Provider Communication Bulletin #7

~~**January 8, 2013**~~

REVISED JANUARY 24, 2013

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Billing by Associate Licensed Professionals: In the past, LME-MCOs were encouraged to assign "local" provider numbers to Therapeutic Foster Care providers and Associate-level Licensed Professionals who previously used the LME-billing number for "pass-through" billing.

DMA will amend Clinical Coverage Policy 8C when the State Plan Amendment is approved to allow direct billing by Associate-Licensed Professionals. LME-MCOs will be required to enroll these providers per the amended State Plan and Policy.

Associate-Licensed Professionals can acquire NPI numbers just as 'fully' licensed professionals can today. Before February 1, 2013 the following provider types must obtain a NPI number in order to bill Partners BHM for Medicaid services:

- Clinicians who are "associates" (formerly known as "provisional") must obtain their own NPI number
- Therapeutic Foster Care providers must obtain their own NPI number

Providers should visit https://nppes.cms.hhs.gov/NPPES/Welcome.do and follow the instructions on the website in order to obtain an NPI number. Providers will apply either as an organization (TFC) or as an individual (Associate/Provisionally Licensed). They should choose the taxonomy that best identifies their type/specialty and then they will receive their NPI number from NPPES in a couple days.

Partners BHM will need:

- A copy of the NPPES letter for entry into the Alpha system (send the copy to the attention of Partners BHM's Network Contract Manager via fax (336-835-2076) or email ccombs@partnersbhm.org)
- A listing of the provisional/associate staff that will provide and bill Medicaid services through Partners BHM. Please send the following to your Provider Specialist:
    - a copy of your NPI notification letter
    - a listing of the provisional/associate staff that includes
        - Provider Agency name
        - Staff member name
        - NPI number
        - Associate license type
        - Associate license number, the issued date and expiration date

- City, County, Phone number for the primary work location
- Staff member Email address
- Email address for person submitting listing

Staff will not be able to submit or bill Medicaid services through Partners BHM until the above information is received and entered into Alpha. If you have further questions, please contact your Provider Specialist. Don't know who your Provider Specialist is? Partners BHM has posted Provider Specialist Assignment lists for both agencies and Licensed Independent Practitioners. The lists can be located on the Partners BHM website under For Providers/Information & Documents/Provider Information.

Check your AlphaMCS Provider Profile! Provider Relations has entered numerous Medicaid contracts in the AlphaMCS system. If your agency contract has been finalized, please take time this week to verify your set up in AlphaMCS. *If the information is not correct, please contact your provider specialist immediately*. Information needs to be confirmed and corrected before the waiver "go-live" date of February 1, 2013.

Medicaid Authorization Requests: The following is the process that providers should utilize for Medicaid Authorizations with a start date of February 1, 2013 or later:

- Authorization requests with a service start date of February 1, 2013 or later should be submitted to Partners BHM. The authorization request needs to be **submitted 10 days prior** to the start date. The provider must be credentialed and have an executed contract with Partners BHM to obtain the service authorization.
- Authorization requests with a service start date of January 31 or earlier need to be submitted to Value Options.
- As of February 1, 2013, Targeted Case Management is no longer a billable Medicaid service and no authorization extending beyond February 1, 2013 will be honored.

If you have questions regarding authorizations, please call Utilization Management at 1-877-864-1454, option 4, option 5. If you have questions regarding your contract with Partners BHM, please contact your provider network specialist.

~~Providers should continue to submit Medicaid Authorization requests to Value Options through January 31, 2013. Effective February 1, 2013, all authorization requests will need to be submitted to Partners BHM through the AlphaMCS system, including authorizations for the Innovations Waiver.~~

~~Providers are reminded that authorizations need to be submitted 10 days prior to the previous authorization end date.~~
~~Examples:~~

- ~~If you have an authorization that ends on January 31, 2013, you need to submit the authorization to Value Options 10 days prior to the end date (submit by January 21, 2013).~~
- ~~An authorization with an end date of February 9, 2013 would need to be submitted to Value Options by January 29, 2013.~~
- ~~An authorization with am end date of February 9, 2013 would need to be submitted to Partners BHM ten days prior, or by January 30.~~

~~If you have any questions, you may contact the Utilization Management Department at 1-866-864-1454.~~

Mecklenburg CAP Utilization Review: Partners BHM will continue the CAP Utilization Review function for consumers with Medicaid eligibility through Mecklenburg until further notice.

