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Attention Hospitals—Upcoming Changes to Inpatient Services

Partners will be replacing its 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 October 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. More information regarding this transition will be release in September.
Rate Changes for All Providers

Partners continues to assess rates for services and follow through with our commitment to reinvest funding into services for those you serve. With this in mind, we are pleased to announce the following rate increases effective September 1, 2015.

- **PLEASE NOTE THAT PROVIDERS MUST BILL** Partners at the new increased rate in order to receive the new rate.
- **If claims are submitted with the previous/lower rate, you will be paid the lower rate.**
- Partners will only allow resubmission of claims due to the lower rate being submitted within 90 days of the date of service.

### Partners Rate Changes - Effective September 1, 2015

<table>
<thead>
<tr>
<th>Service and Specialty</th>
<th>New Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>90834 - Psychotherapy - 45 Minutes</td>
<td></td>
</tr>
<tr>
<td>109 Licensed Psychologist</td>
<td>$84.39</td>
</tr>
<tr>
<td>110 LCSW, LPC, LMFT</td>
<td>$63.29</td>
</tr>
<tr>
<td>128 LPA</td>
<td>$63.29</td>
</tr>
<tr>
<td>129 LCAS, Certified Clinical Supervisor</td>
<td>$63.29</td>
</tr>
<tr>
<td>90837 - Psychotherapy - 60 Minutes</td>
<td></td>
</tr>
<tr>
<td>109 Licensed Psychologist</td>
<td>$109.00</td>
</tr>
<tr>
<td>110 LCSW, LPC, LMFT</td>
<td>$94.75</td>
</tr>
<tr>
<td>128 LPA</td>
<td>$94.75</td>
</tr>
<tr>
<td>129 LCAS, Certified Clinical Supervisor</td>
<td>$94.75</td>
</tr>
<tr>
<td>90832 - Psychotherapy - 30 Minutes</td>
<td></td>
</tr>
<tr>
<td>110 LCSW, LPC, LMFT</td>
<td>$47.72</td>
</tr>
<tr>
<td>128 LPA</td>
<td>$47.72</td>
</tr>
<tr>
<td>129 LCAS, Certified Clinical Supervisor</td>
<td>$47.72</td>
</tr>
<tr>
<td>210 Physician Assistant</td>
<td>$54.09</td>
</tr>
</tbody>
</table>

**Provider Enrollment and Credentialing**

At this time, Partners’ network is closed and not accepting Requests for Nomination. Partners conducts an annual needs assessment/gap analysis study to identify needs for our community. If service needs are identified through this study, or through geographical analyses, Partners looks within its existing network of credentialed and/or contracted providers to add services. If existing providers cannot meet the needs, Partners will seek to recruit, credential and contract with new providers through a selection process. These identified needs will be posted on Partners website.
Partners’ remains committed to a robust, effective provider network focused on meeting the needs of our communities. We will continue to monitor the size, scope and effectiveness of our providers, and adjust our network as the needs of our communities change.

**Community Needs Assessment and Network Development Plan**
Partners has posted its latest Provider Capacity, Community Needs Assessment and Final Report, along with the 2015 Network Development Plan, in the “About Us” section of our website at www.partnersbhm.org. Providers are encouraged to review these documents.

*Partners is currently seeking providers to deliver the following services for our Intellectual and Developmentally Disabled population:* Speech therapists, physical therapists and behavior analysts for Innovations Specialized Consultative Services.

**Request for Proposals: Residential Treatment – Level III**
Partners has issued a Request for Proposals (RFP) for Residential Treatment – Level III Services. The RFP is available for viewing at http://www.partnersbhm.org/For%20Providers/additional-resources/requests-for-proposals.

Questions related to this RFP are due by 9 a.m., September 11, 2015, and a Mandatory Bidders Conference will be held the same day at 9 a.m., at Partners’ Hickory Office, 1985 Tate Blvd. SE, Hickory NC 28602. Proposals are due by 5 p.m. EDT, September 21, 2015. Please send all questions related to this RFP to Judy Dahlstrom at jdahlstrom@partnersbhm.org.

