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## **Participate in our 2015 Needs Assessment/Community Gaps Survey!**

Partners is conducting a Needs Assessment and Services Gaps Analysis to assess the behavioral health needs of the citizens in the regions it serves. To assist with this process, we would like for providers contracted with Partners BHM to participate in a survey.

The link to the survey is <https://www.surveymonkey.com/s/PartnersNeedsAssessment2015>. The survey will close on March 2, 2015.

Partners BHM will use a number of tools-focus groups, consultation with community and provider stakeholders, extensive data analytics, and web-enabled surveys-to develop an understanding that will allow effective planning and a more targeted deployment of precious healthcare resources.

We appreciate your help in this process. The survey should take between 5-10 minutes to complete. Results from all completed surveys will be tabulated and used to complete the Partners BHM Needs Assessment and Services Gaps Analysis. When completed, a summary of the results and the Final Report will be posted on the Partners BHM website for review.

On behalf of our communities and those needing behavioral health services and support-we thank you for your assistance. If you have any questions, please contact Jamie Sales at [jsales@partnersbhm.org](mailto:jsales@partnersbhm.org).

## **Customer Service Updates**

**Change in the AlphaMCS Enrollment Process for Providers:** As a result of enhancements to the AlphaMCS solution, a “temporary” Medical Record # (MR#) is now assigned at enrollment. Once the enrollment is “approved” by the MCO, the MR# becomes permanent. *This upgrade will allow Customer Service to return to our previous process of “handing over” the partially completed enrollment to the provider for completion and return to the MCO for approval.*

**Beginning Monday March 16, 2015**, all enrollments initiated by the Customer Service Department will be **“handed over” to the provider**, who can then access the saved enrollment through the MYMCSPortal and complete it during the initial Comprehensive Clinical Assessment. The completed enrollment can then be **“submitted”** to Partners through the MYMCSPortal for approval consideration. All enrollments must be **“approved”** by Partners for uploading into AlphaMCS.

PAGE 1 OF THE ENROLLMENT – will be completed by Customer Service (except for the admission date). Please remember that no special characters should be entered in the patient data in the enrollment or CUR—doing so may impact your claim.

**Enrollment Master**

Enroll Id: 109421

Screening Type:  Telephone  Face-To-Face

First Name Consumer: \* MI: Last:

Screening Date: 8/31/2012 15 Time Screening Began: 07 : 16 AdmissionDate: <M/d/yyyy> 15 Consumer Phone #: SSN #: Medicaid #:

Gender: Referral Source: No.SSN# Enrolled In Medicaid: Yes No Medicaid # 2: Race: Competency Status: Consumer Unique ID:

Primary Language: Secondary Language: Proficient In English: Yes No

Who Served In Active Duty:  Self  Parent  GrandParent  Sibling  Spouse  Partner  Child  Other Sig.Person  N/A Which War:  OIF('03-Present)  OEF('01-Present)  OtherWar  Non Combat Service Only

# Of Arrests in last 30 days: 0 Provider Name: Referral Type: CALL Referral #: 15963

Referral Provider Name: Referral NPI #: Referral Provider Address: State: City: Zip:

Type Of Agency Hosting STR:  LME Operated or Contracted STR  Enhanced Benefit Service Enrolled Provider  LME Contracted Service Provider  Crisis Service Provider

LOCUS: CALOCUS ASAM SIS

Presenting Problem Description:

**Presenting Problem By Cons Age/Disability**

First:  AMH  CMH  ADD  CDD  ASA  CSA

Second:  AMH  CMH  ADD  CDD  ASA  CSA  None

Third:  AMH  CMH  ADD  CDD  ASA  CSA  None

**Current Risk to Consumer Safety**

a. Instability Of Care provider Supervision:  None  Mild  Moderate  Severe  Not Screened

b. Safety Issues in Living Arrangement:  None  Mild  Moderate  Severe  Not Screened

c. Aggression or Self-Injurious Behavior:  None  Mild  Moderate  Severe  Not Screened

Current Risk of Harm to Self/Others: NONE MILD MOD. SEV. NOT SCREENED Consumer in Need of Detox:  Yes  No  N/A

Consumer Potential Risk to Self:  Agitation  Nausea and Vomiting  Sweats  Seizures  Tremors

Consumer Potential Risk To Others:  Other(Describe):

Need Severity:  Emergent  Urgent  Routine  NonThreshold Ref Response:  Basic  Enhanced  Routine  CommunityResource

Community Resource Desc: Recommended Initial Serv:  Diagnosis  Common  Targeted CM  Other  Clin Intake  Beh Health Ass  MH Assess  Appt Offered: Yes No N/A

