



Provider Communication Bulletin #56

April 28, 2016

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2016 Perception of Care Survey

The 2016 Perception of Care Survey period begins May 9, 2016 and ends June 6, 2016. The survey seeks feedback from adults, youth and parents in the Partners area receiving State-funded and/or Medicaid services for a mental health and/or substance use diagnosis.

Partners will distribute forms to select Mental Health and Substance Abuse providers to obtain consumer feedback. Please review the survey administration guidelines (on page 2 of this Bulletin) prior to initiating the survey.

If you need forms in Spanish, please email April Corder, acorder@partnersbhm.org for assistance. Otherwise, please direct all questions regarding this year’s survey implementation to Jackie Copeland, at 336-527-8015, or email jcopeland@partnersbhm.org.

Partners expresses its gratitude for your assistance in administering the 2016 Perception of Care survey.

2016 MH/SA Consumer Perception of Care Survey Survey Administration Guidelines for Providers

Survey Administration Period: May 9, 2016 through June 6, 2016

For consistency in survey administration statewide, please follow all guidelines below. Contact Jackie Copeland (336-527-8015; jcopeland@partnersbhm.org, with any questions or concerns.

1. Invite every Mental Health or Substance Use services client who receives a service during the survey administration period to complete the survey, until the required number of completed surveys is obtained. It is important not to pick and choose, but to invite *every client who receives a service*.
2. Whenever possible, clinical staff should not distribute or collect surveys. Better alternatives include clerical or quality assurance staff, consumer/peer assistants, or advocate volunteers. Clinical staff should not have contact with clients while they are completing the surveys.
3. Offer each client the appropriate survey:
ADULT SURVEY—clients ages 18 years and older
YOUTH SURVEY—clients ages 12 through 17 years
PARENT/FAMILY SURVEY—parents, family members, or guardians of clients ages 11 years and younger
ENGLISH AND SPANISH LANGUAGE SURVEYS—Adult, Youth, and Parent/Family Surveys are available in English and in Spanish. Please contact Partners if additional copies are needed.
4. The provider should complete the three fields at the top of the survey: **Partners Client Number**, **Partners Facility Code - 13141**, and your 10-digit **Provider NPI**. To ensure successful scanning, please do not write outside the boxes.
5. Surveys are designed with scanning software and will be read into a database using a high-speed scanner. Please DO NOT use photocopied: survey forms. Please DO NOT fold, bend, or staple forms. Please DO remind clients to shade bubbles completely.
6. Inform clients the purpose of the survey is to help the state and the LME-MCO learn what they think about the quality and effectiveness of the services they have received, and to identify areas where services may be improved.
7. Remind clients the survey is voluntary, and their responses will not affect their services in any way.
8. Assure clients that their answers are completely confidential, and their personal information and identity will not be used or disclosed in any way.
9. State that there are no right or wrong answers, and we are interested in their honest opinions to help improve services.
10. Provide clients with a private area to complete the survey and a pen with black or blue ink or a #2 pencil.
11. Provide all assistance necessary to individuals who have difficulty reading or require assistance for any reason. Assistance should be provided by an advocate volunteer whenever possible.
12. Do not ask clients to return completed surveys directly to staff. Instead, provide a locked box or other secure method or receptacle for depositing completed surveys.
13. Maintain security of completed surveys by ensuring only authorized staff have access.
14. Maintain the confidentiality of consumer responses. *No one* from the provider agency should read clients' survey responses.

Expectations for Successful Routine Provider Monitoring

Partners appreciates the work that providers do to prepare for routine provider monitoring. To assist all involved, Partners is implementing the following guidelines:

It is critical for the providers to have the following (as it relates to Electronic Health Records (EHRs) upon the arrival of the monitoring team for Routine Provider Monitoring:

- Written instructions on how to operate the provider's EHRs system;
- Access to computers for reviewer use;
- Provider Staff prepared at the beginning of the review;
- If the computers at the provider agency are not working or access to the records is not possible, a backup plan to allow the review to continue;
- A provider staff person familiar with navigating the EHR;
- Review of the tool in advance of the review

It is Partners' expectation that your organization is prepared for the routine monitoring. This is a scheduled review, with advance notice. We understand that unforeseen issues occur as it relates to EHR and technology; however, in an effort to ensure everyone's time is well spent, we must ask that these guidelines be implemented.

