



Provider Communication Bulletin #40

January 29, 2015

IN THIS BULLETIN:

LME-MCO Joint Communication Bulletins

Enrollment and Credentialing

Update on CNDS Number for NC-TOPPS

Customer Service Updates

 Changes in Eligibility Requirements

 Changes in Customer Services Practices

Utilization Management Updates

 Clinical Criteria Checksheets

 ADATC Referral Process

 Inpatient Review Form Updated

 Updated Benefit Grids

Care Coordination Information

 Innovations Clinical Policy 8P Reminder--Back-up staffing in AFLs

Claims Update

 New Rate Schedule

 Medicaid Top 5 Claim Denials For December 2014

 AlphaMCS Information--Site Adjudication Changes for Claims and Authorizations

Provider Reminders

 Annual Enrollee Mailing

 Home and Community Based Services Listening Sessions

 February Provider Forum

 Provider Alerts

 DMA Medicaid Bulletin

NCTracks News

LME-MCO Joint Communication Bulletins

The NC Division of Medical Assistance and Division of Mental Health/Developmental Disabilities/Substance Abuse Services release LME-MCO Joint Communication Bulletins to disseminate information. All LME-MCO Joint Communication Bulletins can be located at:

<http://jtcommunicationbulletins.ncdhhs.gov/>. (Partners does not post the LME-MCO Joint Bulletins on its website.) ***Providers are strongly encouraged to read the complete bulletins.***

Bulletins released in January of interest to providers are:

- **J114 [Provider Enrollment](#)** The purpose of this bulletin is to inform that providers are now able to update their provider record in NCTracks (<https://www.nctracks.nc.gov>) via the managed change request process that can be accessed through the provider portal.

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.

**Partners Behavioral Health Management
Provider Communication Bulletin #40
January 29, 2015**

- **J116 [Associate Level Licensed Providers: Direct Enrollment](#)** The purpose of this bulletin is to notify associate level licensed providers that they must directly enroll by June 30, 2015 to provide Medicaid and state funded outpatient behavioral health services.
- **J117 [Clarification of Joint Communication Bulletin J098: MCM](#)**: The purpose of this bulletin is to describe some options to address the assessment and discharge planning functions necessary in a hospital ED environment without utilizing mobile crisis management.
- **J119 [Behavioral Health Urgent Care Centers and New Data Reporting Requirement](#)**: The purpose of this bulletin is to introduce language, policy, and reporting changes developed to support a goal of the Crisis Solutions Initiative.

Enrollment and Credentialing

CAQH Downtime February 17-23, 2015: CAQH will be transitioning its Universal Provider Datasource® (UPD) to CAQH ProView from February 17-23. The new system will launch on Monday, February 23, 2015. Please note that Smoky, the credentialing delegate for CenterPoint, Partners, and Smoky, will not be able to access provider CAQH applications during this downtime. Similarly, providers will not be able to submit or change their CAQH applications during the downtime.

If a providers' complete CAQH application is submitted prior to February 17, the application be considered to be received on the date submitted to CAQH even if it cannot be accessed by Smoky until February 23. Please see notice below from CAQH and visit <http://www.caqh.org/> for more information.

Please note that all providers must be sure to have an administrative and practitioner email address indicated in CAQH by January 31, 2015. According to CAQH, *providers that do not have an email address in CAQH will be removed from CAQH.* Failure to maintain a current CAQH profile may result in the revocation of credentials with the MCO.

Notice from CAQH--UPD System Downtime February 17-23, 2015 for CAQH ProView Transition CAQH ProView™ - the next generation Universal Provider Datasource® (UPD) - is launching on Monday, February 23, 2015. During the transition from UPD to CAQH ProView, the **system will be unavailable from 8 p.m. ET Tuesday, February 17th through Monday morning, February 23rd.**

Action Items:

- Please plan to do any work necessary in the UPD in advance of the scheduled downtime.
- After the downtime ends, you can log into CAQH ProView with your existing UPD username and password.
- **NOTE:** CAQH ProView may prompt you to create a new username and password to meet the CAQH ProView enhanced security standards.

