Welcome to Partners Behavioral Health Management (Partners). Our mission is to manage a behavioral health care system funded by federal, state and local taxpayer dollars. We ensure all individuals who are eligible for our programs have access to quality providers and effective services. We improve lives and strengthen our communities by focusing on positive outcomes and the proper use of funds entrusted to us. The following provides links to forms, manuals, and documents that will assist providers in becoming acquainted and conducting business with Partners.

**WANT TO BE IN THE KNOW?** One of the first items of business for new Providers is to subscribe to [Partners’ Email Communications](#).

**Alpha MCS Provider Portal**
Partners, along with other LME/MCOS in North Carolina, uses AlphaMCS for its managed care operations. More details regarding AlphaMCS are available in the [Partners Provider Operations Manual](#), and using the links below.

- Access the AlphaMCS [portal](#)
- [Provider Portal Handbook](#)

For more assistance, contact the Service Desk at 704-842-6431. The Service Desk is available Monday through Friday, 8 a.m. – 5 p.m.

**Behavioral Health Focus**
This weekly publication is an excellent source of news and information for the community. You can view [Behavioral Health Focus here](#).

**Appeals Process**
Individuals receiving Medicaid and State Funded services may appeal treatment decisions made by Partners. Notices of Decision Letters are sent out with further explanation as to how to file the various levels of Appeals.

**Claims**
Providers must have the capability to connect to the internet and to Partners electronically for authorization requests for State Funded and Medicaid Funded services via the AlphaMCS Provider Portal. A number of [documents](#) are available on the Partners’ website. For specific questions, call the Claims Department at 1-877-864-1454 (press 4, 3, and 1) or [claimsdepartment@partnersbhm.org](mailto:claimsdepartment@partnersbhm.org).

**Communication Bulletins**
Partners’ [Provider Communication Bulletins](#) and [Provider Alerts](#) convey timely and pertinent information about numerous items including the operational changes to processes, and various training opportunities.
Concern and Complaints
Providers must have policies and procedures that address the rights of members served, as well as a process to address their complaints. Each Provider must have evidence that members are informed of their rights and how to file a complaint. For guidance in development of policies, refer to Client Rights Rules in Community Mental Health, Developmental Disabilities and Substance Abuse Services.

Consumer & Family Advisory Committee
The Consumer & Family Advisory Committee (CFAC) is a volunteer group of members served and family members who represent those served by Partners. CFAC’s mission is to advise Partners and to advocate on behalf of consumers and families in every aspect of planning and delivery of Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse services. Click here for more details.

Contracts
For questions about provider contracts, contact the Contracts Department at 1-877-864-1454 (press 4, and 2) or contracts@partnersbhm.org.

Grievances, Complaints or Concerns
If you would like to convey a grievance, complaint or concern, click here. For issues needing immediate attention or assistance, contact Access to Care at 1-877-864-1454 (toll free).

Housing
Click here for information related to housing. Additionally, to reach a member of the Housing Team, call:
704-884-2514 for Cleveland, Gaston and Lincoln counties
828-323-8084 for Burke and Catawba counties
336-527-3257 for Iredell, Surry and Yadkin counties

Information Technology
A wealth of information and details is readily available to Providers related to:
- Zixmail and AlphaMCS
- Request for Individual/Unique Partners Alpha MCS Logins for Staff
- AlphaMCS Provider Set Up
- Trading Partner Agreement
- Adding Users for Third Party Billers
- Electronic Data Interchange (EDI) Format Testing

Incidents
Per state guidelines, Partners requires use of an online DMH/DD/SAS Incident Response & Improvement System (IRIS) to report incidents, restrictive interventions, accidents, sexual assaults, medication errors, consumer deaths, etc.

Provider Council
The Partners’ Provider Council serves as the professional representation and advocate for all service Providers in the Partners catchment area. The Council facilitates an open exchange of ideas, brings forward concerns and solutions while promoting collaboration and mutual accountability among providers.

All Providers are welcome to attend Provider Council meetings. Providers meet from 9:30 a.m.-10:30 a.m. Then Partners' staff join the meeting from 10:30 a.m. - 12:00 p.m. Meetings are held on the fourth Friday of the month at Partners-Hickory Regional Office, First Plaza-Basement Level, 1985 Tate Blvd. SE, Hickory NC 28602.
**Provider Account Specialists**
A list of Partners’ Provider Account Specialists and the agencies and licensed independent practitioners to which they are assigned is on the Provider Knowledge Base.

