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COVID-19 Flexibilities Update

Service Authorization Flexibilities: Partners announced in Provider Communication Bulletin #103 that effective March 19, 2020, Partners lifted the requirement to obtain prior authorization for services provided to members during the COVID-19 crisis period, and announced in Provider Alert COVID-19 #26 that the period was extended to June 30, 2020.

Effective Wednesday, July 1, 2020, Partners Utilization Management will begin to review for Medical Necessity per the Clinical Coverage Policies, Service Definitions, and Benefit Grids published on Partners Provider Knowledge Base, https://providers.partnersbhm.org and the NC DHHS website.

Several services were granted flexibilities through a Medicaid State Plan Amendment (SPA) and the 1135 Waiver approved by the Centers for Medicare and Medicaid Services (CMS). These Medicaid flexibilities will continue throughout the COVID-19 crisis period. It is Partners’ hope that these service flexibilities will continue to ensure stability and decrease the administrative burden on our network providers. It is our goal to ensure members receive care without interruption.

All State-funded services that were affected by the “No-Prior Authorization” flexibility will resume medical necessity review beginning July 1, 2020. Please submit all Service Authorization Requests (SARs) as reauthorizations, unless the member is starting their first day of service on July 1, 2020 or later. If the member began services during the COVID-19 period, please submit initial and concurrent paperwork with each request. Please include the date the member started services in your request.

Please refer to the posted Medicaid/State Benefit Grids on Partners’ Provider Knowledge Base, for guidance regarding services reviewed for medical necessity: https://providers.partnersbhm.org/benefit-grids/
The following tables give guidance regarding continuing flexibilities.

### No Prior Authorization Needed

<table>
<thead>
<tr>
<th>MEDICAID SERVICE CODES</th>
<th>SERVICE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2011 GT CR; H2011 CR</td>
<td>Mobile Crisis</td>
</tr>
<tr>
<td>T1023 CR; T1023 GT CR</td>
<td>Diagnostic Assessment</td>
</tr>
<tr>
<td>H2033 GTCR; H2033 CR;</td>
<td>Multisystemic Therapy</td>
</tr>
<tr>
<td>H2017 GT CR; H2017 CR;</td>
<td>Psychosocial Rehabilitation</td>
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<td>H2017 DJ CR; H2017 DJ GT CR</td>
<td></td>
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<tr>
<td>H0015 GT CR; H0015 CR;</td>
<td>Substance Abuse Intensive Outpatient Program (SAIOP)</td>
</tr>
<tr>
<td>H0015 AD CR; H0015 AD GT CR; H0015 U5</td>
<td></td>
</tr>
<tr>
<td>H2035 GT CR; H2035 CR; H2035 U5; H2035 CV</td>
<td>Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)</td>
</tr>
<tr>
<td>H0014 CR</td>
<td>Ambulatory Detoxification</td>
</tr>
<tr>
<td>H0012 HB CR</td>
<td>Substance Abuse Non-Medical Community Residential Treatment</td>
</tr>
<tr>
<td>H0013 CR</td>
<td>Substance Abuse Medically Monitored Community Residential Treatment</td>
</tr>
<tr>
<td>H0010 CR</td>
<td>Non-Hospital Medical Detoxification</td>
</tr>
<tr>
<td>H0020 (U3) (OU)</td>
<td>Outpatient Opioid Treatment</td>
</tr>
<tr>
<td>H0038 CR; H0038 DJ CR; H0038 GT CR; H0038 DJ GT CR; H0038 HQ DJ CR; H0038 HQ DJ GT CR</td>
<td>Peer Support Services</td>
</tr>
<tr>
<td>H2036 CR</td>
<td>Medically Supervised or ADATC Detox Stabilization</td>
</tr>
<tr>
<td>H0032 (U5) (DJ)</td>
<td>Critical Time Intervention</td>
</tr>
<tr>
<td>H2023 HQ U4 CR; H2023 HQ U4 GT CR; H2023 U4 CR; H2023 U4 HE DJ</td>
<td>B3 Supported Employment (MHSU Only)</td>
</tr>
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### No Prior Authorization - Innovations-Only Retainer Payment codes