Letter to Medicaid Recipients Regarding 1915 (b)/(c) Waiver: The Division of Medical Assistance will mail a letter to Medicaid recipients in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin on approximately January 19, 2013. The letter will inform recipients that Partners Behavioral Health Management will be responsible for authorization and management of Medicaid-funded behavioral health services effective February 1, 2013.

Many of the LME-MCOs who have previously started waiver operations received a higher volume of calls in the weeks after the letter was mailed to enrollees. Partners BHM will have staff on hand to assist callers, and has developed a series of frequently asked questions and answers for providers, Departments of Social Services, and local health departments in case individuals contact the agencies with questions. Partners BHM appreciates the provider network's assistance in communicating information to our consumers. If a consumer has additional questions, please refer the person to Partners BHM at 1-877-864-1454, option 2. Click here to view the FAQs**.**

Provider Quarterly Incident Reports are due by January 10, 2013. These reports are not accepted by fax. Please email the Provider Quarterly Incident Report to Kimberly Miller at kmiller@partnersbhm.org. All Category A and B providers are required to submit a Provider Quarterly Incident Report. The form can be found on the DMH website at http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm.

The Partners BHM Checkwrite Schedule is posted on www.partnersbhm.org. Simply go to the For Providers/Information and Documents page and expand the "Provider Information" section.

Special Medicaid Bulletins were released by the NC Division of Medical Assistance on December 31, 2012 and January 7, 2013. Click on the underlined text below to access the bulletins.

- Behavioral Health CPT© Code Changes for Psychotherapy and Psychodiagnostic Interviewing
- Extension of CAP-I/DD Waiver (Note: This is an update to the October Medicaid Bulletin regarding CAP I/DD services)(Note: This is an update to the October Medicaid Bulletin regarding CAP I/DD services)
- 1915 (b)/(c) Waiver Expansion

CPT Conversion and AlphaMCS: In January 2013, the federal government rolled out new CPT codes for our providers to use that will replace a number of the CPT codes that are currently in use. This is a huge conversation on many levels including the federal level, state and local levels and internally here at Partners. The below statements outline what will take place inside the **AlphaMCS system.**

Authorizations that span across calendar years (December 2012 – January 2013) will be automatically adjusted in the AlphaMCS system from the old codes to the new codes on January 1, 2013. The authorization containing the old CPT codes will be end dated December 31, 2012 and a new authorization containing the new CPT codes will be created for the remaining units beginning January 1, 2013. Providers will not have to change any authorizations. Partners is seeking guidance from the Division on how to crosswalk the codes where there are more than 1 choice available for the crosswalk between the old code and the new one. When this is available, we will send it out.

- SARS that are requested beginning **January 1, 2013, and forward**, will need to utilize the new CPT codes. The old CPT codes will be inactivated in the AlphaMCS system and will not be available.
- AlphaCM will lapse the old CPT codes in the benefit plan effective 12/31/2012.
- AlphaCM will lapse the old CPT codes in the provider contracts effective 12/31/2012.
- AlphaCM will add the new CPT codes in the provider contracts effective 1/1/2013.
- AlphaCM will add the new CPT codes to the benefit plan effective 1/1/2013.

Training Dates: Please continue to check our website calendar for training opportunities. We will continue to offer courses on the Basics in Alpha, Claims – 1500 entry, Claims – UB04 entry, SARS and Enrollments.

January Provider Forums are now occurring and the schedule is noted below. Handouts from the Provider Forums will be available on the website under For Providers/Information & Documents by Friday, January 11, 2013.

- **Morganton:** Thursday, January 10, 2013, 8:30-11:30 AM; Foothills Higher Education Center, Room #HEC163, 2128 South Sterling Street, Morganton, NC. Click here to RSVP.
- **Statesville:** Thursday, January 10, 2013, 1 PM-4 PM; Iredell Agriculture Extension Building, Auditorium 1 & 2, 444 Bristol Drive, Statesville, NC. Click here to RSVP.

