



News Flashes

06/01/2015
09:39:39 AM

Women Specialty Services (WSS) & Co-occurring Disorders (COD):

When answering YES to the question on the admission form: Admitted into WSS program, determines the WSS insurance as well as tagging all services with the HD modifier on the back-end. The Eligible question also plays a part. While it does NOT specify the WSS as the funding stream, all services are tagged with the HD modifier to show the maintenance of effort if the Provider agency is deemed as a gender competent program. Those contracted for WSS have been deemed as gender competent in MH-WIN.

When answering YES to the question on the admission form: Indication of Mental Health Issues, determines the tagging of all services with the HH modifier on the back-end. It is important to note, the integrated bio-psychosocial assessment must also have evidence of mental health issues that justify the admission answer.

**** NOTE ****

As we all know, the admission is a snap-shot in time, however in MH-WIN we MUST make an exception.

When it becomes evident a consumer is co-occurring through the course of treatment, the admission MUST be edited to indicate such. This is the only way the system knows to add the HH modifier to all outbound claims going to the State.

06/01/2015
12:02:17 PM

Place of Service

When billing, ALL SUD Providers should only be using "55" or "57" as place of service, and nothing else.

06/16/2015
12:15:20 PM

Reference Guide:

As you are aware, when SUD was implemented here with the Authority, DWMHA held 22 training sessions located at PCE in March, with training the Trainer in mind. Unfortunately, not everyone was able to attend.

To supplement the training and for newbies entering our system, we have prepared a [MH-WIN SUD Reference Manual](#) that you can download and use.

Due to the vast amount of projects the Authority is involved in, training time is very limited. Please take the time to absorb this information and use this.



News Flashes

06/18/2015
10:49:10 AM

Timely Discharges:

In order to facilitate smooth operations, we all must be mindful that discharges must occur regularly when a consumer transfers from one Provider to the next, or stops showing up and then presents elsewhere looking for help. It is essential to discharge as of the last date of treatment.

Admission and Discharge records are the TEDS records that are submitted to the State. These must be in place for the State system to accept Encounters which are generated from Provider claims. To justify all of our existence in the SUD realm, we must be able to provide timely documentation to our funders.

Therefore, you may receive requests from our Utilization Management (UM) staff requesting discharges to take place with a sense of urgency. We are nearing the end of the third quarter in FY2015 and must be able to submit this activity to the State.

As always, your cooperation is greatly appreciated as we continue to evolve with this new system.

06/24/2015
03:34:47 PM

Recovery Support Services

We are extending Recovery Services from 16 units of each code per month to 24 units each per month. These include: T1012 (skills dev), H0023 (outreach), and H0038 (peer delivered services) and are effective 6/1/2015.

Previously denied claims will need to be resubmitted. As always, documentation and charting must support the delivery of each type of recovery services.

Additional units require further justification.

07/02/2015
08:52:27 AM

UM Provider Assignments:

As promised in the last Provider meeting, the assignments of Providers have been updated to reflect new distribution to include our newest member of the UM Team.

To access this listing, [UM Assignments](#)



News Flashes

07/06/2015
10:59:28 AM

Greetings

New Permission Group

In order to facilitate the team approach, there is a new permission in MH-WIN, 'SUD Clinical Supervisor' that has the capability of changing signed documents created by other staff members.

This permission should only be given to those who need it. Please see your Staff File Maintenance (SFM) and supervisor to get this permission.

07/07/2015
01:28:17 PM

Residential and Detox Providers

When one of our members comes to your facility for detox, and the treatment plan is for the member to seek services with another residential Provider afterward, the detox Provider will bill for r & b up to the day of discharge, IF the member is going to the other facility on the same day; [Most preferred].

This allows the residential Provider to bill for r & b upon the admission. With this policy in place, there will be only one r & b service per day per client, which eliminates any chance of double billing a one per day service.

Thank you in advance for your cooperation.

