



Provider Communication Bulletin #86

October 18, 2018

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Partners December Provider Webinar

Partners will host its next **Provider Webinar on Wednesday, December 12 from 1 p.m.-3 p.m.** To register for the webinar, [click here](#). To view past webinars, slide decks, and handouts, please visit <https://providers.partnersbhm.org/provider-webinars-forums/>.

- If you have a question about the topics scheduled for discussion, or any provider operations matter, please email your question to questions@partnersbhm.org.
- We're setting aside time for up to three network providers to present during each webinar. We invite you to use this time to highlight new services, provide education about referral processes, update peers on your agency's service expansion.

Please contact Roanna Newton at 828-323-8054 or email newton@partnersbhm.org with any questions or to arrange a time on the agenda.

Appointment Scheduling

Providers offering appointments through the AlphaMCS Slot Scheduler need to ensure that appointments are scheduled correctly. Please make sure that your appointments account for the:

- Correct operating hours over holidays and vacations.
- Type of funding and clients served (Medicaid or State).

Providers should upload appointments for the next month at least two weeks prior to the beginning of the month. In addition, please inform Access to Care if you are adjusting hours due to operational changes. If you have any questions, please contact Access to Care at **1-888-235-4673**.

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins and the Provider Knowledge Base website, located at <https://providers.partnersbhm.org>. If you have any questions regarding this Bulletin, please reference the [Who to Contact listing](#) for the correct contact or reach out to your [account specialist](#).

Important Information Regarding Reporting Deaths the NC Incident Response Improvement System (IRIS)

Dealing with the death of a consumer is tragic and never easy for many reasons; however, it is imperative that when a death does occur, providers and LME/MCOs work together to ensure that paperwork is completed properly and in a timely manner. The purpose of reporting deaths is to ensure that all local and state agencies are aware of consumer deaths and are working to eliminate unnecessary deaths. The LME/MCOs and the North Carolina Department of Health and Human Services (NCDHHS) analyze and respond to statewide patterns of incidents as part of quality improvement and monitoring processes.

Partners is requesting assistance from providers to eliminate the backlog of incomplete death reports that have been submitted to IRIS. During FY 2017-2018 within Partners service area, 117 Death Reports were submitted to the NCDHHS-DMHDDSAS IRIS web portal (57 Level III and 60 Level II deaths). Approximately 85% of these incidents are incomplete due to missing official documentation that substantiates the cause of death (Medical Examiner Report, Autopsy, Death Certificate). The official cause of death must be obtained and uploaded to IRIS by the provider that reported the death to IRIS.

Obtaining the official cause of death is a timely process and is the primary cause for incomplete IRIS death reports. In addition to the IRIS-Incident Response and Reporting Manual, NCDHHS and NC Office of the Chief Medical Examiner (NC OCME) offer the following guidelines to assist providers in obtaining the official cause of death.

1. As soon as a provider is aware of the death of a consumer, a Level III notification must be sent to the LME/MCO.
2. The provider should immediately enter the incident into the IRIS system along with proof (screenshot) of the request of the death certificate. The request for the death certificate should be filed within five business days. Once the death certificate is requested, it will be mailed to the provider from the Register of Deeds in the county where the death occurred.
3. The county or state where the death occurs is where the death certificate should be filed. For example, if the person dies in South Carolina (SC), the death certificate must be obtained from SC. If it is unclear in what county or state the person died, the provider should insert "unknown" in the county field in IRIS. The provider may then request a *Report of Investigation* from the NC OCME.
4. The NC OCME will then complete a *Medical Examiner Report of Investigation* and mail it to the provider. Providers should review this report carefully because the cause of death may initially be identified as "pending."
5. When the Report of Investigations has been completed, NC OCME will mail the report to the address that is on the original online request. Once the provider has received the Medical Examiner's report, please remember to attach the report in IRIS and update the manner of death on the "Death Information" tab in IRIS at the same time.
6. If there is an immediate determination of natural death, the NC OCME will not provide a *Report of Investigation*. That report should then be requested from the county where the death occurred. Note: *Autopsy Reports* and the *Report of Investigation* are not in an electronic format. They are provided as a paper copy and will be mailed directly to the provider upon request.
7. If the manner of death is unknown, i.e., a homicide, suicide, accident, etc., providers may request the *Death Certificate* from NC OCME online.
8. If a certifying physician completes a death certificate, the manner of death is always listed as "natural cause." If a death certificate is completed by a certifying physician with a cause other than natural death, the provider should report this error to the county Register of Deeds.