If the organization is not prepared when the monitoring team arrives, then the provider organization will be expected to:

- print out the entire medical record for each individual that a claim was pulled for in preparation for monitoring,
- deliver the record to the office indicated by the monitoring team by 9:00 a.m. the next business day.

Thank you for your assistance in continuing to ensure all valuable time is well spent.

Changes to Intellectual and Developmental Disabilities Care Coordination Monitoring Process

Partners is restructuring the way our Intellectual and Developmental Disabilities (IDD) Care Coordination team monitors service documentation for NC Innovations participants, effective May 1, 2016. The IDD Care Coordination team will no longer make quarterly administrative office visits to review claims, documentation and Medical Record charts. These office visits will end April 30, 2016.

Instead, we will focus on review of service documentation, including short-range goals and service notes/grids, available on-site during routine monitoring visits. We understand that some service providers use an electronic health record and that service notes/grids may not be available in the setting where the service is delivered. In these situations, we will review documentation in the electronic health

record if given access, or you will receive requests for notes/grids for specific service dates or date ranges to be submitted.

If you have any questions and or concerns, please contact either Joan Vaughn at JV Vaughn@partnersbhm.org, 336-527-3219 (office) or 336-583-6894 (mobile) or Tammy Wellman at 704-928-4564 or twellman@partnersbhm.org. Thank you in advance for your assistance.

Requests for Interest--Comprehensive Children's Service Provider in Catawba County

Partners is initiating a Request for Information (RFI) to solicit responses from appropriately qualified organizations to provide a comprehensive array of services to children in Catawba County who are eligible due to a mental health, intellectual or development disability or substance use disorder.

This RFI is specifically to identify organizations interested in, and qualified to become enrolled as approved network providers, through Partners' credentialing process. This RFI will also be used to identify the types of children's services available through current Partners' Network Providers interested in and qualified to provide comprehensive services.

Organizations approved to become a comprehensive children's provider in Catawba County must have capacity to provide outpatient and medication management as well as a strong child services continuum. Depending on the volume of responses, Partners will either select a number of providers to enroll or will issue a full Request for Proposals.

The RFI offers an overview of Partners, requirements and links for additional resources. Please review the RFI. If you are interested in being considered for provision of these services with Partners, complete the Response to RFI (found by clicking on the hyperlink in the RFI.) [Click Here for Partners BHM RFI #0416-004.](#)

To be considered for provision of this service, all responses to the RFI need to be submitted by May 18, 2016. *Issuance of an RFI or RFP does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.*

Please contact Vanessa Anderson at <mailto:vanderson@partnersbhm.org> with any questions.

Request for Interest—Facility Based Crisis Services for Children and Adolescents

Partners Behavioral Health Management (Partners) is in the process of determining interest among qualified organizations for provision of Facility Based Crisis Services for children and adolescents. The [Request for Information \(RFI\)](#) offers an overview of Partners, requirements, rates and links for

additional resources. To learn more about Facility Based Crisis Services, please view [Medicaid Clinical Policy 8A-2-Facility Based Crisis Services for Children and Adolescents](#).

Please review the RFI and if you are interested in being considered for provision of this service with Partners, complete the Response to RFI (*found by clicking on the hyperlink in the RFI.*) To be considered for provision of this service, all responses to the RFI need to be submitted by May 25, 2016.

Please contact Vanessa Anderson at <mailto:vanderson@partnersbhm.org> with any questions.

Partners and Providers Exceed NC Topps Compliance Benchmark; New Fax Number, Contacts, for Consumer Transfers

Partners' Quality Management Department wants to thank the provider network for assisting us in exceeding the NC Topps timely submission rate for six out of the last seven quarters! The most recent compliance score (for initial interviews submitted from July-September 2015) was 96.7%, an increase from the previous quarter's score of 95.4%. The Division of Mental Health/Developmental Disabilities/Substance Abuse Services requires a 90% timely submission rate.