<table>
<thead>
<tr>
<th>MEDICAID SERVICE CODES</th>
<th>SERVICE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2015 CR XU</td>
<td>Community Networking Service (Individual)</td>
</tr>
<tr>
<td>H2015 HQ CR XU</td>
<td>Community Networking Group</td>
</tr>
<tr>
<td>H2016 CR XU</td>
<td>Residential Supports: Level 1</td>
</tr>
<tr>
<td>H2016 U2 CR XU</td>
<td>Residential Supports: Level 1 AFL</td>
</tr>
<tr>
<td>H2016 HI CR XU</td>
<td>Residential Supports: Level 4</td>
</tr>
<tr>
<td>H2016 HI U2 CR XU</td>
<td>Residential Supports: Level 4 AFL</td>
</tr>
<tr>
<td>H2025 CR XU</td>
<td>Supported Employment Services Individual</td>
</tr>
<tr>
<td>H2025 HQ CR XU</td>
<td>Supported Employment Services Group</td>
</tr>
<tr>
<td>H2025 TS CR XU</td>
<td>Supported Employment LTFU - Individual</td>
</tr>
<tr>
<td>H2025 TS HQ CR XU</td>
<td>Supported Employment LTFU - Group</td>
</tr>
<tr>
<td>H2025 U2 CR XU</td>
<td>Supported Employment</td>
</tr>
<tr>
<td>T2013 TF CR XU</td>
<td>Community Living and Supports - Individual</td>
</tr>
<tr>
<td>T2013 TF HQ CR XU</td>
<td>Community Living and Supports - Group</td>
</tr>
<tr>
<td>T2014 CR XU</td>
<td>Residential Supports: Level 2</td>
</tr>
<tr>
<td>T2014 U2 CR XU</td>
<td>Residential Supports: Level 2 AFL</td>
</tr>
<tr>
<td>T2020 CR XU</td>
<td>Residential Supports: Level 3</td>
</tr>
<tr>
<td>T2020 U2 CR XU</td>
<td>Residential Supports: Level 3 AFL</td>
</tr>
<tr>
<td>T2021 CR XU</td>
<td>Day Supports: Individual</td>
</tr>
<tr>
<td>T2021 HQ CR XU</td>
<td>Day Supports: Group</td>
</tr>
<tr>
<td>T2027 CR XU</td>
<td>Day Supports: Developmental Day</td>
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<td>T2033 CR XU</td>
<td>Supported Living - Living 1</td>
</tr>
<tr>
<td>T2033 HI CR XU</td>
<td>Supported Living - Living 2</td>
</tr>
<tr>
<td>T2033 TF CR XU</td>
<td>Supported Living - Living 3</td>
</tr>
<tr>
<td>T2033 U1 CR XU</td>
<td>Supported Living Periodic</td>
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INITIAL Requests Only: Medical Necessity Review

<table>
<thead>
<tr>
<th>MEDICAID SERVICE CODES</th>
<th>SERVICE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2022 GT CR; H2022 CR;</td>
<td>Intensive In-Home</td>
</tr>
<tr>
<td>H0040 DJ GT CR; H0040 DJ CR; H0040 GT CR; H0040 CR</td>
<td>Assertive Community Treatment Team</td>
</tr>
<tr>
<td>H2012HA CR; H2012 HA GT CR;</td>
<td>Child and Adolescent Day Treatment</td>
</tr>
<tr>
<td>H0035 GT CR; H0035 CR</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>H2020 CR</td>
<td>Residential Treatment Services Level 1 and Level II Family Type, Program Type</td>
</tr>
<tr>
<td>H2022-22 HE</td>
<td>Family Centered Treatment</td>
</tr>
<tr>
<td>97151; 97151 CR; 97151 GT CR; 97151NC; 97151 NC CR; 97151 NC GT CR; 97152; 97152 CR; 97152 GT CR; 97152NC; 97152 NC CR; 97152 NC GT CR; 97153; 97153 CR; 97153 GT CR; 97154; 97154 CR; 97154 GT CR; 97155; 97155 CR; 97155 GT CR; 97156; 97156 CR; 97156 GT CR</td>
<td>Research Based Behavioral Health Treatment</td>
</tr>
</tbody>
</table>