9. The NC OCME requires notification immediately upon the death of a consumer; however, they are often not notified until several days after a death. In that case, if a provider submits a request online to the NC OCME website immediately upon the death of an individual, the NC OCME may not have the information, and the request may not be processed. The NC OCME staff recommend that providers wait approximately two weeks after the date of death to submit their request online. Note: Child fatality cases (up to 17 years of age) may take longer than adult cases.
10. As soon as the death certificate is received, a copy should be uploaded into IRIS. If the final manner of death is unknown, it may be listed as “pending” in the IRIS system. Once the manner of death is determined, a *Supplemental Report of Cause of Death* should be filed in IRIS.
11. When the final manner of death is determined, that information should be entered into the IRIS system.
12. Four months after the date of death, if the provider or LME/MCO has not received a medical examiner (ME) Report of Investigation, please check the status of the report by calling the NC OCME at 919-743-9012. The information that the office can provide is limited (It is either ‘complete,’ or it is ‘not complete’).
13. To clear up reports that are still pending and for any pending incidents requiring a medical examiner’s Report of Investigation that has been requested online and are OVER a year old (previous to August 2017), please send a spreadsheet with the following information to iris@partnersbhm.org.
 - a. Member’s Name
 - b. Date of Death
 - c. County of Death
 - d. Date of Birth
 - e. Record Number

The online link to obtain documents from the NC OCME is <https://www.ocme.dhhs.nc.gov/docrequest.asp>.

While this is a lot of information, hopefully, it will be helpful in ensuring incident reports involving deaths are processed more efficiently. We appreciate your time and attention to this matter. If you have any questions relating to this communication and/or IRIS in general, **please call Partners’ administrative number at 1-877-864-1454, select option 4 and then press 8 to speak with one of our incident reporting staff.**

Utilization Management Updates

Attention Intellectual and Developmental Disability Providers: Partners has been working with leadership at the Division of MH/DD/SAS to ensure that we can approve adults, who may not have received LME/MCO services in the past, into intellectual and developmental disability services. It has been determined that several things can be used to show that an intellectual disability diagnosis was present prior to age 18, including:

- school records indicating accommodations for individuals with intellectual disabilities;
- former psychological assessments with diagnosis before age 18;
- records from providers who specialize in treatment of individuals with IDD, or
- a current psychological assessment with a psychosocial history from caregivers which point to diagnosis and/or needing services for ID prior to age 18.

If you have any questions regarding this process, please do not hesitate to call Partners IDD Utilization Management call group at 1-877-864-1454, ext. 2605.

Correction to Provider Bulletin #82: The following serves as a correction to the announcement in Provider Communication Bulletin #82, July 21, 2018, regarding procedural changes in accepting Inpatient Service Authorization Requests (SARs) that span a weekend day. The following applies to voluntary and involuntary admissions:

- Effective June 20, 2018, Partners began allowing the request of one additional day for SARs with a Thursday start date (allowing up to four days, Thursday to Sunday). The hospital will need to submit a SAR on Monday for additional days.
- SARs with a Wednesday start date are limited to a maximum of three days. The hospital will need to submit a SAR on Friday for additional days. SARs with a Friday start date are limited to a maximum of three days. The hospital will need to submit a SAR on Monday for additional days.

Utilization Management Inpatient staff will remain available seven days a week including holidays, 8 a.m. until 9 p.m. if a hospital chooses to submit a SAR during those times.

Psychological Testing: For providers rendering Psychological Testing services, Partners Utilization Management strongly recommends that providers upload the completed test results as soon as possible to AlphaMCS under Patient Maintenance. This will ensure appropriate follow-up and coordination of care for the enrollee and reduce completion time for service requests needing this information.

Multi Systemic Therapy Criteria Clarification: [Joint Communication Bulletin #J086](#) regarding *Multisystemic Therapy Services* clarifies that a child or adolescent does not have to be adjudicated delinquent by the court to be authorized for Multi Systemic Therapy Services (MST). There is conflicting language in Clinical Policy 8A regarding the MST target population. Adjudication is not a required entrance criterion. This is consistent with previous interpretations by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS). Therefore, Partners has adopted these criteria and has revised the review process.

