICD-10 Transition Form requirement was met. Providers may log in to their Caseload Report and verify that their beneficiaries are current and up to date with submission of the ICD-10 Transition Form.
- **Where do you want documentation of the 3 MD contacts for the NC Medicaid-3137?**
If providers find themselves in situations where the beneficiary's physician will not complete the NC Medicaid-3137 ICD-10 Transition Form, clearly document at least three attempts to have this form completed. After at least three unsuccessful attempts, please report this issue to Liberty Healthcare at 919-322-5944 or 1-855-740-1400 (toll free) or email NC-IAsupport@libertyhealth.com. Documentation should include the following information: Physician Name, Practice Name, Practice Phone Number, Practice Fax Number, Beneficiary Name, Beneficiary DOB or MID, and the Dates of all Contact Attempts.
- **How often does the NC Medicaid-3085 form have to be submitted, yearly or once per agency?**
The NC Medicaid-3085 form is submitted to Medicaid once per NPI prior to servicing beneficiaries or billing for services rendered to a qualifying beneficiary.

- **What education is required for aides to provide care to dementia clients with extra hours? Does it have to be videos or can we make our own test?**

The Trainer must have formal qualifications and documentation indicating that they are experienced in this field and are qualified to conduct training. In addition, the curriculum the Trainer uses must also be listed on the NC Medicaid-3085 form.

- **With no EVV, what is agency proof agency performed hours on time sheet?**

Providers must adhere to Clinical Coverage Policy 3L Requirements for Aide Documentation found in Section 6.1.5.

- **Instead of monthly hours can authorization be given in weekly hours? This will address the months that have 31 days.**

The provider needs to complete the calculation for each month based on the number of days in the month. Providers have the responsibility to look at the hours that are awarded each month and make any adjustments to ensure coverage based on the beneficiaries PCS need frequency in each month. The calculation is below:

$$\text{Monthly Hours}/4.35 \text{ (round to the nearest quarter)} = \text{Weekly Hours}$$
$$\text{Weekly Hours}/\text{Maximum Need Frequency} = \text{Daily Hours}$$

- **What are the policy guidelines to determine the staffing for clients? PCA vs. CNA.**

Review Clinical Coverage Policy 3L and licensure requirements for the specific person who may provide care to the beneficiary. Providers should consider the assessment, policy, and licensure regulations when making this decision.

- **Is there any penalty for submitting the Quality Improvement form early?**

No, there is no penalty for submitting the NC Medicaid-3136 form early. It is due annually by December 31st.

- **Are providers required to upload signed service plans if they are electronic?**

Per Section 6.1.4 j of Clinical Coverage Policy 3L, the signed, written consent of the service plan must be printed out and uploaded into the Provider Interface (QiReport).

- **What is the difference between PCS and personal assistance?**

PCS is a non-skilled service and includes tasks and services that need to occur at a minimum, once per week. Refer to Clinical Coverage Policy 3L sections 3.3 for a list of covered services under PCS. Non-covered services and tasks can be found in section 4.2.2 c of Clinical Coverage Policy 3L.

- **How will Liberty check for the RS ID since anyone can start a screening?**

When Liberty receives a valid New Request, Liberty will log into the Referral Screening Verification website and verify the RS ID. If the RS ID is present, the request will be processed.

- **Does a signed plan of care suffice for the ICD-10 form?**
No. The ICD-10 Transition Form allows PCS Staff to verify that beneficiaries indeed have medical conditions that limit their ability to perform ADLs and that beneficiaries are under the ongoing care of a physician. The ICD-10 Transition Form is only required for individuals with active PCS who were admitted into the program prior to 10/01/2015. If a New Request or Medical Change of Status has been processed after 10/01/2015 the ICD-10 Transition Form is not needed.
- **Will the 3085 and 3136 forms have the email updated before the end of the year?**
Yes. The forms have the most current email address updated and are posted to NC Medicaid's website as well as Liberty's website.
- **Is NC Health Connex the same as the EVV requirements? Is the effective date still the same in order to continue to receive payment for services?**
No, these are two different requirements. For information on NC Health Connex, visit <https://hiea.nc.gov/>. For information on EVV, visit <https://medicaid.ncdhhs.gov/electronic-visit-verification>.
- **How do we know Medicaid received the 3085 form?**
The provider may contact NC Medicaid at 919-855-4360 or PCS_Program_Questions@dhhs.nc.gov for receipt confirmation.

Office of Compliance & Program Integrity

- **What was the number to get the self- audit packet?**
To obtain a self-audit packet, providers may call the Business Intake Unit at 919-814-0181.
- **Is OCPI/DHB/Liberty aware of the major problems with NC Tracks re: enrollment address changes etc. These problems include for home care requirement for accreditation and address changes. A second address disappears off the record.**
For assistance with these issues, please contact the NCTracks Call Center at 1-800-688-6696 or by email at NCTracksprovider@nctracks.com. You may also contact NC Medicaid Provider Services at 919-855-4050.
- **Is there a standard form for 90 day supervisory visits? Is this an ACH requirement?**
There is no standard form to document the supervisory visit, but the requirements for supervisory visit documentation is listed in Clinical Coverage Policy 3L Section 7.10b. Residential PCS providers shall ensure that a qualified professional conducts supervision to each beneficiary in accordance with 10A NCAC 13F and 13G as well as 10A NCAC 27G. Also, residential providers should ensure appropriate aide supervision by a qualified professional in accordance with 10A NCAC 13F and 13G as well as NCAC 27G.
- **How often should staff be trained and what specifically should we be training on?**
Clinical Coverage Policy 3L Section 6.1.2 lists the PCS Paraprofessional Aide Minimal Training Requirements.
- **How far back do you go on a criminal background check before you don't hire a PCA or CNA?**
Clinical Coverage Policy 3L Section 7.10d speaks to the requirement for background checks on all in-home care and residential care aides before hire and in accordance with licensure requirements. Refer to applicable DHSR Licensure Rules and Regulations for specific requirements on criminal background checks.
- **Are background checks required to be state or nationwide?**
Background checks are statewide. Refer to applicable DHSR Licensure Rules and Regulations for specific requirements on criminal background checks.

- **If some documentation of records were destroyed during flooding or hurricane, what should provider do?**

The provider should document what was ruined and report this information to NC Medicaid immediately.

- **The letter OCPI is sending out for outstanding service plan, how will it be distributed via mail or NC Tracks (provider message inbox)?**

The letter will be sent Certified Mailed using the address on file within NC Tracks.