Provider choice:  Consumer Choice  Family/Legal Guardian Choice  Other Provider choice Desc:  Appointment Accepted  Screener Decision  Other Person Decision

why prv chosen:  Consumer Coverage Benefits  Crisis or Urgent Access  1st Available  Hours  Location  Cultural Reasons  Other Reason why provider Chosen:  Reputation/Recommended by Others  Provider Specialty  Other Reason  NA

Spl Need Accom.:  Wheelchair/Mobility Needs  Sign Language Interpreter  Deaf/Hearing Impaired  Intellectual Disability  Spl Need Desc:  Childcare  Visually Impaired  Physical Disability  Frail Senior  Foreign Language Interpreter  Other  NA

Primary Care Med. Provider: Special Arguments:  Trans  SiteAcc  Other  NA Other Special Argument:

QP Last Name: QP First Name: Staff quality:  MH  SA  DD Phone #: Extension: End Time(hr): \* End Time(Min): \* Comments:

Enrollment Action:  Approve  Send Back to Provider  Deny  Hand Over To Provider  Not Reviewed

Submit Save Cancel

**Admission Date** – To be entered by the Provider & is the first date that the Provider sees the consumer--the date of the CCA/intake.

**Screening Date** – (1) When Partners initiates the enrollment, it is the date that Partners starts the enrollment before “handing over” to the Provider or (2) When the Provider initiates the enrollment, it is the date first date that the Provider sees, completes the Comprehensive Clinical Assessment and enrolls the consumer. When a Provider initiates the enrollment, the screening date should always match the admission date.



**PAGE 2 OF THE ENROLLMENT:** When the Enrollment is “handed over” to the provider from Customer Service, page 2 should be completed by the Provider. Be sure to include diagnosis, target pop, drug(s) of choice, age of first use, route, frequency, etc. (if SA diagnosis is given) and Coordination of Benefits information. **Providers are responsible for checking and documenting any private insurance and/or Medicare, Tricare, CHAMPUS etc.**

The screenshot displays the 'PAGE 2 OF THE ENROLLMENT' form. At the top, the 'Enroll Id' is 144394, and there is a 'Return to STR' button. The 'Screening Type' is set to 'Telephone'. Personal information fields include 'First Name', 'MI', 'Last Name', 'Maiden', and 'DOB'. The form is divided into several sections, each with a table and 'Add', 'Modify', and 'Remove' buttons:

- Diagonstic:** A table with columns: Class ID, Axis, Diagnosis ID, Effective Date, End Date, Stresser, Active.
- Target Pops:** A table with columns: Target POP ID, Effective Date, End Date, Active.
- Drug of Choice:** A table with columns: Priority, Age Of First Use, Route Of Usage, Substance, Frequency, Amount, Date C.
- COBs:** A table with columns: Insurance ID, Insurance Desc., Plan, Insurance Number, Effective Date, End Date.
- Medications:** A table with columns: Current Medication, Dosage, Regimen.
- Provider Attempts:** A table with columns: Service ID, Provider ID, Phone #, Appointment Date, Hour, Minute.

A 'Save' button is located at the bottom center of the form.

When page 2 has been completed, the provider should click the “save” tab at the bottom of page 2. This should take you back to page 1 where you can then click the “submit” tab at the bottom of the page. This will submit the completed Enrollment to Partners Eligibility & Enrollment staff who will review for completion. The Provider will be notified when the enrollment has been approved. When additional information is needed, Customer Service will send the Enrollment back to the provider via Alpha with a comment explaining what is needed.

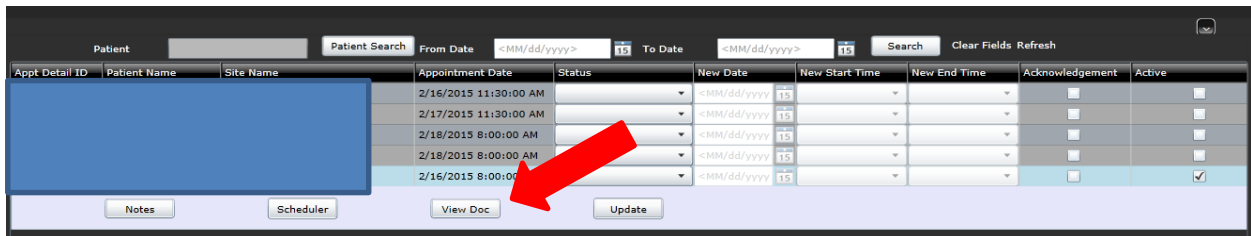
All enrollments, whether initiated by Partners or initiated by the provider, **MUST be completed accurately and in entirety and submitted to Partners within seven days of the admission date (first face to face service).** On all enrollments submitted after seven days, the submission date will equal the admission date and only services provided on or after the submission date will be billable.

