



# Provider Forum

## August 11, 2015

### 1:00 PM

## Agenda

Welcome and Updates  
(10 minutes)

Beth Lackey  
Provider Network Director

Spotlight on MST  
(60 minutes)

Alexander Youth Network  
Easter Seals UCP  
Youth Villages

Timely Compliance with  
Program Integrity  
(10 minutes)

David Botsko  
Program Integrity Director

Partners Training Academy  
(10 minutes)

Janet Noblett  
Training Director

Medicaid Encounter Claims  
(10 minutes)

Rhonda Colvard  
Claims Supervisor

Closing  
(10 minutes)

Beth Lackey

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# MST and MST-PSB Alexander Youth Network

What's Different?

# Program Features

	MST	MST-PSB
Length of Tx.	3-5 months	5-7 months
Case Loads	4-6 clients	3-5 clients
Stage of Development	Mature Dissemination	Early Dissemination

# MST-PSB Augmentations

- \* Heavier utilization of structural/strategic family therapy
- \* Highly focused PSB safety planning
- \* Requires strong knowledge base of sexuality
- \* Heightened emphasis on youth's development of friendship skills

# MST-PSB Augmentations, cont.

- \* Strong focus on recognizing and addressing denial/minimization
- \* Assessment of sexual trauma impact
- \* Family Systems based clarification work

# MST-PSB Augmentations, cont.

- \* In general, higher frequency and intensity of contact
- \* Requires videotaping of therapy sessions as training/supervision tool

# Clinical Adaptations of MST for Treating Juvenile Sexual Offenders

- u Ensuring Community Safety: Help family and team develop plan for risk reduction and relapse prevention:
  - u **Are sufficient safety rules in place?**
  - u **Plans must address safety of victims & younger children who reside in the same home or the same neighborhood as the juvenile offender**
  - u **If safety cannot be assured, temporary placement of the youth with kin or in another short-term care setting (e.g., foster care) may be necessary until caregivers can implement safety procedures & rules**

# Clinical Adaptations (continued)

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- U Safety planning must always include sufficient structure and provisions to protect all members of the community: An overarching goal is to prevent future victimization
- U We do not assume that youths will be consistently motivated to recognize their own risk factors or manage their own behaviors: Caregivers and significant others in the ecology are enlisted to play key roles as monitors and managers



# Clinical Adaptations (continued)

- U **Thorough Evaluation of the Grooming Process and Cognitive Variables that May Contribute to Offending**
  - u **The offender's modus operandi must be identified early in the assessment process**
  - u **Caregivers must be made aware of grooming strategies & must develop rules to effectively circumvent the strategies**
  - u **Attitudinal & cognitive factors linked with offending (e.g., attitudes toward women & children, lack of empathy, thinking errors, sexually inappropriate fantasies & patterns of masturbation) may need to be addressed**

## Clinical Adaptations (continued)

- u Assessing the Impact of Sexual Abuse on the Intrafamilial Victim and Determining Related Treatment Needs:
  - u Preparing for disclosure of sexual abuse details
  - u Evaluating the impact of sexual victimization
  - u Interventions may be needed for behavior problems, PTSD, sexual abuse education, & the grieving process
  - u When possible the victim should be treated by a therapist independent of the MST-PSB team. This therapist can then ensure proper pacing for clarification work and, if indicated, reunification

# Clinical Adaptations (continued)

- u Comprehensive Clarification Work Using a Family Systems Approach
  - u **Typically initiated within sessions involving caregivers & offenders**
  - u **Strong emphasis placed on creating a family environment that will provide ultimate support for the victim**
  - u **Sessions ideally include the victim's therapist as an advocate and additional source of support for the victim**

## Clinical Adaptations (continued)

- u Assessing the Offender's Own Victimization, the Impact of the Abuse, and Related Treatment Needs
  - u **Trauma sensitive interventions**
  - u **Sequencing of interventions**

# Clinical Adaptations (continued)

- u Interventions that Focus on the Development of Friendships Are Often Required
  - u **Understanding causes of peer estrangement and/or rejection (e.g., aggression, low self-esteem)**
  - u **Common problem areas include acquaintanceship skills, communication skills, sharing & cooperation skills, problem-solving & conflict resolution skills**
  - u **Individual sessions with the adolescent may use modeling, coaching, behavioral rehearsal, & operant learning procedures**
  - u **Ecological support for newly acquired skills is essential**

# Outcomes from Last Year

The following outcome information is reported for the cases that had the opportunity to have a full course of treatment. Cases closed for non-clinical reasons (lines 20 – 23) are omitted.

