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## **B-3 Respite Services Agencies Selected**

Partners BHM is pleased to announce that four provider agencies have been selected to provide B3-Respite services through a recent Request for Information (RFI), Autism Society of NC, Easter Seals UCP, Skill Creations and Turning Point Homes will soon provide periodic support and relief to primary caregivers who care for children (ages three to 21) with mental health (MH), substance abuse (SA) diagnoses and/or intellectual/developmental disabilities (I/DD), and for adults with I/DD.

This service enables the primary caregiver(s) to meet or participate in scheduled and unscheduled events away from the service recipient, while ensuring care is delivered by trained staff. Respite may include in and out-of-home services, activities in a variety of community settings, and may include overnight services.

Consumers must be Medicaid eligible to receive this service. The primary caregiver is defined as the person principally responsible for the care and supervision of the service recipient and must maintain his/her primary residence at the same address as the service recipient. Service recipients must live in a non-licensed setting, with non-paid caregiver(s).

Respite services may be provided according to a variety of scenarios. Weekend care, emergency care (family emergency based, not to include crisis respite) or continuous care up to 10 days are appropriate and billable. The Respite provider addresses the health, nutrition and daily living needs of the service

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recipient. The service recipient does not need care that requires nursing oversight as defined by the NC Board of Nursing.

**Referrals can begin January 1, 2014 to the following agencies:**

<i>AGENCY</i>	<i>NAME OF CONTACT</i>	<i>CONTACT PHONE #</i>	<i>CONTACT EMAIL</i>	<i>POPULATIONS SERVED</i>	<i>LOCATION SERVICE AVAILABLE</i>
Autism Society of NC	Kim Jonas	704-894-9678	<a href="mailto:kjonas@autismsociety-nc.org">kjonas@autismsociety-nc.org</a>	-Child IDD w/ Autism Spectrum Disorder -Adult IDD w/ Autism Spectrum Disorder	Gaston, Iredell, Lincoln counties
Easter Seals UCP of NC/VA	Kathleen Hoagland (for Catawba, Burke, Cleveland, Gaston, Iredell, Lincoln counties)	704-871-0934, ext. 8401	<a href="mailto:Kathleen.Hoagland@nc.eastersealsucp.com">Kathleen.Hoagland@nc.eastersealsucp.com</a>	-Child MH, IDD -Adult IDD	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin counties
	Joan Vaughn (for Surry and Yadkin counties)	336-789-9492, ext. 1621	<a href="mailto:Joan.Vaughn@eastersealsucp.com">Joan.Vaughn@eastersealsucp.com</a>		
Skill Creations	Lindy Davis	828-728-9700	<a href="mailto:lindy.davis@skillcreations.com">lindy.davis@skillcreations.com</a>	-Child IDD -Adult IDD	Burke, Catawba counties - now Iredell, Lincoln counties – mid 2014
Turning Point Homes	Tosha Corpening	704-953-6811	<a href="mailto:tcorpening@tpfservices.org">tcorpening@tpfservices.org</a>	-Child MH, SA -Child IDD	Catawba, Gaston, Iredell, Lincoln, Yadkin counties

## Customer Services

**Enrollments:** Intake assessments are to be completed by licensed clinicians. The enrollment information maybe keyed in to Alpha MCS by **any qualified employee**, however, the name entered into the Enrollment form as the person who completed the enrollment should be the name and professional credentials of the licensed clinician who completed the intake assessment and determined the diagnosis.

**Enrollment Requests From Providers:**

1. All Provider Enrollment Requests **must** be submitted to Partners MCO via Alpha MCS within **seven calendar** days of the consumer's first date of service/screening date/assessment date.  
Enrollment Requests:
  - a. Must be complete (page 1 and page 2)
  - b. Must contain an appropriate target pop and diagnosis
  - c. Must contain all Substance Use details when applicable (Diagnosis of Poly Substance Dependence requires 3 groups of drugs (not including caffeine or nicotine).
  - d. Must have a matching screening date, admission date and start date of diagnosis and target pop.
2. If the Enrollment Request is submitted more than seven calendar days after the date of first service/screening/assessment, the date of submission will be considered the effective date of IPRS/State funded health plan.