07/07/2015 11:38:46
AM

Training Opportunity

Overview of SUD

Diagnostic Criteria & Medications Used in TX

Wednesday, July 29, 2015, noon to 1:00pm

Presenter: R. Corey Waller MD

For more info: Paste this URL into your browser:

<http://bit.ly/SUDwebinar>

07/07/2015
03:11:04 PM

ATTENTION ALL Providers

SDA and Self-Pay Policies

Please make sure to check "**NO**" to SDA unless you are a Residential Provider with **BG** funding who bills for room & board for **Adults ONLY**.



News Flashes

We are seeing numerous expenditures being charged to SDA for Providers who are not providing residential/IOPD services.

SDA stands for State Disability Assistance. Mostly, we have been seeing Methadone Providers using this. Please check ALL of your Self-pay Policies for your consumers to ensure you are using the funding properly.

SDA should only be used for applications that have been approved.

07/08/2015
03:40:49 PM

Death Report

In the event you must report a death for one of our consumers, please notify Darlene Owens directly at 313-833-2410 and fax the death log to her at 313-833-2156. Please use a cover letter to her attention.

In the near future, the reporting of sentinel events will be integrated. Look for more info to follow as we near deployment slated for 10/1/2015.

As always, thank you for supportive cooperation.

07/09/2015
09:23:55 AM

IMPORTANT

Admissions & Authorizations

Providers, it is extremely important for you to understand that admissions must be at the actual site your consumers are receiving treatment. Likewise, Box 32 in a HCFA1500 claim must match the id of the site the consumer is tied to with his or her admission.

Even though authorizations are tied to specific admissions, they do NOT change when an assignment of an admission is changed to a different location. Therefore, you MUST VOID those auths tied to that admission and request new ones.

Unfortunately this system isn't designed for corrections

07/20/2015
04:14:15 PM

ATTENTION ALL Providers

SDA and Self-Pay Policies



News Flashes

Please make sure to check "**NO**" to SDA unless you are a Residential Provider with **BG** funding who bills for room & board for **Adults ONLY**.

We are seeing numerous expenditures being charged to SDA for Providers who are not providing residential/IOPD services.

SDA stands for State Disability Assistance. Mostly, we have been seeing Methadone Providers using this. Please check ALL of your Self-pay Policies for your consumers to ensure you are using the funding properly.

SDA should only be used for applications that have been approved.

19 News Flashes

Message:

Page 1 of 2

Exp Date: -

Include items with no date

Sent Date: -

[Sent Date](#)

[Exp](#)

[Date](#)

Recipient

[Add News Flash](#)

[Message](#)

08/04/2015
08:41:22 AM

****IMPORTANT****

YEAR END Info

AUTHORIZATIONS

Open Cases spanning across year end

- Must end 9/30/2015
- Reauths begin 10/1/2015 to carry into new year

Detroit
Wayne
Mental
Health
Authority
SUD

[Change View Delete](#)



News Flashes

	<p>CLAIM CUTOFF Final billings</p> <ul style="list-style-type: none"> • Due 11/13/2015 by close of business day • NO EXCEPTIONS <p>BH-TEDS OPEN METHADONE CASES spanning across year end</p> <ul style="list-style-type: none"> • A BH-TEDS Admission will be required with <u>original admit date</u> • No need to discharge original admit per the State, but this may pose an issue in MH-WIN. Stay tuned for more info. 		
<p>08/03/2015 07:37:09 AM</p>	<p>IMPORTANT</p> <p>Priority Population</p> <p>Effective 7/24/2015, The state's instructions to us delivered via Phil Chvojka at Friday's PIHP CIO Forum is that effectively immediately, a person who has injected drugs at any point in time, they are to be considered a priority for admission (priority population status).</p>	<p>Detroit Wayne Mental Health Authority SUD</p>	<p>Change View Delete</p>
<p>07/29/2015 12:31:15 PM</p>	<p>Training Opportunity</p> <p>MH-WIN SUD Training A to Z Tuesday, August 18, 2015</p> <p>AM Session 9:00 - 12:00pm</p> <p>PM Session 1:00 - 4:00</p> <p>No need to register, bring your questions!</p> <p>Gateway Community Health, 1333 Brewery Park Blvd, Ste. 100, Detroit 48207</p> <p>Send key personnel, space will be limited.</p>	<p>Detroit Wayne Mental Health Authority SUD</p>	<p>Change View Delete</p>