No.	Item	Actual Value	Target Value
24	Total number of cases with opportunity for full course of treatment during the report period	7	
25	Avg length of stay in days for youth with opportunity to have full course of treatment	192.57	120
26	Percent of youth living at home	85.71 %	90%
27	Percent of youth in school/working	100.00 %	90%
28	Percent of youth with no new arrests	85.71 %	90%

**August 6, 2015**

### **Provider Job Aids and Training for MCR Changes**

As noted in NC Tracks' [June 16 announcement](#), important changes were made to the Manage Change Request (MCR) process in NC Tracks that simplify the process for those who submit MCRs.

Several new Job Aids and Participant User Guides (PUGs) have been created to assist providers in taking advantage of the new features of the Manage Change Request:

- Assign the Enrollment Specialist User Role and Assign/Reassign Applications-Job Aid
- Upload Supporting Documents to Various Applications-Job Aid
- Enrollment Specialists Participant User Guide-PUG
- Abbreviated Managed Change Request Applications-PUG

Registration is also 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.

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

#### **ES User Role Abbreviated MCR Upload Documents**

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 Overview:**

This course will guide providers through the enhancements to the provider enrollment application processes.

#### **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 Skill Port, the NC Tracks Learning Management System. Logon to the secure NC Tracks 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.

PUGs are located in the sub-folder labeled ILT Guides. Job Aids can be found under the folder heading User Guides (reference library), in the sub-folder labeled Reference Documents.

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.

**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.

A common error being found in claims keyed into the NC Tracks Provider Portal involves the taxonomy code associated with the rendering provider. The group taxonomy code should not be used with the rendering provider. If it is, the claims will deny. Both the group and the rendering provider have their own taxonomy codes, which should be reflected on the claim. The only exception to this is for DMH claims. DMH claims can have a group taxonomy code assigned to the rendering provider.

**Please refer to the link below for additional information.**

<https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training.html>

<b>Provider Enrollment</b>
<b>Provider Policies, Manuals, Guidelines and Forms</b>
<b>Provider User Guides and Training</b>
<b>ICD-10</b>

**Some helpful documents that can be found under Provider User Guides and Training:**

How to Select a Taxonomy in NC Tracks

How to View and Update Taxonomy

How to enroll in North Carolina Medicaid as an Organization





## NCTracks and Taxonomy What Providers Need to Know

One of the advancements in the new NCTracks system is the use of National Provider Identifier (NPI) and taxonomy, rather than the proprietary legacy Medicaid provider number, in claims processing.

Taxonomy codes are a standard unique 10-character code that represents a provider's type, classification, and area of specialization. There are three levels in taxonomy codes: provider type (level 1), classification (level 2), and area of specialization (level 3). The complete list of taxonomy codes can be found on the Washington Publishing Company website at [www.wpc-edi.com/reference](http://www.wpc-edi.com/reference), as well as [www.NUCC.org](http://www.NUCC.org), which is a free resource for taxonomy code information. The State is utilizing a standard code set for provider identification and claim adjudication in the NC replacement system that aligns with provider enrollment, licensing, and credentialing guidelines.

NCTracks uses NPI, taxonomy, and location in the processing of claims. This approach replaces the current use of Medicaid Provider Number. Providers may have more than one taxonomy code per location. One NPI can have up to 997 locations and each location can have up to a maximum of 15 taxonomy codes.

New DHHS providers who enroll in NCTracks will designate their taxonomy codes during the enrollment process, using a drop-down list based on the Division specified provider enrollment, licensing, and credentialing guidelines.

Many existing DHHS providers may have submitted taxonomy codes on their claims in the past. However, the taxonomy code a provider used previously may not align with the taxonomy codes designated by the State for use in the new NCTracks system. Existing providers can view and update their taxonomy codes using the Manage Change process in the NCTracks Provider Portal at [www.nctracks.nc.gov](http://www.nctracks.nc.gov). Bear in mind that changes in taxonomy code may require verification of credentials by the fiscal agent.