TCLI Referral Screening Verification Process (RSVP)

The Transitions to Community Living Initiative (TCLI) provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play in North Carolina. This initiative promotes recovery through providing long-term housing, community-based services, supported employment and community integration.

Effective November 1, 2018, the referral process to TCLI will change. The NC Department of Health and Human Services (NCDHHS) is implementing the Referral Screening Verification Process, or RSVP. RSVP will replace the current Pre-admission Screening and Resident Review (PASRR) process for adult care homes and provide a more streamlined and effective process to screen Transitions to Community Living Initiative (TCLI) target populations. LME/MCOs or their contracted entities will be responsible for completing the screening verification process. The referral will be sent to the LME/MCOs for verification of whether an individual has an SMI or SPMI as well as verification of the individuals Medicaid/financial eligibility in order to determine eligibility for TCLI. Anyone can complete and submit the referral for screening.

To learn more about RSVP, check out the links below. This information can also be found at <https://www.ncdhhs.gov/about/department-initiatives/transitions-community-living-initiative>:

- [Webinar](#)
- [Fact Sheet](#)
- [Frequently Asked Questions](#)
- Input Form - [PDF](#); [Word](#) (to be used after Oct. 31, 2018)

Partners has developed a “RSVP team” that consists of a referral nurse coordinator, a referral coordinator, and referral specialists. The team will cover all eight counties within the Partners catchment area.

If you have any questions about RSVP, please contact Jeffrey Sanders, MHSU TCLI Program Manager (jsanders@partnersbhm.org, 704-772-4281) or Tammy Godfrey, TCLI Supervisor (tgodfrey@partnersbhm.org, 980-925-1466).

Claims Information

Providers are reminded to use the email claimsdepartment@partnersbhm.org for all email inquiries so that they are handled in the most efficient manner. Please do not send email directly to individual employees.

Timely Filing Override Requests: Please make sure claims are being submitted according to the timely filing guidelines available at <https://providers.partnersbhm.org/claims-information/>. If claims deny for any of the reasons below, make sure you submit timely filing override requests within the time frames. Timely Filing Requests should be sent directly to claimsdepartment@partnersbhm.org **prior to submitting the claims.**

[AlphaMCS Portal University](#) is an available resource and guide for navigating AlphaMCS. If you need additional claims training, email rcolvard@partnersbhm.org to schedule a time for training.

Medicaid—September 2018: Number of Days to Process and Pay All Claims

Received Date to Paid Date:	9.0
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Top Five Medicaid Claim Denials—September 2018

Claim Denial	Provider Recommended Action Steps
Service is not authorized	Verify Service Authorization for the consumer. Contact Utilization Management.
Invalid Units: Units claimed does not equal number of days for Discharge Claims.	Review the units billed and date range. Rebill with corrections.
No coverage available for Patient/Service/Provider combo	Go to Patient -> Patient Search and search for the patient in question. Check the insurance to ensure the patient has effective insurance covering to date of service submitted on the claim. If this appears to be correct, contact the MCO for further assistance.
Claim received after the billing period	Write off charges as non-billable. Do not rebill.
Duplicate Claim	Claim has been previously submitted and adjudicated. Do not refile.

Clinical Documentation

Complete, accurate and timely clinical documentation is always important, especially in today’s shifting healthcare landscape. Not only does proper documentation support claims billed, but it also helps ensure appropriate treatment is given and assists with continuity of care.

Federal and state laws, regulations and clinical coverage policies require that clinical documentation contain certain elements to support billings based on the service rendered. For example, the North Carolina DHHS Records Management & Documentation Manual (APSM 45-2), stipulates that all services which require a service

note must contain certain elements including, but are not limited to, the following:

