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Attention Hospitals - Upcoming Changes to Inpatient Services

Partners will be replacing our current un-managed three-day pass through for all Medicaid and State funded (IPRS/Indigent) inpatient services in the near future. The new process will involve a time-sensitive approach to providing hospitals with an appropriate authorization for services to our eligible and enrolled members. Our target date for implementation is September 1, 2015.

Partners wants to keep our network hospitals informed during this process. Please contact Wyatt Bell at 336-527-3322 or email wbell@partnersbhm.org if you have any questions. We also ask that you please forward this information to the appropriate person and/or department as needed. If you would like future related notifications to be sent to someone else in your agency, please send Wyatt his or her contact information.

Provider Feedback Requested – Comprehensive Clinical Assessment Form

Partners is soliciting provider feedback on a Comprehensive Clinical Assessments (CCA) template. The elements included in the form are recommendations for a quality CCA; and the intent of its use is to refine diagnostic assessment documentation, which may help get consumers started in the best services to meet their needs. In addition, incorporating the template's elements into your agency's CCA form may help reduce calls and/or denials by UM.

Click here to access the form. Feedback and questions regarding the form should be addressed to Deanna Lacicer, dlacicer@partnersbhm.org. Feedback will be accepted through Wednesday, August 12, 2015.

DSM-5 and ICD-10 – Clinical Documentation and Billing Tips

ICD-10 codes will be in effect on October 1, 2015. At this time, ICD-9 codes will not be used for authorization and/or claims. DSM-5 diagnoses do cross walk to the new ICD-10 codes. Those cross walks can be found in the back of the DSM-5 manual beginning on page 839.

Starting October 1, 2015, clinical staff will need to use the DSM-5 diagnosis (descriptor) found in the manual for their Comprehensive Clinical Assessments (CCA), Person Centered Plans, treatment plans, and all other clinical documentation. When entering the SAR or submitting a claim, providers need to use the ICD-10 codes.

In the DSM-5 manual, following the diagnostic description, you will find the ICD-10 code in parenthesis. For example, in DSM-5 you will see

Schizoaffective Disorder   295.70 (F25.0) bipolar type or
Schizoaffective Disorder   (F25.1) depressive type

It is important to note that 295.70 is actually an old ICD 9 code. These codes were used in the manual to assist in the transition to ICD-10 codes. A provider can use both codes, including the description, for clinical documentation. *The goal is for clinicians and providers to move toward only using the ICD-10 code.*

For clinical documentation an example could be:
        "Consumer's diagnosis is, 295.70 Schizoaffective Disorder, bipolar type"

For service authorization requests (SARs) and billing purposes *you would chose F25.0 or F25.1, as 295.70 will not be an available choice.* An example is:

F25.0 Schizoaffective Disorder, bipolar type

When submitting a SAR in AlphaMCS, you will see that the drop down box under Diagnosis will only show an ICD-10 code with an ***** which indicates it is a DSM-5 diagnosis. (See the screen shot below.) A clinician should select the appropriate "F" or ICD -10 code. The same code will be used when you submit claims to Partners.
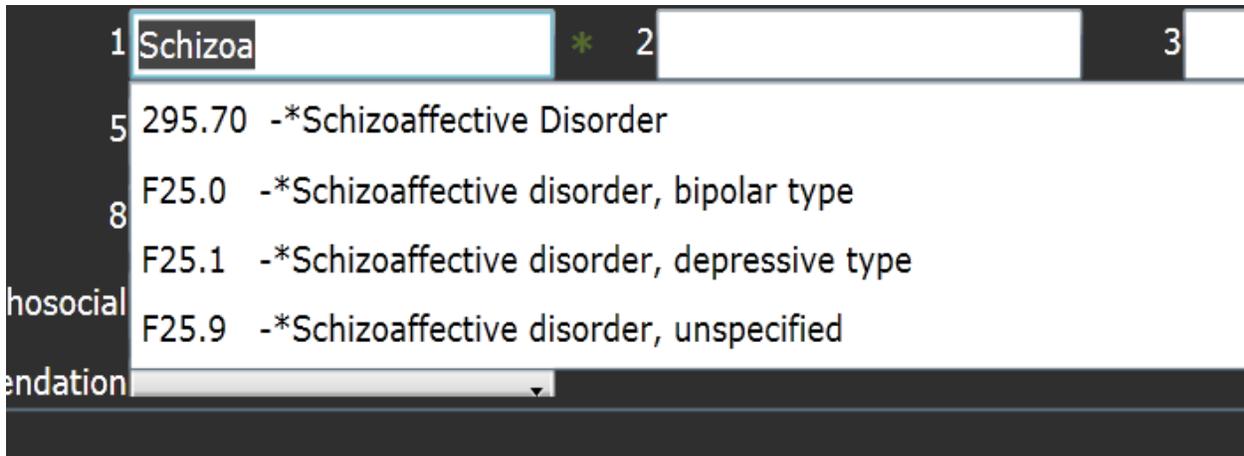
If you have any questions, please contact the appropriate department:

