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## **Quarterly Provider Incident Reports Due July 10th**

Quarterly Provider Incident Reports for the fourth quarter are due to Partners by Friday, July 10. All reports must be completed on the form developed by Partners last year. The old forms on the State website will not be accepted. You can download the correct form from our website at [www.partnersbhm.org/For Providers/incident-reporting](http://www.partnersbhm.org/For_Providers/incident-reporting). (The document is in Microsoft Word. When opening the document, a box may appear asking you to enter your credentials. Simply close the box by clicking on the **X** in the corner and the document will appear.)

Additionally, beginning April 1, 2015, Partners will accept one report per agency rather than one report per active site. Please use the name of your agency that is on your contract at the top of the report along with the number of sites you have active for the quarter of April through June 2015. If your agency did not provide services to any of our consumers during the reporting quarter, you do not have to report.

If you have questions regarding this information, please contact Amy Dotson at 704-884-2576.

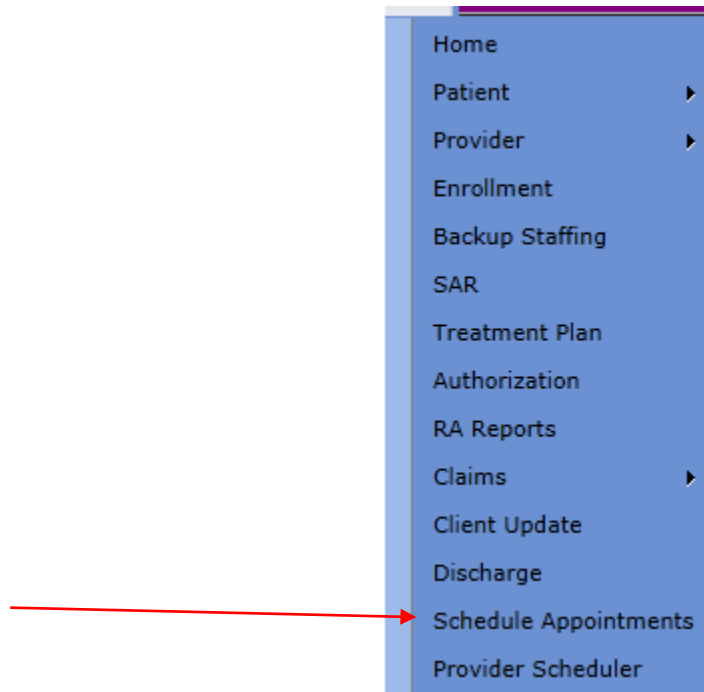
*Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, [www.PartnersBHM.org](http://www.PartnersBHM.org), and the "Monday Coffee Break" newsletter. If you have any questions regarding this Bulletin, please reference the subject contact, contact your provider specialist, or email [questions@partnersbhm.org](mailto:questions@partnersbhm.org). All Provider Bulletins and training event information are posted at [www.PartnersBHM.org](http://www.PartnersBHM.org).*

PLEASE NOTE: Partners did not request the blanket waiver for our provider network. However, your agency may obtain the waiver directly by contacting the DMHDDSAS Quality Management Team at 919-733-0696 or email [ContactDMHQuality@dhhs.nc.gov](mailto:ContactDMHQuality@dhhs.nc.gov) for assistance.

## Customer Services

### Providers Note--AlphaMCS Has Added A New Menu Option:

1. In order to update the status of a **CURRENT referral/appointment (today forward)**, Providers must now go to **"Schedule Appointments"** on the drop down menu. This was previously done via "Provider Scheduler" on the drop down menu.



Providers may reorder/sort columns (Site Name, Start Time) by clicking on the column headers.

| Appt Detail ID | Patient ID | Patient Name | Site ID | Site Name | Start Time           | End Time              | Acknowledgement                     | Update |
|----------------|------------|--------------|---------|-----------|----------------------|-----------------------|-------------------------------------|--------|
|                |            |              |         |           | 6/12/2015 8:00:00 AM | 6/12/2015 11:00:00 AM | <input checked="" type="checkbox"/> | Update |
|                |            |              |         |           | 6/12/2015 8:00:00 AM | 6/12/2015 11:00:00 AM | <input checked="" type="checkbox"/> | Update |
|                |            |              |         |           | 6/12/2015 8:00:00 AM | 6/12/2015 11:00:00 AM | <input checked="" type="checkbox"/> | Update |
|                |            |              |         |           | 6/12/2015 8:00:00 AM | 6/12/2015 11:00:00 AM | <input type="checkbox"/>            | Update |

Click on "Update" to open the appointment

Update the Appointment Status

The screenshot shows a web form titled "CREATE APPOINTMENTS" with a sub-header "Create Appointment". The form includes several input fields: "Subject" (text), "Patient Name" (text with a "Search" button), "Site" (dropdown with a "Select From Available Slots" button), "Start Time" (calendar/date-time), "End Time" (calendar/date-time), "Status" (dropdown menu currently showing "Attended"), and "Acknowledgement" (checkbox checked). A "Notes" section with a large text area is at the bottom. "Update" and "Cancel" buttons are at the bottom right. A red arrow points from the text "Update the Appointment Status" to the "Status" dropdown menu.

