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## **Intellectual/Developmental Disabilities**

**Aging Intellectual/Developmental Disability Population Stakeholder Survey:** Partners Behavioral Health Management is conducting a survey to receive input from NC Innovations Waiver participants, caregivers, and service providers on current and anticipated needs of our aging population. IDD service providers are asked to complete the survey. The survey can be accessed at <https://www.surveymonkey.com/s/partnersagingIDD>. The survey will close on September 19, 2014.

Responses will be used to help develop a strategic plan and potential service definitions for services appropriate for this aging population.

Opinions obtained in this research may be used to establish new service definitions and programs for individuals with intellectual and/or developmental disabilities. There are no plans to provide financial compensation to you should this occur. Your participation is greatly appreciated. If you have questions regarding the survey, please contact Stephanie Norman at [snorman@partnersbhm.org](mailto:snorman@partnersbhm.org) or 828-323-8060.

**Standardized Relative as Direct Service Provider Forms:** The Western Regional Partnership (WRP), an initiative established by Partners, CenterPoint Human Services (CenterPoint), and Smoky Mountain LME/MCO (Smoky), continues to make progress towards the consolidation goals outlined in the DHHS Medicaid Reform Plan.

NC Innovations requires that LME/MCOs review requests for relatives or legally responsible persons (LRPs) to be direct support employees. The WRP has standardized the request process by developing standardized electronic forms and submission methods for relative/LRP as direct service employee (RADSE) review requests. The standardized Part A, B, and C forms are available at each WRP member website with submission instructions. To locate the forms on the Partners website, go to For Providers > Information & Documents > Relative as Direct Support Employee category.

**Additional Info for IDD Providers:**

- Partners IDD Care Coordination staff have been trained to complete Innovations Individual Budgets by calculating by 4.3 weeks, not 52 weeks. If consumers need additional hours, families should ask for Individual Service Plan revisions.
- All Innovations providers must upload their QP Progress Summaries into AlphaMCS. Partners made this request back in April 2014. GCQI is working toward standardized tools, however, in the interim, all providers need to comply by uploading your agency's current documentation.

## **Child & Adolescent Residential Providers— Universal Residential Application Request**

In an effort to streamline processes, increase efficiency, and reduce barriers to the referrals for children and adolescent residential treatment, Partners' Mental Health/Substance Abuse Care Coordination is recommending the use of a Universal Residential Application.

[Click here](#) to access a copy of Universal Residential Application. We are asking you, the provider, to utilize the same application for making and accepting referrals. By using this tool, you would only need to complete one application to send to multiple providers versus completing multiple, and different, applications.

In addition to reducing the time spent completing applications, the MH/SA Care Coordination staff can assist with following up on the referrals. Our goal is to make referrals smoother and placement quicker.

If you agree to accept the Universal Residential Application, please confirm by contacting Allison Gosda via email at [agosda@partnersbhm.org](mailto:agosda@partnersbhm.org) with your response. We will maintain a database of providers accepting the [Universal Residential Application](#). The application and database will be available on our website once developed.

If you have questions, please contact Allison by email, or call 828-325-4687. Thank you for your consideration and the work you do with our children and adolescents.

## **Person Centered Plans Documentation Requirements Update**

The following is an update and clarification to information posted previously in Partners BHM Provider Communication Bulletin #10 (February 25, 2013).

Providers are directed to complete the following regarding Person Centered Plans for Medicaid and IPRS:

On Initial requests-- For Initial and/or Annual PCPs:

- The signature page must be uploaded with the original signature of the Consumer and/or Parent/Guardian, if applicable, and person completing the plan, and the Licensed Professional who signs the Service Order;
- The attestation boxes must be checked and the LP's license number must be included;
- The signature on file cannot be "typed in" on the initial.

For Concurrent requests,

- The LP's signature can be typed and stated as "signature on file" with license number and date of original signature.
- Original signatures for the consumer/guardian and person completing the PCP, when the plan goals have been revised or changed.
- The Guardian's signature can be typed and stated as "signature on file", if the PCP is reviewed without goal revisions/changes.

Questions? Please contact MH/SA Utilization Management at 704-842-6436.

## Finance and Claims--Y Code Rates for State-Funded (IPRS) Services

[Y Code Rates for State-Funded \(IPRS\) Services](#) have been posted to Partners' website (For Providers > Information & Documents > IPRS Information > Y Code Rates for State-Funded (IPRS) Services).