For Authorizations: Utilization Management Department

       Mental Health/Substance Abuse, 704-842-6436

       Intellectual/Developmental Disabilities, 704-884-2605

For Billing/Claims:

       Claims Department, claims_department@partnersbhm.org or 704-842-6426

For ICD-10 Testing/AlphaMCS: Help Desk, helpdesk@partnersbhm.org or 704-842-6431

Provider Training for MCR Changes

As noted in NC Tracks June 16 announcement, important changes are coming to the Manage Change Request (MCR) process in NCTracks that will simplify the process for those who submit MCRs. Registration is now open for an instructor-led training course for providers about the new MCR process. The same course is being offered on multiple dates. This course will be 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. *(continued)*

> **Partners requests that Providers:**
> - Verify that information in NC Tracks is correct. If not, complete a Managed Change Request. Let your Provider Network Specialist know it has been completed.
> - Verify that the information in AlphaMCS matches what you have currently have in NC Tracks (if correct) or in the Managed Change Request you submitted.
> - Verify each NPI they are using matches the taxonomy that is in NC Tracks. Please make sure that is what is being used on your billing.

Following are details on the course, the dates and times it is being offered, and instructions for how to enroll:

ES User Role_ Abbreviated MCR_ Upload Documents - This course will guide providers through the enhancements to the provider enrollment application processes.

Sessions are being held:
- Friday, August 7 - 9:00 a.m. to 12:00 p.m.
- Tuesday, August 11 - 1:00 p.m. to 4:00 p.m.
- Thursday, August 20 - 9:00 a.m. to 12:00 p.m.

Course Objectives:
At the end of training, providers will be able to**:**
- Explain the Enrollment Specialist user role
- Identify the Abbreviated Manage Change Request (MCR) applications
- Upload supporting documents

(Additional sessions will be offered in the coming months, but providers are encouraged to take the training as soon as possible.)

Training Enrollment Instructions:
Providers can register for this course 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 course can be found in the sub-folder labeled **ILTs: Remote via WebEx**. 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.

Utilization Management

"Lack of Information" Requirement Changes

There are times when an authorization request is missing required information/documents. Partners Utilization Management Department has contacted providers by electronic alert and/or telephone and requested the information be submitted. Partners has been allowing the provider up to five calendar days to submit the missing information and avoid an Administrative Denial.

Effective with any Service Authorization Requests (SARs) submitted on or after **September 1, 2015**, UM will only allow **up to three calendar days** for additional information to be submitted. If the requested information/documents (as outlined in clinical coverage policy and/or the service records manual) are not uploaded within three calendar days, UM will issue an Administrative Denial. If the request was for additional clinical justification, and additional information is not submitted, the SAR will be reviewed based on what was originally submitted and, if necessary, the case will be sent for Peer Review by an MD.

It is very important for providers to put their contact information on the SAR. The contact needs to be someone who can answer clinical questions. The lack of correct contact information will slow down the processing time for your SAR.

Three to Six-year-old Assessment Tools

Providers currently complete a CALOCUS for children as required by DMA. However, the CALOCUS has not been validated for use with children 3-6 years old.

DMA has established **required assessment tool(s)** for this age group. Providers have a choice to use one of two assessment tools. The tools identified for use by DMA for this age group are:

- **Child and Adolescent Needs and Strengths (CANS) or**
- **The Early Childhood Services Intensity Instrument (ECSII) for Infants, Toddlers and Preschoolers.**

Partners is researching possible trainings for one or both of these tools. There will be more communication about trainings in the near future. Providers can obtain trainings for their staff outside of anything that might be offered by Partners. *Providers who serve this population and already have staff trained in the use of either of these tools can begin submitting those results with their SARs. (continued)*

Partners wants to allow adequate time for providers to get staff trained and using one of these tools. A set implementation date will be announced in the coming weeks. As with the CALOCUS, once that date is established, Partners could issue an Administrative Denial if an approved assessment for this population is not submitted with a SAR.

