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Western Regional Partnership (WRP) Credentialing and CAQH Application Requirements

DUE NOVEMBER 21, 2014--IMMEDIATE ATTENTION REQUIRED BY CENTERPOINT and PARTNERS CREDENTIALLED PRACTITIONERS

Effective November 1, 2014, CenterPoint, Partners Behavioral Health Management and Smoky Mountain LME/MCOs will implement regionalization of the credentialing process for all provider types. On this date, CenterPoint and Partners will be delegating the credentialing functions to Smoky. Smoky will be responsible for processing the credentialing applications for all three MCOs. The MCOs will remain independently responsible for all contracting processes. As part of the regionalization of credentialing, all practitioners credentialed or requesting credentialing with one or more of these MCOs will need to initiate and maintain an application with the Council for Affordable Quality Healthcare (CAQH).

What Is CAQH?

CAQH is an online Universal Provider Datasource (UPD) system that allows healthcare professionals to enter credentialing information free of charge. CAQH meets the credentialing needs of most health plans, hospitals, and other healthcare organizations. This provider data-collection service streamlines

initial application and re-credentialing processes, reduces provider administrative burdens and costs, and offers health organizations real-time access to reliable provider information.

Benefits to Providers:

- Use CAQH at no cost
- Enter data once through a single data-collection process
- Submit, store, manage and distribute credentialing information electronically
- Maintain total control of your information
- Experience a quick and easy re-attesting process
- Keep data safe and secure
- Data is protected and only released to the health plans authorized by the practitioner
- CAQH applications can be accessed by all participating LME/MCOs and private health plans listed in the providers CAQH profile.

What Do Providers Need To Do?

Providers already credentialed with CenterPoint and Partners will receive email notification from CAQH allowing them to add Smoky as an authorized healthcare organization.

Practitioners already registered with CAQH will receive an email notification from CAQH allowing them to add Smoky as an authorized healthcare organization in their CAQH profile. Choosing not to add Smoky may result in the revocation of credentials with CenterPoint, Partners, and/or Smoky. Authorization to add Smoky must be completed by November 21, 2014.

Practitioners not yet registered with CAQH will be receiving an introductory package from CAQH by mail which will include a User ID and a temporary password to access the Universal Provider Datasource (UPD) system. The practitioner must log-in with CAQH and complete the application process. The practitioner must add Smoky as an authorized healthcare organization in their CAQH profile. Not adding Smoky may result in the revocation of credentials with CenterPoint, Partners, and/or Smoky. Authorization to add Smoky must be completed by November 21, 2014.

Practitioners requesting initial credentialing must register with CAQH to be credentialed with either CenterPoint, Partners and/or Smoky LME/MCOs. To start this process, the practitioner submits the Credentialing Initiation Form (CIF) to Smoky. The CIF can be found at <http://www.smokymountaincenter.com/credentialing>. Instructions for submission are included on the form.

Please visit www.caqh.org/cred/ for more information.

For questions, please contact the Smoky Credentialing Hotline at 855-432-9139 or send your inquiry to credentialingteam@smokymountaincenter.com. The Smoky Credentialing Team will respond to questions and inquiries within one business day.

Customer Service Updates

Three Way Hospitals: Three Way Hospitals are asked to please remember to use the drop down menus on the SPEF (Special Project Enrollment Form), particularly the one used to select the proper Facility Name.

Update Requests:

1. It is the responsibility of all providers to check the AlphaMCS Provider Portal for all Update Requests returned by Partners for correction and/or additional information. Update Requests returned to a provider must be corrected and re-submitted to Partners immediately. If not returned to Partners immediately, changes in a consumer record could take place in the interim which would prevent Partners from processing an untimely Update Request and which could inadvertently affect provider billing and reimbursement.
2. The person working Update Requests on behalf of a provider should enter his/her name and contact information in the comment section of the Update Request. This will help Partners' Eligibility and Enrollment personnel know who to contact if there are questions concerning the request submission.
3. Partners' Eligibility & Enrollment personnel working Update Requests will enter their name and contact information in the comment section of the request so the provider will know who to contact when there are questions concerning the request submission.