**Third Party Payers:** Consumers with Private Insurance, Medicare, TriCare, NC Health Choice, etc. are not eligible for Enrollment in the IPRS/State-Funded Health Plan. All Enrollment Requests for consumers with these payer sources will be **denied**.

**Alpha MCS Slot Scheduler:**

1. Providers who offer Customer Services referral slots in the Alpha MCS Slot Scheduler are expected to
  - a) acknowledge all slots
  - b) resolve the status (show, no show etc.) of all referrals made to them by the Customer Services Department in a very timely manner, and whenever possible, at the time of the appointment
2. The Alpha MCS Slot Scheduler has added a status of "Referred back to MCO" for providers to use when the LME/MCO has made an incompatible referral and the consumer must be referred back to the LME/MCO for appropriate scheduling.
3. Providers who offer Customer Services referral slots in the Alpha MCS Slot Scheduler who must reschedule a referral made by Customer Services and need to use one of their own referral slots from the Slot Scheduler are welcome to call Customer Services to assist with rescheduling. **This will allow the original appointment slot to be resolved appropriately as Customer Services will be able to enter a referral status of "Rescheduled" and then offer the consumer a new referral time.**

***Training on the Enrollment process is available to all Providers. Please contact the Partners BHM Help Desk at [HelpDesk@partnersbhm.org](mailto:HelpDesk@partnersbhm.org) or 704-842-6431 to request training.***

## Utilization Management

**Rescind Service Authorization Requests (SARs):** This is an update to the last communication related to this topic. When a SAR contains errors, providers have the option to rescind the SAR, even after they have officially submitted it to Partners BHM. Please note the following about this feature:

- When a provider rescinds a SAR, it will be removed from the Utilization Management queue and the provider will be able to make changes to the SAR.
- After making these changes and resubmitting the SAR, the SAR will show as "submitted" **on the resubmit date**. If the requested service start date is prior to the resubmit date, the request will be considered a retroactive request and *will be administratively denied without appropriate*

*justification for retroactive review.* Requested service start dates must be on or after the date of SAR submission.

- Partners originally stated a provider would have five days to resubmit the SAR and the original requested start date would be honored. *That is not an option as there would be no record of the original submission.* If a provider submits the SAR at least 10 days in advance of the requested start date, it is possible for them to rescind the original SAR, correct and resubmit without having a lapse in the authorization

Please consider these steps when planning SAR submission dates.

**Outpatient Therapy:** This is a reminder to providers that **unmanaged visits**, (eight for adults, 16 for children), are scheduled to start over January 1, 2014. If you submit SARs requesting outpatient codes for January 1, 2014 or later, this will interfere with the unmanaged visits. Authorizations will cancel out unmanaged visits.

**Benefit Grids:** Benefit Grids have been revised and updated on the Partners BHM website. The new grids are effective on January 1, 2014.

## Finance and Claims

MEDICAID TOP 5 DENIALS November 2013	PROVIDER RECOMMENDED ACTION STEPS
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
Claim received after billing period	Write off charges as non-billable. Do not rebill.
Claim submitted before service date	Check Date of Service for accuracy. Refile only if incorrect. Do not bill service prior to service date.
Patient not enrolled on the date of service.	Verify that all patient information is correct on claim. Check the existence of a patient insurance.

## Partners Wants You to Know...

**Information presented at the December Provider Forum** is available on the Partners BHM website on the "For Providers/Information and Documents" page. Simply expand the Provider Forum Information to access the PDF. To view handouts from the December Provider Forum, [click here](#). The information below was distributed by the Provider Network Department.