**Provider Orientation Toolkit and Provider Manual Revisions**
Providers new to the Partners’ Network need to make sure and review the Provider Orientation Toolkit located on the Provider Enrollment and Credentialing webpage.

In addition, the Provider Operations Manual has been updated with links to areas within the new Partners website. The manual is available on the “For Providers” page.

**Find a Provider Website Search Tool**
Partners frequently updates the information in its “Find a Provider” website search tool. Providers are asked to review the information for your organization and submit any corrections or changes to your Provider Specialist. Provider Specialists Assignment lists are located on the For Providers/Provider Network Management Page at www.partnersbhm.org.
Provider Performance Measures

Throughout the course of the last 18 months, Partners has sought input from the Provider Council as well as the Global CQI Committee regarding performance measures. In that process, Partners baseline-tested five measures and of those five, Partners will be including the following three measures in Provider Contracts either at the point of credentialing or as a contract amendment. If you have questions regarding these measures, please contact your provider specialist.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcome</th>
<th>Measures</th>
<th>Provider Applicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Claims Accuracy</td>
<td>Increase Provider Claims Approval Rate</td>
<td>Provider must have a claims approval rate at or above 80% in each quarter of the fiscal year per funding source. (applies to provider specific denial reasons, not LME/MCO issues)</td>
<td>Applicable to ALL Provider Contracts in the Network</td>
</tr>
<tr>
<td>2. UM Authorizations Approval</td>
<td>Increase Authorization Approval Rates</td>
<td>Provider must demonstrate an authorization approval rate on service requests is at or above 75% during the Partners’ identified quarter of each fiscal year (example, July, August, September 2015) – across all services and all providers</td>
<td>Applicable to ALL Provider Contracts in the Network</td>
</tr>
<tr>
<td>3. NCTOPPs Compliance</td>
<td>Increased timeliness of 3 month interview submissions</td>
<td>95% of all Provider 3 month interview submissions will be in compliance with timely submission requirements. (for all providers required to submit NCTOPPs)</td>
<td>Applicable to providers responsible for NC TOPPs participation</td>
</tr>
</tbody>
</table>
Utilization Management

Expedited Service Authorization Requests (SARs)

- Facility-Based Crisis, Partial Hospitalization, Inpatient (and other crisis services): Providers who offer these services should identify their requests as “expedited” when submitting a SAR. These crisis services are always considered expedited.
- Other services: SARs cannot be expedited requests unless there is information supporting the consumer has a health or safety risk. Utilization Management staff will notify a provider if they submit an “expedited request” and the status has been changed to standard request due to not meeting those criteria.

ICD-10

Reminder: As of October 1, 2015, all authorization requests (SARs) and claims must be submitted with an ICD-10 code. ICD-9 codes will no longer be available for dates of services October 1, 2015 forward.

Being Prepared for ICD-10 Training

Partners is once again proud to host "Being Prepared for ICD 10" training. This is the last training opportunity for ICD 10 training that Partners will have before the October 2015 implementation of ICD-10. Registration will open the week of August 31 and registration links will be available on the Calendar on the Partners’ website.

This training is in preparation for the transition from the ICD-9 to ICD-10 codes. The ICD 10 codes are four times longer than the ICD-9 code set and the ICD-10 codes have a more complicated format.

Objectives for the training:
- Describe the format changes between ICD-9 and ICD-10
- Recognize the challenges of cross walking DSM-5 and ICD-9 to ICD-10
- Understand the software system changes required to accommodate ICD-10

The trainer is Vince Joyce. Vince is an authority on assisting behavioral providers and payers with claims management, data analysis and software system implementation. As president of e3 Informatics, Vince has worked extensively with NC Medicaid and IPRS.

