



# PROVIDER BULLETIN



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Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

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## **ELECTRONIC SIGNATURES AND ELECTRONICALLY SIGNED RECORDS**

The increased use of electronic health records and electronic methods of signing them has prompted the State of California Department of Mental Health (DMH) to issue standards (Attachment B) regarding the use of electronic signatures in records reviewed by its auditors. DMH approves the use of electronic signatures in electronically signed records as equivalent to a manual signature affixed by hand for financial, claiming, program, and medical records audit purposes. The Los Angeles County DMH is requiring all network providers that utilize electronic signatures (including electronic claim submission) to take four actions:

- 1) Complete the Network Provider Electronic Certification (Attachment B) signed by the network provider or group/organizational executive director;
- 2) Complete the Network Provider Electronic Certification Agreement (Attachment C), which is a Los Angeles County modification of the sample format provided in State DMH Letter No. 08-10;
- 3) Email a PDF copy of both the Network Provider Electronic Signature Certification (Attachment B) and Network Provider Electronic Signature Agreement (Attachment C) forms to [ecertify@dmh.lacounty.gov](mailto:ecertify@dmh.lacounty.gov) and [eromero@dmh.lacounty.gov](mailto:eromero@dmh.lacounty.gov); and

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550 S. Vermont Ave, 7<sup>th</sup> Floor, Los Angeles, CA 90020  
Phone: (213) 738-3311  
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Website: <http://dmh.lacounty.info>

- 4) DMH Letter No. 08-10 requires that all individuals (end users) requesting electronic signature authorization (those requesting access to the IS) sign an Electronic Signature Agreement for the terms of their electronic signature. Minimally, this requires all rendering and staff providers to sign the Agreement. The Network Provider Signature Agreement for each user of the network provider's financial, claiming, program, and medical record system shall be maintained by the network provider in either electronic or paper version, and presented to County, State or Federal employees upon request.

Network providers may access DMH Letter No. 08-10 at the following website address: <http://www.dmh.ca.gov/DMHDocs/>. Select "Archive of DMH Letters and Information Notices, under "Letters," and click the 2008 link. Then, select the 08-10 link to obtain the letter regarding electronic signatures.

If you have any questions or need additional information, please contact the Provider Relations Unit at (213) 738-3311.

### **NEW MANDATORY REQUIREMENT FOR NETWORK PROVIDER EMAIL ADDRESSES**

Effective immediately, network providers are required to supply an email address to the Los Angeles County Department of Mental Health. The Department will be implementing a series of new systems that require network providers' email addresses in order to conduct business. Network providers are highly encouraged to notify [eromero@dmh.lacounty.gov](mailto:eromero@dmh.lacounty.gov) as soon as possible, and no later than ten (10) business days after an email address change. Network providers will be held accountable for complying with all Los Angeles County business requirements and correspondence submitted via email whether or not a change of email address is submitted timely.

### **THE DEPARTMENT'S PLANS TO TRANSITION FROM DIRECT DATA ENTRY TO ELECTRONIC DATA INTERCHANGE AND IMPLEMENT THE INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM**

Network providers and billing agents were informed in the June 9, 2010, Fee-For-Service (FFS) Providers Issues Work Group Meeting of: 1) the two-year plan to transition all Direct Data Entry Users to Electronic Data Interchange and 2) future plans to implement the Integrated Behavioral Health Information System (IBHIS). Effective immediately, you are again hereby notified of both projects identified above. The IBHIS Project was initiated to address unmet DMH business requirements by obtaining a comprehensive integrated clinical information system to support the delivery of behavioral health services and to meet State requirements for an Electronic Health Record (EHR) under the Mental Health Services Act (MHSA). DMH will procure a Commercial-Off-The-Shelf (COTS) Electronic Health Record (EHR) system with integrated clinical, administrative and financial functionality.

