



Provider Bulletin #3

July 16, 2012

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Network Enrollment Applications: Partners Behavioral Health Management has removed Enrollment Applications from our website. We are in the process of finalizing a contract with a Credentialing Verification Organization (CVO). Partners BHM will repost the applications on our website by the end of July. We will notify providers via email, a mailing, and via www.PartnersBHM.org when the applications are available

Trying to contact Partners BHM? Partners BHM has implemented the use of an automated phone attendant for the former administrative phone numbers and the toll-free administrative number (1-877-864-1454). Options are:

- Option 1-Person Seeking Services, routes to Customer Services/Access to Care Call Center.
- Option 2 Persons Seeking Information (for community and consumers), routes to Consumer Relations.
- Option 3- Person wishing to Express Concerns, routes to Concern and Complaints
- **Option 4-Providers with Questions, routes to additional options for Providers, such as Network Specialists, Enrollment, Billing, IT Help Desk, and Utilization Management.**
- Option 5—Dial an Extension or Locate employee using Staff Directory
- Zero-Reach the Operator

Providers are encouraged to use the “Who To Contact” listing available at <http://www.partnersbhm.org/providers/provider-forms.aspx>. The listing references specific topics related to clinical and business operations. This listing was updated on July 7, 2012.

Authorization Requests: Partners BHM has received many calls from providers in reference to authorization requests. Authorizations are being processed in the order that they were submitted and as quickly as possible. We are trying to stay within the 14 day turn-around time and have additional staff working to process authorizations.

- If a provider has submitted an authorization and has not received an approval from Utilization Management, you may go ahead and submit your claims. Payment will be processed for all clean claims in reference to Prompt Pay Guidelines.
- Partners BHM will extend the authorization period to July 30, 2012 for IPRS Service Authorization Requests to assist providers as they transition to the Alpha MCS system.

- Partners BHM will not deny an authorization due to a technical problem with Alpha MCS. Providers are strongly encouraged to ensure that all SARs are entered correctly and with the required supporting documentation.
- Providers are able to receive notification by email from Alpha MCS when plans are approved, not approved, or sent for Peer Review.

Please contact the Helpdesk at 1-877-864-1454, option 4, option 6 *if you are unable to successfully submit a request*. Please review to make sure that your documents are complete, current, that the services being requested are on the plan, and that you have submitted rather than saved the request.

If you have further questions or submitted an incomplete authorization, please call 1-877-864-1454, option 4, option 5. We appreciate your patience during this transition.

Calls to Access to Care by persons with Private Insurance: At this time, individuals with private insurance (Blue Cross Blue Shield, Aetna, etc) that contact the Access to Care call center will be referred to the member services contact on the back of their insurance card to obtain information about their behavioral health coverage.

Calls to Access to Care by persons with Medicare: Individuals with Medicare coverage that contact Partners BHM Access to Care to obtain services will be evaluated and Partners BHM will identify the LME's role in regard to the individual's care plan on a case specific basis. We anticipate that medical leadership will participate in reviewing these cases for consistency and appropriateness.

Information about Provider Scheduling in Alpha MCS: Any provider wanting direct referrals is required to enter referral slots in the Alpha MCS slot scheduler.

- Providers will be required to document the parameters of each referral slot they enter into the slot scheduler (example: Adult or child or A/CH, MH or SA or MH/SA, IPRS or MEDICAID or IPRS/MEDICAID, OR MEDICARE ONLY or MEDICARE/MEDICAID). This will enable Access to Care to fill the slots appropriately
- If a provider enters "blocks" of appointments, the provider must record, in the description, how many consumers may be scheduled during that "block of time" and at what intervals.
- Providers will receive email notification of all changes to their scheduler from Access to Care. At that time, they will be able to search Alpha MCS for the consumer and have access to the consumer enrollment and clinical referral information.
- Providers will acknowledge all referrals through Alpha MCS.
- Providers will resolve all referral slots (show, no show etc.)
- If the referral is a new enrollee and the enrollment is handed over to the provider for completion, the provider will complete their portion of the enrollment and submit it to the MCO so the enrollment can be reviewed and approved by Customer Services, and the provider can bill for services.
- All enrollments completed by a provider **MUST** be
 - Filled out in entirety, to include admission date (date of enrollment)
 - Completed by a Licensed Clinician or a Certified Substance Abuse Counselor AND the clinician's credentials must be documented by their name in the enrollment.

Mobile Crisis Scheduling: Mobile Crisis providers are asked to enter referral slots in the Slot Scheduler for availability to assist individuals needing Mobile Crisis services. The process is as follows:

- Mobile Crisis Provider enters referral slots in Slot Scheduler to identify availability to individuals needing the service. (This can be done through scheduling a "block" appointment spanning 24 hours.)
- Access will notify Mobile Crisis by phone that they have a referral.
- Mobile Crisis may access the scheduler for call details.

- After the referral is made, the Mobile Crisis provider will be able to obtain consumer information through Alpha MCS.