News Flashes

07/21/2015 **IMPORTANT**

09:39:30 AM

Authorizations

As we are nearing the end of our fiscal year, it is important to note that re-authorizations will be ending as of 9/30/2015. For those who are continuing in treatment beyond, another authorization will need to be done beginning with 10/1/2015.

Please beware, the UM dept will be authorizing your requests to 9/30/2015. To transition smoothly into the new year, create an additional reauth request for services beyond 10/1/2015, with a new auth beginning with 10/1/2015.

Thank you, your cooperation is greatly appreciated!

07/29/2015 12:31:15 PM

Training Opportunity

MH-WIN SUD Training A to Z
Tuesday, August 18, 2015

AM Session 9:00 - 12:00pm

PM Session 1:00 - 4:00

No need to register, bring your questions!

Gateway Community Health, 1333 Brewery Park Blvd, Ste. 100,
Detroit 48207

Send key personnel, space will be limited.

08/03/2015 **IMPORTANT**

07:37:09 AM

Priority Population

Effective 7/24/2015, The state's instructions to us delivered via Phil Chvojka at Friday's PIHP CIO Forum is that effectively immediately, a person who has



News Flashes

injected drugs at any point in time, they are to be considered a priority for admission (priority population status).

08/04/2015
08:41:22 AM

****IMPORTANT****

YEAR END Info

AUTHORIZATIONS

Open Cases spanning across year end

- Must end 9/30/2015
- Reauths begin 10/1/2015 to carry into new year

CLAIM CUTOFF

Final billings

- Due 11/13/2015 by close of business day
- NO EXCEPTIONS

BH-TEDS

OPEN METHADONE CASES spanning across year end

- A BH-TEDS Admission will be required with original admit date
- No need to discharge original admit per the State, but this may pose an issue in MH-WIN. Stay tuned for more info.

Drug Screens

Effective immediately, 80100 is no longer a valid code for drug screens. Please change your current requests and any future requests to H0003.

Any requests currently submitted to UM, will be returned with a request to change your code.

08/05/2015
01:32:15 PM

IMPORTANT

Billings

Now that we have weathered the integration of SUD with Behavioral Health and its data system, it is imperative that ALL Providers get caught up with their SUD billing.



News Flashes

We are at a crucial point in the fiscal year in which monies are being moved around, contract mods are being preformed, and budgets are being balanced. In order for DWMHA SUD to be on top of expenditures, billing must be current.

If you are experiencing issues that are preventing you from getting all billings current, please contact us using e-mail to get your problems resolved.

In addition, please contact Darlene Owens and give her a status of where your agency is with billing.

As always, we appreciate your prompt attention and cooperation in this facilitation.

08/07/2015
10:25:17 AM

Disability Designations

If an SUD Disability Designation does not exist, modify the existing one. Please do not add a new designation.

If a consumer is in an MCPN, leave the MI/DD portion alone, do not clear it out.

08/13/2015
04:20:24 PM

Drug Screens

Effective immediately, 80100 is no longer a valid code for drug screens. Please change your current requests and any future requests to H0003.

Any requests currently submitted to UM, will be returned with a request to change your code.

08/28/2015
03:18:49 PM

Drug Screens

Effective Immediately, for any authorized 80100s that have not **been paid**, please request H0003 to replace and rebill. This will help us in the clean up of our encounters.

We thank you for your prompt attention to this matter.

09/09/2015
08:04:43 AM

Additional SUD Materials are now online

We now have a new Sub Menu Item called "Additional SUD Materials" which is the last Sub Menu Item.

You can see this item after you clicked on SUD/CA Main Menu Item on the left-hand side of the screen.