The following items were posted in previous issues of Monday Coffee Break and are listed for information:

Partners BHM Receives Approval to Delay Managed Care Operations and Medicaid Waiver Implementation : Partners Behavioral Health Management has received approval from the NC Department of Health and Human Services to delay its implementation of the Medicaid 1915 (b)/(c) waivers and managed care operations by one month. The new start date will be February 1, 2013.

- Intellectual/Developmental Disability Targeted Case Management continues to be a Medicaid billable service and as such will remain available to eligible recipients until the LME/MCO goes live.
- Intellectual/Developmental Disability Targeted Case Management continues to be a Medicaid billable service. It will remain available to eligible recipients until the LME/MCO goes live.

Extension of CAP-MR/DD Waiver: Medicaid Beneficiaries whose Medicaid eligibility is based in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin counties will continue to receive the services that they are currently receiving under the CAP-MR/DD waiver for the month of January, prior to transitioning to Innovations waiver services on February 1, 2013.

The following guidelines describe the timelines and process for the case manager (or Care Coordinator) and beneficiary/family to request continued authorization for the current services.

- If the beneficiary has a current CAP MR/DD plan in effect, the services will continue as outlined in the plan.
- If a Continued Needs Review (yearly CNR renewal) was completed to be in compliance with the transition to the Innovations Waiver and which has an effective date of January 1, 2013 has been approved or is currently being reviewed by the LME-MCO, then the Care Coordinator needs to update the Individual Service Plan (ISP) and budget to show one month of services

under the current 2008 waiver and eleven months of services in compliance with the requirements of the Innovations Waiver.

- The LME-MCO will submit a spreadsheet to the appropriate Utilization Review (UR) Vendor for authorization requests in order to continue the previously authorized services. If the requested services are different from the previously authorized services, then the complete plan packet must be submitted to the UR Vendor for review. A complete packet includes the ISP, Risk Assessment, NC-SNAP, MR-2, CTCM forms and any additional assessments or information. This updated CNR must be submitted to the appropriate UR Vendor by December 21, 2012.

If you have questions regarding this information, please contact the appropriate CAP UR vendor:

- For Burke, Catawba, Cleveland, Gaston, Lincoln: 1-855-728-4227
- For Iredell, Surry, Yadkin: 1-866-375-9213

Utilization Management-Prior Approval Requirement: All providers need to be aware that services require prior approval (*see exceptions* below*). Your request for authorization should be submitted ***prior*** to the start date or the date of the first service.

As of Dec. 15, 2012, Partners BHM Utilization Management (UM) will deny an authorization if the Service Authorization Request (SAR) is received after the start date of services.

Delivery of services prior to an authorization puts you at risk of not being paid for services delivered.

Key Action Steps for successful reimbursement for delivery of services:

- SARs are to be submitted on or before the start date of the service.
- Beginning December 15, 2012, UM will administratively deny any authorization request submitted after the start date of the service.
- Services Exceptions from the above bullet are:
    - *Exceptions would be eight adult and sixteen child unmanaged visits within the benefit plan and those services with pass through authorizations; for example: Mobile Crisis Management, Medication Manage, Evaluation and Management Services, Assessments (one per provider per consumer per year), Facility Based Crisis after seven days, SAIOP after 30 days.*
    - *Other services such as assessment (one per provider per year).*
- For any service with unmanaged visits, providers should indicate how many visits they have delivered when the SAR is submitted and what progress has been made in the *Comments Section of the SAR.*
- All non-CAP or non-INNOVATIONS plans start the day the Qualified Professional (QP) signs it and ends one year later minus one day. Make sure you have a valid plan that covers the entire date range of your authorization request.
    - There should only be one Person Centered Plan (PCP) for each consumer. The PCP needs to include ALL services from ALL providers.

If you have questions regarding this reminder, please contact Partners BHM Utilization Management at 1-877-235-1454, option 4, and then select option 5.

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, www.PartnersBHM.org, and the "Monday Coffee Break" newsletter. If you have any questions regarding this Bulletin, please reference the subject contact, contact your provider specialist, or email questions@partnersbhm.org. All Provider Bulletins and training event information are posted at www.PartnersBHM.org.