### **Routine Provider Monitoring**

*NC DHHS Memorandum Dated 11/27/2013 Joint Communication Bulletin – Routine Provider Monitoring*

In response to feedback from the NC Council of Community Programs, LME/MCOs and service providers regarding the current set of local provider monitoring tools, a workgroup comprised of representatives from the LME/MCOs, providers and DHHS has been convened to address inefficiencies in the provider monitoring process and to devise strategies to reduce the stress and administrative burden on the system.

One point of confusion is the term “Gold Star” as it is used to describe both the overall monitoring process as well as the highest level of advanced standing a provider agency can attain. To eliminate this confusion, the term “Gold Star” is no longer used to describe the NC DHHS Provider Monitoring Process.

**Guiding Principles that Undergird the Revision of Routine Provider Monitoring**

The recommendations from this group reflect their assessment of the most important areas of assurance and accountability needed at this phase of monitoring:

- Documentation to support service delivery, billing, and reimbursement
- Qualified personnel providing services
- Fidelity to the service definition
- Evidence of coordination of care
- Coordination among LME/MCOs in planning monitoring activities and centralizing monitoring sites to accommodate providers who contract across more than one LME/MCO
- Reciprocity between LME/MCOs

These principles have informed the streamlining process and guided the workgroup’s recommendations along with the recognition that routine provider monitoring is only one of the several tools, reporting requirements and data points from which the LME/MCO obtains information about a provider’s performance.

**Recommendation for Routine Monitoring of Provider Agencies**

- The LME/MCOs will be responsible for monitoring the unlicensed providers with which they contract and for all services licensed under GS 122C with the exception of residential treatment and opioid treatment which are surveyed by DHSR-MHL on an annual basis. DSS has responsibility for monitoring therapeutic foster care providers under GS 131D.
- LME/MCOs are expected to monitor provider networks using the provider monitoring and post-payment tools that area currently posted on the DMH/DD/SAS website. The workgroup has reviewed the tools and made recommendations to streamline the tools. The streamlined tools will be posted in January.

**Routine Monitoring of Licensed Independent Practitioners (LIPs)**

The Professional Association Council (PAC) has reviewed and provided preliminary feedback on the tools and protocols for monitoring LIPs. A focus group which will be co-chaired by a member of the PAC and a LME/MCO representative is being organized. This group will make recommendations for improving and refining the process for monitoring LIPs.

**Other Important Issues to be Addressed**

There are several areas which need to be resolved over the next few weeks in preparation for statewide rollout of the new routine provider monitoring tools. Those areas that are being addressed prior to rollout include:

- Coordination among LME/MCOs when a provider contracts with multiple LME/MCOs
- Improving and refining the process for monitoring LIPs
- Sampling methodology
- Achieving consensus on standards for meeting the threshold for compliance
- Establishing inter-rater reliability
- Statewide training for monitoring staff

**MCO Communication Bulletin #68**

Date: November 15, 2013

To: LME-MCO CEOs

From: Kathy Nichols, Lead Waiver Program Manager, Contracts Section

Subject: Change in Medicaid County of Eligibility Policy

The Medicaid County of eligibility policy for adopted children changed effective November 1, 2013 and **became the County of Residence** (not the county in which the adoption occurred nor the county from which adoption assistance is received).

*Please note: this change did not happen automatically on November 1, 2013, but will be initiated either during the redetermination review or at the adoptive parent(s) request. This change will not interfere with any adoption assistance that the adoptive family may receive.*

**Attention: Outpatient Behavioral Health Service Providers - Physician Assistants/Associate-Level Licensed Providers: Extension of 'Incident-to' Billing**

Physician Assistants may choose to directly enroll as Medicaid providers. (See the *August 2013 Medicaid Bulletin* titled "[Physician Assistants/Associate-Level Licensed Providers: Taxonomy Codes.](#)")

Physician Assistants may also continue billing "incident-to" a physician until July 1, 2014 (See the *October 2008 Medicaid Bulletin* article titled "[Modification in Supervision when Practicing 'Incident-to' a Physician.](#)")

Associate-Level licensed providers delivering outpatient behavioral health services under Medicaid and State Funds can continue bill through their Local Management Entity/Managed Care Organization (LME/MCO) until July 1, 2014.