Concurrent/Reauthorization Only - Notification SAR (SAR only, no clinical documentation)

<table>
<thead>
<tr>
<th>MEDICAID SERVICE CODES</th>
<th>SERVICE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2022 GT CR; H2022 CR;</td>
<td>Intensive In-Home</td>
</tr>
<tr>
<td>H0040 DJ GT CR; H0040 DJ CR; H0040 GT CR; H0040 CR</td>
<td>Assertive Community Treatment Team</td>
</tr>
<tr>
<td>H2012HA CR; H2012 HA GT CR;</td>
<td>Child and Adolescent Day Treatment</td>
</tr>
<tr>
<td>H0035 GTCR; H0035 CR</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>H2020 CR</td>
<td>Residential Treatment Services Level 1 and Level II Family Type, Program Type</td>
</tr>
<tr>
<td>H2022-22 HE</td>
<td>Family Centered Treatment</td>
</tr>
<tr>
<td>97151; 97151 CR; 97151 GT CR; 97151NC; 97151 NC CR; 97151 NC GT CR; 97152; 97152 CR; 97152 GT CR; 97152NC; 97152 NC CR; 97152 NC GT CR; 97153; 97153 CR; 97153 GT CR; 97154; 97154 CR; 97154 GT CR; 97155; 97155 CR; 97155 GT CR; 97156; 97156 CR; 97156 GT CR</td>
<td>Research Based Behavioral Health Treatment</td>
</tr>
</tbody>
</table>
**INNOVATIONS ONLY:** Additional guidance regarding Innovations Waiver flexibilities will be provided in a separate communication. Please contact I/DD Care Management for any changes to services.

### Specific Flexibilities

<table>
<thead>
<tr>
<th>MEDICAID SERVICE CODES</th>
<th>SERVICE DESCRIPTION</th>
<th>FLEXIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9484 CR</td>
<td>Facility Based Crisis Program</td>
<td>Waive 30 days maximum per calendar year</td>
</tr>
<tr>
<td>S9484 HA CR</td>
<td>Facility Based Crisis Children and Adolescents</td>
<td>Waive 30 days maximum per calendar year</td>
</tr>
<tr>
<td>0183</td>
<td>ICF-IID Therapeutic Leave</td>
<td>Increase from 45 days to 90 days per year</td>
</tr>
<tr>
<td>Therapeutic Leave 0911</td>
<td>Psychiatric Residential Treatment (PRTF)</td>
<td>Increase from 45 days to 90 days per year</td>
</tr>
<tr>
<td>H2020 CR; S5145 CR; H0019 HQ CR; H0019 TJ CR; H0019 HK CR; H0019 URL CR</td>
<td>Residential Treatment Level 2, Residential Treatment Therapeutic Foster Care, Residential Treatment Level 3, Residential Treatment Level 4</td>
<td>Increase from 45 days to 90 days per year</td>
</tr>
<tr>
<td>H0032 (U5) (DJ); YP400 (State)</td>
<td>Critical Time Intervention</td>
<td>Waive the nine-month clock. CTI phases can be paused. Provider can choose to keep member in current phase or move on to the next phase based on progress</td>
</tr>
</tbody>
</table>

*Medicaid and State*
For additional guidance regarding GT and CR Modifier Codes, please refer to:

- Special Bulletin COVID-19 #46 Behavioral Health Service Flexibilities
- Special Bulletin COVID-19 #75: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Behavioral Health Service Flexibilities – Innovations and TBI Waivers Appendix K and Developmental Disability State Funded Benefit Plans
- Special Bulletin COVID-19 #76: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Behavioral Health Service Flexibilities – (b)(3) Services

For additional questions, please contact:

- UM MHSU Workgroup: 704-842-6436
- MHSU Inpatient/Acute Services Workgroup: 704-842-6434
- I/DD UM Workgroup: 704-884-2605

**Claims Processing Information:** Beginning July 1, 2020, the authorization edit will be enabled. This means that, for providers and claims processing:

- Any claims submitted after June 30, 2020 will deny if there is no authorization when an authorization is required for the procedure code.
- Claims dated March 19, 2020-June 30, 2020 will be manually processed if the claims deny for no authorization only.
- We encourage providers to submit claims as soon as possible to prevent claims from going through the manual process. This will ensure provider claim reimbursement in a more timely manner.