It is important that providers use the appropriate taxonomy code from their provider record based on the service rendered and location when submitting claims to the NCTracks system to facilitate timely adjudication. Taxonomy codes for the specified provider reporting levels (attending, rendering, service facility, etc.) is required on all claim types except pharmacy (although pharmacy providers will select taxonomy codes in the provider enrollment/reenrollment process for their provider records).

If you have questions about your taxonomy code(s) or the process to update them in NCTracks, please contact the CSC Call Center at 1-800-688-6696 or [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

## Verifying Your Taxonomy in Alpha and NCTracks

*The purpose of this document is to help our providers verify that the taxonomy codes we have in Alpha is correct. We also want to help providers verify that they have the correct taxonomy codes on NCTracks. This information should also be correctly reflected on claims as well.*

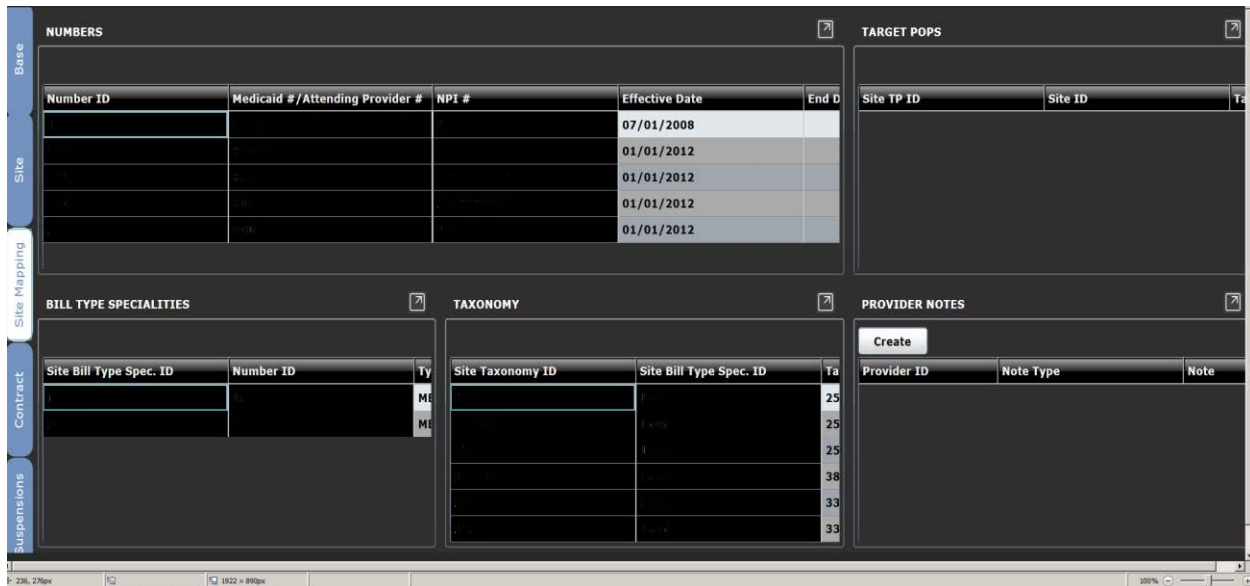
### How to verify a Taxonomy in Alpha

- From the “Home” screen in Alpha, click on Menu.
- Then click on “Provider Detail”

The screenshot displays the Alpha system interface with a sidebar menu on the left containing options: Base, Site, Site Mapping, Contract, and Suspensions. The main content area is divided into several panels:

- PROVIDER**: Max Count Limit : 1000 Total Records Fetched : 1. Table with columns: Provider ID, Provider Name, Status, Recredential Due, Contract Type. Data row: Contracted, 12/16/2014, Procurement.
- SITES**: Filter button. Table with columns: Site ID, Provider, Status. Data row: Contracted.
- SERVING COUNTIES**: Table with columns: Provider SA ID, Provider, Co. Data row: Ya, Su, Ir.
- CLINICIANS**: Table with columns: ID, Clinician, Provider.
- PROVIDER NOTES**: Create button. Table with columns: Provider ID, Note Type, Note.

