



Provider Communication Bulletin #23 September 27, 2013

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Request for Information (RFI)--B3 Respite

Partners Behavioral Health Management has issued a Request for Information (RFI) to solicit applications from currently contracted providers for Individual and/or Group Respite services. You can access the RFI at www.partnersbhm.org.

Finance and Claims

Electronic Billing: Providers who submit electronic billing, (i.e. 837s) to Partners need to check their billing specifications and ensure that there is a “P” in the ISA15 segment. “P” is for production files. Some providers are still using a “T” to denote testing files and Alpha has continued to process the files. **Effective Tuesday, October 1**, Alpha will reject any files using a “T” in this segment. Please make this change if applicable to your agency so that claims continue to be paid.

IPRS/State-Funded Claims Cutoff Dates: Providers are reminded that the timely filing period for IPRS/State-Funded Claims being submitted to Partners Behavioral Health Management for dates of services July 1, 2012 through June 30, 2013 has ended. If you have questions, contact Partners' Claims Department at claims_department@partnersbhm.org or call 1-877-864-1454, option 4, option 3, option 1 or by dialing 704-842-6486.

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.

Utilization Management

State and Federal IPRS Funding: State and Federal IPRS funds are the payment of **last resort**. **All other payer sources**, including Medicaid, Medicare, and insurance benefits must be used prior to requesting enrollment and/or authorization of services from the State and Federal IPRS benefit plan from the LME/MCO. Providers may be reimbursed only for those specific services included in their contracts.

IPRS funds are not to cover the gap between what other insurances pay and your normal billable rate for the same service. They are used to cover services, which are medically necessary, that are not covered by other insurance.

Please see your contract for language related to “Provider Certification of no other insurance.” The contract outlines the provider’s responsibility in checking for third party payers when requesting IPRS enrollment/funds.

If an individual has a payer source, then providers should not request his/her enrollment into IPRS. Providers are expected to monitor alternative funding sources. At any point after enrollment and service delivery, if another payer source is found to have been in effect for those dates of service, Partners will end date the enrollment and recoup all IPRS funds paid for those services.

Partners BHM is required to monitor provider organizations to assure that they are in compliance with contract requirements to manage consumer third-party liability. This is especially necessary with the opening of the new insurance exchanges and mandatory participation by previously uninsured consumers.

Indigent/Three-Way Contract Process: On the day of admission, the three-way contracted hospital will alert Partners BHM of the consumer’s admission by calling Partners BHM’s Customer Services Department at 1-888-235-4673.

The facilities will still have “initial authorization without review” for the number of days noted below before authorization is required. The authorization will be automatically generated by AlphaMCS for this period.

The process for prior authorization is outlined below.

- Three-way contracted hospitals can provide seven day stays for mental health patients and four days for substance use patients before a prior authorization is required.
- Authorization requests after the initial authorization without review days are utilized should be submitted electronically through AlphaMCS.
- For **SA patients**, hospitals will need to bill and request any days past the original four using code **YP821SA**.
- **MH** code to use is still **YP821** for any days past the seven allowed.
- If a facility needs training on the Alpha MCS system, a request may be faxed using the Inpatient Admission form (for an interim period of time.) It is expected that all facilities will begin using the Alpha MCS system for requesting authorization for all fund sources. To schedule AlphaMCS training, please call the Partners BHM Help Desk at 704-842-6431.

For any days required past these limits, an authorization review will need to be conducted with Partners BHM Utilization Management. *The request must be made prior* to the end of the seven- or four-day period. This can be done by entering the request into Alpha MCS.

Hospitals are encouraged to obtain AlphaMCS training, but until the training is completed and log in provided, hospitals can complete and fax the "Inpatient Review Continued Stay" form on the Partners web site at www.partnersbhm.org (located on the *For Providers* page, *select Information and Documents*, and expand the *Information for Hospitals* category.)

Continued stay requests submitted after the four- or seven-day initial authorization without review period will not be retroactively approved.

Hospital staff with questions can contact Partners Utilization Management staff assigned specifically to hospital inpatient care at **1-877-864-1454**, extension **2039**, or directly dialing **704-842-6434**.

Partners Wants You to Know...

Quarterly Level I Incident Reports Due October 10: Category A, B, and D providers are reminded that Quarterly Level I Incident Reports are due to Partners BHM on October 10, 2013 for the first quarter of the fiscal year (July, August and September of 2013.) *This report includes all Level I incidents EXCEPT Innovations Back up staff reports. Innovations back up reports must be reported daily or as soon as identified and faxed to the Partners BHM Quality Management staff at 704-884-2712 within 72 hours of occurrence.*

Innovations Level I back up incidents are NOT to be reported on the QM11 report due July 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>.

You may email the Quarterly Report to Partners BHM at irisquarterlyreport@partnersbhm.org. Please feel free to ask questions when submitting these reports. Consumer Rights Officers receiving and reviewing reports, as well as responding to questions are Kim Miller and Michelle Harris.