**Provider Monitoring:** Partners Quality Management (QM) Monitoring Unit will resume unlicensed AFL and credentialing monitoring activities on July 1, 2020.

Annual reviews of unlicensed AFLs, as well as new unlicensed AFL homes, will be conducted virtually. Monitoring Specialists will contact each provider to work out details to ensure all elements of the monitoring tools can be accomplished timely and effectively via virtual means.

Site reviews for credentialing purposes will be conducted virtually. Monitoring Specialists, once notified by the Credentialing Unit, will contact providers to set up a virtual review of all elements of the monitoring tool to ensure timely and effective reviews are completed.

Partners QM Monitoring Unit will resume biannual Post Payment Reviews on July 15, 2020. Monitoring Specialists will begin this process by contacting those providers originally scheduled for reviews in March (that were unable to be completed) and work with them to complete the desk review. Monitoring Specialists will work with each provider, giving various options, to ensure records are obtained securely to complete timely and effective reviews with minimal interruption of normal operations. No on-site reviews will be conducted; all reviews will be completed by desk review until further notice.

**Program Integrity:** Effective July 1, 2020 Partners Program Integrity Department (PID) will resume sending initial document requests to providers. We will also be giving providers additional time to respond to document requests and work with providers on delivery of the documents to PID (electronic is preferred but will make arrangements for safe delivery or pick-up). Except in cases of egregious allegations of fraud, PID does not plan to
resume conducting on-sites until after North Carolina moves to Phase 3. If you have questions, please email William Owens, Program Integrity Director, at wowens@partnersbhm.org or call 704-842-6428.

Partners Welcomes New Chief Operating Officer
Partners Behavioral Health Management (Partners) is pleased to announce the appointment of Shireen Stone as its Chief Operating Officer. Stone assumed the role on June 1, 2020.

Stone, an innovative leader with more than 20 years of experience in the health care industry, will provide oversight and direction to major operational areas, as well as collaborate and lead Partners’ efforts in North Carolina’s Medicaid transformation.

“We are delighted to welcome Shireen Stone to Partners,” said Rhett Melton, Partners’ Chief Executive Officer. “Shireen is a respected, inclusive and engaged leader who is committed to Partners’ mission of improving lives and strengthening communities. Her broad knowledge and experience will help us continue to expand our vision of outcome-based care and improved health for our members.”

Stone comes to Partners from Fulcrum Health of Plymouth, Minnesota, where she oversaw the delivery of high-value health care networks, products and services. She was integral in establishing the infrastructure to further the company’s journey from a fee-for-service to pay-for-value model to improve patient outcomes.

“Partners’ deep experience of serving individuals with behavioral health and intellectual and developmental disabilities as well as its history of cross-disciplinary collaboration and communication positions it as a leader in delivering whole-person, community-based integrated care,” said Stone. “I look forward to working with the entire Partners team as we continue raising the bar on delivering high-quality services to our members.”

Stone holds a Bachelor of Science in industrial engineering and management from North Dakota State University and a Master of Arts in liberal arts and sciences from the University of Minnesota-Twin Cities.

Intensive Alternative Family Treatment (IAFT®) Update
Beginning July 1, 2020, Partners will be adding the Rapid Resource for Families/Intensive Alternative Family Treatment (IAFT®) administrative costs to the providers’ daily rate with the expectation that providers take over the responsibility for payment of the administrative fee directly to Rapid Resource for Families.

Providers should begin submitting claims to Partners for the new contracted amount ($214.00 + $17.12 = $231.12) beginning July 1, 2020. Providers will see an increase of the $17.12 per day for authorized members in IAFT® beds.

