



## Provider Communication Bulletin #16 May 1, 2013

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## From Provider Network Management...

**Provider Monitoring:** Beginning in May, our Provider Network staff will begin contacting providers to schedule an on-site visit for our initial **Gold Star** Monitoring visit with your program or agency.

Partners BHM is required to perform the statutory responsibilities of a local management entity as outlined in NC GS § 122C-115.4. To that end, we have procedures for the oversight, monitoring, and evaluation of subcontractors, including our provider network, to ensure accurate reporting and appropriate use of State and Federal funds.

In moving toward standardization, a collaborative effort was utilized across the various DHHS agencies relating to provider monitoring development under the MCO model, while still retaining fidelity to the Gold Star model developed by Cardinal Innovations.

We understand for a number of our new providers that this process is unfamiliar. It is our intention to use this initial visit to establish a baseline and provide technical assistance as needed. However, to comply with URAC's standards for network credentialing [N-CR10 and N-CR16(c)] and for network management [NM-17], URAC requires that we take immediate action to investigate matters that:

1. pose a threat to consumer safety or
2. jeopardize the quality of services provided to consumers including, but not limited to, suspending the status of a participating provider or imposing other appropriate sanctions.

The on-site review will determine the extent to which you are able to meet state standards in terms of compliance with rules, client rights, records management and documentation standards. We will also need to look at whether you have a plan in place to address cultural competency in service delivery.

It will be necessary for you to become familiar with the Gold Star Monitoring process and tools that will be used at the on-site visit. Everything you need to know is located at: <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>. We intend to be mindful of your time and cannot stress enough the importance of you preparing for our visit.

**May Provider Forum:** Partners BHM's May Provider Forum will be held on Tuesday, May 14, 2013 and will start at 1 PM. The forum will be conducted via videoconference from the three regional offices. Please RSVP for the site where you will attend by noon, Monday, May 13.

- Partners BHM—Elkin, 200 Elkin Business Park Dr., Elkin NC 28621. [Click here for Elkin.](#)
- Partners BHM—Gastonia Board Room, 901 S. New Hope Rd., Gastonia NC 28054. [Click here for Gastonia.](#)
- Partners BHM—Hickory Multipurpose Room, 1985 Tate Blvd. SE, Hickory NC 28602. [Click here for Hickory.](#)

**Do you have your current licensure information on file?** It is the Provider's responsibility to ensure that Partners has current licensure on file for all Licensed Clinicians who provide services to Partners BHM consumers. Please send updated clinician licensure as it is renewed to Melena Wilmoth at [mwilmoth@partnersbhm.org](mailto:mwilmoth@partnersbhm.org), or via fax to 336-527-8006. This will ensure that Alpha MCS has all the required and up-to-date data to allow claims to process, thus preventing denials.

## Finance and Claims Information

**Reminder--Standardized Check Write Schedule:** Partners BHM will be following the Standardized NC MCO/DMA Checkwrite Schedule starting with the checkwrite cutoff date of May 14. You can view Partners' Checkwrite schedule by [clicking here](#). The eleven Managed Care Organizations, working with the NC Council of Community Programs, have committed to standardizing and streamlining a number of processes that affect providers. The group's first initiative is developing the standardized checkwrite schedule. This schedule is already used by Cardinal Innovations and will be implemented by all MCOs by the June 25 cutoff date. If you have any questions regarding the change, please email [questions@partnersbhm.org](mailto:questions@partnersbhm.org).

## Utilization Management Information

**Attention Day Treatment Providers:** When a provider enters an initial request for Day Treatment services for a child that is not part of the Exceptional Children's program, the provider needs to attach documentation from the school. The document can be a behavior plan or a statement from the school on the school's letterhead. The document should identify what interventions have been attempted and why the school is recommending day treatment. Request without documentation from the child's school will be returned as "unable to process".

**CPT Code 90785:** CPT Code 90785 is an add-on code for interactive psychotherapy and is allowed for Medicaid. This code is not part of the IPRS Benefit Grid. The information below is from a bulletin by the National Council for Community Behavioral Healthcare on CPT Codes and explains the appropriate use of the 90785 code and the codes where 90785 is allowed as an add-on.

<p>The following psychiatric “primary procedures”:</p> <ul style="list-style-type: none"> <li>• Psychiatric diagnostic evaluation, 90791, 90792</li> <li>• Psychotherapy, 90832, 90834, 90837</li> <li>• Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M</li> <li>• Group psychotherapy, 90853</li> </ul> <p>When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work <i>intensity</i> of the psychotherapy service, and does not change the <i>time</i> for the psychotherapy service.</p>	<p><b>When at least one of the following communication factors is present during the visit:</b></p> <ol style="list-style-type: none"> <li>1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.</li> <li>2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.</li> <li>3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.</li> <li>4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.</li> </ol>
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To access the bulletin and a list of frequently asked questions about CPT codes for psychiatry and psychotherapy services, visit [http://www.thenationalcouncil.org/cs/cpt\\_codes](http://www.thenationalcouncil.org/cs/cpt_codes).