Utilization Management Updates

Psychological testing is counted as part of the unmanaged benefits (8 adult/16 child). All testing codes except 96118 are limited to five hours in one day. Testing Code 96118 can have up to eight hours in one day. Testing is typically approved only one time per year. Clinical justification and the [psychological testing form](#) (found on Partners web site, along with [guidelines](#)) should be submitted with SAR and service order to UM prior to service delivery if additional units are required.

Language from Clinical Coverage Policy 8C:

5.1.1 Medicaid Beneficiaries under the Age of 21

Coverage is limited to 16 unmanaged outpatient visits per calendar year (inclusive of assessment and psychological testing codes). Visits beyond 16 per calendar year require a written order by a Medical Doctor, Licensed Psychologist (doctorate level), Nurse Practitioner or Physician Assistant, and prior approval from the utilization review contractor. To ensure timely prior authorization, requests must be submitted prior to the 17th visit. A new written order is required within 12 months of the initial visit and at least annually thereafter.

5.1.2 Medicaid Beneficiaries Ages 21 and Over

Coverage is limited to eight unmanaged outpatient visits per calendar year (inclusive of assessment and psychological testing codes). Visits beyond eight per calendar year require a written order by a Medical Doctor, Licensed Psychologist (doctorate level), Nurse Practitioner or Physician Assistant, and prior approval from the utilization review contractor. To ensure timely prior authorization, requests must be submitted prior to the ninth visit. A new written order is required within 12 months of the initial visit and at least annually thereafter.

B3 Service Definitions: Updated B3 definitions have been issued by the Division of Medical Assistance. These definitions have some variations from the ones currently in use. The updated definitions have been adopted by Partners BHM. They will be implemented starting November 1, 2014. The new definitions are posted at www.partnersbhm.org (For Providers -> Info & Documents -> Service Definitions category).

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The provider does not need to make any changes until the next Service Authorization Request is submitted.

Changes of note:

1. *Peer Support*: 60 units of pass through for *Peer Support* (the State does not have that listed but Partners will continue allowing the pass through units)
2. *Individual Supports* **requires a service order** by Division of Mental Health definitions. Partners will do a “soft roll” out by allowing providers until January 1, 2015 to have a service order in place. The service order will need to be submitted with any SAR dated January 1, 2015 forward.
3. *Supported Employment*: Partners had separate definitions for intellectual and developmental disabilities and for mental health/substance abuse (including Transitions to Community Living cases); the State has combined the two definitions. There is some distinct language for IDD and some for MHSA consumers within this version of the definitions. There are other changes. It is important for providers to review the new definition closely. **Service orders are required and this is new for IDD consumers. IDD Providers** will have until January 1, 2015 to obtain the service order and submit with SAR dated January 1, 2015 forward.
4. *Facility Based Respite*: No definition was issued for *Facility Based Respite*. An inquiry has been made to the State to determine if this was an oversight.

Claims Updates

ACH Notice Change: Starting in November, providers will receive their ACH notices on Thursday. For instance, providers will receive an ACH notice on November 6 for claims submitted through the 11/4/2014 checkwrite cycle cutoff date. The EFT Effective Date will remain the same as posted on the [Standardized NC LME-MCO Checkwrite Schedule](#). If you have any questions regarding this change, please contact Sandy Davis, sdavis@partnersbhm.org or 704-842-6304.

Medicaid Top 5 Claim Denials For September 2014:

MEDICAID TOP 5 CLAIM DENIALS September 2014	PROVIDER RECOMMENDED ACTION STEPS
No contract exists or rate is not set up yet	Refer to your contract and call your Partners’ Provider Specialist with any questions.
Max Basic Units Exhausted	A SAR will need to be entered for the service they are trying to have approved.
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

No Provider Forum in November: Partners will not host a Provider Forum in November. [Handouts](#) from all Provider Forums are available on the Partners website (For Providers > Information & Documents > Provider Forum Information).