Clicking on "Additional SUD Materials" item displays a list of almost all documents that were emailed to you for your reference.



News Flashes

You can view documents online by clicking on each title
You can even download and save the document in your computer by clicking on
Download link.
Please note that all so far News Flashes are also in this list

09/15/2015
07:57:11 AM

Authorization Requests

As a friendly reminder for SUD, please do not request auths with National Modifiers such as 'HH', they will not be authorized. These get stripped when they are submitted by you to us through the system.

Remember, the National Modifiers are added to encounters when they are being submitted to the State based upon logic placed in the system.

Please DO Request codes with the 'Z' internal modifiers so you get the appropriate codes for your consumers.

Thank you

09/16/2015
03:36:59 PM

DETOX Discharges *revised*

ALL Detox Discharges **MUST** have the Aftercare portion completed in its entirety for **FY15** and moving forward. Therefore, Providers who have discharged from detox must edit their discharges for this completion. Due date, **9/25/2015**.

Effective immediately, ALL DETOX Admissions MUST be discharged via the discharge form and re-admitted into the next level of care appropriate for your client, **NO EXCEPTIONS**. Do **NOT** utilize the Change in Level of Care form to transition a consumer from detox to another subsequent level of care from today moving forward. The Aftercare/Continuation portion of the discharge form is necessary for Performance Indicators.

We have determined, for the past Level of Care Change forms transitioning folks from detox to another level, the form will be revised to accommodate the necessary information Indicator 4 requires for the Performance Indicators. The programming and posting will occur sometime this evening. Edit capabilities will be in place for Detox Providers to add the required info for past forms.

Like the previous notice of the revised Revision of the Performance Indicators, All editing of Detox Level of Care Change forms for 4/1/2015 - 6/30/2015 must be completed no later than **9/25/2015**. Once completed, address 7/1/2015 - 9/30/2015 by 10/31/2015.

While this is frustrating for all, it is a necessary evil we must contend with. Please remember, we are still building this plane as we fly, and we are in it together. Your prompt attention to this, and your patience is very much appreciated!



News Flashes

09/17/2015
09:41:12 AM

Level of Care Forms

Programming and posting of the changes to address PI have been incorporated into MH-WIN. **Detox Providers**, you can begin addressing these fields for folks that you have transitioned to another level of care from detox. We are looking to aid you with a report for your agency that will help you identify all the records requiring a change. However, please do not wait for this listing to begin the changes. Time is of the essence to make our targets. Use this as an aid to insure you have touched all records that need to be completed.

The fields in this form are much like the discharge Aftercare/ Continuation section. In addition, fields are available to document rescheduling to address exceptions should they occur outside the required time frame.

Like the detox lists, these will be disseminated via Judy Davis through emails to your specific agency.

*Again, we cannot stress the importance of your prompt attention to this matter and we are very grateful for your efforts in completing this endeavor. **Thank YOU!***

09/17/2015
03:13:21 PM

DETOX Providers revised Update

Since all detox admissions must be discharged and a re-admission is required for the transitioning to another level of care, you will have to contact Pioneer for a step-down SARF, until you can add your own in order to be able to readmit. They have been made aware and will field calls.

The capability to add a SARF is to lessen the burden of having to call Pioneer for a step-down from Detox. This utility will be posted this evening for your use tomorrow morning. Once the posting is confirmed a Revision of the this notification will be posted, and it will include a How-To for your reference.

09/18/2015
08:00:24 AM

PERFORMANCE INDICATORS revised Revision

ALL, it is imperative that those responsible for the calendar(s) in your organization, go back into each scheduled appointment and complete the Non-Emergent Intake fields on a daily basis.

Without this information done in a timely fashion, your organization will be out of compliance with your DWMHA contract and State Regulation. This can potentially affect your payments.

By 9/25/2015, ALL of your appointments for this fiscal year MUST have the Non-Emergent Intake fields completed for all appointments scheduled through the third quarter. This means going back to 4/1/2015 through 6/30/2015.



