

IN THIS BULLETIN:

Email Encryption Effective November 1
NC Innovations Technical Guide Changes
Business Associate Agreement
Customer Services

- Enrollments Completed by Partners BHM's Customer Services Department
- Enrollment Requests Submitted by the Provider
- Update Requests
- AlphaMCS Slot Scheduler
- Consumers With Medicare

Utilization Management

- Denied Claims
- Service Authorization Request Denials
- IPRS Community Support Team and IPRS Intensive In-Home
- IPRS Adult Day Vocational Program, IPRS Day Activity and IPRS Sheltered Workshop
- IPRS Day Treatment
- IPRS Adult Housing (Residential)
- Assertive Community Treatment Team
- Person Centered Plans
- LOCUS/CALOCUS

Finance and Claims

- The Top 6 Reasons for Claims Denials—October 6-12, 2013

Partners Wants You to Know

- Information presented at the October 8, 2013 Provider Forum
- Web Updates

Partners-Sponsored Training

- November Provider Forum
- Enrollee Education Sessions
- NC TOPPS 101 Training
- NC TOPPS Super User Training
- Mental Health/Substance Abuse-Adult Service Definition Training
- The DSM-5 Transition-Training for Mental Health Professionals
- Effective Person Centered Planning Documentation

Email Encryption Effective November 1

Effective Thursday, November 1, 2013, all emails sent from Partners BHM will be encrypted. Providers who have not used the ZixMail encryption client OR have not set up an account through Partners BHM's portal need to do so by November 1. Training will be held for providers, stakeholders and others to assist those who have not established a ZixMail account. (Please note—this will not affect emails sent to Partners BHM Constant Contact subscribers.)

A Provider Alert will be sent and information posted on the Partners BHM website (under "News and Announcements") as soon as possible detailing training opportunities.

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.

NC Innovations Technical Guide Changes

The Division of Medical Assistance has posted a PDF outlining important changes to the NC Innovations Technical Guide. The document is located at <http://www.ncdhhs.gov/dma/lme/Innovations.html>.

Topics include:

- Registry of Unmet Needs
- One Waiver Service per Month
- Relative and Legal Guardian
- Assistive Technology Equipment and Supplies
- Community Guide
- Community Networking
- Crisis Services
- Day Supports
- Home Modifications
- In-Home Intensive Supports
- Respite
- Supportive Employment
- Specialized Consultative Services
- Vehicle Modification

Revised Business Associate Addendum

This information was sent as a Provider Alert on Monday, October 21.

Due to the HIPAA Omnibus Rule (published January 25, 2013) that became effective March 26, 2013, **Partners BHM is required to have updated Business Associate Agreements with all contracted providers.** The Division of Medical Assistance has provided an approved Business Associate Addendum. The Business Associate Addendum update is required for both Medicaid and state-funded contract providers. [Click here for the Business Associate Agreement.](#)

An authorized individual from each contracted provider will need to:

- 1) Complete page 1 of the linked form
- 2) Print the form
- 3) Sign and date page 4 of the form
- 4) **Return the completed form with an original signature no later than Wednesday, November 6** by mail or in person to: Partners BHM Contract Department, 200 Elkin Business Park Drive, Elkin, NC 28621.

PLEASE NOTE: * *Partners BHM cannot accept the Business Associate Addendum in an electronic form. Only original forms with original signatures will be accepted.*

Thank you for your immediate attention and response to this matter. Should you have questions, please call 1-877-864-1454, choose 4, then 2.

Customer Services

The processes referenced in this section are EFFECTIVE IMMEDIATELY.

Enrollments Completed by Partners BHM's Customer Services Department:

- All enrollments completed by Partners BHM's Customer Services Department will be approved by the Customer Services Department. Page 2 of the enrollment will document:
 - A 799.9 deferred diagnosis and
 - An AMI, ASTER, ADSN or CDSN target pop.
- When the provider sees and assesses the consumer enrolled/ referred by Partners BHM, the provider must submit an update request in order to change the diagnosis and/or target pop (if required) for treatment and/or billing purposes.