**Benefit Grids:** The Medicaid and IPRS Benefit Grids have been revised as of May 1, 2013 and are available on the Partners BHM Website. Changes are highlighted.

- Medicaid Benefit Grid:  
<http://www.partnersbhm.org/formsandmanuals/Medicaid%20Services%20Benefit%20Grid.pdf>
- IPRS Benefit Grid:  
<http://www.partnersbhm.org/formsandmanuals/IPRS%20Benefit%20Plan%20for%20Partners%20BHM.pdf>

## Partners Wants You to Know...

**Reminder to ACT Teams from the Division of MH/DD/SAS:** Vocational Rehabilitation (VR) has contacted the Division of Mental Health/Developmental Disabilities/Substance Abuse because Assertive Community Treatment teams are referring individuals to VR simply to obtain documentation of ineligibility. Teams should not be referring individuals to VR for “ineligibility letters” or any other documentation in order to be reimbursed for Medicaid. ACT employment services are reimbursable and should be provided primarily by ACT vocational specialists, not VR.

Furthermore, referring individuals to VR for this purpose also creates barriers for an individual considering and engaging in rapid job placement. Teams must utilize their Vocational Specialists to provide employment supports per the TMACT and forthcoming new ACT service definition by utilizing the IPS Supported Employment model (<http://sites.dartmouth.edu/ips/>). If you have questions, please contact Emery Cowan at [emery.cowan@dhhs.nc.gov](mailto:emery.cowan@dhhs.nc.gov).

**Got Questions? Check out our Enrollee Q & A Sessions!** Partners Behavioral Health Management Consumer Relations/Enrollee Education will host “Enrollee Question and Answer” drop in sessions for individuals and families engaged in the Partners BHM care system. This will give the individuals in services an opportunity to ask questions and learn more about Partners and the Medicaid Waiver.

The May sessions will be held:

- May 16, 2013 from 6:00pm until 7:00pm, Partners BHM Gastonia, 901 S. New Hope Road
- May 21, 2013 from 6:00pm until 7:00pm, Partners BHM Hickory, 1985 Tate Blvd. SE
- May 23, 2013 from 6:00pm until 7:00pm, Partners BHM Elkin, 200 Elkin Business Park Dr.

Please let us know if you have consumers that plan to attend one of these sessions. Also, if you have any additional questions about the dates, times, or locations, please contact Tom Gray at 704-884-2519 or by email at [tgray@partnersbhm.org](mailto:tgray@partnersbhm.org). If an individual is unable to attend a session but has questions, simply contact Tom—he is happy to work with individuals to answer questions. [Click here](#) for a flyer that you can use in your agencies.

**Memo to Hospitals and Mobile Crisis Providers regarding Mobile Crisis Teams and the Redesign of the Mobile Crisis Services:** *This memo was distributed to Hospitals and Mobile Crisis Providers on April 25, 2013 from David R. Swann, Chief Clinical Officer and J. Octavio Salazar, Medical Director Of Partners Behavioral Health Management:*

Partners Behavioral Health Management has been meeting with local hospitals and mobile crisis team providers in the eight-county Partners BHM region to develop a strategy to improve clinical efficacy and reduce the number of people that come to the local Emergency Departments for a behavioral health crisis. Your staff and the Mobile Crisis teams have been very helpful to us as we analyzed the utilization of these services and considered the many options to make changes that would produce two outcomes:

1. Reduce the number of behavioral health patients that come to the Emergency Departments for crisis management, and;
2. Increase the number of behavioral health crisis patients that are seen in the community before they arrive in the Emergency Departments, thereby diverting many away from the Emergency Departments.

Partners Behavioral Health Management has developed a comprehensive crisis strategy and strategic plan as a part of this analysis. This crisis strategy and plan is available on our website at [www.partnersbhm.org](http://www.partnersbhm.org). Many solutions are contained in the strategic plan that will work synergistically to help all of us manage patients in crisis more rapidly and with more appropriate care.

Among the many options are maximizing the use of the 44 beds we have in Facility-Based Crisis Centers by diverting patients from the Emergency Departments to these beds. There has been some unused capacity in the three centers and our plan is to improve the response of these crisis services to make them more accessible to persons in crisis. These facilities are located in Shelby, Gastonia, and Statesville. Most of you are already familiar with them and have referred people to these services.