Health Insurance Exchanges Open on Tuesday, October 1: Did you know that in just four easy steps individuals without health care coverage could be on the way to getting quality, affordable coverage through the Health Insurance Marketplace? Individuals without coverage can **apply for health coverage, compare plans side-by-side, and enroll in a plan** on October 1 by visiting www.HealthCare.gov. **Questions?** Call 1-800-318-2596, 24 hours a day, 7 days a week. TTY users should call 1-855-889-4325.

October Provider Forum: The next Provider Forum will be held on October 10, 2013 at each of the Partners BHM regional offices (Elkin, Gastonia, and Hickory.) Providers can RSVP by [clicking here](#).

Information presented at the September 10, 2013 Provider Forum:

Alpha Training: Based on the decreasing attendance at the on-line Alpha provider trainings, after September, the Provider training will be on an as-needed basis, and will be scheduled when requested. To request training, please contact the Partners BHM Help Desk at helpdesk@partnersbhm.org or call 704-842-6231.

Provider Medical Records Requirements: In Partners' Division of Medical Assistance (DMA) executed contract, Section 8.1 requires Partners BHM to ensure (as a requirement) that providers transfer original medical records to the LME/MCO in the event the provider closes its North Carolina business operations whether the closure is due to retirement, bankruptcy, relocation to another state or any other reason. Please contact Wendy Powers, Medical Records Manager for Partners BHM at wpowers@partnersbhm.org with questions and make sure to work with your assigned Provider Network Specialist.

Clarification Regarding Therapeutic Leave for Group Living State Dollar Services referenced in Provider Communication Bulletin #20 on July 23, 2013:

Therapeutic Leave for Group Living:

- For adult group living (YP7760, YP770 and YP780) Partners BHM will allow providers to bill up to 30 days a year for therapeutic leave
- The 30 days *follows the consumer* and is based on a rolling 12 month calendar
- Therapeutic leave does not require an authorization. Providers should bill for therapeutic leave by using the codes listed above with the addition of a modifier **TL**
- Therapeutic leave must be listed on the treatment plan as a goal

Group Living Low/Moderate/High is an IPRS service for adult consumers who live in licensed .5600 group homes. This service is an add-on to the Special Assistance the program already receives through DSS for the room and board of each consumer. The Special Assistance funding allows 60 days of therapeutic leave per year for each consumer. The provider should NOT limit therapeutic leave to 30 days based on the IPRS limit we have imposed for the group living service.

The group living service definition says the following: *Allowance will be made for individual client's Therapeutic Leave in accordance with funding requirements, and must be documented in the client record.*

It is important for Providers to understand that not all consumers who reside in .5600 licensed group homes also receive group living low/moderate/high services. Additionally, not all providers of .5600 services have IPRS funding to support their consumers. The Provider Council gave input into the amount of Therapeutic Leave identified for approval.

Consumers with MAFGN Medicaid Clarification: This Medicaid is full Medicaid for Legal Aliens. This is not covered under the Medicaid (b) Waiver. If a provider agrees to serve a consumer in this category, authorizations and billing should be directed to:

Peter Bernardini, DMA

Fax number: 919-715-9451; email: peter.bernardini@dhhs.nc.gov.

Mr. Bernadini reviews the information submitted for Medical Necessity and enters the Prior Authorization into NCTracks for payment. Providers should either mail or fax the information to include NPI#, service requested, number of units, and clinical data.

Gold Star Monitoring Updates: Partners BHM continues to move forward with Gold Star Monitoring. Provider Network continues to monitor Licensed Independent Practitioners and Agencies as part of our implementation. While Partners has received flexibility with the completion of initial monitoring

timeframes, we continue to review providers with the initial review. As of August 28, 2013, we have completed 24 agency reviews and 66 Licensed Independent Practitioner reviews.

In addition, during the month of August, Partners BHM completed Targeted/Focused Reviews on Day Treatment Service Providers. Eight providers were reviewed.

DMA Provider Survey: THANK YOU for your participation in the survey. Partners BHM had a 56% response rate for the survey.

Provider Survey Response Rate

	# Surveyed	# Responded
Agencies	316	173
LIP	188	116
Hospitals	21	8
Total	525	297

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
- State Funded – Melena Wilmoth – 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 Certificates of Insurance for your General Liability, Professional Liability, Auto Liability and Workers Compensation policies (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.

Updates regarding HB 543

HB 543 was signed into law on July 10, 2013. This allows for certain individuals to serve as a guardian for a ward to whom they provide MH/DD/SA services. [Click here](#) for the exact wording of this bill and additional information.

Partners-Sponsored Trainings

Community Event! “The Tipping Point in Massive Violence”: Partners BHM is hosting a community event, “The Tipping Point in Massive Violence,” that focuses on the questions we ask ourselves when such acts occur. Whenever a massive violent act occurs, society always asks how the act could happen, and how it could have been prevented.