Update on CNDS Number for NC-TOPPS

Communication Bulletin #143 directed inclusion of the Common Name Data Services (CNDS) number field as a mandatory field for all updates interviews starting January 1, 2015. DMH/DMA has postponed the mandatory CNDS number field entry until **July 1, 2015**.

Here is a recap on Partners' process for issuing a CNDS number: If the individual is Medicaid-eligible, the CNDS number IS the Medicaid ID number. If he/she is IPRS only, NC Tracks creates a CNDS number that Partners will assist in issuing to providers. To obtain the number, please send a confidential email through the ZixMail portal to **Sandy Palfreeman**-- spalfreeman@partnersbhm.org. In the email, include the individual's name, social security number and date of birth. You may also contact Sandy at 336-527-3211.

Should you have any questions about this or a need for other NCTOPPS information please feel free to contact Sheila Wall at swall@partnersbhm.org, NCTOPPS@partnersbhm.org or call 704-224-2560.

Customer Service Updates

Changes in Eligibility Requirements

- **Consumers With Third Party Liability (Private Insurance):**
 1. Consumers with Private Insurance (regardless of policy coverage) are not eligible for State funded services and will not be enrolled to a State Benefit Plan unless they are emergent and in need of Mobile Crisis.
 2. **Exceptions to #1 may be made on a case by case basis for IDD consumers only who have Private Insurance, are ineligible for Medicaid, and are in need of a service funded only by a State Benefit Plan.**

- **Consumers With Medicare Only:**
 1. Customer Service will enroll a Medicare only consumer to a State Benefit Plan **only** if they are triaged as emergent and in need of a Mobile Crisis service.
 2. Customer Service **may** approve an Enrollment Request, submitted by a provider, for a Medicare only consumer, if the consumer meets medical necessity for a service not covered by their Medicare benefit plan and there is not a comparable service available that is reimbursable by Medicare. **(FACILITY BASED CRISIS EXCLUDED)**

- **Consumers With Medicare Only Or Medicare & Medicaid:**

A consumer with Medicare only or Medicare & Medicaid should **never** be enrolled to a State Benefit Plan or authorized to receive a State funded service when there is a comparable service available that is reimbursable by Medicare. **Example: Medicare only consumers and/or Medicare/Medicaid consumers are not eligible to receive Facility Based Crisis and will not be enrolled to a State Benefit Plan for this purpose, because they have a payer source (Medicare)**

that will cover hospital level inpatient services and they should be referred to that level of inpatient care when needed.

Changes In Customer Services Practices: As of Friday, January 26, 2015, Customer Service will no longer dispatch Mobile Crisis to the local County Jail to provide crisis services.

Utilization Management Updates

Clinical Criteria Checksheets: Utilization Management has recently updated the clinical criteria checksheets used in approving service authorization requests. The updated checksheets are used by both Partners and CenterPoint. Checksheets are available for all services and can be located in their own category on the For Provider/Information and Documents page at www.partnersbhm.org. (Go to For Provider -> Information and Documents -> Clinical Criteria Checksheets).

ADATC Referral Process: Utilization Management has developed a referral process and forms for ADATC services. Providers can find all documents that are required when requesting ADATC services at <http://www.partnersbhm.org/providers/provider-forms.aspx> (expand the Utilization Management category).

Items include:

- [ADATC Referral Procedure](#)
- [NCDMH Regional Referral Form for Admission to State Psychiatric Hospital or ADATC](#)
- [ADATC Release Form](#)
- [ASAM Severity Profile-Score Sheet](#)
- [DMA Certification of Need Form](#)

Inpatient Review Form Updated: An updated Inpatient Review Form is now posted at <http://www.partnersbhm.org/providers/provider-forms.aspx> (expand the Information for Hospitals category). The changes are related to a recent post payment audit conducted by Partners. Hospitals should review the form to anticipate information required when submitting an authorization request (SARs for inpatient stays). Please contact the UM Inpatient team if you have questions.

