North Carolina
Medicaid Special Bulletin

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Division of Medical Assistance

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Attention:

Adult Care Home, Family Care Home, Home Health and Personal Care Service Providers and Supervised Living Homes Billing Personal Care Services

Personal Care Services Program Highlights

Note: This article does not apply to providers billing for Personal Care Services (PCS) under the Community Alternatives Program (CAP).

ICD-10 Transition Form (DMA 3137) – Required for all State PCS Beneficiaries

Preparations are underway to implement ICD-10 on Oct. 1, 2015. All HIPAA-covered entities are required to use ICD-10 diagnosis and procedure codes for dates of service on or after Oct. 1, 2015. **ICD-9 diagnosis and procedure codes can no longer be used for healthcare services provided on or after Oct. 1, 2015.**

All beneficiaries currently receiving PCS will be required to submit an ICD-10 Transition Form to Liberty Healthcare of North Carolina (Liberty Healthcare) no later than the date of their scheduled annual assessment. The ICD-10 form must be completed by the beneficiary's primary care physician or the practitioner providing care for the medical, physical, or cognitive condition causing the functional limitation.

The ICD-10 Transition Form will be located on the N.C. Division of Medical Assistance (DMA) PCS webpage under "forms." PCS providers may assist beneficiaries with obtaining the required ICD-10 Transition Form from their practitioner. Once the beneficiary's practitioner has completed the form, the practitioner may submit the form to Liberty Healthcare or return it to the PCS beneficiary or provider.

Providers may upload completed ICD-10 Transition Forms into QiReport as a supporting document for the beneficiary. ICD-10 Transition Forms may be submitted in advance of the beneficiary's annual assessment. Liberty Healthcare will begin accepting ICD-10 Transition Forms – and providers may begin uploading completed forms – on **Sept. 15, 2015.**

On Oct. 1, 2015, *DMA 3051 Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need* submitted for "new referrals" or "medical change of status" must include appropriate ICD-10 codes upon receipt. If the referring practitioner does not submit ICD-10 codes, the request will be denied. **If a request is sent prior to Oct. 1, 2015, but the assessment is scheduled after Oct. 1, 2015, a valid ICD-10 code will be required.**

Questions on the ICD-10 Transition Form process may be directed to Liberty Healthcare by calling 1-855-740-1400 (toll free) or 919-322-5944, or by sending an email to NC-Iasupport@libertyhealth.com.

An **updated** *DMA 3051 Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need*, which reflects the requirements for ICD-10, will be available on the PCS webpage by Sept. 31, 2015.

Annual Assessment Reminder Notifications

Beginning mid-September 2015, PCS providers will receive annual assessment reminder notifications on their QiReport Provider Interface for the beneficiaries they are serving. The reminder notification will inform providers of upcoming annual assessments and request that

providers work with beneficiaries to successfully schedule and maintain their annual assessment appointments.

Over the course of the next year, the annual assessment reminder notification will be accompanied by the ICD-10 Transition Form. This will allow providers to assist beneficiaries with scheduling their annual assessments and facilitate the submission of the required ICD-10 Transition Form.

Providers will receive the annual assessment reminder notification 60 days prior to the due date of the annual assessment. The annual assessment may be scheduled at any time within the 60 days preceding the next reassessment date.

Note: Reassessments may vary in type and frequency depending on beneficiaries' level of functional disability and their prognosis for improvement or rehabilitation, as determined by the Independent Assessment Entity (IAE). **However, reassessments may not occur less frequently than once every 365 calendar days.**

PCS Provider Regional Training Sessions

PCS fall regional training sessions will be conducted Sept. 9-29, 2015. Training topics and materials will be available to registered participants by Sept. 1, 2015. Providers with questions may contact Liberty Healthcare at 1-855-740-1400 or www.nc-pcs.com or DMA at 919-855-4360. **There is no cost to attend the training, but registration is required**.

Event Dates and Locations:

- **Wednesday, Sept. 9, 2015 – Fayetteville**
  Doubletree by Hilton, *Grand Ballroom*

- **Thursday, Sept. 10, 2015 – Raleigh**
  Jane S. McKimmon Conference and Training Center, *NC State University*

- **Thursday, Sept. 17, 2015 – Greenville**
  City Hotel and Bistro, *Ballroom*

- **Wednesday, Sept. 23, 2015 – Charlotte**
  Great Wolf Lodge Convention Center, *White Pine room*

- **Monday, Sept. 28, 2015 – Asheville**
  Doubletree by Hilton, ***Biltmore room***

- **Tuesday, Sept. 29, 2015 – Greensboro/Winston-Salem**
  Greensboro-High Point Marriott Airport, *Grand Ballroom*

PCS Service Plan for Maintenance of Service – Required

DMA requires a service plan to be completed for beneficiaries who are awarded Maintenance of Service (MOS) during the appeal process. Prior approval (PA) to bill MOS will not be authorized until the MOS Service Plan is completed via QiReport. If the MOS Service Plan is not completed prior to the resolution of an appeal, and the appeal resolution/settlement is entered by Liberty Healthcare, the system will invalidate the requirement for the MOS Service Plan. If this occurs, PA to bill MOS will not transmit to NCTracks.

Failure to complete the MOS Service Plan will necessitate the provider complete a manual service plan that is responsive to the beneficiary's specific needs as documented in the IAE assessment. The manual plan should address each unmet activity of daily living (ADL), instrumental activity of daily living (IADL), special assistance or delegated medical monitoring task need identified in the independent assessment, taking into account other pertinent information available to the provider.

Those unable to bill MOS because a PCS service plan was not submitted, should call Liberty Healthcare at 1-855-740-1400.