News Flashes

Once completed, address 7/1/2015 - 9/30/2015 by 10/31/2015

You are then expected to keep these up to date moving forward on a daily basis.

How-To for Consumers in Treatment

- Go to Calendar.
- Go to 'Consumer Calendar'
- Find consumer
- Click on 'Calendar' hyperlink
- Find appointment and click on it
- Click on 'Change'
- Scroll down to '**Intake Information**'
- Fill out 'Exception' and/ or 'Approved for Ongoing' sections.
- IF, for whatever reason, a consumer is not approved for on going treatment, then the 'Denied for Ongoing' section must be completed.
- SAVE

How-To for No Shows

- Go to Calendar.
- Go to My Calendar
- Find No Show Client Appointments, and click on it.
- Click on 'Change'
- Scroll down to '**Intake Information**'
- Fill out 'Exception' and/ or 'Approved for Ongoing' sections.
- IF, for whatever reason, a consumer is not approved for on going treatment, then the 'Denied for Ongoing' section must be completed.
- For consumers who are No Shows, make sure the 'Consumer Refused Service' field is checked as 'YES'
- SAVE

DETOX ADMISSIONS

ALL Detox Admissions must be followed by a discharge with the Aftercare/ Continuation portion completely filled out; **NO EXCEPTIONS**. This addresses the timeliness of detox follow-up.

Please see the specific posting for Detox Discharges

Thank you in advance for your cooperation!

09/18/2015
09:13:40 AM

Capability to Add SARF for Detox Aftercare

The utility was NOT posted as planned and is slated for posting this evening.



News Flashes

Once a consumer is discharged from detox, a user will have to add a SARF in lieu of calling Pioneer for a step-down. When the SARF is in place, then one can add a readmission for the next level of care.

How-To Add SARF for Aftercare

- From the 'SUD Referral Forms (SARF)/Admission/Discharge', locate a member.
- Click on 'SUD_Forms'
- Click on 'Add_SARF' in the far right column
- Complete the form for a re-admit for the next level of care
- SAVE

Proceed with adding the readmission.

Keep in mind, if the Detox Provider is not providing the aftercare, a call must be placed to Pioneer to facilitate arrangement for aftercare prior to discharging the consumer, and then the first half of the Aftercare/Continuation portion of the discharge can be filled out and the PI obligation is fulfilled. The following agency will be responsible for the Non-Emergent Intake portion of the referral, and providing treatment within 7 days or documenting why it did not occur timely.

09/22/2015 02:18:33 PM

Additional SUD Materials UPDATED NOW

- Internal Modifiers document is its latest version
- Calendar Quick Reference document has details related to Performance Indicator report

09/22/2015 02:18:37 PM

Add SARF is now available to providers

The capability to add a SARF is to lessen the burden of having to call Pioneer for a step-down from Detox. This utility is now available in MH-WIN. Please logout and login back in case if you didn't see Add SARF in your "SUD Referral Forms (SARF)/Admission/Discharge" page. A notification will soon be posted, and it will include a How-To for your reference.

09/23/2015 10:25:00 AM

Performance Indicators (PI)

As you know we are in a big push to document our timeliness for third quarter PI. From previous news flash posts you are aware of the urgency due date of **9/25/2015**, and which elements must have information: Non-Emergent Intake (Appointments), Detox Aftercare (LOC Change form or Detox Discharge).

The Level of Care Change forms must have a Provider Name for the aftercare and an appointment date.



News Flashes

Below are numbers of incomplete LOC forms that require your immediate attention:

- DRMM - 59
- Hegira - 92
- PNLH - 3
- QBH - 173
- Sacred Heart - 89
- SAHL Evangeline - 31
- SHAR - 33

Remember the timeliness clock begins at date of first request to first date of face-to-face contact which is usually the intake. Also be sure to document your admissions for any untimely occurrence in the top portion of the form in addition to the Non-Emergent Intake portion of the calendar appointment. Thank you.