Adult Developmental Vocational Program (ADVP)

Please note that:

- ADVP does not require a Vocational Rehabilitation (VR) assessment for your SAR to be processed.
- Supported Employment does state in the definition a VR assessment is required prior to submitting a SAR

Benefit Grids

Partners' Benefit Grids have been updated and are available on the Utilization Management page at www.partnersbhm.org.

Claims Information

Intellectual/Developmental Disabilities Diagnosis added back to State-Enrolled Plan

Partners has made the decision to add diagnosis 854.00 back to the diagnosis array for State Enrolled IDD consumers. Those consumers must be enrolled in an ADSN or CDSN target population. We will identify and re-adjudicated previously denied claims. If you have questions, please contact the Claims Department at 704-842-6486 or email claims_department@partnersbhm.org.

Split Claims

When dates of service span the October 1 deadline for ICD-10, providers will need to split the claim in most cases, with the exception of hospital inpatient claims. A split claim is really two separate claims. You will submit an ICD-9 claim with dates of service before October 1 and an ICD-10 claim for dates of service on and after October 1. This applies to claims submitted through AlphaMCS and NCTracks.

Top Five Claim Denials for June 2015:

The following table highlights the top five reasons for claim denials in June 2015.

MEDICAID TOP 5 CLAIM DENIALS June 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.
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.
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.
Service is not authorized.	Verify Service Authorization for consumer. Contact Utilization Management with questions.

Provider Reminders

August Provider Forum

The next Provider Forum is scheduled for August 11, 2015. This forum is for all providers. Please RSVP for the location in which 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

Handouts from previous forums are located at www.partnersbhm.org on the Provider Forums page.

NC TOPPS -- CNDS Number is Now Mandatory!

The Common Name Data Services (CNDS) number field became mandatory July 1, 2015 (per the DMA Joint Communication Bulletin #111) and is now required for all NC-TOPPS update interviews.

For Medicaid recipients, the CNDS number will be the same as the Medicaid ID. For individuals with IPRS only (non-Medicaid), Partners will need to provide the CNDS number from NCTracks when an individual is admitted to an NC-TOPPS required service. To obtain the assistance with the CNDS number, please send a confidential email through the ZixMail portal to Cindy Combs at ccombs@partnersbhm.org. In the email, please include the individual's name, social security number, and date of birth. You may also contact Cindy at 336-527-3209. *(continued)*

Should you have any questions about this or need other NCTOPPS information, please contact Sheila Wall at swall@partnerbhm.org or call 704-884-2560.

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.

Provider Alerts issued since the last Bulletin:
July 16, 2015 Provider Alert - NC Innovations Waiver Amendment Public Comment Period Extended to August 7, 2015
July 7, 2015 Provider Alert - Mandatory Innovations Training; Revised #J138; Innovations Public Comment Period Open

LME-MCO Joint Communication Bulletins: All LME-MCO Joint Communication Bulletins can be found at https://www.ncdhhs.gov/divisions/mhddsas/communication-bulletins. (Partners does not post the LME-MCO Joint Bulletins on its website.)

Bulletins issued since the last Provider Bulletin:
- #J148 – Tobacco Use Disorder
- #J149 – Inpatient Prior Approvals
- #J150 - NC Innovation Waiver Guidance

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

ACTT 101 Training
The UNC ACT TA Center is hosting a three day ACT 101 training in Hickory on August 18th - 20th (Tues-Thurs). Register at
https://docs.google.com/forms/d/16emKG7J9KVVyC_bwZCPSGYBU_NAtu_vjgYUQKu0bW74/viewform?usp=send_form

Training will be held at The Crossing at Hollar Mill at 883 Highland Ave SE, Hickory, NC 28603 (http://thecrossinghickory.com/). *Training starts at 9 a.m. and ends at 4:30 p.m.* Contact Lorna at lorna_moser@med.unc.edu if you have any questions.