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Provider-Focused Human Rights Committee Training

Please join Partners in welcoming Glenda Stokes, Customer and Community Rights Team, NC DHHS Division of MH/DD/SAS, to two **Human Rights Committee information sessions** on **Tuesday, April 21** at Partners-Hickory, 1985 Tate Blvd. SE, Hickory NC 28602.

ALL members of your agency's Human Rights Committee are encouraged to attend; *your individual and family committee members who are not employed by your agency will receive a stipend (\$35) and mileage reimbursement (\$.56/mile) for participating.*

During the month of February, Partners collected and reviewed your responses to a Provider Human Rights Committee Survey. As a result of your insightful suggestions, Partners has organized these events with Ms. Stokes to help providers' Human Rights Committees navigate Restrictive Interventions, the Health Insurance Portability and Accountability Act (HIPAA), and other topics of importance.

During the second half of the session, human rights committees will engage in discussion with a provider panel and fellow attendees to share successes and challenges.

Two identical sessions are being offered. Please RSVP before April 17 - snacks will be offered at the afternoon session and a box dinner will be served at the evening session at no cost. Click on your preferred session below to register:

[Hickory: 2-4 p.m.](#)

[Hickory: 6-7:30 p.m.](#)

If you have any questions, please contact Amy Dotson, Partners Consumer Rights Officer, at adotson@partnersbhm.org or 704-884-2576.

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.

Every agency within Partners network is expected to have a Human Rights Committee (HRC), and is required to submit a yearly report on the activities of this committee, as a stipulation of their contract with Partners Behavioral Health Management.

REMINDER--Outpatient Services: Associate Licensed Staff

As a reminder, Communication Bulletin #J116, effective July 1, 2015, states that the Division of Medical Assistance (DMA) will revise Clinical Coverage Policy No. 8-C (Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers) and **remove the section allowing "incident to" billing for associate-level licensed providers, as well as the section allowing associate-level licensed providers to bill HCPCS codes (H0001, H0004 + modifiers, H0005 and H0031) through LME/MCOs.**

Also, as of July 1, 2015, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) will no longer permit associate-level licensed providers to bill HCPCS codes for State-funded outpatient services. State-funded reimbursement, does not currently allow "incident to" billing.

This means *that no later than July 1, 2015*, associate-level licensed providers must be credentialed by Partners and employed/contracted by an agency that contracts directly with Partners to bill for services. ***Partners does not contract directly with associate-level providers.***

Partners will no longer accept authorization requests or claims for "incident to" for CPT codes or HCPCS codes by associate-level licensed providers for dates of service past June 30, 2015, even if an authorization for HCPCS codes extend past June 30, 2015.

Associate-level licensed providers are required to have their own National Provider Identifier (NPI) number and register under the taxonomy code of their respective profession. For example, the Associate Level Licensed Clinical Social Worker will register under the taxonomy code for a Licensed Clinical Social Worker. To apply for an NPI number, please see the [instructions on the NPPES website](#).

Contract Renewals

Partners will soon begin renewing contracted providers' State and Medicaid Contracts.

All provider agencies need to complete [this document](#) and email the completed document to contracts@partnersbhm.org no later than April 10, 2015.

The Contract Department MUST HAVE the current signer's name and email address authorized to sign contracts for your organization. Partners uses electronic signature software for contracts. Contracts will be emailed directly to the staff person identified to sign them.

If you have questions, please contact the Contracts Department at contracts@partnersbhm.org.

Claims Updates

Medicaid Top 5 Claim Denials For February 2015:

Medicaid Top 5 Claim Denials February 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.
Patient not enrolled on the date of service	Verify that all patient information is correct on claim. If no errors exist, contact MCO.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
No coverage available for Patient/Service/Provider combo	Go to Provider > Provider Details > Contract tab. Select the appropriate contract then go to Contract Details. Check site.