Updated Benefit Grids: Partners' Benefit Grids are posted on our website at the links below:

- [IPRS Benefit Plan](#) (Effective January 25, 2015)

Care Coordination Information

Innovations Clinical Policy 8P Reminder--Back-up staffing in AFLs (Page 72): Residential Supports daily rates include payments for relief staff that provide support for the beneficiary in the group home or alternative family living home. **Relief staff is provided in the beneficiary's residence and IS NOT provided in a different setting.**

Claims Updates

New Rate Schedule: Partners has combined various rate sheet into one combined [rate schedule](#). This rate schedule lists information for Medicaid, State funded, NC Innovations and B-3 Services. It is located at For Providers -> Information and Documents -> Finance and Claims.

This schedule will replace multiple documents on the website. However, Innovations providers are advised to also refer to the current NC Innovations Rates located in the NC Innovations category at <http://www.partnersbhm.org/providers/provider-forms.aspx#>.

Medicaid Top 5 Claim Denials For December 2014:

Medicaid Top 5 Claim Denials December 2014	Provider Recommended Action Steps
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
Claim received after billing period	Write off charges as non-billable. Do not rebill.
Patient not enrolled on the date of service	Verify that all patient information is correct on claim. If no errors exist, contact MCO.
Invalid PC / DX Combo	Verify that Procedure code corresponds with DX and that all information is submitted correctly. Refile only if incorrect.

AlphaMCS Information--Site Adjudication Changes for Claims and Authorizations: Previously the AlphaMCS system updated claims to include the site from the authorization on the claim, even when an alternate site was originally billed on the claim. This is altering of claim information and this is not appropriate for Partners to change. With the implementation of the new site adjudication changes, claims will be adjudicated based upon the site that is billed on the claim. If that site is different from the site authorized, the claim will deny.

Tips and helpful reminders to prevent denials for site adjudication changes:

- Make sure that the site billed for on any current claim matches the site on the current authorization in the Partners system. Any claims billed with a site that is different from the site on the current authorization will deny.
- All new authorization requests should be requested for the site from which the service will be delivered. (Note--this is not the same as Place of Service). Claims should be billed with the same site requested and approved on the authorization.

**Partners Behavioral Health Management
Provider Communication Bulletin #40
January 29, 2015**

If you have further questions, please contact the Claims Department at claims_department@partnersbhm.org or call 1-877-864-1454, select option 4, option 3.

Provider Reminders

Annual Enrollee Mailing: A component of Partners' contract with the NC Division of Medical Assistance is to annually communicate with consumers regarding how to contact Partners and access Enrollee Education materials. Partners mailed information, and copy of our Notice of Privacy Practices, to individuals in early January. The letter and NOPP (sent as English on one side, Spanish on the other) simply reminds individuals that Partners is his/her behavioral health resource and how to contact us for an appointment or enrollee education.

If you work with a consumer who has received the letter and has questions or would like to request materials, please simply follow the instructions on the letter or call 1-877-864-1454 and select option 7.

Home and Community Based Services Listening Sessions: Please join Courtney Cantrell, Director of Division of Mental Health, Developmental Disabilities and Substance Abuse Services; Jessica Keith, Special Advisor on ADA, and Sandra Terrell, Director of DMA Clinical Policy, at these listening and sharing sessions to voice your input concerning the Home and Community Based Services (HCBS) Plan for North Carolina.

They need you to:

- Talk with them and provide valued feedback about the proposed HCBS Transition Plan to help those receiving these services become a full part of their community.
- Tell them what is working and what needs to change.
- Make a plan that works for everyone.
- Help build on their system's strengths to meet requirements of the HCBS Final Rule (March 17, 2014).

