Provider Communication Bulletin #20
July 23, 2013

IN THIS BULLETIN:

IRIS Unavailable on July 30

IRIS will be unavailable on Tuesday, July 30, 2013 in order for the application to be moved to another server. The Division of Mental Health/Developmental Disabilities/Substance Abuse Services requests that all providers enter IRIS information prior to that date. IRIS will be available on July 31, 2013. Providers must still submit all incident reports within the 72 hour timeframe. If necessary to meet submission timeframes, providers may submit a paper report, which is available on the DMH/DD/SAS website at http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm. Providers will still be responsible for entering this information into IRIS as soon as IRIS is available. If necessary to meet the timeframe, providers may fax the report to their LME/MCO and if a Level III, providers may fax to 919-733-4962. Providers should still verbally contact the LME/MCO and DMH/DD/SAS Customer Service at 919-715-3197 if there is a Level III incident in which the report is likely be reported in the media or result in a danger to or concern to the community, during this time.

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.

Provider Alerts

Partners issued two Provider Alerts since the last Provider Communication Bulletin #19. They are posted below in their entirety:

***July 11, 2013*-- Replacement RAs**
The last RAs generated in the AlphaMCS system were incomplete. **New replacement RAs** have been generated and are now available to all providers who received funds last week. We apologize for the inconvenience.

***July 18, 2013*--Important Communication to Providers regarding NPI Taxonomy Codes and Claims**
It has come to Partners BHM's attention that code 113 Denials are occurring in AlphaMCS as a result of the new July 1, 2013 NPI Taxonomy code requirement.

Partners is aware of two reasons why denials may occur:

- First, a provider may be entering an incorrect Rendering Provider Taxonomy Code on the claim line level for a clinician-based service when submitting a CMS 1500 claim form through the portal.
- Second, the 837 electronic claim file is sent with an incorrect Rendering Provider Taxonomy code for a clinician-based service.

Taxonomy Codes are license-specific, and if a Generic Taxonomy code 251x has been entered or if the Taxonomy does not match the license of the clinician that provided the service, the claim will receive a 113 Denial. These denials will not be able to be re-adjudicated in Alpha MCS and these claims will need to be rebilled with the correct Taxonomy Code.

Partners BHM is requesting that Providers submit Taxonomy codes by SERVICE site name and site address, WHICH THEY WILL BE USED WHEN SUBMITTING A CLAIM. Partners BHM will enter this information into each Provider Profile to allow the claims to process without being denied for this reason. If you have multiple sites, please send a report or spreadsheet listing the Taxonomy code(s), linked NPIs and applicable sites that the codes relate to. This will allow Partners to quickly correct the current claims processing issue. For Agencies, please make sure you include all of billing clinician taxonomy codes as well.

Please submit this information to Melena Wilmoth at mwilmoth@partnersbhm.org as soon as possible. If you have further questions, please send them to questions@partnersbhm.org. Thank you for your attention to this important matter.

Changes in Mental Health/Substance Abuse Care Coordination

Partners BHM has implemented the following temporary changes in the MH/SA Care Coordination reporting structure:

- Jeffrey Sanders will serve as the MH/SA Care Coordinator supervising care coordination activities in Burke, Lincoln, Cleveland, and Gaston Counties.
- David Crosby will serve as the MH/SA Care Coordinator supervising care coordination activities in Catawba, Iredell, Surry, and Yadkin Counties; the ADATC Liaison, and CCNC Liaison.
- Liza Go-Harris will be supervising the jail liaisons for all eight counties, in addition to staff focused on the Transitions to Community Living initiative.

If you have any questions, please contact Allison Gosda, MH/SA Clinical Director at agosda@partnersbhm.org.

Perception of Care Surveys

Partners BHM would like to thank ALL PROVIDERS who completed Perception of Care Surveys with individuals receiving services. Thanks to you, we exceeded our quota and submitted over 500 surveys to the Division of Medical Assistance. We look forward to seeing the feedback from our consumers!

Provider Network Management

NC Tracks:

- Providers should be enrolled in NCTracks and use the NCTracks Provider Portal to verify their information.
- Taxonomy Codes for NCTracks are different from the taxonomy codes used in the past.
- NCTracks taxonomy codes were chosen by State clinical, enrollment and rate staff to align with NC DHHS policies.
- Providers need to be aware even if they have submitted taxonomy codes on claims in the past, those taxonomy codes may not align with what is designated by the State for use in the NCTracks system.
- Providers and Clinicians billing Partners BHM need to go in NCTracks and view the taxonomy codes assigned to their Agency/LIPs and ensure all billing is in alignment with the current taxonomy codes as listed for their Agency, Individual Practice, rendering physicians or licensed staff.
- All claims must have the appropriate Taxonomy Code for the Provider based on the service rendered and location as well as the rendering or attending staff's Taxonomy Code (if applicable) to enable timely claims processing and to ensure claims are approved.
- The Website to confirm taxonomy codes and locations NCTracks has on file for providers is: http://ncmmis.ncdhhs.gov/taxonomy.asp
- Use these taxonomy codes for the billing and rendering providers on your claims.
- These taxonomy codes are connected to provider records, benefit plans, procedure codes, fee schedules, and claim adjudication rules.

