Provider Communication Bulletin #21
August 5, 2013

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Claims Information

Taxonomy Issues: If a provider has a denied claim due to taxonomy they should review the submitted claim for correctness and make sure of several things:

- Is the Taxonomy you billed with the *correct taxonomy*?
    - If Yes – then that same taxonomy must be in NC Tracks and also in Alpha MCS with Partners.
    - If No – then rebill the claim with the correct Taxonomy.

All Taxonomies that providers use for billing should be in both NC Tracks and Partners Alpha MCS system. The Website to confirm taxonomy codes and locations in NCTracks is http://ncmmis.ncdhhs.gov/taxonomy.asp.

Coordination of Benefits Claim Denials: Partners BHM is currently experience technical issues with Coordination of Benefits claims denials. This issue is being worked on by AlphaMCS's Technical Support. If you are experiencing these denials, please contact the Claims Department at claims_department@partnersbhm.org.

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.

Reminders about NC Tracks and Taxonomies:

- Providers should 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.
    - 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.

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

IPRS/State-Funded Claims Cutoff Dates: All IPRS/State-Funded Claims being submitted to Partners Behavioral Health Management for dates of services July 1, 2012 through June 30, 2013 are *REQUIRED* to be submitted to Partners BHM by the Sept. 17, 2013 Cutoff Date noted on the Partners BHM 2013 Checkwrite Schedule. Claims may be submitted after June 30, 2013 up to Sept. 17, 2013 for dates of service July 1, 2012-June 30, 2013.

Please keep in mind that any claims paid to you after July 1, 2013 for dates of service of July 1, 2012-June 30, 2013 are *paid out against your Fiscal Year 2014 Contract Limits.* If you have questions, please contact Partners' Claims Department at claims_department@partnersbhm.org or call 1-877-864-1454, option 4, option 3, option 1.

Customer Services

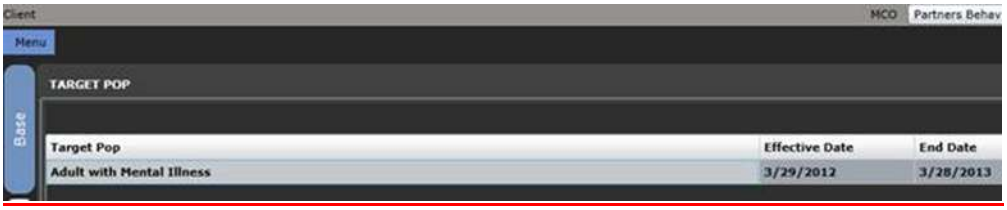
Target Population Process Revisions: Provider Communication Bulletin #18 (page 5), topic "Target Population" referenced the following instructions to providers:

The first 5 bullets are taken from Provider Communication Bulletin #18, page 5:

- Target Populations (Target Pop) must always be documented on all enrollments to State Insurance on the Additional Clinical Information page 2.
- Always enter an end date for the target pop
- ASTER & AMI Target Pops may be end dated 2099
- Crisis Target Pops should never extend more than 14 days
- Whenever you submit an update request for a Target Pop, ALWAYS check AlphaMCS to see what target pop is in AlphaMCS and the dates already entered. The Target Pop dates that you request should not, in any way, overlap dates that are already in AlphaMCS.
    - Example: There is already a Target Pop in AlphaMCS with an effective date of Sept. 15, 2012 with an end date of Sept 14, 2013 and you need to extend the end date. You cannot extend the end date by entering a new "overlapping" Target Pop with a start date of July 25, 2013 and an end date of July 24, 2014. See Step 2 below.

Providers Entering Target Population information need to add the following steps to the procedure referenced in PCB #18

1. Prior to adding or updating a Target Pop for a consumer, the provider should **ALWAYS** search AlphaMCS under Menu > Patient Search > Clinical Tab > Target Pop Tile… to see what Target Populations are already entered in AlphaMCS.