1. Name of the individual receiving the service [on every service note page]
2. Service record number of the individual [on every service note page]
3. Medicaid Identification Number for services reimbursed by Medicaid [on every service note page]
4. Full date the service was provided [month/day/year]
5. Name of the service provided [e.g., Community Support – Individual]
6. Type of contact [face to face, phone call, collateral]
7. Place of service [when required by the service definition]
8. Purpose of the contact [tied to specific goal(s) in the service plan]
9. Description of the intervention(s)/treatment/support provided.
10. Total amount of time spent performing the service [required for periodic services unless the periodic service is billed on a per event basis, and any other service as required by the service definition, Medicaid Clinical Coverage Policies, or the Medicaid State Plan].
11. Effectiveness of the intervention(s) and the individual's response/progress toward goal(s).
12. For professionals: Signature, with credentials, degree, or licensure of clinician who provided the service. For licensed professionals, the full signature denotes the clinician's licensure and/or certification; for non-licensed professionals, the full signature denotes the degree [e.g., BA, MSW] and should also include the individual's professional status [e.g., QP or AP], and any other certifications the person may hold [e.g., CSAC]. The signature must be handwritten; however, the credentials, degree, or licensure may be typed, printed or stamped.

The Centers for Medicare and Medicaid Services suggests that as behavioral health providers, there are some things to avoid. Never bill "chance, momentary social encounters between a therapist and a patient" as valid therapeutic sessions; never bill undocumented services, and never bill services coded at a higher level than those furnished. For example, if furnishing group therapy, be sure to bill group therapy codes rather than individual therapy codes, and document patient-specific information in each attendee's medical record. If the notes do not comply with policies or do not support the claims submitted, the claims may be subject to repayment. If it is found that the notes contain fraudulent information, the provider/clinician may also face civil and/or criminal liability. If you suspect that someone may have engaged in fraudulent behavior, call the Partners Fraud AlertLine at 1-866-806-8777, or report online at <https://partnersbhm.alertline.com>.

Additional resources to help ensure your clinical documentation is properly prepared:

- **Records Management and Documentation Manual:** <http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>
- **DMA Clinical Coverage Policies:** <http://www.ncdhhs.gov/dma/mp/>
- **DHSR Mental Health Licensure Section:** <http://www.ncdhhs.gov/dhsr/mhics/mhpage.html>

Partners Training Academy Opportunities

All Partners Training Academy sessions are **FREE** to registered attendees. Be sure to register at www.PartnersTraining.com. If you have any questions about Partners Training Academy events, or **would like to be added to the waiting list for a training that is already full**, please email Training@PartnersBHM.org.



Update on NC-TOPPS Training:

Looking for NC-TOPPS training? Partners has developed a recorded video to provide constant access to NC-TOPPS training. Please visit <https://providers.partnersbhm.org/> for NC-TOPPS 101 & Superuser Training. Live webinar training is no longer offered on this topic.

Public Health Approaches ([Registration](#))

Thursday, November 1, 2018, 9 a.m. – 12 p.m., Gastonia, Hickory, Elkin – Video Conference.

Description: This training places emphasis on intervention and treatment in the continuity of care model. Through Whole Person Integrated Care (WPIC), Partners is striving to move upstream through Public Health Approaches to promote awareness and prevention. This training will provide a foundational knowledge of public health approaches and application with behavioral health.

Learning Objectives:

- Demonstrate the need for a new approach to children’s mental health
- Enhance understanding of the essential components of a Public Health Approach
- Introduce key concepts of a conceptual framework
- Put the new conceptual framework into action through a group activity and discussion

Attendance Fee: \$0.00 – *Attendees of this training will receive three contact hours for completing this session.*

Trainer: Leah Williams, DrPH, MPH, Research Director, Partners Behavioral Health Management

Ethics of Cultural Competency ([Registration](#))

Wednesday, November 7, 2018, 9 a.m. – 4 p.m., Gastonia Auditorium.

Description: This unique interactive experience is an exploration of what “cultural competency” means in today’s world, from the perspective of how cultural influences impact our perceptions, particularly in behavioral health-related businesses. A range of culturally relevant topics will be addressed that directly impact the worldview and ethical behavior of professionals. Several group activities will be interactive, and experiential activities will be used to examine and discuss these topics in relevant and meaningful ways.

Who Should Attend? Anyone involved in services involving mental health, substance use, and developmental disabilities. This training is specifically designed for the perspective of both the clinical and administrative staff at all levels of agencies.

Attendance Fee: \$0.00 – Attendees of this training will receive 5.5 contact hours for completing this session.