09/23/2015
12:46:47 PM

PERFORMANCE INDICATORS *addl. info*

How-To for Consumers in Treatment

- Click on the Main Menu Item E-Forms in the Main Menu on the left-hand side of the screen.
- Click on Non-Emergent Intakes Sub Menu Item to this E-Forms Main Menu Item.
- Enter Member ID and then hit SEARCH Button.
- Click on 'Non-Emergent Intakes' hyperlink.
- Click on 'Change'.
- Scroll down to 'Intake Information'
- Fill out 'Exception' and/ or 'Approved for Ongoing' sections.
- IF, for whatever reason, a consumer is not approved for on going treatment, then the 'Denied for Ongoing' section must be completed.
- SAVE

Instruction for No Shows will soon be revised.

09/23/2015
04:02:43 PM

Capability to Add SARF for Detox Aftercare

A SAVE/Release button has been added to the SARF form for when Detox Providers create a SARF for the ability to re-admit a consumer for Aftercare/Continuation. If you are currently logged in, you will want to logout and log back in to see this feature.

When you create a SARF, use the SAVE/Release button to automatically release it to your agency so you can create your re-admission. This will save you from having to call Pioneer to release the form.



News Flashes

NOTE*** This ability is ONLY for continuing level of care from detox, as Providers are requested to discharge from this level of care.

09/23/2015
05:04:07 PM

SUD Calendar Appointments - NEI

ALL, a fix will be posted tonight that will allow for Providers to reschedule appointments in the Non-Emergent Intake section. In addition, this will allow for No Shows to be addressed.

Thank you for your patience while we continue to build the plane we fly.

09/24/2015
10:53:21 AM

Attention BILLERS

This is a friendly reminder to run a pre-adjudication report to learn if your claims have errors. It is your responsibility to address the errors prior to submission to DWMHA. **DWMHA will NOT process dirty claims.** One error in a batch will cause the entire batch to be rejected. Therefore it is imperative to run your report and address the issues prior to submission.

Continue to run the report as you address errors to ensure your batches are clean prior to submission.

Forgot how to fix an issue? Use the [SUD Provider Resources](#) for reference materials.

09/25/2015
04:22:57 PM

How To Deal with Answering NEI Fields

Preface

First of all, the Date of First Contact should be documented on the screening by Pioneer and also documented on the SUD Admission form. The admission must also have the top portion completed with regard to timeliness.

Upon determination of eligibility into our system, a SARF is completed and a three-way call is performed, and an appointment is placed on a Provider's calendar. Timeliness is determined by the Priority Population guidelines.

When a consumer presents to Provider, a signed consent is faxed to Pioneer, followed with a phone call to get the file released. The Intake and admission occur.

With the preface above, using the Priority Population guidelines in conjunction with a consumer choice, what makes one an Exception is the following:

- Consumer was offered an appointment within the acceptable time frame and h/she chose to go to a specific Provider that did not have openings within that



News Flashes

time frame. In this case, consumer requested an appointment outside the 7 or 14 days, and therefore should not be counted.

- Consumer was offered an appointment within the acceptable time frame, then called to reschedule due to some reason, therefore should not be counted.

In each of these cases, the Exception = Yes would be marked on the Non-Emergent Intake (NEI) form.

If a consumer is offered a timely appointment and accepts, and through no fault of their own, a Provider must reschedule due to no availability, appropriate counselor is unavailable, then the consumer is NOT an exception and therefore Exception = No on the NEI form. The consumer is counted and marked as untimely, and it is a ding against the Provider.

Once the Intake (First face-to-face contact with consumer), determination of acceptance into the program is made. For the form and SUD, consumer is either Approved and will receive care with this agency or Denied/Referred Elsewhere. IF it is the latter, Provider is responsible for contacting Pioneer to get consumer placed elsewhere. What could make this happen? After an Initial Assessment, it is determined the consumer requires different care the Provider is not contracted for.