2. If the Target Population that the consumer needs **is not** found under the IPRS Target Pop Tile,
    a. The provider will need to enter the appropriate target population with an appropriate effective date and end date.
3. If the Target Population that the consumer needs **is** found under the IPRS Target Pop Tile,
    a. The provider will need to check to see if the Target Pop has an appropriate end date.
    b. The effective date of the Target Pop found in AlphaMCS will **ALWAYS** remain the same and the provider will not make any changes to the effective date.
    c. If the end date of the Target Population needs to be adjusted to a later date, the provider will create a new target pop entry with the same effective date that is documented in AlphaMCS for that target pop and will then enter a new end date.
        i. **Example:** In the above screen shot, if the provider needs to extend the end date of the existing AMI target pop, the provider would create a new entry with an effective date of 3/29/2012 and an end date of 3/28/**2099**.

4. **End Dates** - Target Pops should be end dated in 2099 whenever appropriate. ASTER, AMI & ADSN Target Pops may all be end dated in 2099. CDSN may be end dated out to the day prior to the child's 18th birthday.
5. **Zip Codes** - You are asked to use only the five digit zip codes. Entering the 4-digit extension or zeros in place of the extension may prevent the Target Pop from updating to NCTracks correctly.
6. **Concurrency Issues** - When you view AlphaMCS and note that a consumer is already in the AMI Target Pop, you are cautioned about trying to also enter the consumer in the AMCS (MH Crisis) unless the AMI Target Pop has an end date prior to the start date of the AMCS (MH Crisis) Target Pop. The consumer may not be in both AMI and AMCS concurrently. In this instance, it is preferable that you just leave the AMI Target Pop and extend the end date if necessary as the AMI Target Pop will cover more services.
7. If a Target Pop with an incorrect effective date has been submitted and approved and needs to be corrected, the provider must request correction of the Target Pop via an additional update request. The provider can note this in the comment section of the update request.

ENROLLMENT - IMPORTANT REVISIONS TO THE PARTNERS ENROLLMENT PROCESS:**
Starting IMMEDIATELY, the following changes will take place in the Partners Customer Services Enrollment procedures.

- All enrollments initiated by Partners BHM will be **APPROVED** immediately at the time of the enrollment. Approving the enrollment will automatically assign the consumer an AlphaMCS record number and the effective date of IPRS coverage.
- Approving the enrollment will disallow the AlphaMCS "*HAND OVER TO PROVIDER*" function, therefore Customer Services will **no longer be able** to hand the newly created enrollment over to the provider as part of the referral process.
- Providers will be expected to document the consumer's diagnosis, target population etc. by submitting an update request via AlphaMCS.
- Providers will be able to use the newly assigned medical record # to search AlphaMCS and access demographic information on the referred consumer.
- Customer Services will continue to make referrals to providers via the AlphaMCS slot scheduler in the same manner.
- The referrals from APPROVED enrollments will contain the consumer's name, Social Security # and Date of Birth, whereas, referrals from new enrollments previously "*handed over to provider"* contained only the Consumer name and the enrollment ID#.
- Customer Services will document a robust referral note so the provider will have a clear idea as to why the consumer is seeking treatment.

If you have questions regarding the information listed above, please contact Diane Morrison at dmorrison@partnersbhm.org or 336-527-8014.

Utilization Management

Outpatient Unmanaged Visits: There have been some issues where providers are getting denied claims for "no authorization". This was caused by a *system issue* counting group and assessment codes as part of the 8/16 unmanaged visits. This also means group codes were not being allowed the 26 unmanaged visits outlined in the benefit grid.

Utilization Management will accept SARs requesting a retro authorization using the following process:

- Claims will be reviewed to ensure unmanaged visits have not been paid to any provider. *Unmanaged visits follow the consumer*.
- **If unmanaged visits should have been allowed, Utilization Management will enter an authorization** to cover the dates and codes that denied.
- This will be a one-time retro authorization.
- Service Authorization Requests need to be submitted by August 15, 2013. **If a consumer changes fund source from IPRS to Medicaid or vice versa, they will not be eligible for a new set of unmanaged visits.**

Authorization Units and Time Frames Changes: Over the past six months, patterns have evolved in relation to outpatient **requests for Individual, Family and Group therapy**. It is important to remember outpatient therapy is not a long-term service and is considered rehabilitative. Professionals delivering these services should consider the use of evidence-based practices based on the individual consumer's needs.

