



IN THIS BULLETIN:

E-Contracts Are Coming to Partners!

Standardized Provider Credentialing Coming Soon—Releases Needed

Attention IPRS Providers: FY 2013-14 IPRS Budget News, Meetings Scheduled

Incident Reporting Information

- **Changes in Reporting Requirements Related To Incidents For Licensed Independent Practitioners:**
- **Attention Category A and B providers--Quarterly Level I Incident Report**

Utilization Management

- **Partners BHM's B3 Service Array**

Finance and Billing

- **Attention Claims and Billing Staff--Denial Code 121**
- **Attention All Providers--Timely Filing Overrides**
- **Medicaid Top 5 Denials from February 2014**

Meetings and Events

- **Register for the April Provider Forum**
- **Partners Behavioral Health Management Consumer Relations/Enrollee Education**
- **Handouts from the March 11 LIP-Focused Provider Forum**

Partners Training Academy

Website Updates

E-Contracts Are Coming to Partners!

Partners BHM is proud to announce that starting soon, we will be using an online, e-contracting service that will allow providers to sign contracts with us electronically. It is not only efficient, but also free to providers, and urged by the State of North Carolina. Partners BHM will likely be using the same vendor (DocuSign) as used by the State since 2012. Providers will no longer need to worry about signing and saving multiple hard copies of a contract, spending postage and waiting for mail to come from or be received by Partners. Now, providers will legally and effortlessly sign from your still with full security and protection. You can even track where your contract is in the process and download a copy during and after the process is complete, saving on cabinet space as well as postage and paper. There is no cost to the provider, or software to install or download. The contract arrives by secure email to the agency or LIP representative, who will follow the link to a secure online website. The representative will review and sign the contract, download a copy, and you are done. Confirmations throughout the process will also be delivered via email.

Partners will require all contracts for FY2014-15 to be verified through the electronic process. However, we will offer trainings, materials, and keep the Partners' Provider Network Specialists well informed. DocuSign, the vendor selected by Partners BHM, also offers free technical support.

Please watch for more information and details soon, including at upcoming provider events hosted or co-hosted by Partners BHM.

Standardized Provider Credentialing Coming Soon—Releases Needed

In an attempt to minimize the paperwork required on behalf of providers, Partners BHM has begun to standardize credentialing procedures with our colleagues at CenterPoint and Smoky Mountain Center. As part of this effort, Partners will be sending all practitioners a release to give Partners BHM permission to share with Smoky Mountain Center and their database vendor, CAQH (Center for Affordable Quality Healthcare), the credentialing information previously shared with us and our credentialing vendor, Medversant. The release will allow us to continue to contract with you, and keep you from having to complete additional paperwork under the new credentialing process. Please watch for the document and more information in the next few weeks.

Attention IPRS Providers: FY 2013-14 IPRS Budget News, Meetings Scheduled

This item was issued as a Provider Alert on March 21 to IPRS-contracted providers:

As discussed in earlier correspondence, Partners BHM has engaged in a thorough review of our IPRS funding situation for fiscal year 13-14. You may recall we have taken steps to bring our expenditures in line with our budget, which is based on our annual state contract amount. These steps have included 'freezes' on new service recipients for some services and a temporary tightening of enrollment criteria for IPRS services in general.

We have reviewed our current expenditures, and pleased to report some positive news and direction for the near and intermediate future. Our review indicates that we will need to make a couple of procedural adjustments noted below, but we do not anticipate having to make additional cuts to rates or utilization allowances during the remainder of this fiscal year. Please understand that funding constraints could still be implemented should IPRS expenditures increase in ways we have not foreseen in the next few weeks.

The procedural adjustments that will be made include the following:

- IPRS payments made to providers from Partners BHM are subject to the availability of funds. If, at the end of this fiscal year (June 30), we run short of IPRS funding, any unpaid claims will be carried over to July 2014, and will be paid out of next year's funds. This may cause a delay in normal IPRS payments, but we do not anticipate any claims payment to exceed the prompt payment guidelines. Providers need to plan their June/July cash flow accordingly.
- Partners BHM intends to lift the freeze on new service recipients for IPRS services on July 1, 2014.
- Beginning July 1, 2014, we will also resume enrolling in IPRS services those individuals who are Medicare or Medicaid eligible, but whose services are not part of the Medicaid or Medicare benefit package.
- We will continue to exclude from IPRS enrollment any new individuals who receive third-party insurance benefits, even if the service provided is not part of that insurance carrier's benefit package.