# Partners Behavioral Health Management

## Provider Communication Bulletin #41

February 26, 2015

**Information Sharing for Patient Centered Care /CCNC Patient Profile:** Beginning March 1, 2015, in an effort to promote better integrated and patient centered care, Customer Service will begin to attach a "Patient Profile" document to each referral of a Partners Medicaid Enrollee made through the AlphaMCS slot scheduler to an outpatient provider. The Patient Profile is taken from the Community Care North Carolina (CCNC) Informatics Center Patient Record and may provide valuable information on the Medicaid Enrollee being referred to your agency.



To access the CCNC Patient Profile go to MENU > REFERRAL SEARCH> Click on PATIENT NAME > Click on VIEW DOC. **The name on the report will be the first initial and last name of the Enrollee referred.**

Please call Customer Services at 1-888-235-HOPE (4673) if you need assistance or have questions on any of the above items.

## Claims Updates

### Medicaid Top 5 Claim Denials For January 2015:

Medicaid Top 5 Claim Denials January 2015	Provider Recommended Action Steps
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
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.
Patient not enrolled on the date of service	Verify that all patient information is correct on claim. If no errors exist, contact MCO.
Client has other covered insurance	Ensure that the primary insurance for the patient has been billed and is indicated on the claim being submitted to the MCO

## Provider Reminders

**Please make sure to check the Partners website, [www.partnersbhm.org](http://www.partnersbhm.org), for inclement weather information.**

**Provider Council Meeting:** Partners Provider Council is scheduled to meet on Friday, February 27 beginning at 9:30 a.m. at Partners BHM-Hickory, Basement Multipurpose Room, 1985 Tate Blvd. SE, Hickory.

**March Provider Forum:** Partners will host an All-Provider Forum on Tuesday, March 10, 2015 beginning at 1 p.m. This forum will be focused on NCTopps. 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](http://www.partnersbhm.org).

Provider Alerts issued in February:

- Feb. 9, 2015—[Provider Human Rights Committees Survey](#)
- Feb. 9, 2015—[Psychosocial Rehabilitation Billing Changes](#)
- Feb. 16, 2015—[Psychosocial Rehabilitation Update; CAQH Downtime, PSS Job Fair](#)

**Peer Support Specialist Job Fair:** Partners Behavioral Health Management (Partners) is hosting a Job Fair in our three main sites in an attempt to *assist our providers in filling their vacancies for positions which require the Peer Specialist certification*, and may be looking for some candidates in our organization as well.

We are asking Providers who provide Peer Support Services, ACTT Team services and MH/SA Supported Employment services to have representation at one or all of these locations on these dates and times. We are sending the invitation to all certified Peer Support Specialists and asking them to attend this event and to bring a current resume and PSS certification letter when they come. Partners has indicated in the invitation to the certified Peer Support Specialists that there is no guarantee of employment but this will allow providers an opportunity to meet with the Peer Support Specialist and discuss their program openings.

***If you are able and willing to be present and have staff attend this recruitment event, Partners is asking that you register through the links below to help us better prepare for the event at each of our locations.***

- Tuesday, March 10, 2015 - Hickory, 5:30 p.m. until 6:30 p.m. in the Basement Multi-Purpose Room at Tate Boulevard office -[Click here to register for Hickory Job Fair](#)
- Wednesday, March 11, 2015 - Elkin, 12 p.m. until 1 p.m. in the Multi-Purpose Room at Elkin Business Park office -[Click here to register for Elkin Job Fair](#)

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- Thursday, March 12, 2015 - Gastonia, 12 p.m. until 1 p.m. in the Board Room at South New Hope Road office - [Click here to Register for Gastonia Job Fair](#)

**LME-MCO Joint Communication Bulletins:** 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.***

**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/>.

**Proposed Medicaid and NC Health Choice Clinical Coverage Policies:** The following proposed policy is available for review. To stay up to date on all postings, visit <http://www.ncdhhs.gov/dma/mpproposed/index.htm>.

- [8A-2, Facility-Based Crisis Service for Children and Adolescents](#). Comment period ends March 19, 2015.

## NCTracks News

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

- Wednesday, March 4 - 9:00 a.m. to 11:00 a.m. (WebEx) - New Office Administrator
- Wednesday, March 11 - 9:30 a.m. to 12:00 p.m. - Prior Approval - Institutional
- Wednesday, March 11 - 1:00-4:00 p.m. - Submitting an Institutional Claim
- Thursday, March 19 - 9:00 a.m. to 11:00 a.m. - Recipient Eligibility Verification
- Tuesday, March 24 - 1:00-4:00 p.m. - Submitting a Professional Claim
- Tuesday, March 31 - 9:00 a.m. -12:00 p.m. (WebEx) - Provider Web Portal Applications Webinar

Providers can register for these courses in SkillPort, the NCTracks Learning Management System. Log on 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.