Here is a review of resources for providers:

- *The NCTracks Call Center at 1-800-688-6696 remains the single best source of registering concerns and requesting help.* Calls to DHHS employees are discouraged because most are unable to provide help with NCTracks.
- NCTracks website - Announcements, FAQs, etc. - https://www.nctracks.nc.gov/content/public/providers.html
- Training - provider visit request, CBTs, Seminars - https://www.nctracks.nc.gov/content/public/providers/provider-training.html
- Communication - NCTracks Newsletters, Fact Sheets, Tool Kits - https://www.nctracks.nc.gov/content/public/providers/provider-communications.html
- Policies, Manuals, Guidelines - https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html
- DMA website - http://www.ncdhhs.gov/dma/provider/index.htm
- Contacts for providers - http://www.ncdhhs.gov/dma/provider/provcontacts.htm

2013-2014 IPRS/State-Funded Service Contracts: Many providers have already received their 2013-2014 IPRS Contracts. Partners BHM has been sending out the Provider contracts electronically. In the electronic communication, a PDF version of the contract was included.
Providers are asked to:

- Print two copies of the contract and review the contract(s)
- Sign and **return both copies** of the contract(s), along with a current signed W-9 form to Terri Morton, Finance Program Assistant, Partners BHM, 901 S. New Hope Road, Gastonia, NC 28054.
- Once Partners receives the signed contracts, the contracts will be signed by Partners. These signatures will make the contract final.
- An original fully executed contract will be mailed to the Provider for its records.

IPRS/State Funded Contracts involving UCR services: Beginning July 1, IPRS/State Funded Contracts involving UCR services will be managed by the Partners BHM Utilization Management Dept. in the same manner as Medicaid based on medical necessity. These contracts will not have a dollar amount listed. Partners BHM will perform quarterly reviews and reserves the right to adjust authorizations according to utilization and funding availability. If you receive Non-UCR funding from grants or other sources the dollar amount will be listed in your contract and you must submit invoices as you have historically done. It is important to remember billing for services MUST be submitted within 90 days of date of service. Claims submitted after 90 days will be DENIED. If you have questions, please contact your Provider Network Specialist, who will be able to help you with questions you may have.

Focus on Intensive In Home Services: As mentioned at the July Provider Forum, Partners BHM will begin looking at the delivery of Intensive In Home Services across our Provider Network. We are using our Utilization Data to as a baseline to begin monitoring the use of this service. Partners BHM feels that this is a valuable service for providers to deliver to consumers and families and want to ensure that providers are paying attention to several areas:

- That the service is delivered in accordance to the service definition intent and requirements
- That consumers are truly at risk of out of home placement and that other lesser services have been attempted prior to Intensive In Home Services.
- That a comprehensive clinical assessment is driving the treatment planning for all consumers
- That you, the provider, are operating appropriately constituted intensive in home teams with team leads who have a focused commitment to the intensive in home service as required in the service definition.

Partners BHM looks forward to our continued work with the Provider Network to ensure that consumers receive the appropriate level of care that results in positive outcomes and good stewardship of public funds.

Gold Star Monitoring: Partners BHM is in the process of implementing Gold Star Monitoring throughout the eight-county Catchment Area. Monitoring has begun with a focus on Licensed Independent Practitioners; however, LIPs must have a minimum of 10 paid claims in order for Partners BHM to proceed with monitoring. Due to this factor, Provider Network is also including Gold Star Monitoring of Agencies as well. Please note that Providers will be notified in advance of the monitoring visit. Please contact your provider specialist with any questions you may have.

Partners Provider Council Meeting: The Partners BHM Provider Council will host Courtney Cantrell, PhD, DMA Behavioral Health Policy Manager, and Dave Richard, Director of the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, at the next Council meeting on July 26, 2013. The meeting will begin at 9:30 AM at Partners BHM- Hickory, (Multipurpose Room), 1985 Tate Blvd. SE, Hickory NC 28602. Ms. Cantrell and Mr. Richard will discuss the vision for Medicaid reform and be available to answer questions and hear concerns about the current DMA and MH/DD/SAS systems.

August Provider Forum: Partners BHM's August Provider Forum will be held on Tuesday, August 13, 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, August 12. Click here to learn more or to register.