Partners BHM appreciates how our provider community has worked with us in a professional manner to overcome the funding issues we have faced this year. We anticipate that FY 15 will continue to bring us IPRS funding challenges, but we also believe these strains will be partially offset by the availability of Medicaid-funded B3 services. We will actively engage with our IPRS providers to lay a stronger foundation for these services as we budget for the upcoming year.

As part of that engagement, we have scheduled three opportunities for provider input and discussion. *It is critical that all IPRS providers attend one of the following meeting dates and times:*

- [Friday, March 28, 2014 - 1:00pm - 2:00pm - Location: Hickory - First Floor Conference Room - First Plaza](#)
- [Tuesday, April 1, 2014 - 2:00pm - 3:30pm - Location: Gastonia - Board Room/Auditorium](#)
- [Thursday, April 3, 2014 - 10:00am - 11:30am - Location: Elkin - Conference Room A](#)

In addition, we will be sending out a FY 2014-2015 Contract Renewal Budget Request form. Please bring this form with you to the meeting you attend, as we will be discussing how this is to be completed at that meeting. Please register through Constant Contact.

Incident Reporting Information

Changes in Reporting Requirements Related To Incidents For Licensed Independent Practitioners:

At their January 23, 2014 meeting, the North Carolina Mental Health/Developmental Disabilities/Substance Abuse Section Advisory and Rules Committee agreed to administrative rules changes that will affect licensed independent practitioners (LIPs) who are not joined together as a group or employed by a provider.

Rule 10A NCAC 27G.0504-Local Management Entity (LME) Clients Rights Committee and Provider Clients Rights Committee now excludes LIPs from having to complete an incident report in Incident Response Improvement System (IRIS), convene a Clients Rights Committee, or submit a quarterly Level I incident report (QM11) to the LME. This rule is in the contract in Article II, Section 2.8 (IPRS) and Section 3d (Medicaid). Partners BHM will suspend this section in your contract so compliance monitoring will occur for these specific issues.

However as a licensed individual, you will still be obligated to report abuse and/or neglect to the local Department of Social Services as required by your licensing board.

If a group of LIPs combine, Partners BHM is required to treat you as an agency and the rules above are not suspended. If your group needs technical assistance in completing IRIS reports, developing a Clients Rights Committee or submitting a Level I report, please contact your Network Management Specialist.

Attention Category A and B providers--The Quarterly Level I Incident Report is due to Partners BHM on **April 10, 2014** for the third quarter – January, February, and March 2014. 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>. **This is a contract requirement and part of the new Routine Monitoring tool for all agencies except inpatient hospitals and LIPs. Out of state providers may fax the report (and Level II and III incidents) to 704-884-2620.**

Please remember to complete one report per site your agency operates. If you report incidents as “Other,” please include summary on page 2 so we will have the areas to include in our analysis. You may email this report to us at irisquarterlyreport@partnersbhm.org.

This report includes all Level I incidents **EXCEPT Innovations Failure to Provide Backup staff reports. Innovations back up reports must be reported daily or as soon as identified and faxed to the**

Quality Management staff at Partners BHM within 72 hours of occurrence. Innovations Level I back up incidents are NOT to be reported on the QM11 report due April 10.

Please feel free to ask questions as you submit these reports. The Consumer Rights Officer to contact is Amy Dotson at 704-884-2576 or adotson@partnersbhm.org. She will receive and review your reports as well as respond to your email questions.

Utilization Management

Partners BHM's B3 Service Array: "B3 Services" are new, additional mental health, substance abuse, and intellectual/developmental disabilities supports to help people who have Medicaid. These services are optional and offered when funding is available. (b)(3) is the option in the 1915(b) waiver that allows for savings to be used to fund new services.