Being Prepared for ICD-10

Live from our Gastonia office with video conferencing to our Elkin regional office.

September 15, 2015
9:00 a.m.-12:00 p.m. or 1:00 p.m.-4:00 p.m.
(Registration will open the week of August 31, 2015 via the Partners’ website calendar)

Both sessions are applicable for clinical and non-clinical staff.
Claims Information

Provider Taxonomy Verification Assistance/Training
Staff from Partners will be offering assistance verifying taxonomies in Alpha and NCTracks in training sessions during the month of September. Please make sure to check Partners Training Academy Update or our web calendar for training dates.

To learn more about taxonomy verification, check out page 17 of the August 2015 Provider Forum handout. Handouts from all provider forums are located in the “For Providers” section of the Partners website.

Top Five Claim Denials for July 2015
The following table highlights the top five reasons for claim denials in July 2015.

<table>
<thead>
<tr>
<th>MEDICAID TOP 5 CLAIM DENIALS July 2015</th>
<th>PROVIDER RECOMMENDED ACTION STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service is not authorized.</td>
<td>Verify Service Authorization for consumer.</td>
</tr>
<tr>
<td></td>
<td>Contact Utilization Management with questions.</td>
</tr>
<tr>
<td>Claim received after billing period</td>
<td>Write off charges as non-billable. Do not rebill.</td>
</tr>
<tr>
<td>No contract exists or rate is not set up yet</td>
<td>Refer to your contract and call your Provider Network Specialist if you have any questions.</td>
</tr>
<tr>
<td>Another concurrent service has been approved or waiting to be processed</td>
<td>Confirm the service previously sent is correct. If not, send a reversal or replacement claim.</td>
</tr>
<tr>
<td>Duplicate Claim</td>
<td>Claim has previously been submitted and adjudicated. Do not refile.</td>
</tr>
</tbody>
</table>

Provider Reminders

September Provider Forum
The next Provider Forum is scheduled for September 8, 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.

Provider Alerts
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:
- August 18, 2015 Provider Alert - Request for Proposals: Residential Treatment Level III
- August 17, 2015 Provider Alert - Taxonomy Training

State News

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:
- Corrected #J145 Communicating Effectively with Deaf, Hard of Hearing and Deaf-Blind Individuals and Families
- #J152 Innovations Waiver Provider Self-Assessment Process
- #J153 National Accreditation

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 Recredentialing Notices - Update
The Centers for Medicare and Medicaid Services requires that all Medicaid providers are recredentialed. The N.C. Division of Medical Assistance (DMA) is reviewing the status of enrolled providers to ensure compliance.

This announcement regarding recredentialing is not the official notice to providers. The recredentialing notice is a letter sent to providers via US Postal Service mail and posted to the Message Center Inbox on the secure NCTracks Provider Portal. The notice is mailed and posted when recredentialing is due. Due dates for recredentialing are specific to each provider. All providers will not receive recredentialing notices at the same time. (This is not a new process.)

It is crucial that all providers who receive a notice promptly respond and begin the recredentialing process. All Medicaid providers are required to recredential as part of the NCDHHS Provider Administrative Participation Agreement. Recredentialing is not optional. If the recredentialing is not completed, your provider record may be subject to termination.

Providers who have received a notice, but have not started the recredentialing process, should not wait for a second notice.

Providers who believe they have mistakenly received a recredentialing notice should immediately notify DMA using the contact information included in the notice.
As a reminder, North Carolina session law requires that providers pay a $100 fee for Medicaid recredentialing.

**Note**: Recredentialing does not apply to any time-limited enrolled providers such as out-of-state (OOS) providers. OOS providers must continue to complete the enrollment process every 365 days.