Provider Monitoring Reminder

Throughout the course of routine provider monitoring, the monitoring team wanted to point out several areas that providers should pay attention. It is critical that providers ensure the following:

- **Verification of Education:** Paraprofessionals must meet minimum educational requirements of having a valid high school diploma/transcripts or a valid GED from an organization recognized by the U.S. Department of Education. GED's obtained from any online correspondence school or any organization/agency deemed a "diploma mill" will not be accepted. Qualified Professionals must show evidence of valid college degree/transcripts from an accredited college/university recognized by the U.S. Department of Education.
- **Verification of Training:** Employees must meet minimum staff training requirements as identified in General Rules and Regulations, as well as in Service Definitions for which the employee is hired to deliver. Evidence of trainings must be in one of the following two forms:
 - a) an agency training list indicating names and dates of training; class rosters that include title of training, names of participants, date(s) of training, duration of training, signature and printed name of trainer; and post-tests that included printed name of participant, date and score of test.
 - b) a certificate of training that includes the following information: name of training, name of participant, date(s) of training, duration of training, signed and printed name of trainer.

In either of these two forms of evidence, if the training is conducted by the agency/organization being reviewed a copy of the training curriculum must be present for review.

- **Individualized Supervision:** Employees must be given an initial Supervision Plan at time of hire (within 30 days of hire date) that states name of supervisee, name of supervisor, how often

supervision shall take place and individualized goals specific to the employee, to include strengths and weaknesses. The agency's Policy and Procedures in regards to supervision shall match what is indicated on the Supervision Plan. Individualized Supervision Forms shall include name of supervisee, name of supervisor, duration of supervision given for that specific event, goals addressed and progress/interventions for the employee to continue to address professionally and personally, as they mature in their assigned position.

If you have any questions regarding this information, please contact your provider specialist.

Program Integrity

Documentation, Compliance, Self-Auditing, and More: Partners and the providers within our network have the responsibility of assuring services delivered are quality driven, compliant, outcome-focused, and effectively meet the needs of those we serve. It is through the dedication of our providers and stakeholders that we are able to be successful in meeting these assurances and maintaining good stewardship of public funds.

The Partners Program Integrity (PI) Department helps to meet these assurances through its focus on the prevention, detection, and resolution of healthcare fraud, financial waste, and abuse (FWA). The PI Department periodically conducts audits as well as investigations as part of the overall Partners Compliance Program.

- PI Audits are desk reviews and do not require an on-site visit but may include a request for documentation to you as a provider. The Partners PI Department conducts service and provider level audits on a routine basis to monitor for aberrant patterns and/or trends for the purpose of prevention and detection of FWA.
- PI investigations can be desk reviews, on-sight reviews, and/or a combination of the two. Investigations are conducted when an allegation or concern of FWA has been received; however, an investigation by the Partners PI Department is not indicative that FWA has actually occurred. Partners is required to conduct an investigation into each allegation received and takes every allegation seriously, completing a thorough fact finding investigation.

As a reminder, the PI Department operates independently from other departments within Partners that may contact you for other purposes. For example, the Provider Network Management Department conducts required routine quality monitoring reviews of providers; whereas the PI Department conducts focused audits and investigations specific to FWA. The PI Department strives for minimal provider disruption and only conducts on-site investigations when absolutely necessary.

Paid Claims and Documentation: An essential and required part of the PI Department's auditing and investigation process is the review of paid claims and documentation. Often we have seen well-intended providers who may not have had effective internal controls in place to support paid claims. Every claim that is submitted, whether electronic or paper, includes a statement by the provider attesting to the

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availability of documentation, accuracy, authenticity, and medical necessity, etc. of the service stated to have been provided. It is vital that providers are able to readily provide supporting documentation that meets service definition, contractual, program, and related regulatory requirements for all services billed and paid.

Compliance Programs: Partners is required to maintain an effective compliance program, which includes the recoupment of overpayments of public funds. In turn, you are also required to maintain an effective compliance program with internal controls, such as self-auditing, within your respective organization. We have seen a few providers within our network who have demonstrated the implementation of a self-auditing program and these providers have been effective in self-identifying, disclosing, and re-paying identified overpayments. If you do not have a self-auditing program, this is one element you will want to implement right away as part of your compliance program. If you need to learn more about establishing a compliance program or if you have questions about self-auditing, please contact us via email at programintegrity@partnersbhm.org.

Documentation and Resources: Complete, accurate, and timely documentation is an essential part of assuring proper payment of services. The Centers for Medicare and Medicaid Services (CMS) have created an education factsheet on the importance of documentation. A link to this resource is listed below. The PI Department encourages you to review this resource and seek out additional resources to evaluate the effectiveness of internal controls within your organization that promote practices such as self-auditing and other quality improvement practices.