Enrollment Requests Submitted by the Provider: **PLEASE NOTE: Consumers with Private Insurance, Medicare, TriCare, NC Health Choice, etc. are not eligible for Enrollment in the IPRS/State-Funded Health Plan.** Provider requests for consumers with other payer sources to be enrolled in IPRS/State-Funded Health Plan will be denied. As noted in Provider Communication Bulletin #23, providers are expected to monitor alternative funding sources.

- ALL Enrollment Requests completed by providers and submitted in AlphaMCS MUST be submitted to the Customer Services Department within **SEVEN CALENDAR DAYS** of assessing and enrolling the consumer. **NO EXCEPTIONS**
- Provider Requests for IPRS enrollment may not be back dated to cover dates of service when the consumer was not officially enrolled because the provider did not submit the enrollment within seven calendar days.
- If the Enrollment Request is submitted to Partners BHM via AlphaMCS after seven calendar days of the SCREENING/ADMISSION date, the ENROLLMENT SUBMISSION DATE will be considered the EFFECTIVE DATE of IPRS/State-Funded coverage. **NO EXCEPTIONS**
- Providers may not back date the ADMISSION DATE on a Request for Enrollment to IPRS to cover dates of service after a consumer becomes ineligible for Medicaid coverage and before the consumer was appropriately enrolled in an IPRS/State-Funded Health Plan.
- The SCREENING DATE and the ADMISSION DATE of the Provider Enrollment Request should match and should be the date the provider completed the comprehensive clinical assessment (screening) and admitted the consumer.
- DO NOT remove/delete any comments or notes entered in the Enrollment Request by Partners BHM when the Request is returned to the provider for additions or corrections.

Update Requests:

- **Provider Update Requests submitted for consumers who have a payer source other than IPRS or Medicaid B will be denied, unless the consumer is receiving an IPRS service that was previously approved by the Partners BHM Utilization Management Department.**
- When submitting an update request for a change of name and/or Social Security Number, providers are responsible for making sure that the name and/or SS# on the update request matches the consumer's Social Security Card prior to requesting an update of a consumer's name in AlphaMCS. The provider should notify Partners BHM via a note in the Update Request

when they have completed this verification process. Otherwise, Partners will return the Update Request for verification.

- When submitting an Update Request for a change in the consumer's Date of Birth, providers are responsible for verifying that the DOB requested on the Update Request matches the DOB on a valid NC ID, Driver's License or Birth Certificate. The provider should notify Partners BHM via a note in the Update Request when they have completed this verification process. Otherwise, Partners will return the Update Request for verification.

AlphaMCS Slot Scheduler:

- Providers are to resolve all referrals made by Partners BHM through the ALPHA slot scheduler by:
 - Acknowledging the referral, **and**
 - Entering the status of every appointment scheduled through Slot Scheduler as soon the status is known.
- If a provider wants Customer Services to inform the consumer of any information pertinent to a referral slot/appointment, then the provider must enter that information in the "description" section of the referral slot. Customer Services staff will be able to see and share the information when they are scheduling a consumer.

Consumers With Medicare: There are very few providers offering Medicare services in Partners BHM's network. Partners BHM only manages services for Medicaid enrollees and indigent consumers who have no funding source. For several months, we have been exploring the most effective way to help consumers with Medicare to obtain needed services.

At this time, Partners will not be able to enroll and/or schedule and/or refer individuals who have Medicare as their primary insurer for behavioral health services. However, Partners BHM's Customer Services Department will assist consumers with Medicare, by

1. Linking them telephonically, when possible, to a provider in our network, **or**
2. Offering the consumer a list of providers that accept Medicare so they can call and make their own appointment, **or**
3. Instructing the consumer to contact the telephone number on the back of the Medicare card.
4. Continuing to assess/triage all callers with Medicare or private insurance for emergent needs. If an emergency exists, Partners will assist the emergent consumer with a referral to Mobile Crisis, EMS/911 dispatch or direct the consumer to a local emergency provider.