After the unmanaged visits are exhausted, the following changes to time frames and units will be in effect. The start date for these changes is **August 15, 2013.**

- **Individual and family therapy** requests will be authorized for up to **13 visits** (average of one visit per week) for **90 days**. (This is a total of 13 visits for all outpatient codes, not 13 visits per code.)
- **Group therapy** will be authorized up to **20 visits per 90 days**. (This is a total for all group therapy codes.)
- **Treatment Plans must be renewed on an annual basis just like service orders. It is not sound practice to submit the same treatment plan for the previous year with just new signatures.**
- **Partners Utilization Management staff may request additional documentation to verify medical necessity, which can include progress on goals, progress notes, etc.**

Psychosocial Rehabilitation (PSR)

- A decision was made in June 2013 to allow up to 10 hours a day and/or 30 hours a week that would not require an authorization for PSR.
- Providers have been getting denied claims for no authorization when the 30 hours a week had not been utilized. This problem has been corrected.
- Claims should now process and pay.
- Please check with the Claims Department to determine if your denied claims can be reprocessed or if you need to submit a new claim.

IPRS Service Authorization Requests: Unmanaged visits for IPRS outpatient codes will start over January 1, 2014 (same as Medicaid). There was confusion about the count for unmanaged IPRS outpatient visits and many thought unmanaged visits for IPRS outpatient would start over on July 1, 2013.

Due to the confusion and insufficient communication, providers can submit SARS for dates since July 1,2013 where claims were denied due to no authorization. To submit, providers should:

- **Put in the justification "issue with IPRS unmanaged visits"**
- Partners will retro approve those dates back to July 1, 2013
- **90 day authorizations will be allowed**, **if requests meet medical necessity.**
- For requests that do not meet medical necessity criteria, only dates in July will be approved.
- Providers will need to submit a new SAR to request for any days past August 15, 2103 with documentation to clinically justify the request if medical necessity is not met.
- **All requests for retro authorizations related to this issue must be submitted no later than August 15, 2013**
- **ALL IPRS and Medicaid outpatient unmanaged visits each year will renew on January 1 and run through December 31.**

Partners Wants You to Know…

REVISED Medicaid and IPRS Benefit Grids: The Medicaid and IPRS Benefit Grids have been revised and reposted to the website. The grids are effective August 15, 2013. To view the Medicaid Benefit Grid, click here. To view the IPRS Benefit Grid, click here.

Web Updates:
The following items have been updated and hyperlinks are below. You can also access the files on the "For Providers/Information and Documents" page.

Under the "Provider Information" category:
Consumer-Specific Agreement Application is now located in the "Provider Information" Category. It was previously located under "Information for Hospitals".
Provider Specialist Assignments for AGENCIES in the Partners Network
Provider Specialist Assignments for Licensed Independent Practitioners

Under the "NC Innovations" Category:
Process for Procurement of NC Innovations Waiver Services

On the "Contact Us" page:
The Who to Contact listing has been updated.

Save the Date—"The Tipping Point in Massive Violence": Whenever a massive violent act occurs, society always asks how the act could happen, and how it could have been prevented. The event will be held on Thursday, October 03, 2013 - 4:00 PM - 6:00 PM at Catawba Valley Community College East Campus, 2760 Hwy. 70 SE, Hickory, NC 28602

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. **Partners BHM welcomes all members of the community that work with youth throughout the Partners BHM region to this event**. RSVPs are not required but are encouraged. To RSVP for this event, click here. If you have questions regarding the event, email questions@partnersbhm.org.

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.

Enrollee Education Sessions: Partners Behavioral Health Management Consumer Relations/Enrollee Education hosts "Enrollee Question and Answer" drop in sessions for individuals and families engaged in the Partners BHM care system. Sessions are an opportunity for individuals receiving services to ask questions and learn more about Partners and the Medicaid Waiver.

Sessions will be held in the following locations:

- August 20, 2013 from 6:00 PM- 7:00 PM, Partners BHM, Gastonia, 901 S. New Hope Road
- August 22, 2013 from 6:00 PM- 7:00 PM, Partners BHM, Hickory, 1985 Tate Blvd. SE

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 (above) either by email or phone. If you are unable to attend, Tom encourages individuals to contact him to meet at a different time.

Looking for Peer Support Training? Check out the Behavioral Healthcare Resource Program's Peer Support Specialist site at http://pss-sowo.unc.edu/. Here you will find resources, course and certification information.

AlphaMCS Limiting Document Size: Effective August 1, Alpha MCS limits the size of documents uploaded into Alpha to three megabytes (3MB) 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.