<http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-behavioralhealth-factsheet.pdf>

A few of the common areas of concern related to documentation that have been noted from Program Integrity audits and investigations conducted over the past two years have included, but may not be limited to:

- Documentation cloning. This is when notes are not individualized to the specific consumer and are sometimes also referred to as “canned” notes
- No documentation (consumer, staff, and/or financial documentation missing)
- Documentation does not support services billed (i.e.; unbundling, group vs individual, excessive units)
- Lack of or no supporting documentation demonstrating compliance with personnel requirements (i.e.; training, qualifications, and/or team composition)

The Partners PI Department periodically receives requests from providers for PI resources relating to various subjects, such as self-auditing tools. Although there are many resources available to providers for the development of effective self-auditing tools, Partners does not endorse any particular tool as each provider organization has varying and unique business needs in addition to various regulatory requirements. Thus, providers are encouraged to seek out resources that best fit their specific needs. The web-links provided below may be beneficial reference sites for your Program Integrity and/or Compliance Program as they relate to topics touched on within this educational article.

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- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm#tools>
- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Program-Integrity/Program-Integrity.html>
- <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/frequent-findings-toolkits-121714.html>
- <http://oig.hhs.gov/compliance/rat-stats/index.asp>
- <https://www.youtube-nocookie.com/embed/1M7kKGqSa14?wmode=transparent>
- <http://www.partnersbhm.org/aboutus/dept-regulatory-compliance.aspx>
- <https://oig.hhs.gov/fraud/fugitives/index.asp>

We depend on the collaboration of our staff, providers, consumers, and stakeholders to assist us in monitoring the integrity of our program. If you have knowledge of potential healthcare fraud, waste, or abuse whether by a provider, a consumer, or Partners it is your duty to report it. We have a dedicated AlertLine specifically devoted to allegations and concerns of healthcare fraud, waste, and abuse where you can report your concerns. Although, it aides in the investigation process to be able to make direct contact with you for any follow-up or clarification needed, you may make your report anonymously if you prefer. In addition, Partners follows the whistleblower provisions of the False Claims Act and does not engage in any retaliation against individuals submitting allegations in good faith.

To submit a report you can call our toll-free AlertLine directly at **1-866-806-8777**. Or, you can report your concern by visiting the Alert-line webpage at <https://partnersbhm.alertline.com>. If you have questions, concerns, or comments for the Program Integrity Department please reach out to us at programintegrity@partnersbhm.org.

Utilization Management

Assertive Community Treatment Team Worksheet: Partners' Utilization Management (UM) Department presented the information about the new *Assertive Community Transition Readiness Scale (ATR) worksheet* and training packet at the February Assertive Community Treatment Team (ACTT) collaborative. This worksheet is now required documentation by the state for all ACTTs.

Partners recommends that ACTT providers submit this worksheet with your service authorization requests (SARs) as this could support the clinical justification for ongoing services. UM Care Managers will put an alert in AlphaMCS if a SAR is submitted without the ATR worksheet. The alert will ask for the ATR to be submitted or at minimum be submitted at the next authorization request.

Requests for authorizations will not be delayed or administratively denied if the ATR is not submitted.

B3 Supported Employment for Intellectual and Developmental Disabilities: Partners has been working with Intellectual and Developmental Disabilities (IDD) providers on a plan to address concerns related to the step down requirements found in the B3 definition. Partners is committed to the development of a plan that meets the clinical needs of our consumers. While this work continues, providers may still request **up to** 10 hours a week for consumers in the intermediate stage of service.

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Please remember to upload with these requests, quarterly summaries and any updates made to their treatment plan as a result of review of goals and objectives.

Reminder to Intermediate Care Facilities for Individuals with Intellectual Disabilities Providers:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) 0100 service authorization requests require the current Innovations Initial Level of Care (LOC) Eligibility Determination form and Medical Assessment (if applicable) signed by an MD. However, Partners UM is requesting that upon completion, the Individual Program Plan and any subsequent assessments are uploaded into the Patient Portal. Updated information is reviewed with submission for continued authorization.