For an up-to-date list of Medicare providers, please contact the Centers for Medicare and Medicaid Services (CMS) at 1-800-633-4227 or go to <http://www.medicare.gov/physiciancompare/search.html>. If you have any questions or need further assistance with this matter, please email Diane Morrison at dmorrison@partnersbhm.org

Utilization Management

Denied Claims: Please do not submit your claims until you verify an approval of your request is in AlphaMCS. Some providers have received denials for claims with the reason “no authorization”. Research has shown most of these claims have an authorization. It is possible that providers are billing prior to the authorization being entered in AlphaMCS. In these situations, providers spend time resubmitting claims and Partners BHM staff spends time researching the denial. This can be time consuming and costly for everyone. Please make the effort to confirm this information before submitting a claim.

Service Authorization Request Denials: Once a “denial” is issued (not a SAR returned as “Unable to Process”) Utilization Management staff cannot make changes, corrections or answer questions regarding additional information needed for further consideration or review. Once the provider is notified of the denial, the provider can call the Partners BHM Appeals Unit and request a Peer-to-Peer conversation with the doctor who issued the denial. This request must be made within five business days from the date of notification.

Consumers and/or guardians do have appeal rights, and these rights are outlined in the notification of decision letter. The consumer and/or guardian must initiate an appeal; providers cannot request a formal appeal on behalf of the consumer.

IPRS Community Support Team and IPRS Intensive In-Home: As a reminder, the benefit limits on the IPRS benefit grid for CST and IIH are hard limits. IPRS funds are not an entitlement, nor does EPSDT apply. Requests that exceed the benefit plan will be returned to the provider with no appeal rights. If a request is denied for clinical reasons, appeal rights will be outlined on the notification letter sent to the consumer. CST is limited to six months. IIH is limited to four months.

IPRS Adult Day Vocational Program, IPRS Day Activity and IPRS Sheltered Workshop: Effective Monday October 28, 2013, **no new admissions** will be allowed for these three services until further notice.

IPRS Day Treatment: Effective November 1, 2013, IPRS authorizations for Day Treatment will have a **hard limit of three hours a day for a four-month period**. Day Treatment providers should also be aware that going forward, any consumer with third party payer (private insurance, NC Health Choice, etc.) will not be enrolled in the IPRS/State-Funded Health Plan. Partners BHM will reinstate its practice of not authorizing or reimbursing Day Treatment during the summer months (June, July and August).

IPRS Adult Housing (Residential): There will be a freeze on new admissions for this service starting November 15, 2013.

Assertive Community Treatment Team: All SARs for ACTT will be reviewed for medical necessity and authorized or denied accordingly. This includes requests for ACTT for consumers within the DOJ/TCL initiative. There are no automatic approvals for ACTT.

Person Centered Plans: Signature pages for initial requests, adding new services or just an update should be attached to the PCP when submitting a request for authorization. If signature pages are uploaded into AlphaMCS separately from the PCP, Partners BHM Utilization Management staff may not be able process the request.

LOCUS/CALOCUS: When adding the LOCUS/CALOCUS score to the SAR, please make sure the proper scoring tool was utilized. The Benefit Grid serves as a guide for scores that might be acceptable for a particular level of care. A LOCUS/CALOCUS score alone does not determine medical necessity. UM staff may contact a provider and request the scoring sheet that was used. This information, along with other clinical documentation, is used to make a determination for approval or denial.

Finance and Claims

Medicaid Top 6 Denials—October 6-12, 2013: Beginning with this Bulletin, Partners BHM’s Claims Department will offer information relating to the top reasons for claims denials.

MEDICAID TOP 6 DENIALS	PROVIDER RECOMMENDED ACTION STEPS
Claim received after billable period	Write off charges as non-billable. Do not rebill.
Clinician not licensed to provide the service	Check claim for accuracy and if no errors exist, claim cannot be billed. No action needed. If billed in error, correct and refile claim.
Invalid Rendering NPI	Verify that rendering NPI is correct on claim and is valid NPI for the service billed. Contact Provider Network to update, and then refile.
No rates available	Rate not established in rate schedule.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
Service not in contract	Review your contract with your Provider Network Specialist prior to refiling claim.

Partners Wants You to Know...

Information presented at the October 8, 2013 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.

Web Updates: The following forms have been updated on the Partners BHM website.