- From this screen, to verify the taxonomy codes linked to your providers; click on “Site Mapping”.



- At this screen click on the arrow to bring over the “Taxonomy” tile.



- This will show you what taxonomy’s are associated with *your* NPI in Alpha. It is very important that these are correct. If you need to have a taxonomy added or removed, you will need to contact your Provider Network Specialist. If you are unsure of who your Provider Network Specialist is, you can locate this information on our website, [www.partnersbhm.org](http://www.partnersbhm.org) under Provider Network Management.
- You need to verify the taxonomy codes for each individual site (address) associated with the NPI you are looking at.

The next important step of verifying your Taxonomy, is going on to NCTracks. Alpha and NCTracks **have to match**. You also need to make sure you are billing with a taxonomy that is on Alpha **and** NCTracks.

To verify what taxonomy codes you have set up in NCTracks, log into the Provider Portal.

Provider Portal

Eligibility Prior Approval Claims Referral Code Search Enrollment Trading Partner Payment Consent Forms Training

Home

Message Center for [redacted]

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### Announcements

Date: Jul 27, 2015 12:00:00 AM Attention: All Providers

Stay on top of NCTracks - sign up for the newsletter

The best way to stay on top of updates to NCTracks is to subscribe to the NCTracks Communications and Updates newsletter. If you are not already receiving the newsletter, you can subscribe by clicking on the link under the heading "Sign Up for NCTracks Communications" on the Provider Communications webpage. Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email.

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

### Quick Links

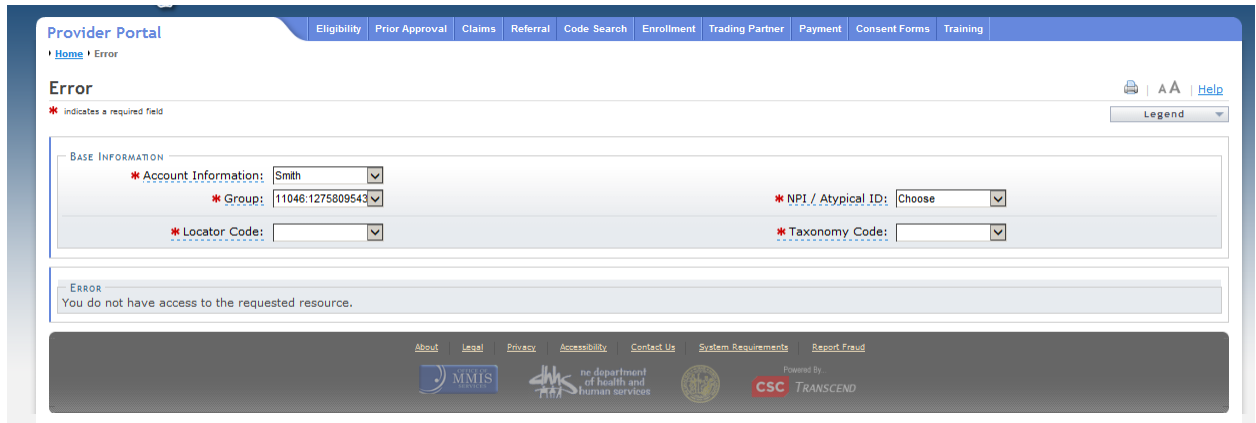
- CCNC/CA (Managed Care)
- Department of Health and Human Services
- Division of Health Service Regulation
- Division of Medical Assistance
- DMA (Health Check)
- DMH/DD/SAS
- Division of Public Health
- Office of Rural Health and Community Care
- Provider Training
- Provider Manuals

Provider	Status	Message	Date
1467791897	Unread	PP000018-REB181	08/26/2015 06:17:29 pm
12273005643	Unread	Provider: 120004404779 - Renewal/Message: Advice -2015-08-04	08/26/2015 06:54:00 pm
12273005643	Unread	Provider: 120720045000 - Renewal/Message: Advice -2015-07-28	07/27/2015 06:57:56 pm
12273005643	Unread	Provider: 120721843000 - Renewal/Message: Advice -2015-07-21	07/20/2015 06:51:00 pm
12273005643	Unread	Provider: 12071404445 - Renewal/Message: Advice -2015-07-14	07/14/2015 06:52:00 pm