To use this option, the LME/MCO must be willing to allow the Associate-Level licensed provider to use the LME/MCO's National Provider Identifier (NPI) number to process these claims. Associate-Level licensed providers may also continue to bill "Incident to" a supervising physician until July 1, 2014, as stated in Clinical Coverage Policy 8C. Division of Medical Assistance (DMA) and Division of Mental Health/Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) are working collaboratively on policies and procedures to support direct enrollment of Associate-Level licensed professionals and will publish guidance when this process is completed. DMA is also working to ensure that all Physician Assistants will be able to directly enroll and bill for services.

**Behavioral Health Policy Section**

**DMA, 919-855-4290**

**Attention: Enhanced Behavioral Health (Community Intervention Service) Providers**

**Buprenorphine in Opioid Treatment Programs**

N.C. Division of Medical Assistance (DMA) reimburses licensed Opioid Treatment Programs (OTPs) to dose medication to treat opioid dependence. Historically, outpatient OTPs have used methadone to treat opioid dependence in those aged 18 and over. Clinical Coverage Policy 8A ([www.ncdhhs.gov/dma/mp/8A.pdf](http://www.ncdhhs.gov/dma/mp/8A.pdf)) states that OTPs can use methadone or other drug approved by the Food and Drug Administration (FDA) for the treatment of opiate addiction, in conjunction with the provision of rehabilitation and medical services. Later in this same policy, DMA specifically notes that buprenorphine can be used. However, under the "Service Type" section, it states "Methadone maintenance is the only opioid treatment for opiate addiction disorders that is Medicaid or N.C. Health Choice (NCHC) billable." This article clarifies that the DMA Outpatient Opioid Treatment policy allows

OTPs to bill for Medicaid reimbursement for dispensing methadone, buprenorphine (e.g., Suboxone or Subutex), or any medication approved by the FDA for the treatment of opiate addiction using the H0020 code.

*Note: Medicaid and NCHC reimbursement has always been for the dosing event and not for the medication.*

**Behavioral Health Policy Section**

**DMA, 919-855-4290**

<http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/1213bulletin.pdf>

**Reminder regarding Certificate of Insurance Requirements**

Renewed Certificates of Insurance should be sent to Partners BHM annually as they are produced, with Partners listed as a certificate holder and as additional insured as noted in your contract. Please ensure these are sent to:

Medicaid – Jan Whitaker – [jwhitaker@partnersbhm.org](mailto:jwhitaker@partnersbhm.org)

State funded – Melena Wilmoth – [mwilmoth@partnersbhm.org](mailto:mwilmoth@partnersbhm.org)

Partners BHM must maintain current proof of insurance for all contracted providers. As policies renew, please make certain your agent has forwarded COI's of your General Liability, Professional Liability, and Auto Liability and Workers Comp as applicable to the Contract Coordinators as noted. In the event we do not receive and maintain current certificates, reimbursement may be withheld and contracts shall be terminated.

**Provider Alerts:** Partners BHM issued three Provider Alerts during the month of December. The alerts are available on the Partners BHM home page in the *News & Announcements* section. If you would like to receive Provider Alerts, please visit the Partners BHM website, click on Register at the top of the webpage, and subscribe or change your subscription options to include either "All Partners BHM Communications" or "Information for Providers."

**ATTENTION Category A, B, and D providers:** The **Quarterly Level I Incident Report** is due to Partners BHM on January 10, 2014 for the second quarter (October, November, and December of 2013). This report includes all Level I incidents EXCEPT "Innovations Failure to Provide Backup Staff" reports. (Innovations Backup reports must be reported daily or as soon as identified and faxed to the Quality Management staff at Partners BHM within 72 hours of occurrence.)

