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## **First Quarter Provider Incidents Due October 10**

Starting on July 1, 2014, Partners Behavioral Health Management began using a new Quarterly Provider Incident Report form. This form **MUST** be used when completing your first quarter reports due on October 10, 2014. The old forms on the state website will no longer be accepted!

You can download the new form from our website at <http://partnersbhm.org/providers/provider-forms.aspx#> (Go to **For Providers>Information & Documents>expand the Provider Information Category >**Scroll down until you see [Quarterly Incident Reporting](#) form)

Submission information is included on page 3 of the Quarterly Incident Reporting Form. If you have additional questions, please contact Amy Dotson, Consumer Relations, at 704-884-2576.

## **Utilization Management Updates**

**Outpatient Authorization Requests:** Unmanaged visits start over on January 1, 2015. Any requests submitted for any outpatient services after October 1, 2014 should have an end date of December 31, 2014. If a SAR is submitted with an end date past 12/31/14, the Utilization Management staff will contact you and request to change the date. If there is an authorization on file for dates after January 1, 2015, this will impact the ability to fully use the unmanaged visits.

**Comprehensive Crisis Prevention and Intervention Plan Changes Effective October 1, 2014:** The Division of MH/DD/SAS has made updates to the Comprehensive Crisis Plan (CCP) and requirements for its completion. Please note that the changes and information within the new CCP template supersedes previous instruction in the *Division of Mental Health/Developmental Disabilities/Substance Abuse Services Communication Bulletin #139: Person-Centered Crisis and Intervention Plan*.

**Partners Behavioral Health Management  
Provider Communication Bulletin #36  
September 29, 2014**

Beginning October 1, 2014, consumers with a Person Centered Plan (PCP) must have a CCP completed for all initial PCPs, annual reviews or at the time of an update to the PCP. Any SAR (authorization request) **submitted** on or after October 1, 2014 must have a completed CCP attached with the updated or new PCP. Information related to this change, including the revised CCP, can be found at [www.crisissolutionsnc.org](http://www.crisissolutionsnc.org).

The single page crisis plan currently in use with the PCP will not suffice. The LME/MCO's Utilization Management Department will monitor for the use of the CCP. If the CCP is not included with Service Authorization Requests submitted on October 1, 2104 forward, the provider could receive an administrative denial. Mobile Crisis and Facility Based Crisis are **NOT** responsible for developing the CCP.

Further inquiries and comments regarding the CCP may be addressed to [contactdmh@dhhs.nc.gov](mailto:contactdmh@dhhs.nc.gov).

***Information regarding DMA June 2014 Medicaid Pharmacy Bulletin--  
Medicaid Provider Enrollment Requirement as of 11/1/2014***

*On January 1, 2013, pharmacy providers began to receive a message at point-of-sale for prescriptions written by prescribers not enrolled in the Medicaid program. The edit, 00951 states "M/I PRESCR ID - NO ID ON FILE" with EOB 02951 message "PRESCRIBER NPI NOT ON FILE. CONTACT PRESCRIBER AND REFILE WITH CORRECT NPI"*

***Currently claims pay on this edit, but claims will deny starting on November 1, 2014. This will hold true for originals and refills. If you see this edit, please inform your patients that, as of November 1, 2014, Medicaid will no longer cover their prescriptions because their physician is not a Medicaid provider.***

As Partners receives information for set up in the AlphaMCS system, we are verifying that information is consistent with what is set up in NC TRACKS. Partners will be notifying providers as we find discrepancies in the information sent and the information set up in NC Tracks. However, it is the provider's responsibility and requirement to enroll in NC Tracks in order to be eligible to bill for services.

[Click here](#) to view information from the Division of Medical Assistance regarding this change.

## **Rate Increases**

Partners BHM is pleased to announce the following rate increases for the following services:

- **T2041 U1 Community Guide Start Up Training for Agency With Choice:** \$620.00/month (for two months or 60 days; maximum \$1,240) --effective August 1, 2014
- **H2015 HQ Community Networking Group:** \$4.00/15 min unit--effective July 1, 2014  
*Attention IDD Providers: If a provider can provide proof that they have delivered Community Networking Group after a denial was issued for Community Networking Individuals; please contact I/DD Utilization Management at 704-884-2605.*
- **T2021 HQ Day Supports Group:** \$3.84/15 min.--effective July 1, 2014
- **T2041 Community Guide:** Monthly maintenance rate of \$150.00/Monthly Unit--effective October 1, 2014
- **T2041 U4U5 Community Guide:** Monthly maintenance rate of \$150.00/Monthly Unit--Effective October 1, 2014
- **H2017 Psycho-Social Rehabilitation:** \$3.75/unit --Effective October 1, 2014
- **H2015HT Community Support Team:** \$16.52/unit—Effective November 1, 2014

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Specialized Consultative Services: -NC Innovations – Medicaid C – *Effective Sept. 1, 2014*  
Behavioral Support Planning, Monitoring:

- **T2025 Specialized Consultative Services:** \$31.24/15 min. OR \$125/hr.
- **T2025 HO Specialized Consultative Services:** \$25.00/15 min. OR \$100/hr.

## **DMH/DD/SAS Communication Bulletin #143— NC-TOPPS 2014-15 User Tools and Guidelines**

All DMH Communication Bulletins can be found at

<http://www.ncdhhs.gov/MHDDSAS/communicationbulletins/index.htm>. All providers and staff involved with NC-TOPPS submission are also encouraged to review the updated [SFY 2014-14 NC-TOPPS Implementation Guidelines](#), primarily the Provider Agency Responsibilities section beginning on pg. 6.