## Customer Service – Eligibility & Enrollment

- Providers are asked to please remember to document the end time of every Enrollment Request submitted to Partners in *hours and minutes*.
- Partners' Eligibility & Enrollment Specialists are unable to process and approve Enrollment Requests missing an end time, and will return those to the provider for completion. Please see the graphic below identifying these fields.

The image shows a screenshot of a web-based form for enrollment requests. The form contains various sections with radio buttons and checkboxes. Two red arrows point to the 'End Time(hr)' and 'End Time(Min)' fields, which are marked with an asterisk (\*). The 'End Time(hr)' field is currently set to '0' and the 'End Time(Min)' field is currently set to '0'. The form also includes fields for 'QP Last Name', 'QP First Name', 'Staff quality', and 'Enrollment Action'.

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Provider Communication Bulletin #35  
August 29, 2014**

**In Home Outpatient—Request for Provider Interest:** As was communicated in the July 25, 2014 Partners Communication Bulletin #34, the In Clinic Rate for Outpatient (90837/90837SC) will be increased effective with a date of service of September 1, 2014 for both Medicaid and IPRS consumers.

In addition, Partners has also added an In Home Outpatient option for providers to deliver.

In Home Outpatient (90837 +modifier "SR"): Partners will pay a rate of \$112.00 regardless of the appropriate licensure for services provided in the recipient's home. The modifier identified for this is "SR" and it will be added to the 90837 code for this in-home location of service. This option would be available for Children/Adolescents and Adults as well as both Medicaid and IPRS.

The Clinical Parameters identified for the In-Home Outpatient Rates:

- Non-compliance with therapy; two or more no shows (i.e., after the initial visit, two no-shows and 50% of scheduled appointments missed in any 30 day period)
- Lack of transportation
- Hospital Discharge - complements Hospital Discharge Planning and Treatment (HDPT) - to be used with rapid readmissions
- Step Up/Step Down to/from Intensive In Home Services
- Step Up/Step Down to/from Community Support Team/Assertive Community Treatment Team
- When traditional office based therapy hasn't worked and in-home or other enhanced services are being considered
- When individual is at risk for out-of-home placement, and it is determined this service reduces that risk
- High Risk/Dual Diagnosis

If you are interested in providing the In Home Outpatient service, we are asking that you submit a Contract Adjustment Form indicating this to your assigned Provider Network Specialist. Thank you in advance for your interest.

**Outpatient Rates:** Partners BHM understands that some outpatient rates are currently insufficient. Additionally, Partners is in agreement that an in-home outpatient therapy option for particular populations would increase client engagement, yield better outcomes and reduce barriers such as transportation. Partners is excited to announce the following rate adjustments with an anticipated implementation date of September 1, 2014:

<b>In Clinic Rate for Outpatient (90837/90837 SC):</b> The new rate will be available for any credentialed and contracted provider or practitioner billing this service. Service Code	Licensed Psychologist	Licensed Clinician – LMFT, LCSW, LPC	Certified Nurse Practitioner	Physician’s Assistant	Licensed Psychological Associate	Physician
90837/90837 SC	\$109.00	\$84.00	\$94.00	\$105.00	\$84.00	\$110.00

## Reminder--Credentialing Information Release Opt-Out Notice

To streamline processes and reduce administrative burdens to providers and practitioners, Partners Behavioral Health Management (Partners BHM), CenterPoint Human Services (CenterPoint) and Smoky Mountain Center (SMC) are standardizing and regionalizing their credentialing functions. We project implementation as of November 1, 2014, when SMC will begin managing for Partners BHM and CenterPoint the primary source verification functions related to credentialing. This has no impact on any relationships clinicians and agencies may or may not have with SMC, CenterPoint or Partners BHM. This is merely a sharing of information to permit Partners BHM to delegate a portion of the credentialing process to SMC, while retaining supervision and control over ultimate credentialing, contracting and Partners BHM's unique provider network. It does mean that if you wish to expand or continue your relationship and practice in these other LME-MCO catchment areas, it will be easier, without multiple credentialing and recredentialing processes and paperwork.