So, what's next? Providers will be hearing more from our Quality Management Department about how we maintain submission rate success while honing in on the qualitative data—basically, learn more about the individual's outcomes, and use NC Topps' data to better improve lives.

We have a new fax number for submitting NC Topps Consumer Transfer Requests. Requests are required when a consumer changes providers. The new fax number is 704-884-2724. Terry Arndt and Teresa Gossett are the contacts for NC TOPPS transfers.

CANS Implementation is May 1, 2016

Partners has chosen the **Child and Adolescent Needs and Strengths (CANS)** tool to be used by our providers and staff. **Full implementation of the use of the CANS early childhood assessment tool will be May 1, 2016.**

We have worked with the CANS staff to make training on the tool available for our providers at no cost. Information regarding this web-based training can be found on the [Utilization Management](#) webpage or by visiting www.partnersbhm.org/Pages/CANS-Training.aspx.

It is important to note that the staff person who administers the CANS is not required to be a licensed clinician, but he or she must have completed the online training and passed the online training test.

Benefit Grids and Service Definitions

The Medicaid/B3 Services Benefit Grid and the State Funded/IPRS Benefit Grid were updated effective April 1, 2016:

- Benefit Grids are now located on the [For Providers/Clinical Resources Page](#).
- The [Service Definitions](#) webpage is now located under [For Providers/Clinical Resources](#).

If you have problems locating information or documents on www.partnersbhm.org, simply email questions@partnersbhm.org for assistance.

Top Five Medicaid Claim Denials—March 2016

CLAIM DENIAL	PROVIDER RECOMMENDED ACTION STEPS
Patient not enrolled on date of service	Verify that all patient information is correct on claim. If no errors exist, contact Partners.
Max Basic Units Exhausted	A Service Authorization Request (SAR) will need to be entered for the service you are trying to get approved.
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.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.

Provider Reminders

May Provider Forum: Partners will hold its next Provider Forum on May 10, 2016. The forum 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 forum, please contact Jamie Sales at jsales@partnersbhm.org or call 828-323-8053. Handouts from previous forums are available on the [Provider Forums](#) page.

Provider Alerts: Provider Alerts are sent 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. You can location previous alerts in 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>.

Bulletins issued since the last Provider Bulletin:

JCB #191-Historical Encounter Claim Submission

JCB #192—State FY 15-16 SAPTBG State Funding Maintenance of Effort Reporting Requirements

JCB #193—Psychiatric Mental Health Nurse Practitioners

JCB #194—Special Assistance In-Home and Transition to Community Living Target Population

JCB #195—Out of Network Agreement

JCB #196—Adjusted Claims, Capitation Claims, and the Capitation Claim Methodology

DMA Medicaid Bulletin: Providers are encouraged to review the monthly NC Division of Medical Assistance Medicaid Bulletin. Bulletins are posted at <http://dma.ncdhhs.gov/document/2016-medicaid-bulletins>.

New NCTracks Feature - Enrolled Practitioner Search

On Monday, May 1, NCTracks will have a new feature on the provider portal - the Enrolled Practitioner Search. This feature will allow NCTracks providers to inquire about other providers enrolled in N.C. Medicaid and Health Choice (NCHC). The Enrolled Practitioner Search provides the capability to validate provider information for billing, attending, referring, rendering, ordering, and prescribing providers.

Search criteria include the NPI, license number, or name of the provider. The response will include the NPI, provider name, health plan(s), address, taxonomy code(s), and license number. Multiple rows will be returned for providers with more than one health plan, address, or taxonomy code.

Note: The response to the Enrolled Practitioner Search only includes individual providers who are actively enrolled in N.C. Medicaid and/or Health Choice (NCHC) on the date of inquiry. Information contained in the database is maintained by the individual provider and subject to change daily.

To access the new feature beginning May 1, click on the Enrolled Practitioner Search button on the lower left side of the NCTracks [Provider Portal home page](#). There will also be a Job Aid available to assist providers under Quick Links on the Enrolled Practitioner Search page.