Customer Services

Customer Services has been receiving requests from providers through emails and phone calls to make changes in consumer records and to expedite enrollment and update requests that providers have submitted into Alpha. Providers are reminded that all changes in consumer records must come via an update request submitted through Alpha MCS. All enrollment and update requests will be handled in the order submitted.

Utilization Management

Outpatient Unmanaged Visits: Unmanaged visits *follow the consumer,* not the provider. Adult consumers are allowed eight "unmanaged visits per calendar year, while children (under age 21) are allowed 16 "unmanaged visits" per calendar year. Each provider should exercise caution to ensure that other providers have not used any or all of a consumer's unmanaged visits.

Partners BHM is seeing denied claims for "no authorization". When the issue is investigated, most cases identify that all the unmanaged visits have been used. For example, if one provider uses five visits for 90832 and 12 visits 90843 codes, the unmanaged visits would have been used for this child and one visits/units would need an authorization. This is usually because the consumer has/or is seeing more than one provider. Partners BHM will not provide retro authorization requests due to services being billed past the unmanaged visits.

Below is a list of outpatient codes and what is identified as "unmanaged."
Just for clarification **"Unmanaged visits" refers only to the eight for adults and 16 for children.**

Assessment/Intake Codes: 90791; 90791GT; 90792; 90792GT;	**90791, 90792** are limited to 4visits per year per for Medicaid 2 per year for IPRS consumer without prior authorization; they **do not** count against the unmanaged visits
H0001; H0031	**H-codes** are available for Associate licensed professionals 4uinits for H-code equals 1 visit or 1hour, they can have 4 of these before needing an authorization. **They do not count against the unmanaged**
Additional assessment codes: T1023; T1223GT;	These **T codes for Assessment are limited to 2 visits** annually per consumer. **Does not count against unmanaged**
99201; 99201GT; 99202; 99202GT; 99203; 99203GT;	

99204; 99204GT; 99205; 99205GT;	**99xxx codes do** not require an authorization (MD, NP only) Max of 22 visits. **Does not count against unmanaged**
Medication Management Codes: 99211; 99211GT; 99212; 99212GT; 99213; 99213GT 99214; 99214GT; 99215; 99215GT	E/M Medication codes are limited to 22 events per year for adults; children haves unlimited benefits. These codes do not require authorization **and do not count against the unmanaged**
Outpatient Individual Therapy Codes (CPT &H): 90832;90832GT;90834; 90834GT; 90837; H0004; 90845 90839 crisis, Add on for Crisis first 30 minute and additional 30 minutes- 90840; 90833; 90833GT; ; 90836; ; 90838 add on for E&M codes	All of these **codes do count against the 8/16 unmanaged** visits and authorization is required after that. **Do not count as unmanaged.** Can only be used 2 times a year maximum **Do not count as unmanaged.** Have to bill at same time the matching E&M code (99XXX) code is billed. Cannot be billed independently
Family Therapy Codes (CPT & H): 90846; 90847; H0004HR; H0004HS	**These codes do count** against the 8/16 **unmanaged visits**
Group Therapy Codes (CPT & H): 90849; 90853; 90857; H0004HQ; H0005	Group **does not count** against the 8/16 unmanaged. Can have 26 visits before needing an authorization
Psychological Testing: 96101; 96110; 96111; 96116; 96118; 96125	One episode of testing per year with exception of 96110 which may occur monthly Limit of 5 hours for all other codes ;except 8 hour limit for 96118, each unit equals one hour **They do count** against Unmanaged

Outpatient Treatment Plans: Outpatient treatment plans are valid for one year. Each year, a new plan has to be developed with new signatures of clinician and consumer/guardian. It is expected that providers will update goals from the previous plan. Treatment Plans submitted with no updates to old goals may be returned and additional clinical information required before an authorization can be issued.

Medicare/Medicaid: Dual Coverage: When a consumer has Medicare as primary and Medicaid as secondary fund source, no authorization will be required for the Medicaid claim to pay. The provider should bill Medicare. Once Medicare pays, the provider can bill Partners for the portion covered by Medicaid.

Intensive in Home Services: When Partners BHM Utilization Management Department receives an authorization request, the points/questions below will be used as part of the decision making process. All of these questions are related to medical necessity found in DMA's Clinical Coverage Policy 8A (click here to access the policy.) As a provider prepares the documentation being submitted with a SAR for Intensive In Home (IIH), it might be helpful to ensure all the questions below have been answered

Initial requests:

- Is the diagnosis supported in documentation, including documentation of duration, frequency, severity of symptoms?
- Is there documentation that demonstrates that Outpatient Therapy was considered?
- Does the documentation reflect the rationale of why Outpatient Therapy was not tried before referring to IIH?
- Untreated Attention deficit hyperactivity disorder (ADHD) or Oppositional defiant disorder(ODD), without use of other evidence based practices, is not a justification for IIH.
- Is there a history of documented symptoms that required a need for crisis interventions? This can include the use of Mobile Crisis Management, inpatient stays, law enforcement involvement, etc.