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Our Success and Progress Report: Partners hopes you will take the time to learn more about our progress by reading [Our Success and Progress](#), a document outlining three primary focus areas--positive outcomes through individualized treatment options; embracing the needs of our partners; and making publicly-funded behavioral health affordable—and the results achieved over our first two years. If you would like to obtain printed copies of this publication, please contact Stacy Bryant, Communication Officer, at sbryant@partnersbhm.org.

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.

Provider Alerts issued in October are:

- [Providers--Register today for Credentialing Training](#) (Oct. 3)
- [Psychiatric Inpatient Provider Communication](#) (Oct. 22)

NCTracks News

Provider Training Courses Available in November: Registration is now open for two instructor-led training courses for providers that will be held in November. The format and duration varies depending on the course. Following are details on the courses, the dates and times they are being offered, and instructions for how to enroll:

- **Wednesday, November 5 - 1:00 p.m. to 2:30 p.m. - Managed Care Referrals and Overrides**
This course shows authorized users how to submit Managed Care Referrals and inquire about Managed Care Referrals and Overrides. At the end of training, the user will be able to submit Managed Care Referrals and conduct inquiries about Managed Care Referrals and Overrides using the secure NCTracks Provider Portal. This course will be taught at the CSC facility in Raleigh. The course includes hands-on training and will be limited to 45 participants.
- **Tuesday, November 18 - 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 **ILT: On-Site** or **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. The Provider Training page also includes a quick reference regarding Java, which is required for the use of SkillPort.

Trading Partner Update--Implementation of CAQH CORE Phase III Operating Rules: This is another reminder of the upcoming implementation of CAQH CORE Phase III operating rules. System changes

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associated with Phase III of the CAQH CORE standards will be implemented in NCTracks on **November 3, 2014**. This change will include the following enhancements:

- HIPAA X12 835 and X12 820 transactions through the CAQH CORE infrastructure (SOAP and MIME) will be available.
- Mailboxes used in SFTP transmissions will be restructured to create sub-folders for the 277P, 820, 834, and 835 X12 transactions, and will include functionality for users to delete files. The SFTP functionality and the X12 transaction structure will not be changed. Any existing 277P, 820, 834, and 835 X12 transaction files from prior check-write cycles will not be moved into sub-folders.
- The naming convention of files generated for mailboxes will change.
- NCTracks will generate the 277P, 820, 834, and 835 X12 transactions by provider number (NPI/Atypical ID) rather than by TSN.
- The process to assign trading partner roles will be completely changed. There will be a new 'Trading Partner Roles Page' in the secure Provider Portal for user provisioning associated with CAQH CORE.

Important: These changes may require technical modifications to your systems. For more information regarding the Phase III enhancements, see the [September 3 announcement](#). To further assist you, a draft Connectivity Guide and draft Companion Guides have been posted on the [Trading Partner Information page](#) of the NCTracks Provider Portal to assist you with technical modifications to your systems. (Please note that these are draft documents and subject to change.) For questions, contact the NCTracks Call Center at 1-800-688-6696.

CMS to Answer Your ICD-10 Questions: The Centers for Medicare and Medicaid Services (CMS) will hold a National Provider Call on November 5 to answer questions about ICD-10 implementation.

CMS plans to cover:

- Final rule and national implementation
- Medicare fee-for-service testing
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project
- Partial code freeze and annual code updates
- Plans for National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- Home health conversions Claims that span the implementation date

To learn more and to register, go to

http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html. Bear in mind much of this information is specific to Medicare. ICD-10 plans and dates for testing, etc. will be different for NCTracks.

State News

NC DHHS Ebola Webpage: The North Carolina Department of Health and Human Services has created an Ebola web page that provides information for the public and healthcare providers, updates from the Centers for Disease Control and Prevention, fact sheets and a list of FAQs:

<http://www.ncdhhs.gov/ebola/>

It also incorporates the newly opened Ebola public information line established by Carolinas Poison Center. The number is 1-800-222-1222, and citizens should press 6 for questions about Ebola.