Rapid Resource for Families will begin invoicing each provider for the oversight fee. Rapid Resource for Families will provide you with a new contract and outline the required invoicing process. Rapid Resource for Families will also give Partners a copy of each signed provider contract as a way of verifying providers that continue to provide the service. Any provider that does not have a new signed agreement with these terms will revert to the standard Therapeutic Foster Care rate.

Your cooperation in making this transition is appreciated. If you have any questions, please contact Lisa Hill Jordan, Provider Network Performance Specialist, ljordan@partnersbhm.org, 704-884-2732 or Dan Nolen, CEO, Rapid Resource for Families, dnolen@ncrapidresource.org, 704-516-4870.
Introduction to Social Determinants of Health Training – June 24, 2020

“90% of health care spending in the United States is on medical care. While access to high-quality medical services is crucial to health, research shows that up to 80% of a person’s overall health is driven by other social and environmental factors and the behavior influenced by them—known as “social determinants of health” or SDOH.” (1)

Partners is calling for and expecting network providers to join us to take the next, important step in recognizing that health is determined not merely by behavioral, biological and genetic factors and that many environmental and social issues significantly contribute to better health and well-being. Strategic interventions and investments in core domains of food, housing, transportation and interpersonal safety, in partnership with local community groups and healthcare providers, will help to improve health, safety and well-being for our members and all North Carolinians. It will also provide short and long-term cost savings and make our healthcare system more efficient. (2)

Partners is hosting Introduction to SDOH, a training for ALL providers who are not currently involved in conducting assessments through Partners’ electronic format. The training will be held online on June 24 at 2:00 p.m. To register, click here. After registering, you will receive a confirmation email containing information about joining the webinar.

1. https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/about-healthy-opportunities

Member Feedback Needed – Community Network Adequacy and Accessibility Analysis

Each year, Partners conducts a Community Network Adequacy and Accessibility Analysis to understand the health needs of the citizens in the regions we serve. This process involves obtaining surveys from providers, stakeholders, families and members. We continue to keep the member survey open as we are falling short of the input we need. It is critically important that members’ voices are heard as decisions are made going forward. We want input from every perspective and every person touched in some way by mental illness, substance use disorders, traumatic brain injuries or intellectual and developmental disabilities.

The survey will take approximately five to 10 minutes to complete. We sincerely appreciate your time and feedback.

Please share this link with your members. https://www.surveymonkey.com/r/PartnersNA2020
State News/COVID-19 Updates

Providers are reminded to check Partners’ COVID-19 provider webpage and the NC DHHS COVID-19 Guidance and Resources for Medicaid Providers for the most up-to-date information. If you have questions, please email your provider account specialist or the Provider Network Help Desk at pnas@partnersbhm.org.

COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information:
Medicaid and NC Health Choice providers now have one main hub to find all information related to COVID-19, including answers to questions received in the NC Medicaid COVID-19 mailbox (from webinars, etc.), and resource documents such as Special Bulletins about COVID-19. The COVID-19 Knowledge Center is an online Medicaid resource collection developed to keep providers informed. Learn more about this resource.

Behavioral Health/Intellectual and Developmental Disabilities (I/DD) Day Program and Facility-Based Crisis Guidance:
North Carolina, NC DHHS Divisions of Health Service Regulation (DHSR), Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMHDDSAS), and the Division of Public Health (DPH) are providing additional guidance to facilities that serve people with behavioral health needs and intellectual & developmental disabilities to help improve infection control practices and to prevent the spread of the virus in facilities open or planning to reopen. Click here to view the guidance published on June 10, 2020.

NC DHHS Updates Guidance on Who Should Be Tested:
The North Carolina Department of Health and Human Services (NC DHHS) released updated guidance for doctors and clinicians on who should be tested for COVID-19. The state is focused on rapidly increasing testing of people who may not currently have symptoms, but may have been exposed to COVID-19, especially people from historically marginalized populations who have been disproportionately impacted by COVID-19. To support testing in populations being hit hardest by COVID-19, NC DHHS also has a new resource available, COVID-19 Community Testing in Historically Marginalized Populations: Best Practices.