**ICD-10 Provider Training Update**
The instructor-led ICD-10 provider training course **ICD 10 System Changes** is being offered on multiple dates in September. (The August classes are full.) This course will be taught Remote via WebEx and can be attended from any location with a telephone, computer and internet connection. The WebEx will be limited to 115 participants. Following are the dates and times it is being offered:
- Thursday, September 3 - 9:00 a.m. to 9:45 a.m.
- Tuesday, September 8 - 3:00 p.m. to 3:45 p.m.
- Friday, September 18 - 10:00 a.m. to 10:45 a.m.
- Monday, September 21 - 3:00 p.m. to 3:45 p.m.

**Recorded Session** - For providers who are not able to attend the live instructor-led course, a recorded session is available. The 14 minute recorded session includes the audio and video from the instructor-led course, but is not interactive. The recorded session is titled **GEN 102 ICD System Changes_Providers** and can be found in SkillPort in the General folder under the heading CBTs.

**Updated CBTs and PUGs** - In addition, several existing provider Computer-Based Training (CBT) courses and Participant User Guides (PUGs) are being updated to include information about ICD-10. A complete list of the updated CBTs and PUGs will be provided shortly.

**Training Enrollment Instructions** - 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 **ILTs: Remote via WebEx** or **CBTs**, 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.

**Other reminders**
**Batch Claims** -- ICD-9 codes and ICD-10 codes cannot be used on the same claim. However, claims with ICD-9 codes and claims with ICD-10 codes can be submitted in the same batch.

**Split Claims** - When dates of service span the October 1 deadline for ICD-10, you 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.

You can find the answers to many common ICD-10 questions on the ICD-10 Frequently Asked Questions (FAQ) page of the NCTracks Provider Portal.

**NCTracks Provider Training Courses Available in September 2015**

Registration is now open for several instructor-led training courses for providers that will be held in September 2015. These courses are in addition to the ICD-10 courses previously announced. The format and duration varies depending on the course. Following are details on the courses, the dates and times they are being offered, and instructions for how to enroll.

- **Friday, September 4 - 9:00 a.m. to 12:00 p.m. and Thursday, September 10 - 1:00 p.m. to 4:00 p.m. - ES User Role_Abbreviated MCR_Upload Documents (WebEx)**
  This course will guide providers through the enhancements to the provider enrollment application processes. At the end of training, providers will be able to explain the Enrollment Specialist user role, identify the Abbreviated Manage Change Request (MCR) applications, and upload supporting documents. This course is 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. (The same course is being offered on multiple dates.)

- **Wednesday, September 16 - 9:00 a.m. to 11:00 a.m. - Recipient Eligibility Verification**
  In this training providers learn to use the Eligibility Verification System (EVS), which provides information regarding a recipient's eligibility for services in real time. At the end of training, providers will be able to submit an Individual Recipient Eligibility Inquiry, submit a Batch Eligibility Inquiry, and view an Eligibility Response. This course will be taught at the CSC facility in Raleigh. The course includes hands-on training and will be limited to 45 participants.

- **Tuesday, September 29 - 9:30 a.m. to 12:00 p.m. - Prior Approval – Institutional**
  This course will cover submitting Prior Approval (PA) Requests with a focus on Nursing Facilities, to help ensure compliance with Medicaid clinical coverage policy and medical necessity. It will also cover Prior Approval inquiry to check on the status of the PA Request. The course is being offered in-person at the CSC facility in Raleigh. It includes hands-on training and will be limited to 45 participants.

- **Tuesday, September 29 - 1:00 p.m. to 4:00 p.m. - Submitting an Institutional Claim**
  This course will focus on how to submit an Institutional Claim via the NCTracks Provider Portal with emphasis on Long Term Care and Secondary Claims. At the end of training, providers will be able to enter an Institutional claim, save a Draft claim, use the Claims Draft Search tool, submit a claim, and view the results of a claim submission. The course is being offered in-person at the CSC facility in Raleigh. It includes hands-on training and will be limited to 45 participants.
Training Enrollment Instructions:
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 **ILTs: On-site** and **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.