*To transition our currently credentialed practitioners from Medversant (our present credentialing subcontractor) to SMC, we need to release to SMC some or all information you have supplied to Partners BHM related to credentialing, including sensitive practitioner information, e.g., a clinician's name, date of birth, social security number and other information submitted with or after your credentialing application to us and/or Medversant.* Partners BHM will release this information to SMC, who currently sends the information to CAQH in order to allow each clinician to be associated with SMC inside of the CAQH database - a secure Universal Provider Datasource® used by more than one million healthcare providers and over 700 participating organizations nationwide. [www.caqh.org](http://www.caqh.org) This transfer of practitioner information and its use by SMC and CAQH is necessary for on-going monitoring of credentials and for re-credentialing purposes and is required for each clinician to continue to be credentialed in the Partners BHM provider network.

In an effort to eliminate any action required of every clinician or provider agency - e.g., seeking approximately 1,600 signed release forms, even from those already in or not objecting to being in the CAQH database -- Partners BHM is offering practitioners an "opt out" opportunity instead. Specifically, we will release our provider network clinicians' credentialing-related information to SMC to use and to share with CAQH by November with no action necessary from the clinician or the provider agency required, unless you object by the end of August. Again, NO ACTION IS REQUIRED by any of our credentialed practitioners, unless a practitioner objects to this transfer of information and no longer wishes to remain a participant in the Partners BHM provider network.

**Clinicians who DO NOT want their information released to and used by SMC and CAQH -i.e., clinicians wishing to "opt-out" -- must notify us in writing by August 31, 2014 at [enrollment@partnersbhm.org](mailto:enrollment@partnersbhm.org) or Partners BHM, Attn: Credentialing Opt-Out, 1985 Tate Blvd SE, Suite - Basement - Hickory, NC 28602. Any opt-outs received after August 31, 2014 may be too late to avoid transfer of information.** Please note that all clinicians who opt-out of this information transfer and new delegated credentialing process will be removed from Partners BHM's provider network effective on or after November 1, 2014. An Opt-out notification form can be found on the second page of the [Credentialing Standardization Opt-Out Notice](#).

If you have questions, please contact Natalie McBride at 828-323-8048 or via email at [nmcbride@partnersbhm.org](mailto:nmcbride@partnersbhm.org).

## State News

**MCO Communication Bulletin #J095**, dated August 21, 2014 was sent from DMA and DMH/DD/SAS to LME/MCOs. The body of the bulletin is below.

*To: LME-MCOs*

*From: Deb Goda, IDD Manager, DMA and Courtney M. Cantrell, Ph.D., Acting Director, DMH/DD/SAS*

*Subject: Signatures on Individual Support Plans (ISPs) and Revisions for NC Innovations Beneficiaries*

*The signature of the beneficiary/legally responsible person is required for all ISPs and revisions to the ISP. If an ISP or revision is changed in any way after the signature is obtained, a new signature is required to show the beneficiary /legally responsible person's agreement with the change. This includes not only changes to the service or frequency of the service, but changes to the other portions of the plan including the addition or deletion of information.*

*The bulletin is needed to ensure that this requirement is understood. If you have questions, please contact Deb Goda at [deborah.goda@dhhs.nc.gov](mailto:deborah.goda@dhhs.nc.gov).*

**“Resource Availability for Persons Experiencing a Mental Health or Substance Use Crisis” Survey:** As part of our ongoing efforts to accurately understand the high utilization of Emergency Departments by individuals in behavioral health crisis, the Division of MH/DD/SAS has developed a very short survey to get to as many diverse service providers as possible. This survey will help assess the “Resource Availability for Persons Experiencing a Mental Health or Substance Use Crisis”. The Division welcomes completion by traditional MH/DD/SAS provider agencies and independent practitioners, as well as by other community responders and partners such as hospital emergency departments, Department of Social Services staff, Emergency Medical Services, law enforcement, primary care providers, and any others who may need to interface with behavioral health crisis resources on behalf of their clients. *The survey should take only 3-5 minutes to complete.* The survey will be open for one month, closing on September 26. Thank you in advance for completing this DHHS Crisis Solutions Initiative survey.

To access the survey, visit <https://www.ncsurveymax.com/TakeSurvey.aspx?SurveyID=86KH6pK>

## NCTracks News

**Verify Recipient Eligibility on NCTracks or with NCTracks Call Center:** NCTracks is now offering a new service for providers to verify recipient eligibility. First, a provider can check a recipient's Medicaid eligibility on NCTracks, and if not there, can call the NCTracks Call Center.