When IBHIS begins production, use of the existing "wrapper" Integrated System (IS) and the legacy Mental Health Management Information System (MHMIS) will both be retired. Network providers of mental health services in Los Angeles County will not enter information into the IBHIS using Direct Data Entry (DDE). They will instead exchange information with DMH using Electronic Data Interchange (EDI).

Network providers fall into two categorical groups:

Group 1: Those that are EDI capable for whom the transition to full EDI will be a simplification of their business processes through the incremental addition of standards-based EDI transactions; and,

Group 2: Those that are not EDI capable for whom the transition to full EDI will be a fundamental change in their business processes.

The transition for the first group is expected to be a stepwise addition upon capabilities they already have. Their transition to EDI under the IBHIS will be facilitated by their participation in the existing FFS Providers Issues Workgroup.

The second group, because this transition from DDE to EDI is a change from past practice that may be difficult for some, will have their transition coordinated through a newly formed FFS Transition Team (FFSTT).

DMH is acutely aware of the importance of network providers to its mental health services delivery mission and believes that this two-pronged approach will allow each group to receive the type of assistance needed.

### **SHORT DOYLE/MEDI-CAL PHASE II NEW LATE (DELAY) REASON CODE DESCRIPTION FOR LATE CLAIMS SUBMITTED FOR DUAL ELIGIBLE (MEDI-MEDI) CLIENTS ONLY**

Effective August 11, 2010, late (delay) code 3 has been designated for use on network providers' dual eligible (Medi-Medi) claims submitted after the six (6) month billing limit and under the twelve (12) month billing limit. **Please note:**

- Late Code 3 can only be selected if Medi-Cal and Medicare are included as payers and there is a Medicare ID entered in the claim. Refer to Short-Doyle/Medi-Cal Phase II instructions for entering a Medicare ID in the IS or contact the Provider Relations Unit at (213) 738-3311 to obtain instructions; and,
- If the condition above does not exist, the claim will be denied. EDI providers will receive a denied 835.

### **NEW REQUIREMENT FOR PHYSICIANS**

Effective immediately, a new regulation, mandated by Business and Professions Code, Section 138, requires physicians in California to inform their patients that they are licensed by the Medical Board of California, and includes the board's contact information. The information must read as follows:

**NOTICE TO CONSUMERS**  
**Medical doctors are licensed and regulated by the Medical Board of California**  
**(800) 633-2322**  
**[www.mbc.ca.gov](http://www.mbc.ca.gov)**

The purpose of this new requirement (Title 16, California Code of Regulations Section 1355.4) is to inform consumers where to go for information or with a complaint about California medical doctors.

Physicians may provide this notice by one of three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font. (See link "Sign for printing," below, to print the actual notice);

- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the board; and,
- Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

The pre-printed sign authorized by the Business and Professions Code, Section 138, may be accessed from the following website link:

[http://www.medbd.ca.gov/licensee/notice\\_to\\_consumers\\_regulation\\_Sample\\_sign.pdf](http://www.medbd.ca.gov/licensee/notice_to_consumers_regulation_Sample_sign.pdf)

If you have any questions or need additional information, please contact the Provider Relations Unit at (213) 738-3311.

### **CHILD/ELDER ABUSE & NEGLECT REPORTING FOR MANDATED REPORTERS**

This is a reminder to our network providers regarding your responsibilities as mandated reporters. As mental health care providers, you are considered Health Care Personnel under the California Child Abuse and Neglect Reporting law found in Penal Code Sections 11165 through 11174.3. As such, network providers are mandated reporters who are required to be familiar with requirements stated in the Code.

Child abuse includes:

- Physical abuse, unlawful corporal punishment or injury;
- General and severe neglect;
- Sexual abuse; sexual assault; exploitation; and,
- Willful cruelty or unjustifiable punishment; emotional "maltreatment."