Trainers: Joanna Linn, Ph.D., LPCS, LCAS, CCS, Thrivilege, PLLC, and Michele Edelen, MBA, Policy Advisor for Community Affairs, NC Division for MHDDSAS

Additional Training

Free Benefit Counseling Educational Session ([Registration](#))

Tuesday, October 23, 2018, 1 p.m.-3 p.m., Gastonia Auditorium

Description: We are celebrating October as National Disability Employment Awareness Month (NDEAM). In honor of NDEAM, we will be hosting a free Benefit Counseling Educational Session for those on SSI and/or SSDI who are interested in employment. Learn about work incentives that will put more dollars in your pocket, while you keep your benefits.

Who should Attend? Employees, consumers, businesses, friends, family, etc.

Community Resilience Model (CRM) Training ([Registration](#))

Thursday, October 25, 2018, 1 p.m.-4 p.m., Hickory Multipurpose Room

Description: The Community Resiliency Model® (CRM) training teaches skills to reset the natural balance of the nervous system. CRM®’s goal is to help to create “trauma-informed” and “resiliency-focused” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach.

Trainer: Kim Rhoads, System of Care Liaison, Partners

Youth Mental Health First Aid

Tuesday, November 6, 2018, 9 a.m.-5 p.m., Hickory Regional Office ([Registration](#))

Tuesday, November 20, 2018, 9 a.m.-5 p.m., Gastonia Corporate Office ([Registration](#))

Description: Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

Trainer: Jeanne Patterson, System of Care Liaison, Partners

Basic Mental Health Information

Friday, November 9, 2018, 9 a.m.-5 p.m., Hickory Regional Office ([Registration](#))

Thursday, November 15, 2018, 9 a.m.-5 p.m., Gastonia Corporate Office ([Registration](#))

Description: This training, which was designed for the Mobile Outreach Response and Stabilization team, is open to others to attend. Topics include Mental Health 101, Response to Domestic Violence, Trauma Informed Care, and Community Resilience Model.

Trainer: Jeanne Patterson, System of Care Liaison, Partners

Fair Housing Training (To register, email Bre Griffin at bgriffin@partnersbhm.org or call 704-884-2514)

Thursday, November 15, 2018, NC Works Career Center of Mooresville

Description: Fair Housing Laws have helped millions of people since its inception to provide equal access to housing and prevent housing discrimination. This act provides for reasonable accommodations and reasonable modifications, which are a valuable resource to our consumers. Reasonable Accommodations are requests to make changes to any rule, policy, or practice to afford a person with a disability the equal opportunity to use and enjoy their home. Reasonable Modifications are physical alterations to a dwelling to allow a person with a disability greater accessibility. In order to better advocate for our consumers, having a better understanding of these laws are helpful. There will be a morning session for housing providers and an afternoon session for service providers.

Who Should Attend? Anyone that assists individuals in obtaining housing.

Darkness to Light ([Registration](#))

Wednesday, November 14, 2018, 9 a.m.-11 a.m., Morganton Housing Authority Conference Room, 644 1st Street, Morganton, NC 28655

Description: The Darkness to Light training is provided to prevent childhood sexual abuse by increasing awareness & education in communities. The training is two hours and participants are provided a certificate upon completion.

Trainer: Kim Rhoads, System of Care Liaison, Partners

Deadline to register is Friday, November 9, 2018

Question, Persuade, Refer (QPR) Suicide Prevention Training ([Registration](#))

Monday, December 3, 2018, 11 a.m.—1 p.m., Foothills Higher Education Center Room 211, 2128 S. Sterling St. Morganton, NC 28655

Description: Participants of QPR (Question, Persuade, Refer) training learn to recognize warning signs of a suicide crisis and to question, persuade, and refer someone for help. Please attend this suicide prevention training and become a Gatekeeper for your community.

Trainer: Kim Rhoads, System of Care Liaison, Partners

Deadline to register is Wednesday, November 28, 2018

Youth Mental Health First Aid ([Registration](#))

Wednesday, December 12, 2018, 8:30 a.m.-5 p.m., Hickory Regional Office

Description: Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

Trainer: Kim Rhoads, System of Care Liaison, Partners

Alerts and LME/MCO Joint Communication Bulletins

Provider Alerts are sent to all providers subscribed to receive Partners' Provider Communications. Published alerts are available on the Provider Knowledge Base at <https://providers.partnersbhm.org/provider-alert-archive/>.