Adverse Determination – Maintenance of Service (MOS) Service Plan		
Beneficiary Rights – Due Process	If appeal is filed within 10 days of adverse notice, MOS is granted with no break in service.	If appeal is filed within 30 days of adverse notice, MOS effective date is the date the appeal was filed with the Office of Administrative Hearings.
Service Plan Requirements	A Service Plan must be completed for MOS within seven business days of provider notification of MOS.	Providers are not able to bill MOS PA's until a MOS Service Plan is complete.
Provider Responsibilities	If assisting the beneficiary with appeal, ensure the appeal is filed in a timely manner.	When notified of MOS, complete the Service Plan within seven days of notification.

Change in Clinical Coverage Policy 3L*, State Plan Personal Care Services*, *Section 6.0* – effective June 10, 2015

A change in Clinical Coverage Policy 3L, *State Plan Personal Care Services,* prohibits billing Medicaid for PCS services provided by individuals who, at the time of hire, had any of the convictions specified in Section 6.0 on their criminal background check. This language does **not** direct PCS providers to terminate employment of individuals with such convictions; it merely prohibits the billing of Medicaid in the event an individual with one of these convictions is providing the service. Employment decisions remain within the discretion of the PCS provider.

This change became effective on June 10, 2015. Services provided prior to June 10, 2015, are not subject to this particular requirement.

Example 1: Person A was hired in 2013. The provider completed a criminal background check upon hire and there were no findings of the convictions listed in Section 6.0. If an audit is conducted for dates of service in 2013, auditors will review the criminal background check conducted at hire and the provider would be **in compliance**.

Example 2: Person A was hired in 2013. No criminal background check was performed at hire. If an audit was conducted in 2013, the provider would be **out of compliance** with the criminal background check requirement.

Example 3: Person A was hired in 2013. The provider completed a criminal background check at hire, findings indicated conviction of felony healthcare fraud. If an audit is conducted for dates of service in 2014, the provider would be **in compliance** with this regulation and would be allowed to bill for PCS services rendered by the aide until June 10, 2015.

Example 4: Person A was hired in 2013. The provider completed a criminal background check at hire, findings indicated conviction of felony healthcare fraud. If an audit is conducted in July 2015, the provider would be **out of compliance** for all claims submitted for PCS services provided by this individual for services rendered after June 10, 2015.

PCS Provider Enrollment and Change of Ownership (CHOW)

General Information

Applicants for N.C. Medicaid and N.C. Health Choice (NCHC) must meet all program requirements and qualifications for which they are seeking enrollment. The NCTracks Provider Enrollment "Getting Started" web page provides a *Provider Qualifications and Requirements Checklist* for each provider type, as well as access to the *online provider enrollment application.*

DMA will consider specific requests for retroactive effective dates if a beneficiary has been granted retroactive eligibility, an emergency service was provided, or medically necessary services were rendered and the provider's credentials, licensure, certifications, etc. were active and in good standing for the earliest effective date of service. **However, providers are not guaranteed a retroactive effective date and are strongly encouraged to provide services only after they are enrolled as an N.C. Medicaid or NCHC provider.**

Providers must submit an online Manage Change Request (MCR) to add new services, taxonomies or location to their application.

Change of Ownership (CHOW)

A Change in Ownership (CHOW) is defined in N.C. General Statues (NCGS) 108C-10. More information on how to process a CHOW can be found in the July 7, 2015, NCTracks provider announcement *Change of Ownership Process*.

Required Documentation and CHOW Processing

Processing a CHOW in NCTracks

Required Documentation and CHOW Processing information can be found in the September 2015 Medicaid Bulletin article, *NCTracks Update*.

Requesting PCS when provider is completing a CHOW

When an agency takes over the ownership of an existing agency, there is usually a delay between the date of receipt of an NPI and the date when the provider becomes enrolled in NCTracks. This may prevent the processing of any new or existing PCS requests. The following steps **must** be followed each time there is a CHOW to ensure proper processing and billing for PCS beneficiaries when their agency comes under new ownership.

New PCS Beneficiaries under CHOW

Liberty Healthcare will not issue PAs for new PCS beneficiaries who have selected a provider who is not enrolled in NCTracks. Although DMA Provider Relations will consider specific requests for retroactive effective dates of enrollment, providers are **not** guaranteed a retroactive effective date and are strongly encouraged to provide services only after they are enrolled with N.C. Medicaid or NCHC.

Providers should seek to enroll their NPI in NCTracks as soon as possible. DMA will **not** retroactively authorize PCS for new beneficiaries. PCS authorization may begin when the provider is active in NCTracks and a completed DMA 3051 has been received by Liberty Healthcare.

Providers should check their status of enrollment through NCTracks daily. As soon as providers are active, they should contact Liberty Healthcare.

Current PCS Beneficiaries

In cases where an agency takes over ownership but there are beneficiaries who are currently receiving PCS under a previous provider, the new owner has 30 days from the effective date of ownership change to submit a Change of Provider Request. Once a Change of Provider Request is received, Liberty Healthcare will process the request and make the PA retroactive to reflect the effective date of changed ownership. If a Change of Provider Request is sent in after 30 days of the new ownership, then Liberty Healthcare will process the request and the PAs will be effective the date the request is received.

Submission of the DMA 3051 does **not** guarantee a commitment to award or authorize PCS. Each situation will be reviewed individually.

For questions regarding online applications on NCTracks to become enrolled in N.C. Medicaid, or submitting MCRs, contact NCTracks at 800-688-6694 or NCTracksprovider@nctracks.com. If then directed to contact DMA, contact DMA Provider Relations at 919-855-4050.

PCS Provider Manual

The PCS Provider Manual has been updated effective July 2015.

Facility, Home, and Community Based Services
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