Another change Partners BHM will initiate is deploying Mobile Crisis Teams to the community, in settings where the patients can be seen rapidly, in order to avoid an unnecessary Emergency Department visit. A person in crisis that is in their own home or in another part of our community is at much greater risk than a person that is in crisis but located in the Emergency Department of a local hospital. Our goal is for Partners, and in turn, our mobile crisis providers, to intervene in the crisis event prior to the person presenting at the Emergency Department. Local law enforcement officials who have also been participating in this analysis and the strategic planning of community-based crisis services recently highlighted an example of this for us. When law enforcement is called to assist a person experiencing a crisis in the community, if mobile crisis is available to rapidly respond to the individual (possibly within 30 minutes), then the crisis may be successfully diffused without transporting the person to the Emergency Department. However, if mobile crisis is slower to respond, the quickest way for law enforcement to obtain help for the patient is to take them to the local Emergency Department. The Emergency Departments provide excellent medical care and safety and given the desire to rapidly mitigate the crisis, law enforcement is wise to transport the patient if they cannot rapidly obtain a response at the location they find the patient. Patients who are affiliated with a behavioral health provider have a "first responder" who knows the patient and can assist with the management of a crisis. Emergency Department personnel may contact the Partners BHM Customer Services center 24/7 at 1-888-235-4673 (HOPE) to verify that the patient has a behavioral health provider. Emergency Department personnel may then contact the provider to refer to patient for crisis management.

Our solution is to create an incentive for mobile crisis teams to serve more patients in the community than in the Emergency Departments. Partners BHM will contract with providers for this service beginning July 1, 2013, requiring that these teams prioritize patients who are not in the Emergency Departments in an effort to divert them to more appropriate services when indicated. While Partners BHM will not prohibit mobile crisis teams from responding to patients in Emergency Departments, we will offer financial incentives and outcomes requirements in the provider agency's service contract to administer these services in the community to intervene earlier during a crisis event. We will use existing Emergency Department and mobile crisis data to track the utilization and monitor for the outcomes we all desire. Emergency Departments may notice a reduction in the availability of mobile crisis in their Emergency Departments as a result of this strategy.

Thank you for being a part of the year-long analysis of crisis services and for your support of these changes to improve crisis care for persons with behavioral health disorders.

**Consumer Explanation of Benefit Questionnaires:** Operating as a Managed Care Organization (MCO) has enabled Partners to broaden its efforts to ensure integrity within its Network. As part of our agency's integrity initiative, as well as to comply with Medicaid Requirements, we will be periodically mailing Explanation of Benefits (EOB) Questionnaires to beneficiaries receiving services within our

Network. This questionnaire will assist us in assuring that beneficiaries are aware of services being billed on their behalf and validate several components of program integrity associated with the identified service.

Beneficiaries who receive the EOB Questionnaire will be selected through a random sampling. The questionnaire was developed by the NC Division of Medical Assistance (DMA) and has been standardized across the state for MCO use. The questionnaire identifies services billed on behalf of the beneficiary and requests the beneficiary to answer the following questions:

- Did you receive this (these) service(s) from this provider?
- Did this provider bill you for the service(s)?
- Did you pay this provider for the service(s)?
- Do you have any other Health insurance, besides Medicaid?

Each questionnaire will be accompanied with instructional information on completion and submission of the questionnaire as well as educational information and resources on protection against and reporting of healthcare fraud and financial abuse.

Questions relating to the EOB Questionnaire can be forwarded to [compliance@partnersbhm.org](mailto:compliance@partnersbhm.org) or may be directed to Selenna Moss, Partners BHM Compliance Officer, at 704-842-6383.

## State News

**Communication Bulletin #131:** The Division of Mental Health/Developmental Disabilities/Substance Abuse Services has published Communications Bulletin #131—*Enhanced Mental Health and Substance Abuse Service Policies*. To view the bulletin, [click here](#).

**Western Highlands Network and Smoky Mountain Center Announce Plans:** On April 25, 2013, Western Highlands Network and Smoky Mountain Center announced plans to develop a partnership between the two organizations for overseeing the management of behavioral health and intellectual/developmental disabilities services under the 1915 (b)/(c) Medicaid Waivers for counties in the Western Highlands catchment area. To view Western Highland Network’s press release, [click here](#). To view Smoky Mountain’s release, [click here](#).

*Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, [www.PartnersBHM.org](http://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](mailto:questions@partnersbhm.org). All Provider Bulletins and training event information are posted at [www.PartnersBHM.org](http://www.PartnersBHM.org).*