Alerts issued since the last Provider Bulletin:

September 26, 2018 – [AlphaMCS 2.07 Build; Clinician Staffing Changes](#)

October 3, 2018 – [Survey, Waiver Extension; Provider Enrollment; Credentialing Committee, Ops Manual Update](#)

October 8, 2018 – [Peer Support Call; Trainings; NCTracks Checkwrite](#)

October 10, 2018 – [AlphaMCS Unavailable](#)

All **LME-MCO Joint Communication Bulletins** are located at <http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>.

Joint Communication Bulletins issued since the last Provider Bulletin:

- #J304--Amendment to Joint Communication Bulletin # J301 - [New Implementation Date for Individual Placement Support \(IPS\) and Assertive Community Team \(ACT\) Data Collection](#)
- #J305--[Referral Screening Verification Process Implementation Announcement](#)
- #J306--[Temporary Extension of North Carolina's Prepaid Inpatient Health Plan \(PIHP\) 1915 \(b\) Waiver Program and Concurrent 1915 \(c\) Innovations Waiver](#)
- #J307--[NC Innovations Waiver Flexibility Due to Hurricane Florence](#)
- J#308--[Research-Based Behavioral Health Treatments \(RB-BHT\)](#)

Providers are encouraged to review the monthly *Medicaid Bulletin*. Bulletins are posted at <https://dma.ncdhhs.gov/documents/2018-medicaid-bulletin-and-index>.

Announcements and Reminders

Provider Operations Manual Updated October 1, 2018: Partners' Provider Operations Manual was revised during October. The updated version has been posted to our website at <https://providers.partnersbhm.org/>. The manual is effective October 1, 2018. This version contains one minor change deleting a website link that is no longer active.

Partners Provider Council: Partners Provider Council will meet on Friday, October 26, 2018, at Partners Hickory Office, Basement Multipurpose Room. Providers meet from 9:30-10:30 a.m., and Partners employees join the meeting from 10:30 a.m.-12 p.m. The Partners Provider Council is a professional representative and advocate for all service providers in the Partners' catchment area. The Council facilitates an open exchange of ideas and brings forward concerns and solutions while promoting collaboration and mutual accountability among providers. All providers are welcome to attend Provider Council meetings. To learn more, please visit <https://providers.partnersbhm.org/provider-council/>.

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Licensed Individual Practitioner (LIP) Collaborative: The LIP Collaborative will meet via webinar on Thursday, November 8, 2018, from 12-1 p.m. To register for the webinar, [click here](#). To learn more about the LIP Collaborative, please visit <https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>.

Clinician Staffing Changes? Let Credentialing Know: Partners Provider Network Development Department is in the process of enhancing our current provider directory to include all credentialed clinicians associated with contracted providers. If a clinician joins or leaves your organization, or changes sites, please notify the Credentialing Team at credentialingteam@partnersbhm.org as soon as possible.

Provider Enrollment in AlphaMCS: Providers are reminded that *credentialing* and *enrollment* are two separate and distinct processes. In order to **enroll** a provider (agency, site or clinician) into AlphaMCS, Partners must verify that the provider is both

1. *credentialed* with Partners and
2. *enrolled* in NC Tracks.

The effective date of the enrollment in AlphaMCS is the earliest date that the provider is both credentialed with Partners and enrolled in NC Tracks. If Partners attempts to enroll a provider in AlphaMCS and is unable to verify your enrollment in NC Tracks, we will send you an enrollment status letter outlining the reason(s) why we cannot enroll you. *It is the provider's responsibility to notify Partners once the enrollment problems outlined in that letter have been resolved.*

Providers receive notification from NC Tracks whenever the Managed Change Request (MCR) is accepted and then a second notice is received whenever the MCR has been processed. *Partners does NOT receive any notification from NC Tracks regarding these updates.* Providers should notify us at enrollment@partnersbhm.org as soon as you receive the second notification saying that your request has been processed by NC Tracks. Partners will NOT be able to verify the change prior to your receipt of the second notification from them.