Mandated reporters are required to report risk factors that they note in a child's life or living situation, even if that child or their family has an existing open case with the Department of Children and Family Services (DCFS) Bureau or is under the supervision of DCFS. Contact the Child Protection Hotline, 24 hours a day, 7 days a week at (800) 540-4000 to report child abuse in Los Angeles County. Mandated reporters can also file a written Suspected Child Abuse Report online at the following link: <https://mandreptla.org/>.

In addition, the executed Agreement between network providers and the Department of Mental Health requires that you comply with the Penal Code. Specifically, Section 17, of the network provider Agreement states:

**"16. REPORTING OF PATIENT/CLIENT ABUSE AND RELATED PERSONNEL REQUIREMENTS:**

A. Elders and Dependent Adults Abuse: Contractor, and all persons employed or subcontracted by Contractor, shall comply with WIC Section 15630 et seq. and shall report all known or suspected instances of physical abuse of elders and dependent adults under the care of Contractor either to an appropriate County adult protective services agency or to a local law enforcement agency, as mandated by WIC Sections 15630, 15631 and 15632.

B. Contractor, and all persons employed or subcontracted by Contractor, shall make the report on such abuse, and shall submit all required information, in accordance with Penal

Code Sections 11166 and 11167.

C. Contractor Staff:

(1) Although clerical and other non-treatment staffs are not required to report suspected cases of abuse, they should consult with mandated reporters upon suspecting any abuse.

(2) For the safety and welfare of elders, dependent adults, and minor children, Contractor shall, to the maximum extent permitted by law, ascertain arrest and conviction records for all current and prospective employees, and shall not employ or continue to employ any person convicted of any crime involving any harm to elders, dependent adults, or minor children.

(3) Contractor shall not employ or continue to employ, or shall take other appropriate action to fully protect all persons receiving services under this Agreement concerning, any person whom Contractor knows, or reasonably suspects, has committed any acts which are inimical to the health, morals, welfare, or safety of elders, dependent adults or minor children, or which otherwise make it inappropriate for such person to be employed by Contractor.”

Together as a team, it is our responsibility to ensure that the children and elders of the Los Angeles County are protected and that we all work together toward this end. Below you will find the link for “The California Child Abuse & Neglect Reporting Law,” and it may be a useful resource:

[http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/ca/CA\\_dss\\_pub\\_1](http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/ca/CA_dss_pub_1).

If elder abuse is suspected, please call Los Angeles County Adult Protective Services at (877) 477-3646. The following link may also be used as a helpful resource:

<http://www.lacelderabuse.org/>.

### **CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE**

The DMH is committed to providing and administering quality mental health services that adhere to the highest ethical principles, in compliance with all applicable laws, rules, regulations, policies, and procedures. The Department’s emphasis on compliance is keeping with a nationwide emphasis on accountability in health care delivery systems, and this is why in 2002, the Department established and continues to support its Compliance Program Office.

The Code of Conduct, Ethics, and Compliance is a critical element of the DMH Compliance Program. The Code sets the expectations for all DMH staff and professional activities, promotes the concept of quality of care, while emphasizing the Department’s vision, mission and values.

All members of the workforce and network providers are to receive a copy of the Code of Conduct, Ethics, and Compliance (Attachment D). All network providers are required to sign an “Attestation” (Attachment E) acknowledging receipt of a copy of the code. Please mail the signed original of the “Attestation” to Los Angeles County, Department of Mental Health, Managed Care Division, 550 S. Vermont Av., Rm 704A, Los Angeles, CA 90020. The “Attestation” will be placed in the Managed Care Division’s network providers’ file.

All network providers are encouraged to comply with the Department’s commitment to an ethical and compliant organizational environment. As a network provider, it is important that you read and understand the Code of Conduct, Ethics, and Compliance. After reading the code you should know what is expected from you in regards to your behavior and how to play an integral part in making the Compliance Program a success.

If you have any questions or need additional information, please contact the Compliance Officer at (213) 739-2390 or the Provider Relations Unit at (213) 738-3311.