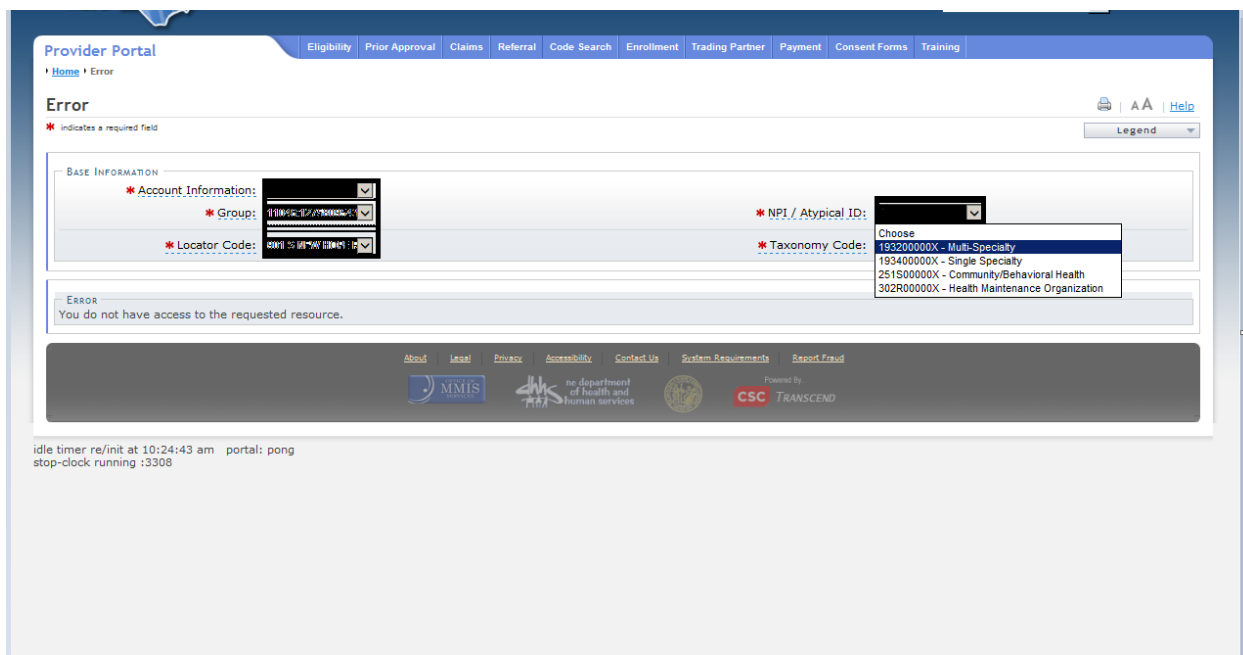
About Legal Privacy Accessibility Contact Us System Requirements Report Fraud

MMHS the department of health and human services CSC TRANSCEM

- Click on “User Administration”
- It will bring you to a screen that looks like this:



- On this screen, you need to select the appropriate information from the drop down boxes for Account Information, Group and NPI.
- Locator Code is the “Site” or “Address”. It is important to verify each individual “Locator Code” and look at the associated taxonomy codes. You want to verify that what is in NCTracks matches what we have in Alpha.



- Once you have reviewed your taxonomy codes, if you need to add or change anything on NCTracks, you will have to do a Managed Change Request. At this point, we cannot do them on your behalf. However, we will be happy to assist you with them.

- ✓ *It is very important that the taxonomy you bill with matches what is in Alpha. It is important that the taxonomy that you bill with is in Alpha and NCTracks.*
- ✓ *It is very important that the correct taxonomy is billed for the correct service type.*
  - *An example: A clinician based service should be billed with a clinician based taxonomy. That taxonomy should be linked to the clinician and the agency.*
- ✓ *There are resources out on the internet to help you determine the appropriate taxonomy for the type of provider billing.*  
*[www.nuuc.org](http://www.nuuc.org) can assist you with determining your taxonomy.*