If you have any questions, please contact the Help Desk at 704-864-6431- or Diane Morrison at 336-527-8014.

State Funded (IPRS) Sliding Fee Scale: All providers contracted with Partners BHM for State Funded (IPRS) services need to be aware of the requirement *to utilize a standard sliding fee scale* for all patients. The sliding fee requirement is effective July 1, 2012 with a full transition date of Sept. 1, 2012, to give providers, consumers and families adequate time to identify any fee changes. The sliding fee scale is based upon income and family size and has two different scales—a percentage scale and a monthly co-pay scale. The income scale is based upon the 2012 Federal Poverty Guidelines. There are four documents to utilize when determining the sliding fee for a patient:

- The “State Funded (IPRS) Sliding Fee Schedule” outlines the income levels and dependents associated with those levels.
- “How to Determine Income and Dependents” resource tool.
- “State Funded (IPRS) Services Scales” identifying which scale (monthly or percentage based) applies.
- “Tips for Sliding Fee Calculations and Collections”.

(All documents are available at www.partnersbhm.org/providers/provider-forms.aspx)

Providers are required to enter the income/dependent information into Alpha MCS during the enrollment process. *Providers are required to deduct the first party fee that is due from the patient/responsible party from the claim when it is submitted to Partners BHM, regardless of whether it has been collected or not.* This information is also found in the Provider Manual under the section “Getting Paid-Claims.”

This process will be monitored through a claims quality review process beginning Sept. 1, 2012. Providers should be aware that there may be a recoupment/payback of any first party fees found to be not deducted from billing submissions. There will be additional information regarding these reviews prior to September 2012.

NCTOPPS: Providers must complete an Initial NC TOPPS Interview with the consumer in an in-person interview at the beginning of an episode of care. The Initial Interview should be completed during the first or second treatment visit as part of the development of the consumer’s treatment plan.

When a consumer leaves a provider agency, the responsibilities of the provider agency depends on whether the consumer is continuing services at a new provider agency, or no longer continuing in services that require NC-TOPPS submissions.

If the consumer is continuing services at a new provider agency, the new Qualified Professional must contact the consumer’s LME-MCO and fax the “Authorization for Use, Disclosure, and Exchange of Protected Health Information” for NCTOPPS to 828-615-1240. This form is available on the Partners BHM website at www.partnersbhm.org/providers/provider-forms.aspx. If you have specific NC TOPPS questions, please contact Janet Noblett at 704-884-2596 or email jnoblett@partnersbhm.org.

New Compliance Program: Partners BHM’s Regulatory Compliance Department has launched a new compliance program to meet the challenges of constant change, increasing complexity, and the need for continuous improvement that is required regarding regulatory compliance of state and federal laws.

Partners BHM is committed to implementing a system that will assess and prioritize present and emerging compliance by broadening the lines of communication with providers, stakeholders, and consumers about

efforts to ensure compliance, efficiency, accountability, and the prevention of fraud, waste, and abuse. Reporting is a mechanism to protect consumers and maintain service delivery integrity. All are encouraged to report suspected fraud, waste or abuse, or non-compliance issues. To do so, you may **contact our AlertLine Number at 866-806-8777** or submit reports online at <https://partnersbhm.alertline.com>, available in both English and Spanish. (Please note: The compliance phone numbers used previously by Crossroads Behavioral Healthcare and Pathways are no longer in service.)

Partners BHM's regulatory compliance program, "Together, Making Compliance Simple", will foster a culture that places the responsibility on individuals for their actions and motivate everyone. We have teamed up with Global Compliance to provide us with appropriate tools and educational information that is critical to a successful compliance program. This program represents the biggest opportunity for positive influence throughout the network. If you have questions about our program, please contact Teresa Shirley at 704-842-6325 or tshirley@partnersbhm.org.

Level I Incident Reports: Fourth quarter Level I incident reports were due on July 10, 2012. Providers should send the reports to the same contact used prior to July 1, 2012. Notification of new staff contacts will be made at the end of August. If you have questions, please email Kim Maguire at kmaguire@partnersbhm.org.

Alpha MCS Updates: A page dedicated to Alpha MCS has been added to the Partners BHM website. You can access this page at <http://www.partnersbhm.org/providers/alphamcs.aspx>. The page includes the Alpha MCS Provider Manual and on-demand training videos. Online trainings have also been scheduled for the week of July 17th. To register for trainings, please visit our online calendar at <http://www.partnersbhm.org/calendar/>.

Partners BHM Provider Manual Update: The Partners BHM Provider Manual has been revised and can be accessed on www.partnersbhm.org via the "For Providers-Forms and Manuals" page.

Partners Behavioral Health Management will communicate Provider Information through its website, www.PartnersBHM.org, through Provider Bulletins, and through Monday Coffee Break. If you have any questions regarding this Bulletin, please reference the subject contact or email questions@partnersbhm.org. All Provider Bulletins and training event information will be posted at www.PartnersBHM.org.