



Provider Communication Bulletin #51

December 18, 2015

IN THIS BULLETIN:

- Quarterly Provider Forums
- Attention ACTT Providers: Post Payment Utilization Review Process
- Utilization Management Updates
- Top Five Claim Denials for November 2015
- Provider Reminders
- State News

Quarterly Provider Forums

Partners will hold its Provider Forums on a quarterly basis beginning in 2016. Forums will be held Tuesday, February 9, 2016; Tuesday, May 10, 2016; Tuesday, August 9, 2016; Tuesday, November 8, 2016.

All forums will begin at 1 p.m. and will be teleconferenced across the following locations:

- 901 S. New Hope Rd., Gastonia NC 28054
- 200 Elkin Business Park Dr., Elkin NC 28261
- 1985 Tate Blvd. SE (Basement Multipurpose Room), Hickory NC 28602

If you have questions regarding the forums, please contact Jamie Sales at jsales@partnersbhm.org or call 828-323-8053.

Attention ACTT Providers: Post Payment Utilization Review Process

Partners has initiated a post payment utilization review process and will select a sample of Assertive Community Treatment Team records for audit. All ACTT Providers who have a contract with Partners will be notified to send specific clinical documentation on a limited number of consumer records.

Each ACTT Provider agency will be contacted and a certified letter will be sent providing more details. Partners will contact the Clinical Director or Quality Management Director at each provider agency with specific clinical requests for the selected records. Certified letters will be sent no later than December 21, 2015. We recognize that there are upcoming holidays and will allow sufficient time to respond to the documentation request, no less than ten business days.

If you have questions, please contact Kathleen Meriac, Specialty Review Unit, at 704-884-2571 or email to kmeriac@partnersbhm.org.

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.

Utilization Management Updates

Outpatient Unmanaged Visits:

In a previous alert and Communication Bulletin, it was announced Partners would begin allowing 26 unmanaged visits for outpatient services beginning December 1, 2015. This created some confusion and multiple questions.

For clarification, the following applies to outpatient unmanaged visits.

- 26 individual and family therapy unmanaged visits can be used for new consumers beginning outpatient services as of December 1, 2015
- For consumers in service prior to December 1, 2015, the following guidelines apply:
 1. If the provider has exhausted the 8 (adults) or 16 (child) unmanaged visits for a specific consumer, that began July 1, 2015, an authorization is required for any additional units to cover the remainder of the fiscal year (ends June 30, 2015)
 2. If the 8/16 unmanaged visits have **not** been exhausted prior to December 1, 2015, the provider can continue with unmanaged visits for **individual and family therapy** up to 26 visits before an authorization is required.
 3. **Group therapy** was already allowed 26 unmanaged visits a year before an authorization was required. This practice will continue for the remainder of this fiscal year and for each fiscal year thereafter.

Three Day Grace Period for Missing Information:

When a Service Authorization Request (SAR) is submitted for authorization and is missing information, Partners allows a provider up to three days to submit additional or missing information. There have been some questions about the use of these three days. Hopefully this will clarify how/why the three days are to be used. Allowing additional days to submit information is not a requirement of the MCO but is offered as a courtesy to providers.

- There are times when something happens and a page of a Person Centered Plan (PCP) doesn't get attached, a LOCUS/CALOCUS/ASAM score is not entered, etc. The three-day period allows the provider to correct these type of errors and avoid the SAR being declared Unable to Process (UTP) or Admin Denied.
- Sometimes the three days is used by Partners to ask for additional clinical information to support the request. In these cases UM is attempting to help providers get services approved.

The three-day period was never intended to be used because a provider did not have a signature, or an updated PCP, CCA, or other required documentation at the time the SAR was submitted. It is not a "holding place" while the provider gets the information together. Providers should have all of the required documentation prior to submitting a SAR.

ICD-10

This is another reminder to providers that all diagnosis for consumers should now reflect to ICD-10. UM is still getting SARs with old ICD-9 diagnosis. The problem may be some providers are using the copy feature of the SAR and not updating the diagnosis section.

This needs to be corrected immediately. UM has sent reminders and worked individually with providers since October 1, 2015. *As of January 1, 2016, any SAR with an ICD-9 diagnosis will be sent back as Unable to Process (UTP). UTPs do not have appeal rights.*

Top Five Claim Denials for November 2015

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

MEDICAID TOP 5 CLAIM DENIALS	PROVIDER RECOMMENDED ACTION STEPS
Invalid DCN (Document Ctrl #) or resubmission ref #	Look at your RA with the original claim number and make sure you entered it correctly.
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.
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

Holiday Closings

Partners will be closed December 23, 24 and 25th for Christmas, and January 1, 2016 for New Year’s Day. As always, our Customer Services Department will be available to assist consumers at 1-888-235-HOPE (4673).

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](#).

High Fidelity ACT 101 Training

The NC ACT TA Center will present “High Fidelity ACT 101 Training” January 19-21, 2016. The training will be held from 9 a.m.-4 p.m. each day at Carolina Outreach, 2670 Durham-Chapel Hill Blvd., Durham NC 27707. This High Fidelity ACT 101 Training will provide a thorough review of a complex and comprehensive treatment model --- assertive community treatment---- including the purpose and description of critical program elements that stem from the original model, as well as contemporary updates informed by three decades of best practice technology research.

Partners Behavioral Health Management
Provider Communication Bulletin #51
December 18, 2015

Registration will be capped at 35 attendees. To learn more, please contact Lorna Moser at lorna_moser@med.unc.edu or Stacy Smith at stacy_smith@med.unc.edu.

Public Comment Sought on Five Year State Plan Goals and Objectives for the NC Council on Developmental Disabilities

The NC Council on Developmental Disabilities is seeking public comment from people with intellectual and other developmental disabilities (I/DD), their families, caregivers, advocates and the public at large for NCCDD's proposed Five Year State Plan's goals and objectives. The plan includes three goals focusing on increased financial security, increased community living and increased advocacy for people with I/DD and their families, in NC.

To submit your comments, click on the following link - <http://bit.ly/1MRMuGL>.

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Funding Opportunity

The Center for Social Innovation (C4) has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to operate the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). C4 is currently requesting capabilities statements from Peer-Run/Recovery Community Organizations (PRO/RCOs) to carry out activities in support of Affordable Care Act (ACA) implementation efforts in the state, district, territory, or federally recognized American Indian/Alaska Native (AI/AN) tribal jurisdiction in which they operate.

An informational webinar will be held Tuesday, December 29 from 1-2 p.m. To register for the webinar, [click here](#). To learn more, [click here](#).

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:

- J170 Annual Reminder regarding Record Retention
- J171 Financial Reporting Manual and Template Revisions
- J172 New Procedure for In-Reach and Transitioning Consumers between LME-MCOs
- J173 Innovations Appeal Grievance Chart

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>.