Evidence Based Practice: Partners encourages providers to utilize evidence-based practice (EBP) when delivering services. Some services like Intensive-In Home, Day Treatment and Community Support Team require providers to be trained in at least one EBP as outlined in the Clinical Coverage Policy 8A. Utilization Management Care Managers will be talking with providers about including interventions in the Person-Centered Plan (PCP) that relate to the EBP in use. The Care Manager may ask the provider to include that information at the next SAR submission. Documentation of how providers utilize EBP could strengthen the clinical justification for the request.

Requests for authorizations will not be delayed or administratively denied at this time if the information is not present.

Provider Reminders

Motivational Interviewing for Peer Support Providers: Due to tremendous interest in the February 12th webinar on Motivational Interviewing for Peer Support Providers, BRSS TACS will be holding the live webinar event again on **Thursday, April 9, 2015**. Please note that continuing education unites will not be available; however, certificates of completion are available upon request. To register for this training offered by BRSS TACS or to learn more, [click here](#).

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

April Provider Forum: Partners will host its Provider Forum on **Tuesday, April 14, 2015** beginning at 1 p.m. This forum will be focused on topics related to Intellectual and Developmental Disabilities. In addition, NCSTART will be here to provide crisis and de-escalation training for a portion of the forum, and IDD Utilization Management supervisors will present an in-service on short range goals.

Providers are asked to RSVP below for the site where you will attend:

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

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

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

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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 Communications”, and are posted at the bottom of the “For Providers” page at www.partnersbhm.org.

Provider Alerts issued in March:

March 9, 2015—CAQH ProView; Psychosocial Rehabilitation Correction; Provider Forum

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

Bulletins issued in March:

- March 3, 2015--[#J123: 2014 DMH/DD/SAS Mental Health and Substance Abuse Consumer Perception of Care Report](#)
- March 5, 2015--[#J124: NC Peer Support Specialist Program](#)
This bulletin addresses changes in the process for becoming a North Carolina Peer Support Specialist. Certification is required by the Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA) to work as a peer specialist. It also reviews the new requirements and timelines for implementation of the changes
- March 18, 2015--[#J126 SFY 2015 LME-MCO Gaps Analysis Section III Not Required and Clarification of Data For Specialized Services](#)
The purpose of this bulletin is to provide two clarifications regarding the gaps analysis requirements.

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

NCTracks ICD-10 Provider Readiness Survey: As part of NCTracks preparations for the implementation of ICD-10, NCTracks conducting a Provider Readiness Survey. The survey is brief, only eight questions. Providers should be able to complete it in 5 minutes or less.

The link to the survey is [NCTracks ICD-10 Provider Readiness Survey](#). The survey is completely anonymous. **Responses are requested by 6:00 p.m. Friday, March 27.**

This is the second iteration of the survey. The first survey was sent on January 20, 2015. The survey will be conducted several times between now and October 1 to help gauge the progress of the provider

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community. As you move forward in your preparations for ICD-10, please indicate your current status in each subsequent survey. (Note the addition of a new question in this iteration of the survey.)

However, you do not need to have taken the last survey to complete this one. All providers are welcome to complete this survey.

For some providers, the survey will not apply because they do not use ICD-9 diagnosis or procedure codes. If so, you are still welcome to complete the first two questions of the survey and then it will skip to the end.

The results of the survey will be used to help us more effectively approach this important transition and will also be reported to CMS. As noted, all responses are anonymous appreciated.

ICD-10 Crosswalk: The NCTracks ICD-10 Crosswalk is up and running. You can find it here:
<http://ncmmis.ncdhhs.gov/icdxwalk.asp>.

Providers are encouraged to input ICD-9 codes and see how they convert to ICD-10 codes in NCTracks. Remember, there often isn't a one-to-one correlation, with some old codes being replaced by dozens to better match the diagnosis. The crosswalk only serves as a preliminary guide and will be updated frequently. The Division of Medical Assistance will be adding ICD-10 codes to clinical policies just before ICD-10 implementation on October 1. Some existing codes may change, so you will want to check back. *About the decimal:* To use the crosswalk, remove the decimal from your ICD-9 code. To build the crosswalk as quickly and easily as possible, we eliminated the decimal. However, when you use NCTracks on ICD-10 implementation day on October 1, whether you use a decimal or not is up to you. The system will recognize correct ICD-10 codes with or without a decimal.

From now until ICD-10 goes live in October, you can send your ICD-10 questions and comments to NCTracks-Questioner@dhhs.nc.gov.