Now in some programs, the first face-to-face may be a urine drop, then followed with an intake, or assessment is detox before an intake can occur. At any rate, the measurement is the timeliness from date of first contact to first face-to-face, therefore every effort should be made to address the timeliness.

After the first face-to-face, is the consumer going to receive further care within the agency? Yes/No = Approved for Ongoing. Ongoing services should also be timely. For example a consumer who is in Detox, must receive a following service within three days of a detox discharge. Aftercare/Continuation must occur prior to discharge and all this should be documented on the detox discharge. Let's say a consumer is in detox and has been scheduled with an appointment within the acceptable time frame and can't make the appointment due to breaking an arm, then a reschedule should occur. Now this consumer is an Exception for Ongoing Service due to the mishap and the dates are appropriately documented along with a reason.

If for whatever reason, a consumer is Denied Ongoing services, the reasoning and date must be documented.

If a consumer feels the appropriate course determined for care should be different and wants a second opinion, then this also needs to be documented and the appropriate fields following should be filled out.

If at Intake the consumer is Denied/Referred Elsewhere, besides noting on the NEI and calling Pioneer, the Referred Elsewhere? section needs to be completed.

For appointments placed on a Provider's calendar where a consumer never presents, this will be considered as a No Show and through the system, will be marked as an Exception



News Flashes

- Every appointment on a Provider's calendar must have a completed NEI if receiving care within the Provider Agency.
- Every Detox Admission must be Discharged with the Aftercare/Continuation completed.
- In cases where consumer is scheduled for continuation and does not continue or reschedule care, then this is considered a No Show and therefore Refused further treatment.
- In cases where consumer is going elsewhere for continued treatment, this must also be noted on the Detox Discharge in addition to calling Pioneer for the warm transfer. The discharge reason in this case is Continuing Treatment NOT Completed Treatment.

09/25/2015
04:34:00 PM

ALL

We are seeing your efforts and want to give you a big **THANK YOU** with regard to calendar appointments, level of care forms, and detox discharge documentation.

Please continue to document so we can meet the data submission date and our thresholds. **YOU ROCK!**

09/28/2015
12:04:41 PM

3rd Qtr Detox Discharge Aftercare/Continuation

Folks, we are still behind the eight ball here when it comes to meeting our numbers. Please wrap up the documentation (both, Detox Discharges and LOC change forms) for third quarter **IMMEDIATELY!**

Once this has been accomplished, begin working on all your 4th qtr documentation. We cannot afford to let this slide. In addition, document current cases as you continue moving forward.

4th Qtr NEI

This is a reminder that you all should be documenting your 4th quarter appointments, along with current as you move forward. It is imperative we do so, to eliminate the mad scramble and stress we have been dealing with.

BH-TEDS for SUD changes and guidance that you can expect for 10/1/2015 moving forward will be published soon. Stay tuned...

09/30/2015
03:16:01 PM

ICD-9 goes away tomorrow(10/1/2015)

This is just a reminder that starting at 12:01AM on 10/1/2015, you will no longer see the ICD-9 column in the system when looking at a consumer's diagnosis.



News Flashes

09/30/2015
04:44:51 PM

Attention ALL PROVIDERS

Effective 10/01/2015, BH-TEDS becomes effective!

This means the following:

- SARFS are being replaced with Treatment Referrals.
- ALL pending SARFS (not released) will drop-off, requiring a Treatment Referral replacement.
- Admissions will be referred to as Service Start Records denoted by (A).
- Discharges will be referred to as End Service Records denoted by (D).
- ICD-10 is NOW Mandatory!
- ICD-9 goes away tonight at 11:00pm.
- DSM-IV will still be active.
- Billing prior to 10/1/2015 will still use ICD-9.
- How fields are answered with respect to FY15 admissions and discharges IS DIFFERENT!
- A SUD BH-TEDS Reference document will be posted in [SUD Provider Resources](#) sometime this evening.

Further documentation to follow, stay tuned...

Remember, the system will shut-down tonight at 11:00pm for the update.