The following is a listing of Partners' [B3 Service Array](#) and guidance regarding authorization of these services. This information is posted on the Partners BHM Website at <http://www.partnersbhm.org/providers/provider-forms.aspx> (Medicaid Plan Information category).

B-3 Services are specific to certain populations such as Mental Health/Substance Abuse/Intellectual and Developmental Disabilities, and/or Child and Adult.

B3 services can only be delivered by providers who have those specific codes in their contract.

Respite: MH/SA/IDD; Children ages 3-21 (MH/SA/IDD) and adult consumers with an IDD diagnosis or those IDD consumers who are functionally eligible for Innovations but not assigned to a slot.

The following services require prior authorization:

- H0045 U4HA Individual child
- H0045 U4HB Individual Adult
- H0045 HQU4HA Child Group
- H0045 HQU4HB Adult Group
- S5151 U4HA Community Overnight, Individual Child
- S5151 U4HB Community Overnight, Individual Adult
- S5151HQ U4HA Community Overnight, Group Child
- S5151HQ U4HB Community Overnight, Group Adult

Psychiatric Consult: MH Adults and children

No prior authorization required; must be completed by a Board certified psychiatrist; used for consult between Primary care physician and Psychiatrists; Limit 12 per year

- 99241 U4HA – 15 minutes Brief, Child
- 99242 U4 HA – 30 minutes Intermediate, Child
- 99244 U4 HA – 60 minutes Extensive, Child
- 99241 U4HB – 15 minutes Brief, Adult
- 99242 U4 HB – 30 minutes Intermediate, Adult
- 99244 U4 HB – 60 minutes Extensive, Adult

Community Guide: IDD adults and children; prior authorization required; consumers who are functionally eligible for Innovations but not assigned to a slot

- T2041U4U5

Home Modifications	S5165 U4
In-Home Intensive Supports	T1015 TD U4
In-Home Skill Building - Individual	T2013 U4
In-Home Skill Building - Group	T2013 HQ U4
Natural Supports Education - Individual	S5110 U4
Natural Supports Education - Conference	S5111 U4
Personal Care Services	S5125 U4
Residential Support Level 1	H2016 U4
Residential Support Level 2	T2014 U4
Residential Support Level 3	T2020 U4
Residential Support Level 4	H2016 HI U4
Respite - Individual	S5150 U4
Respite - Group	S5150 HQ U4
Respite - Facility	S5150 US U4
Respite - Nursing LPN	T1005 TE U4
Respite - Nursing RN	T1005 TD U4
Specialized Consultative Services	T2025 U4
Specialized Consultative Services - BCBA	T2025 HO U4
Supported Employment - Group	H2025 HQ U4
Supported Employment - Individual	H2025 U4
Vehicle Modifications	T2039 U4

Finance and Billing

Attention Claims and Billing Staff--Denial Code 121: There has been a new edit placed in AlphaMCS that renders a denial code of 121, *'The rendering provider is not eligible to perform the service billed'*. This is being reviewed at both the LME/MCO and at the State level for accuracy. This occurs on outpatient H codes being billed by Associate Licensed Professionals only.

The current solution is to utilize the site NPI instead of the clinician NPI for the rendering NPI on the claim. If you have claim denials, please resubmit them with the Site NPI as the Rendering NPI. If you continue to have denials, please contact claims_department@partnersbhm.org for assistance. Partners will keep you updated on a permanent resolution for this issue.

Attention All Providers--Timely Filing Overrides: Timely Filing Overrides should only be requested for the following reasons and must be requested within 90 days of the denial/approval of the claim unless otherwise noted below.

- *Staff have not completed the credentialing process but credentialing paperwork was submitted timely.* Please work through your provider network specialist to put this request in to claims as we will need to verify this information through Provider Network.