**Measurement Based Care (MBC) Tool**
As Partners prepares the Provider Network to be positioned to work within both a standard plan and tailored plan environment, it is critical that providers are using a MBC tool and can demonstrate a data sample from the use of that tool. While you as a provider may be in the process metric category, the use of the tool is key and the measurement conducted frequently using the tool is critical to move towards population health management. As this is such an essential area in improving the quality of the care and improving the lives of the members served, it is Partners’ expectation that currently credentialed and contracted network providers identify and use a MBC tool by November 1, 2019. Click here to read more about accepted MBC tools.

**Annual Performance Review**
To better analyze provider performance indicators for trends/variances and communicate recommendations to improve provider performance, Provider Account Specialists will perform an Annual Performance Review (APR) on each of their assignees and review the findings with the provider.

- During the Annual Performance Review Process, data and reports are reviewed from Claims, Utilization Management, Quality Management and Program Integrity departments as well as local and state oversight agencies, and observations made to ensure that services are in compliance with contract and/or funding requirements and best practices.
- In addition, the provider’s administrative capabilities are reviewed to ensure compliance with PBHM standards, contracts, policies, and procedures.

**Provider Dispute Resolution**
A Network Provider can submit a request in writing utilizing the Provider Dispute Form no later than 21 calendar days from the receipt of the LME-MCO’s decision in question.

**Provider Knowledge Base**
Providers will find all provider/operational information and forms in the Provider Knowledge Base, a website dedicated just for providers. You can access the Provider Knowledge base at [http://providers.partnersbhm.org](http://providers.partnersbhm.org).

**Provider Monitoring**
The Provider Monitoring process is designed for:

- entry into the provider network
- the evaluation of service providers against quantitative and qualitative measures

Read more about specific details and applicable tools.

**Provider Operations Manual**
Updated quarterly, this guide outlines requirements and responsibilities of those in Partners’ Provider Network. Click here to access the Provider Manual. A hard copy of the Partners Behavioral Health Management Provider Operations Manual may be provided upon request.

**Provider Orientation/Training Sessions**
Join Partners’ Provider Network, Claims, Access to Care, Utilization Management, Care Coordination, and Quality Management staff for an interactive provider orientation. Click here to access the Partners’ event calendar.
NC HealthConnex Connectivity Requirements

All health care providers who receive state funds (e.g., Medicaid, NC Health Choice, State Health Plan, etc.) for the provision of health care services must connect to NC HealthConnex by specific dates in 2018, 2020 and 2021 to continue to receive payments for services provided (NCGS § 90-414.4).

Specifically:
- Hospitals, physicians, physician assistants and nurse practitioners who provide Medicaid services and who have an electronic health record system must connect by June 1, 2018.
- Local Management Entities/Managed Care Organizations (LMEs/MCOs) are required to submit encounter and claims data by June 1, 2020.
- Ambulatory surgical centers, dentists, licensed physicians whose primary area of practice is psychiatry, and the State Laboratory of Public Health operated by the Department of Health and Human Services must submit demographic and clinical data by 2021.
- Pharmacies and State health care facilities operated under the jurisdiction of the Secretary of the Department of Health and Human Services must submit claims data by June 1, 2021.
- Providers who do not receive state funding for the provision of health care services may also connect to the NC HIEA on a voluntary basis to support whole-person care.

For additional details and to remain current on state connectivity requirements for your practice, please visit https://hiea.nc.gov.

Regulatory Compliance

If you question or suspect practices within the Partners’ Network may be illegal in billing for service, conflicts of interest, Medicaid/Medicare rules, or conduct violations, you are encouraged to call the Partners Regulatory Compliance AlertLine at 1-866-806-8777. Or, you can click here and report your concern on the AlertLine. At no time will you be required to give your name unless you choose to ask for follow-up information to your call.

If you suspect other forms of Medicaid fraud or abuse is happening, you can:
- Contact the Division of Medical Assistance by calling 1-800-662-7030 (English and Spanish)
- Call the Medicaid fraud, waste and program abuse tip-line at 1-877-DMA-TIP1 (1-877-362-8471)

Utilization Management

Partners operates a Prepaid Inpatient Health Plan (PIHP) to manage the Medicaid 1915 (b)/(c) Waiver Program for its nine county catchment area and also handles Utilization Management functions for State-Funded (IPRS) services.

Details are available for the following on the Benefit Grids Page:
- Medicaid Services Benefit Plans
- B3 Service Array
- State Funded-IPRS Benefit Plans
- Specialty Service Plan

Contact Information

To reach any office, call 1-877-864-1454 (TTY at 1-800-749-6099) or email questions@partnersbhm.org. Local office addresses and phone numbers are:

Corporate Office
901 S. New Hope Rd
Gastonia, NC 28054
704-884-2501

Northern Region
200 Elkin Business Park Dr.
Elkin, NC 28621
336-835-1000