During this community event, Dr. Octavio Salazar, MD, Partners BHM’s Medical Director will:

- discuss what leads an individual or youth to commit a massive violent act
- correct misunderstandings about the ideology of the individual carrying out the act
- reference early intervention and mental health practices that can help individuals
- identify skills to use when working with youth that display harmful intent to others

The event will also include a panel of community members to discuss collaborative efforts to decrease the chance of violence in local areas.

The event will be held on Thursday, October 3, 2013 - 4:00 PM - 6:00 PM at Catawba Valley Community College, **Main Campus, 2550 Hwy. 70 SE, Hickory, NC 28602 (venue change)**. Partners BHM welcomes all members of the community that work with youth throughout the Partners BHM region to this event. To register for this event, [click here](#). If you have questions regarding the event, email jnoble@partnersbhm.org.

ACTT Service Definition Training: Partners BHM will host “The New ACTT Service: Delivering Better Care through an Evidenced-Based Practice”. This training will be held on October 17, 2013 from 9 a.m.-11:30 a.m. Training will be held at all three Partners BHM regional offices. The speakers will present in Gastonia and video conferencing to Hickory and Elkin. This training is targeted to Providers who deliver Assertive Community Treatment Team (ACTT) services. The goals of the training are to share information about the new ACTT service definition and how to work with Partners BHM to ensure quality based care. To register, [click here](#).

Critical Case Conference: Partners BHM will host its next Critical Case Conference on October 17, 2013 from 12 p.m.-1:30 p.m., at Partners BHM Auditorium, 901 S. New Hope Road, Gastonia & Via Video Conference in Elkin and Hickory. The event will focus on a case presentation by J. Octavio Salazar, MD, medical director for Partners BHM. Participants are welcome to bring a bag lunch; drinks will be provided. To register, [click here](#).

State News

Communication Bulletin #139 was posted to the Division of Mental Health/Developmental Disabilities/Substance Abuse Services web site on Sept. 23, 2013. The bulletin references person-centered crisis prevention and intervention plans. All providers are encouraged to review this communication. You can access the bulleting by visiting <http://www.ncdhhs.gov/mhddsas/communicationbulletins/index.htm>

Public Comment Period—8A-1, Assertive Community Treatment (ACT) Program: The Division of Medical Assistance posted *Proposed Policy 8A-1, Assertive Community Treatment (ACT) Program* for public comment. The information is the same as in the new service definition released August 1, 2013, but in a different format. The comment period end date is October 6, 2013. To read the proposed policy or submit comments, visit <http://www.ncdhhs.gov/dma/mpproposed/>.

Important Information from NCTracks:

From Sept. 25 Communication:

FluMist issue now corrected: An issue was identified regarding submission of claims for FluMist. When a medical claim contained a quadrivalent vaccine (FluMist or Fluarix), the entire claim was denied. This issue has now been resolved. Providers whose quadrivalent vaccine claims were previously denied can now resubmit to NCTracks.

NPI Update from NPPES Is Now Weekly: Good news - NCTracks is now receiving a weekly update file from NPPES, instead of a monthly file. This will help expedite new provider enrollment. The first weekly update file was deployed yesterday. This file contains new NPIs all the way up to 9/22/2013.

Follow-Up re: Document Viewer Opening When Viewing Remittance Advice (RA): As reported in a previous communication, a system issue caused some provider RAs to be duplicated last week, which means there are two RA files attached to a single message in the Provider Portal Inbox. The issue has been resolved, and the duplicate RAs will be removed shortly.

In the meantime, affected providers will find that the Document Viewer application is invoked when there is more than one file per message or link in the Provider Portal Inbox. If the Document Viewer is invoked and you receive a security message, it is okay to click "Yes" or "OK" to the message. A Document Viewer Guide, which outlines the guidelines for use of the viewer, has been posted to the [Provider User Guides and Training page](#) of the Provider Portal.

From Sept. 20 Communication:

FAQs Updated: Updates were made to the list of Frequently Asked Questions (FAQs) this week, particularly to the topic of Provider Enrollment. For answers to questions like:

- *What is the difference between the re-credentialing/re-verification, on-going verification and maintain eligibility processes?*
- *Why am I being prompted to complete re-verification when I have already paid my re-verification fee within the past three years?*

See the [Provider Enrollment FAQs](#) on the [NCTracks Provider Portal](#).

Prior Approval for Synagis

If you are seeking information about prior approval of Synagis for the 2013-2014 season, please go to www.documentforsafety.org. CSC does not process prior approval requests for Synagis and cannot provide information about the procedure or the status of a request. Forms faxed to CSC requesting coverage of Synagis will not be processed. You may contact 'documentforsafety' provider support at 855-272-6576 for further assistance.

PAs for Synagis can be accepted by 'documentforsafety' starting October 15. October 29 is the beginning service date for claims submitted to NCTracks.

Expansion of Issues List: The Issues List posted on the Provider Portal is being expanded to include a broader range of issues, some of which are specific to certain provider types. Check back regularly for updates. A link to the latest version of the Issues List can be found on the [NCTracks Status Page](#).