More information will follow and can be found at <http://www.ncdhhs.gov/hcbs/>

Two sessions conducted in and near the Partners area are:

February 2, 2015
5:00 pm - 7:00 pm
Lincoln County Department of Social Services
1136 Main Street
Lincolnton, NC

February 10, 2015
6:00 pm - 8:00 pm
CenterPoint Human Services
4035 University Parkway
Winston Salem, NC

To view the dates and locations of all the listening sessions, or for more information, please refer to [the flyer](#).

Partners Behavioral Health Management
Provider Communication Bulletin #40
January 29, 2015

February Provider Forum: Partners will host an All-Provider Forum on February 10, 2015 beginning at 1 p.m. Providers are asked to RSVP below for the site where you will attend:

[Partners BHM-Elkin](#), 200 Elkin Business Park Dr., Elkin, NC

[Partners BHM-Gastonia](#), 901 S. New Hope Rd., Gastonia, NC

[Partners BHM-Hickory](#), 1985 Tate Blvd. SE (First Plaza), Hickory, NC

Handouts from all Provider Forums 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.

DMA Medicaid Bulletin: Providers are encouraged to review the monthly NC Division of Medical Assistance Medicaid Bulletin. Bulletins are posted at <http://www.ncdhhs.gov/dma/provider/>.

NCTracks News

Reprocessing of claims for enhanced payments under the ACA: The Affordable Care Act (ACA) requires that the Medicaid program pay at the Medicare rate for certain primary care services and to reimburse 100% Medicare Cost Share for services paid in calendar years 2013 and 2014 to attested providers. In September 2013, NCTracks began making the ACA enhanced rate payments to providers who attested and were verified by the state for qualified services billed from that point forward. In September 2014, the Centers for Medicare and Medicaid Services (CMS) approved a North Carolina State Plan Amendment which changed the allowable attestation date from June 30, 2013, to June 30, 2014, for retroactive ACA payment eligibility back to January 1, 2013. (Providers who attested after June 30, 2014, are eligible for enhanced ACA payment for services rendered after their attestation date.)

NCTracks has since been updated to include information regarding providers who attested at a later date, as well as changes in rates effective January 1, 2014. (ACA eligible claims with a date of service on or after January 1, 2014, that adjudicated on or before March 7, 2014 at 10:00 a.m. paid with the old rates.) Now that these changes are complete, retroactive reimbursement for claims submitted from July 1, 2013, through present is starting. No action is required on the part of attested providers to receive retroactive reimbursement.

Beginning on January 17, 2015, NCTracks will start the reprocessing of paid physician claims for enhanced ACA payments of eligible services. The reprocessing will include physician claims processed and paid in NCTracks from July 1, 2013, through December 31, 2014, that did not already receive enhanced ACA payment.

Partners Behavioral Health Management
Provider Communication Bulletin #40
January 29, 2015

The claim reprocessing will likely take several checkwrites, and should be completed by mid-February. The claims will be reprocessed as Adjustments and will be reported on the providers Remittance Advice (RA). On the paper RAs only, the reprocessed claims will be listed in a separate section of the RA and the claims will be reported with an EOB code of 06040 - "CLAIM REPROCESSED FOR ACA ADJUSTED PAYMENT."

The 835 transactions will include the reprocessed claims along with other claims submitted for the checkwrite. (There is no separate 835.)

This is the second reprocessing effort and we do not anticipate additional reprocessing of previously paid claims for enhanced ACA payments. Individual reprocessing, if needed, will be addressed on a case by case basis. New claims for eligible services from 2014 rendered by attested providers will be reimbursed appropriately.

If providers have any questions about the reprocessed claims, please contact the NCTracks Call Center at 1-800-688-6696 or NCTracksProvider@nctracks.com.

NCTracks Provider Training Courses Available in February 2015: Registration is now open for several instructor-led training courses for providers that will be held in February 2015. The duration varies depending on the course. 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.