2. In order to update the status of a **PREVIOUS referral/appointment (today forward)**, Providers must use the referral search menu option and filter for the appointment date to get a list of appointments that they can update.

The screenshot shows the "Referral Search" interface. At the top, there are search filters for "Patient", "From Date" (06/16/2015), and "To Date" (06/17/2015). Below the filters is a table with the following columns: "Appt Detail ID", "Patient Name", "Site Name", "Appointment Date", "Status", "New Date", "New Start Time", "New End Time", and "Acknowledgement". The table contains one row with the following data: "6/16/2015 12:00:00 PM", a dropdown menu, "MM/DD/YYYY", and a checked checkbox. Below the table are buttons for "Notes", "Scheduler", "View Doc", "Update", and "View Screening Report".

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**Provider Communication Bulletin #45**  
**June 25, 2015**

**State-Benefit Enrollment Requests for Consumers with Third Party Coverage:** On June 10, 2015, Partners issued a [Provider Alert](#) clarifying enrollment eligibility for individuals with coverage from a third party entity. Providers submitting a State Benefit Enrollment Request on a consumer with a third party payer (Medicare, Tricare, BCBS etc.) must:

1. Enter the name of the consumer's insurance coverage on COBs tile on Page 2/Additional Clinical of the Enrollment.
2. Document, in the comment section of the Enrollment Request, the name of the Enhanced Service they want to provide that is not covered by their consumer's plan.

**Attention Providers - Would you benefit from more Consumer Referrals to Your Agency? Use The AlphaMCS Slot Scheduler!** By using the AlphaMCS Slot Scheduler, you allow Partners' Customer Services Department to make and track referrals to your agency via the scheduler.

If you would like to receive referrals and/or would like to discuss the possibility of using the AlphaMCS Slot Scheduler, or would like instruction on using the AlphaMCS Slot Scheduler, please feel free to contact Diane Morrison at [dmorrison@partnersbhm.org](mailto:dmorrison@partnersbhm.org) or 336-527-8014

**Add New Available Referral Slots by the 20<sup>th</sup>:** Providers who utilize the AlphaMCS Slot Scheduler are asked to please add new available referral slots to their scheduler ***no later than the 20<sup>th</sup> of each month for the following month.*** Proactively adding referral slots to the AlphaMCS Scheduler will significantly improve the ability of the Customer Service Department to schedule routine consumers within 10 working days as mandated by the Department of Medical Assistance and the Department of Health and Human Services.

**Clinical Info Available through the Scheduler:** It has come to the attention of the Customer Service Department that providers utilizing the AlphaMCS Slot Scheduler may not be aware of the clinical information available to them when receiving a referral from Partners. When a consumer is referred to a provider via the AlphaMCS Slot Scheduler, clinical referral information is available to the provider in the following formats.

1. If the consumer is State Funded only and newly enrolled, the provider will have access to the new State Enrollment that is "handed over" and the **Notes** in the Referral under the **Notes** Button
2. If the consumer is State Funded only and is receiving a new referral from a previous enrollment, the provider will have access to the **Notes** in the Referral under the **Notes** Button
3. If the consumer is a Medicaid Enrollee, the provider will have access to:
  - a. the **Notes** in the Referral under the **Notes** Button, and

- b. The CCNC (Community Care NC) Patient Profile (from the last 12 Months) under the **View Doc** Button

The NOTES found in the Referral will consist of the following information if applicable:

- Date
- Time
- Funding Source
- Consumer From (Name) County
- Guardian Name
- Phone
- Presenting Problem
- Suicidal Ideation/Homicidal Ideation
- Hopelessness/Isolation
- Auditory Hallucinations/Visual Hallucinations
- Treatment History /Previous Hospitalizations
- Substance Use Current/History
- Substance Use Today And Amount, Current Withdrawal Symptoms
- Will (Not) Need To Be Assessed For Detox
- Substance Use Treatment History/ Previous Hospitalizations
- Potential Risk to Self, Potential Risk To Others
- Severity of Appointment Need (Routine, Urgent, Emergent)
- Special Need Accommodations
- Does Consumer Want This Information Shared With Their Primary Care Physician?
- Appointment Scheduled W/\_\_, Date/Time
- Informed Caller about The Walk In Center And That The 888#/Mobile Crisis Management Is Available 24/7
- Screener Name & Credentials

## Utilization Management

**Person Centered Plans—When are Updated Signatures Required?** There has been much discussion about when an updated signature is required for a Person Centered Plan (PCP). The [DMH/DD/SAS PCP Instruction Manual](#) reads as if to support that an updated signature is not required when a provider is *only* reviewing goals and *is not* making changes.

However, the current version of the [NCDHHS Records and Documentation Manual](#), (issued after the PCP Manual) states, “*the required signatures must be obtained for all PCP reviews on **the***

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***Plan Update/Revision Signature page, whether or not the review resulted in a change to the plan***". This means that when a provider reviews the goals, inserts the date they were reviewed, and marks the goal as ongoing with **no changes--then updated signatures are required**.