As noted on the enrollment status letter, we will not make any further changes to your enrollment status in AlphaMCS until you notify us that the update has been made in NC Tracks. We do NOT monitor NC Tracks updates for all providers on an on-going basis. We rely on you to notify us whenever the information has been added to NC Tracks. Partners will update AlphaMCS, as quickly as possible, as soon as you send us notification that the change has been made and we can verify the information in NC Tracks.

For more information about the difference between credentialing and enrollment, please refer to our website at the following link <https://providers.partnersbhm.org/provider-enrollment-credentialing>.

For questions about this process, please contact us at enrollment@partnersbhm.org.

Providers Needed for Partners' Credentialing Committee: Partners is seeking providers who would like to participate on our Credentialing Committee. We are in need of providers who can represent the following areas:

- A licensed clinician who has either child or adult experience and either mental health or substance use disorder experience
- A clinician who is licensed and in a non-managerial role at a provider organization.

Providers who are interested in participating on the Credentialing Committee should contact *Natalie McBride, Provider Network Manager* at nmcbride@partnersbhm.org or *Julie Walker, Provider Council Chair* at julie.walker@thecogcon.com. The Provider Council initially approves providers who volunteer to participate, and then the nominees are reviewed by Partners' Chief Medical Officer and Credentialing Committee Chair, Dr. Bess Stanton, for final approval.

The Partners Credentialing Committee meets via video conference from our Elkin, Gastonia, and Hickory locations on the third Wednesday each month from 10 a.m. until 12 p.m.

HIE/NC Tracks Updates: Providers are reminded to pay attention to notifications from NC Tracks for the latest information regarding a variety of topics, including recredentialing and NC Health Connex. You can sign up for emails from NC Tracks by visiting <https://www.nctracks.nc.gov/content/public/providers/getting-started.html>.

Film Screening: Please join us for a screening of the film *Resilience: The Biology of Stress & Science of Hope* on Monday, October 24 from 6:00-7:30 p.m. at Oakhill Methodist Church in Burke County. This is a free event & childcare is provided for children ages three years-fifth grade. Light refreshments will be served. This event is hosted by the Church Collaborative. [Registration](#) is required. Deadline to register is October 19, 2018.

NC School Mental Health Initiative: The Southwest Region of North Carolina School Mental Health Initiative will meet October 25, 10 a.m.-12 p.m. at Gaston County Schools Rader, 240 Eighth Ave., Cramerton, NC 28032. Gastonia. The Southwest Region includes Cleveland, Gaston, Lincoln, Iredell, Mooresville, Rowan, Mecklenburg, Cabarrus, Kannapolis. To learn more or to register, please email Jeanne Patterson at jpatterson@partnersbhm.org or call 828-446-4936.

National Recovery Awareness: Opioid Epidemic in Our Community: The Gaston College Human Services Club and Human Services Technology Program will sponsor a seminar to celebrate National Recovery Month Awareness by providing information sessions regarding the opioid crisis and supports available in Gaston and Lincoln counties. The event will be held Monday, October 29, 2018, from 12:30-1:30 p.m. at the Myers Center Multipurpose Auditorium, Dallas Campus. Presenters will represent the CaroMont Health System and the Gaston Controlled Substance Coalition. Dr. Todd Davis, the Chief Medical Officer for CaroMont Health System and a practicing Anesthesiologist/Intensivist, will be presenting information on the Opioid Epidemic we are facing. He will provide an overview of the history of opioids, a description of how they work and their effects on the brain, discuss the permanent changes that occur to people with addiction, practical things that can be done to reduce the likelihood of addiction and talk about what our community is doing to proactively manage the problem. He will also be available for questions. Mr. Nazrul and Mrs. Tammy Chowdhury will provide a brief presentation on *Remembering Austin*, based on their experience as parents who experienced the loss of their son from an opioid overdose. Dr. Davis and the Chowdhurys are members of the Gaston Controlled Substances Coalition. Attendees will receive free information pamphlets from Partners Behavioral Health Management. For more information, contact Ann Elliott at 704-922-2382 or email elliott.ann@gaston.edu.

i2i Conference Registration Now Open: i2i Center for Integrative Health will host its annual conference and exhibition December 5-7, 2018 at Pinehurst Resort, Pinehurst NC. To view the schedule or register, please visit <https://i2icenter.org/events/conference/>.