The Division has made changes to the NC Treatment Outcomes and Program Performance System (NC-TOPPS), effective July 1, 2014. The 2014-15 online and print interview forms will include:

- **The Common Name Data Services (CNDS) number:** By adding the CNDS number, NC-TOPPS will be better able to link to other state databases. For Medicaid recipients, the CNDS number is same as the Medicaid ID. For individuals not enrolled in Medicaid, LME/MCOs will need to provide the CNDS number to providers when an individual is admitted to an NC-TOPPS required service. The CNDS number field will be implemented July 1, 2014 and will become a mandatory field for all Update interviews starting January 1, 2015.
- **MH/SA Supported Employment (YP630 and H2023 U4), Ongoing Supported Employment (H2026 U4), and Long Term Vocational Services (YM645):** These services will be added to the qualifying services required to use the NC-TOPPS reporting system. Providers of these services will need to enroll with NC-TOPPS through the LME/MCOs and can begin reporting as early as July 1, 2014. Required NC-TOPPS reporting will begin October 1, 2014.
- **Question modifications:** Interview changes have been made to questions to support ACT services and health related outcomes.

Additionally, The NC-TOPPS reporting system will implement the DSM-5 changes to the 2014-15 online and print interview forms effective August 1, 2014. To support NC-TOPPS users, revisions have been made to the 2014-2015 NCTOPPS Guidelines to provide clarity on item descriptions, definitions and entry instructions. The 2014-2015 NC-TOPPS Guidelines includes new sections on data access and usefulness of the NC-TOPPS reporting system for consumers, providers, stakeholders and LME/MCOs.

In the effort of continuous quality improvement, the Division has brought back the NC-TOPPS Snapshot reports this year, attached are the two most recent Snapshots. In the coming year, LME/MCOs and provider Superusers will have access to a simple and advanced query system for reports that include aggregate demographic characteristics, symptoms, functional outcomes and service perception. As always, suggestions for improving our consumer outcomes system are welcomed. If you have suggestions or questions about the 2014-2015 online or print interviews, resource documents or reports, you may send questions via electronic mail to [jennifer.bowman@dhhs.nc.gov](mailto:jennifer.bowman@dhhs.nc.gov) or contact the NC-TOPPS Help Desk at 919-515-1310 or [nctopps@ncsu.edu](mailto:nctopps@ncsu.edu).

MEDICAID TOP 5 CLAIM DENIALS AUGUST 2014	PROVIDER RECOMMENDED ACTION STEPS
Max Basic Units Exhausted	A SAR will need to be entered for the service they are trying to have approved.
Invalid PC / DX Combo	Verify that Procedure code corresponds with DX and that all information is submitted correctly. Refile only if incorrect.
Claim received after billing period	Write off charges as non-billable. Do not rebill.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.

## Provider Reminders

### Web Updates:

- [Y Code Rates for State-Funded \(IPRS\) Services](#) have been updated on Partners' website (For Providers > Information & Documents > IPRS Information > Y Code Rates for State-Funded (IPRS) Services).
- **A updated [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. The form is also compatible with Word 97-2003.

**Register for the October Provider Forum:** The October All-Provider Forum will be held via videoconference on Tuesday, October 14, 2014, in Partners' Elkin, Hickory and Gastonia offices. The forum begins at 1 p.m. [Click here to register](#).

[Handouts](#) from all Provider Forums are available on the Partners website (For Providers > Information & Documents > Provider Forum Information). *Partners will not host a November Provider Forum.*

**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).

## **NCTracks News**

**Reminder re: Provider Training Opportunities in September:** This is a reminder about the opportunities for provider training being offered this month. Registration is now open for several instructor-led training courses for providers that will be held in September. The duration varies depending on the course.

Enrollment is limited and several of the courses are filling up rapidly.

Following are details on the courses, the dates and times they are being offered, and instructions for how to enroll:

**Friday, September 26 - 9:30 a.m. to 12:00 p.m. - Prior Approval - Institutional**

This course will cover submitting Prior Approval (PA) Requests to help ensure compliance with Medicaid clinical coverage policy and medical necessity. It will also cover Prior Approval inquiry to check on the status of the PA Request. The course is being offered in-person at the CSC facility in Raleigh. It includes hands-on training and will be limited to 45 participants.

**Friday, September 26 - 1:00-4:00 p.m. - Submitting an Institutional Claim**

This course will focus on how to submit an Institutional Claim via the NCTracks Provider Portal. At the end of training, providers will be able to enter an Institutional claim, save a Draft claim, use the Claims Draft Search tool, submit a claim, and view the results of a claim submission. The course is being offered in-person at the CSC facility in Raleigh. It includes hands-on training and will be limited to 45 participants.

**Tuesday, September 30 - 9:00 a.m. -12:00 p.m. - Provider Web Portal Applications Webinar**

This course will guide providers through the process of submitting all types of provider applications found on the NCTracks Provider Portal. At the end of this training, providers will be able to understand the Provider Enrollment Application processes and navigate to the NCTracks Provider Portal and complete Provider Enrollment, Manage Change Request (MCR), Re-Enrollment, and Re-verification and Maintain Eligibility, as well as track and submit applications using the Status and Management page. This course is taught via WebEx and can be attended remotely from any location with a telephone, computer and internet connection. The WebEx will be limited to 115 participants.

Providers can register for these courses in SkillPort, the NCTracks Learning Management System. Logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled **Provider Computer-Based Training (CBT) and Instructor Led Training (ILT)**. The courses can be found in the sub-folders labeled **ILTs: On-site** and **ILTs: Remote via WebEx**, depending on the format of the course. (Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort.)