- Items below are located on the “For Providers/Information and Documents” page, in the “Provider Information” category:
 - [Residential Vacancies Listing-Initial Submission Form](#)
 - [Residential Vacancies Listing--Weekly, Monthly, Quarterly Submission Form](#)

Partners-Sponsored Trainings

November Provider Forum: Partners BHM will host Provider Forums via videoconference on Tuesday, November 12. The forum will begin at 1 p.m. [Click here](#) for more details and to RSVP.

November Enrollee Education: Are you, or a loved one, receiving care through Partners BHM's care network? Have questions about what to expect and or trying to figure out how the pieces all fit together? If so, take part in an Enrollee Educations Session to get your questions answered and learn more about your role in your treatment! The next session will be held November 21 from 6 p.m.-7 p.m., Partners BHM-Elkin, 200 Elkin Business Parkway Dr., Elkin, NC 28621. Please call Tom Gray at 704-884-2519 or email tgray@partnersbhm.org if you plan to attend a session. If you have any additional questions about the dates, times, or locations, please contact Tom Gray either by email or phone. If you are unable to attend, Tom encourages anyone interested in learning more about his or her care to contact him to meet at a different time.

NC TOPPS 101 Training: The next NC TOPPS trainings will be held Wednesday, November 6, 2013. Two sessions will be held: one from 9:30 a.m.-11:30 a.m.; and another from 1:30 p.m.-3:30 p.m. Both sessions will be held in the Partners BHM Training Room, 901 S. New Hope Rd., Gastonia NC 28054. This training will be an overview of the NC TOPPS System. This training is strongly recommended for all new agency staff, however all staff are welcome to attend. Space is limited to 12 staff, as it will be "hands on" to help you navigate the NC TOPPS. Email Sheila Wall at swall@partnersbhm.org to register for this training and indicate the class you would like to attend.

NC TOPPS Super User Training: The next NC TOPPS Super User Trainings will held on Thursday, November 7, 2013. Two sessions will be held—one from 9:30 a.m.-11:30 a.m. and another from 1:30 p.m. -3:30 p.m. Both sessions will be held in the Partners BHM Training Room, 901 S. New Hope Rd., Gastonia NC 28054. This training will be an overview of the NC TOPPS System for the agency Super User. Space is limited to 12 staff per class, as it will be "hands on" to help you navigate and understand the role of the NC TOPPS Super User. Only agency NC TOPPS Super Users need to attend this training. Email Sheila Wall at swall@partnersbhm.org to register for this training and please indicate the training class you would like to attend.

Mental Health/Substance Abuse-Adult Service Definition Training: Partners BHM is sponsoring Mental Health/Substance Abuse-Adult Service Definition training on Tuesday, November 5, 2013 from 1 p.m.-4 p.m. by Partners BHM staff via videoconference at Partners BHM's regional offices. There is no cost to attend this training. Adult Mental Health and Substance Abuse providers are strongly encouraged to attend this training to gain an understanding of the service definitions. To register for this event, [click here](#). If you have any questions regarding this training, please contact Janet Noblett at 704-884-2596 or by email at jnoblett@partnersbhm.org.

The DSM-5 Transition--Training for Mental Health Professionals: Partners BHM will host DSM-5 training on Thursday November 21, 2013 from 9am-4pm. Look for registration information in the November 4 issue of Monday Coffee Break. Training will be live from Gastonia with via conferencing to Elkin and Hickory.

Effective Person Centered Planning Documentation: Partners BHM will host Effective PCP Document Training in November. Three sessions will be held:

- Wednesday, November 20; 9 a.m.-4:30 p.m. at Partners BHM-Gastonia. For details and registration, [click here](#).
- Tuesday, November 26, 9 a.m.-4:30 p.m. at Partners BHM-Hickory. For details and registration, [click here](#).
- Monday December 2, 9am-4:30 pm at Partners BHM-Elkin. For details and registration, [click here](#).

**Partners Behavioral Health Management
Provider Communication Bulletin #24
October 25, 2013**

The goal of this training is to teach attendees to write Person Centered Plans that demonstrate medical necessity and document service effectiveness. The training will be presented by Evelyn McGill, MA, LPC, LCAS, CSI, who is credentialed by the Learning Community as a Person Centered Thinking instructor. Providers are strongly encouraged to attend this training.