**Partners Behavioral Health Management
Provider Communication Bulletin #29
March 26, 2014**

- *Retro-Medicaid Claims.* We will provide timely filing overrides in the event that an original claim was paid out of state funds and the patient gained Medicaid eligibility after the claim was approved. If the service requires an authorization, you will need to work with the Utilization Department and authorization request guidelines to have an authorization approved for retro Medicaid patients. If the request is denied, claims will still deny appropriately for no authorization regardless of timely filing overrides. You may request dates of service up to one year back from the current date for these patients. This, however, does not guarantee payment when no Medicaid contract is in place or no authorization is granted.
- *Systems Issues identified at the Partners level.* If you discover a denial and it is due to a known issue within the Partners Claims Management system, the request for timely filing to be overridden will be reviewed for approval or denial. If we are aware of the issue, we will not request additional supporting documentation.

Please note that:

- All dates of service prior to July 1, 2013, are closed for timely filing requests for both Medicaid and IPRS claims.
- Timely filing override requests for dates of service July 1, 2013-December 31, 2013 for Medicaid will be closed effective April 1, 2014.
- Timely filing override requests for IPRS claims are currently closed unless it is determined to be an internal error on the part of Partners BHM.

Partners strives to maintain a good working relationship with our provider network and will be glad to assist in any way possible. Therefore, we encourage you to work your claims approvals/denials upon receipt. We will no longer lift timely filing due to latency of reconciliations at the provider level. In order to maintain the integrity and quality of our claims system, we ask that you reconcile claims within 30 days of receipt in order to meet the timely filing request guidelines of 90 days above.

As always, thank you for the hard work and dedication to the populations we serve. If you have extenuating circumstances around timely filing, please feel free to ask but be prepared to provide documentation for any request outside of the above guidelines.

Be on the lookout for a new timely filing override request form to utilize when requesting timely filing overrides. And, as always, please direct any questions to the claims department at claims_department@partnersbhm.org. Thank you.

	MEDICAID TOP 5 DENIALS from February 2014	PROVIDER RECOMMENDED ACTION STEPS
1	Patient not enrolled on the date of service.	Verify that all patient information is correct on claim. Check the existence of a patient insurance.
2	Service not in contract	Review your contract with the Provider Network prior to refiling claim.
3	Claim received after billing period	Write off charges as non-billable. Do not rebill.
4	Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
5	Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.

Meetings and Events

Register for the April Provider Forum: The April Provider Forum will be held via videoconference on Tuesday, April 8, in Partners' Elkin, Hickory and Gastonia offices. The forum begins at 1 p.m. If you plan to attend the meeting, please [RSVP online](#).

Partners Behavioral Health Management Consumer Relations/Enrollee Education will host "Enrollee Question and Answer" drop in sessions for individuals and families engaged in the Partners BHM care system. This is a great opportunity for individuals in the Partners BHM Health Plan to ask questions and learn more about Partners and the Medicaid Waiver. To learn more or to register for a session, please contact Tom Gray at 7004-884-2519 or email tgray@partnersbhm.org. For questions about the dates, times, or locations, please contact Tom Gray (above) by email or phone.

- April 22, 2014 from 6 p.m. until 7 p.m., Partners BHM, Gastonia, 901 S. New Hope Road
- April 24, 2014 from 6 p.m. until 7 p.m., Partners BHM, Hickory, 1985 Tate Blvd. SE

Handouts from the March 11 LIP-Focused Provider Forum are located on the Partners BHM website at <http://www.partnersbhm.org/providers/provider-forms.aspx> in the "Provider Forum Information" category.

Partners Training Academy

All Partners Training Academy opportunities are posted on the Calendar at <http://www.partnersbhm.org/calendar/>. Training participants are asked to please arrive at least 10 minutes prior to the start of the training to allow for check in.

Missed the Training Update? No problem! Looking for your copy of the Partners Training Academy Update and can't find the email? Never fear—simply go to the "Resources and Training" page in the For Providers Section of the website to access the latest version.

Want to receive the Training Update? Update your Constant Contact subscriber options and make sure to select "All Partners BHM Communications" or "Information for Providers." You can do this by clicking on the "Register" link on the top of the Partners BHM home page.

Website Updates

The following items have been updated on the Partners BHM website. The items are located in the For Providers/Information and Documents page—category is listed after item name.

- [Medicaid \(b\) Benefit Grid with B3 Services](#) (Medicaid Plan Information)
- [Approved Vendor-Contractor List](#) (NC Innovations)