The confusion between the two manuals led to this question being sent to the Division of Medical Assistance (DMA). DMA's answer was that "a **signature is required even with the minimal review.**"

Given the response from DMA, **starting July 15, 2015 and forward, Partners' Utilization Management (UM) will require updated signatures on all PCPs submitted with SARs.** The signatures would be provided by the person responsible for completing the PCP and the consumer/guardian. Providers will need to use the *Update Signature* page of the PCP. Updated MD signatures are only required if a new service is added to the PCP and at the annual update. As a reminder, uploaded documents can have a typed name and date with a notation "signature on file". This indicates there is a hard copy of the updated signature and date on file at the provider's office and available for audit purposes.

If the updated signatures are not submitted with PCPs for concurrent requests, the request could be administratively denied with appeal rights.

**Electronic Medical Records:** Many providers are using or moving to electronic medical records. When using an electronic record, the required signatures on documents submitted to UM can be typed in with credentials and typed date. Electronic records usually have a stamped date in addition to the typed date by the provider's name. The stamped date should appear on documents you submit to UM.

**Outpatient Codes:** This is a reminder that for dates of service July 1, 2015 forward, provisionally licensed staff must bill CPT codes for outpatient services. H codes will be ended in Partners' benefit plan as of June 30, 2015.

Additionally, provisionally licensed clinicians will no longer be able to bill "incident to".

The following are the H codes that end on June 30, 2015:

- H0001—Alcohol and Drug Assessment
- H0004—Behavioral Health Counseling and Therapy
- H0004HQ—Outpatient Treatment Group
- H0004HR—Outpatient Treatment Family Therapy w/Client
- H0004HS—Outpatient Treatment Family Therapy w/out Client

- H0005—Alcohol and/or Drug Group Counseling
- H0031—Mental Health Assessment
- H0031SE—Mental Health Assessment

## Claims

| MEDICAID TOP 5 CLAIM DENIALS MAY 2015                                   | PROVIDER RECOMMENDED ACTION STEPS   |
|---|---|
| No contract exists or rate is not set up yet                            | Refer to your contract and call your Provider Network Specialist if you have any questions.   |
| 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.                           |
| Another concurrent service has been approved or waiting to be processed | Confirm the service previously sent is correct. If not, send a reversal or replacement claim. |
| Client has other covered insurance.                                     | Ensure primary insurance for the patient has been billed and is indicated on the claim.       |

## Provider Reminders

**No July Provider Forum:** Partners will not host a July Provider Forum. The next Provider Forum is scheduled for August 11, 2015. Handouts from previous forums are located at [www.partnersbhm.org](http://www.partnersbhm.org) on the Provider Forums page.

**Provider Alerts** are emailed to all providers subscribed through Constant Contact for “Information for Providers” and “All Partners Communications,” and are posted on the main “For Providers” page at [www.partnersbhm.org](http://www.partnersbhm.org).

*Provider Alerts issued since the last Bulletin:*

[June 18, 2015 Provider Alert - Additional IPRS Checkwrite; IRIS Server Maintenance](#)

[June 10, 2015 Provider Alert - IPRS Eligibility/Enrollment; Therapeutic Leave](#)

[June 3, 2015 Provider Alert - Changes to Antipsychotic Prescribing; Regional NCTracks Seminars](#)

[May 28, 2015 Provider Alert - Child Residential Providers-Post Payment Utilization Review Process](#)

**LME-MCO Joint Communication Bulletins:** All LME-MCO Joint Communication Bulletins can be found at <http://itcommunicationbulletins.ncdhhs.gov/>. (Partners does not post the LME-MCO Joint Bulletins on its website.)

*Bulletins issued since the last Provider Bulletin:*

June 2, 2015--#J142 PRTF Attending Provider Billing Changes

June 2, 2015--#J143 Multiple LME-MCO Locations in Provider Files

June 5, 2015--#J144 Intensive In-Home Service Changes as Related to Session Law 2014-100

June 9, 2015--#J145 Communicating Effectively with Deaf, Hard of Hearing, and Deaf-Blind Individuals and Their Family Members

June 11, 2015--#J146 Annual Quality Strategy and Quality Improvement Projects/Performance Improvement Projects

June 24, 2015--#J147 Reporting of DHHS Performance Measures

**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/>.

## **STATE NEWS-- Delay of New Work First Substance Use/Mental Health Policy Implementation**

Per the State Division of Social Services, the implementation of the new Work First Substance Use/Mental Health Policy has been delayed.

QPSAP providers and QPSAs should, until further notice, continue to follow current Division of Mental Health/Developmental Disabilities/Substance Abuse Services Work First/CPS Substance Use Initiative procedures. DMHDDSAS will inform all of the new implementation date as soon as it becomes available.

Please contact Starleen Scott Robbins at [Starleen.Scott-Robbins@dhhs.nc.gov](mailto:Starleen.Scott-Robbins@dhhs.nc.gov) if you have any questions.