Some providers have noted that a recipient may have a valid Medicaid or Health Choice ID card, but not be listed as eligible in NCTracks. It may take up to a week for NCTracks to receive some eligibility updates from NC FAST. This often happens with newborns as well as recipients who have recently become eligible again, after a period of ineligibility. So, the NCTracks Call Center now has the ability to check recipient eligibility directly in the NC FAST system. This will enable a provider to verify recipient eligibility before rendering services.

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Please check NCTracks for recipient eligibility information prior to calling the Call Center to check NC FAST. If the recipient is eligible in NCTracks, there is no need to contact the Call Center to check NC FAST. Eligibility information can be verified in NCTracks using the provider portal, the Automated Voice Response System (AVRS), or a 270/271 X12 transaction. Consult the provider training materials in SkillPort for more guidance regarding verification of recipient eligibility in NCTracks.

This service of the Call Center is only for verifying the eligibility of recipients enrolled in Medicaid and Health Choice. The other payers and health plans served by NCTracks are not currently in NC FAST. Bear in mind that this service is intended to enable providers to confirm eligibility before rendering health care to recipients. Providers still must confirm that the recipient's eligibility information is in NCTracks before submitting the claim or the claim may be denied.

To contact the NCTracks Call Center to inquire on recipient eligibility in NC FAST, dial 1-800-688-6696.

**Bank for NCTracks payments changing from Wells Fargo to Bank of America on September 3:** The Office of the State Controller has elected to change which bank handles EFT transmissions for State payments. Beginning with the September 3 checkwrite, payments from NCTracks will be made from Bank of America instead of Wells Fargo. No specific action is required by providers, but there are a few situations of which you should be aware:

- The timing of posting and availability of funds to provider bank accounts depends on the provider's financial institution. Beginning with the September 3 checkwrite, Bank of America customers will likely see their payments on Wednesday afternoon. Other providers will see payments in their accounts on Thursday afternoon.
- It is recommended that you not submit any Manage Change Requests to change your provider EFT banking information between August 25 and September 8. Any change made during this time period could potentially interrupt payment distribution from NCTracks.

This change in banks does not affect the mailing addresses or lockboxes used by NCTracks.

**Testing of NCTracks EFT change from Wells Fargo to Bank of America:** The Office of the State Controller has elected to change which bank handles EFT transmissions for State payments. Beginning with the September 3 checkwrite, payments from NCTracks will be made from Bank of America instead of Wells Fargo. No specific action is required by providers.

During the week of August 25, a test EFT transmission in the amount of one penny will be made from Bank of America to the bank account designated in the NCTracks provider record. Testing will be conducted throughout that week and it is possible that providers may receive more than one test EFT transmission.

CSC will be contacting providers during the week of August 25 to confirm receipt of the test EFT transmission. Nothing is needed other than verify if a deposit of one penny is made to the account from Bank of America.

Thank you for your assistance in testing this important process to help ensure a smooth transition to the new bank.

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If you have any questions concerning the impacts noted above, please contact the NCTracks Call Center at 1-800-688-6696 or [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

## **Provider Reminders**

**A new Special Project Enrollment Form** has been posted at [For Providers > Information & Documents > Information for Hospitals](#). This form has been updated to include a request for a DSM-5 Diagnosis, a change in substance use requirements and more user friendly check boxes.

**Register for the September Provider Forum**: The September Provider Forum will be held via videoconference on Tuesday, September 8, 2014, in Partners' Elkin, Hickory and Gastonia offices. The forum begins at 1 p.m.

**Handouts** from the August Provider Forum are available on the Partners website ([For Providers > Information & Documents > Provider Forum Information](#))

**Provider Alerts** are emailed to all providers subscribed through Constant Contact for "Information for Providers" and "All Partners BHM Communications", and are posted at the bottom of the "For Providers" page at [www.partnersbhm.org](http://www.partnersbhm.org).

**News from Partners Training Academy**: The average percentage of the registered providers attending training took a drastic drop to 69% for the month of August. This is the lowest participation percentage since the creation of Partners Training Academy. This also means a number of people on waiting lists were denied opportunities to attend.

It is Partners' sincere hope that once registered, staff is able to attend training. However, we do recognize that schedules can change at a moment's notice.

PTA is requesting that if you are unable to attend a training once registered you will:

- Contact Janet Noblett, Training Coordinator, at 704-884-2596
- Email [Communications@partnersbhm.org](mailto:Communications@partnersbhm.org).

Thank you for your assistance.