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Wanted - B3 Respite Service Providers

Partners has identified the need for additional providers of B3 Respite services. If you are an in-network provider currently credentialed and contracted with Partners, please consider adding B3 Respite services to your existing Partners contract. Additional B3 Respite service capacity is needed for child mental health and adult/child intellectual/developmental disability populations throughout our eight county catchment area.

If you are interested in adding this service to your existing contract, please complete the [Request for Nomination form](#) to add that service as soon as possible. If you have questions about the B3 Respite Service, please call Tori Braswell at 828-323-8059 or Randy Ross at 828-323-8036.

Customer Services – Enrollment and Eligibility Updates

Providers enrolling consumers in AlphaMCS are reminded of the following items:

- 1) Target Population/Benefit Plan updates can be dated no further than 90 days in the past.
Example: If today's date is 11/16/2015, you can submit a target pop start date of 08/16/2015, but no dates prior to that will be accepted.
- 2) Third party Insurance in AlphaMCS:
Partners' Customer Service/Enrollment and Eligibility staff cannot end date third party insurance in AlphaMCS if it shows in NCTracks as *current/active*. The provider must complete the *NC Provider 2057 Referral Form*: <http://ncprovider.hms.com> and submit to NCTracks to have the insurance end dated. All required fields must be accurately completed to ensure timely action by HMS. The caseworker's/PROVIDER'S name, phone number and email address should be keyed in the Provider Contact Information section. Use the county's "county number" in the "Provider Name" section.

If you have questions about these items, please call Sandy Palfreeman at 336-526-3211 or Debbie Eldridge at 336-526-3234.

Changes to Authorization Requirements for Several Services

This information was sent in a Provider Alert on November 23, 2015 and has been republished.

Partners has completed a review of several services along with feedback from the Partners' Provider Council. The review was used to evaluate utilization, effectiveness and requirements to obtain an authorization.

Partners is making some enhancements to reduce the administrative burden on all parties involved in the authorization process. These involve changes to the requirements to obtain an authorization and/or to the number of units allowed per authorization for the following services. Partners believes that these changes will improve access to services and reduce treatment barriers.

B3 Services:

- Respite
- Community Guide
- Peer Support
- Supported Employment
- Individual Supports

Enhanced Services:

- Outpatient
- Child Residential Levels I-III
- Opioid Maintenance
- ACTT

The changes are effective for Service Authorization Requests submitted December 1, 2015 and forward. Utilization Management cannot go back and update/adjust any authorizations that are in place prior to December 1, 2015.

Changes are outlined in the Benefit Grids located on the [Utilization Management page](http://www.partnersbhm.org) at www.partnersbhm.org.

If you have a question regarding these changes, please call Utilization Management at 1-877-864-1454, option 4, option 5.

Communication Regarding Inpatient Services

A Provider Alert was released on November 17, 2015 clarifying questions asked by inpatient providers. To view the alert, [click here](#). If you have further questions, please contact the UM Hospital Admissions Team at 704-842-6434.

Top Five Claim Denials for October 2015

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

MEDICAID TOP 5 CLAIM DENIALS October 2015	PROVIDER RECOMMENDED ACTION STEPS
Patient not enrolled on the date of service	Verify that all patient information is correct on claim. Check the existence of a patient insurance.
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.
Claim received after billing period	Write off charges as non-billable. Do not rebill.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.

Provider Reminders

No December Provider Forum: There will not be a Provider Forum in December. As always, 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. Looking for an older Provider Alert? Check out the [Provider Alert Archive](#).

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:

- J168 Individual Placement and Support/Supported Employment (IPS-SE) Funding Streams Targeted Pops
- J169 Clarification on Unmanaged Visits for State Funded Services

DMA Medicaid Bulletin: Providers are encouraged to review the monthly NC Division of Medical Assistance Medicaid Bulletin. Bulletins are posted at <https://dma.ncdhhs.gov/document/2015-medicaid-bulletins>.