- Is the evidence of medical necessity in the assessment carried over to the Person Centered Plan in a consistent manner with the diagnosis?
- Is the out of home risk associated with the child's behaviors or because of possible involvement of DSS related to parental/guardian issues?

Concurrent requests:

- Is progress noted on updated PCP? Is there clear justification for new goals?
- Is the documentation adequate enough to demonstrate some progress and how continuation of the service will be effective?
- Does the documentation reflect service delivery by the team versus one individual staff?
- How often does the team lead meet with the family?
- Are the majority of services belong delivered inside the home?
- Are the parent(s)/guardian actively participating in the treatment process?
- Have Child and Family Team meetings occurred and the recommendations from the team documented?
- What is the estimated discharge date, and has the discharge plan been developed?

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.

Partners Wants You to Know…

Critical Case Conference: Partners BHM will host its next Critical Case Conference on July 24, 2013 from 12 PM-1:30 PM. It will be conducted by videoconference from Partners BHM's Elkin, Gastonia and Hickory locations. 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 RSVP, click here.

Attention: NC TOPPS Users and Super Users: As of July 15, 2013, Shelia Wall, QM Data Analyst will serve as the PartnersBHM NC TOPPS contact. Providers can contact Sheila at swall@partnersbhm.org or by phone at 704-884-2560.

At-Risk Children: What you need to know about Out of Home Placement, Intensive In-Home Services, Therapeutic Foster Care, Level II and III Group Homes: Partners BHM is hosting "*At-Risk Children: What you need to know about Out of Home Placement, Intensive In-Home Services, Therapeutic Foster Care, Level II and III Group Homes*." Three sessions of this training will be held to accommodate providers in various parts of the Partners BHM catchment. This training will be held:

- Partners BHM-Elkin on August 20 from 1:00-4:30 PM
- Partners BHM-Hickory on August 21 from 8:30 AM-12 PM
- Partners BHM-Gastonia on August 21 from 1:30 PM- 5:00 PM.

Registration is required. Please click on the location to register for the preferred session.

AlphaMCS Limiting Document Size: Effective August 1, Alpha MCS will limit the size of documents uploaded into Alpha to three megabytes (MB) per document. This is a decrease from the current size limits. This will not be an issue for the majority of providers. If you are trying to upload a document larger than 3 MB, you will need to separate it into smaller documents. If you have any questions, please contact the HelpDesk at helpdesk@partnersbhm.org or call 704-842-6431.

AlphaMCS Training: Partners BHM continues to host AlphaMCS online training on a monthly basis. Course offered are:

- *Alpha Basics:* This class includes training on how to switch between multiple MCO systems that are using AlphaMCS; how to search for a patient; how to move tiles around within the system; how to turn on or off notification settings; and the Provider Portal Download Queue.
- *Claims:* This class includes all the information you will need to know to submit on-line claims billings through the Provider Portal. Our claims experts will cover denials and reports that are available to you in AlphaMCS Provider Portal.
- *Enrollments:* This class provides training to staff who will be completing enrollments in AlphaMCS and using the scheduler tool.
- *Service Authorization Requests (SAR):* This class provides training to staff on how to enter service authorization request through the AlphaMCS system. Also included in this class are documentation requirements for the different types of SARS submitted.

Visit http://www.partnersbhm.org/calendar to view training times and register (click on the calendar event to access registration link). Registration is required. Groups may use one registration to view the training on the same computer. Registrants will receive a link to join the webinar and a telephone number to call in and listen to the presentation. If you register for a training and do not get a confirmation email within 24 hours of registration, please email communications@partnersbhm.org. You can also access training at anytime by visiting http://www.partnersbhm.org/providers/alphamcs.aspx and accessing the Video Training Library.

State News

DMH/DD/SAS Communication Bulletins: The following Communication Bulletins were released by the Division of Mental Health/Developmental Disablities/Substance Abuse Services. The bulletins can be accessed by visiting http://www.ncdhhs.gov/mhddsas/communicationbulletins/index.htm

- Communication Bulletin #133 (posted July 16)--Physician Assistance and Associate Level Licensed Providers
- Communication Bulletin #134 (posted July 16)--CABHA Recertification Update
- Communication Bulletin #135 (posted July 17)--Medicaid Provider Numbers No Longer Required
- Communication Bulletin #13^ (posted July 17)—Community System Progress Report and Critical Measures at a Glance