Innovations Level I Backup incidents are NOT to be reported on the QM11 report due January 10. The link for the quarterly report form, QM11, is on the NC Incident Response Improvement System (IRIS) page of the NC MH/DD/SAS website

at: <http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm>. This is a contract requirement for all agencies except inpatient hospitals. Out of state providers may fax the report (and Level II and III incidents) to 704-884-2620.

Please remember to complete one report per site your agency operates. If you report incidents as "Other," please include a summary on page 2 so we will have the areas to include in the analysis.

You may email this report to [irisquarterlyreport@partnersbhm.org](mailto:irisquarterlyreport@partnersbhm.org). Please feel free to ask questions as you submit these reports. Our Consumer Rights Officers are Kim Miller and Michelle Harris. They will receive and review your reports as well as respond to your email questions.



**January Provider Forum:** The next Partners BHM Provider Forum will be held on Tuesday, January 14 beginning at 1 p.m., via videoconference to all three regional offices (Elkin, Gastonia, Hickory). To learn more or to RSVP, please [click here](#).

**Website Updates:** The following items have been posted or updated on the Partners BHM Website. All files can be located at <http://www.partnersbhm.org/providers/provider-forms.aspx#>. The category is noted beside the file name.

- Medicaid Services Benefit Grid (Medicaid Plan Information)
- IPRS Benefit Plan for Partners BHM (IPRS Information)
- Out of Network Hospital Consumer Specific Agreement (Information for Hospitals)
- 2014 Standardized NC LME-MCO Checkwrite Schedule (Provider Information)
- 2014 Vendor and Non-Claims Checkwrite Schedule (Provider Information)
- Partners Vendor Electronic Funds Transfer Form (Provider Information)

## Partners-Sponsored Trainings

**All Partners Training Academy opportunities are posted on the Calendar at <http://www.partnersbhm.org/calendar/>. Training participants are asked to please arrive at least 10 minutes prior to the start of the training to allow for check in.**

**NC SNAP Examiner Certification:** NC-SNAP certification is available to professional Developmental Disability staff responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities. The next training will be on January 8, 2014 from 1-4 p.m. at Dorothea Dix Hospital, Raleigh, NC. Contact Christy Dowell at [cdowell@partnersbhm.org](mailto:cdowell@partnersbhm.org) to register for this training opportunity.

**Crisis Response, Crisis Intervention Therapy:** Partners BHM is offering this FREE training to providers via videoconference at all three Partners regional offices. This training will be held January 15, 2014 from 9 a.m.-12 p.m. To register for this training, please [click here](#).

Upon completion, participants should be aware of the following:

1. Core Elements of Crisis Planning: Understanding which Crisis Plan to develop (short form or Comprehensive Crisis Plan) and how to make it most useful for the consumer and others involved in their recovery
2. Increase understanding and awareness of crisis services and the full continuum of supports available locally
3. Update on Mobile Crisis, Facility-Based Crisis, Crisis Intervention Training and Walk In Clinics
4. Review of First Responder benefits, expectations and contractual requirements
5. Risk assessment strategies and tools
6. Learn basics of crisis debriefing and how to learn from crisis episodes

**MARK YOUR CALENDARS! Cognitive Behavioral Therapy Training:** Cognitive Behavioral Therapy training is being offered to Partners BHM contracted providers by the NC Council of Community Programs on January 21, 22 & 23, 2014. Training will be held at Partners BHM-Gastonia Auditorium, 901 S. New Hope Rd., Gastonia. *This training is limited to 35 registrants and only two staff per agency will be permitted to attend.* You must be able to attend all three days of training to participate. More information and registration details will be available in the January 6 issue of *Monday Coffee Break*.