NC DHHS Launches Testing and Contact Tracing Resources to Help Slow the Spread of COVID-19 in North Carolina:
On June 4, NC DHHS launched two new online tools to help North Carolinians determine if they need to be tested, and if so, to find a nearby testing place. Check My Symptoms (ncdhhs.gov/symptoms) helps those who feel uncertain about whether they should get tested. Find My Testing Place (ncdhhs.gov/testingplace) is a resource for anyone who needs to locate a testing site. “These new COVID-19 testing tools and resources help North Carolinians have the support and information they need to take care of themselves and their loved ones,” said NC DHHS Secretary Mandy Cohen, M.D. “When more people get tested, and we all work alongside the COVID-19 Community Team to do our part with contact tracing, we can protect our loved ones and slow the spread of the virus.”

NC DHHS Releases Toolkit to Locate Testing Sites, Promote the 3 W’s and Answering the Call:
NC DHHS is now providing social media resources and flyers—all available in English and Spanish—to help get out the word about North Carolina’s ongoing efforts to expand testing and contact tracing. Please share these resources and note that the Check My Symptoms flyers have an additional option to add an organization’s logo and branding information!

Gov. Cooper Signs Executive Order 143 to Address Disproportionate Impact of COVID-19 on Communities of Color:
On June 4, Governor Roy Cooper signed Executive Order 143 to address the social,
environmental, economic, and health disparities in communities of color that have been exacerbated by the COVID-19 pandemic. The Order establishes the Andrea Harris Social, Economic, Environmental, and Health Equity Task Force to focus on economic stability, health disparities, and environmental justice in North Carolina, which will work to ensure all communities have access to COVID-19 testing and related health care, and to ensure the equitable distribution of pandemic relief funds.

**NC Pandemic Recovery Office Disburses Funds to Support Local Responses to the Virus:** On May 26 Governor Cooper announced that $85.4 million in federal funds provided for COVID-19 relief to counties would be disbursed by the end of May. Three large counties, Guilford, Mecklenburg and Wake, had already received funds directly from the federal government, and 59 other counties that have completed certification subsequently received funds from the state-administered Coronavirus Relief Fund (CRF) that was passed by Congress. “Everyone is working hard to make ends meet, including county governments as they finalize their budgets,” Governor Cooper said. “These funds will help communities respond to the COVID-19 crisis with testing, personal protective equipment and more.” The unanimously approved and bipartisan budget included $150 million for counties which have the flexibility to share monies with their municipalities as county commissioners deem appropriate. The full distribution of funds is listed [here](https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins) by county, along with instructions to counties about how the funds may be used.

**Joint Communication Bulletins,** which are issued by the NC Department of Health and Human Services, can be found at [https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins](https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins).

Recent Joint Communication Bulletins:
June 12, 2020: J366 - Level of Care and Supporting Documentation During COVID-19

**Joint DMHDDSAS and DHB (NC Medicaid) COVID-19 Update Call For BH/IDD Consumers, Family Members and Community Stakeholders:**
Every Monday at 2:00 p.m. Check the Partners COVID-19 Provider webpage for weekly call-in details.

**Joint DMHDDSAS and DHB (NC Medicaid) COVID-19 Update Call for NC Providers:**
Every Thursday at 3:00 p.m. Check the Partners COVID-19 Provider webpage for weekly call-in details.

**The NCTracks Annual Provider Survey** for 2020 was originally scheduled to close June 15, however, the deadline was extended to allow those who have not yet taken it to do so. The **deadline to take the survey is this Monday, June 22, 2020.**

The survey focuses on the aspects of NCTracks that involve direct customer interaction, such as the Call Center, Provider Relations, Training and Communications, as well as Functional Areas, such as Pharmacy Prior Approval and Provider Enrollment. Unless otherwise noted, the time period for which this survey applies is from July 1, 2019 to present. The survey is anonymous, unless you choose to identify yourself, and is authorized by the NC Department of Health and Human Services (DHHS).

Thank you to those who have already taken the survey, and we encourage those who have not yet taken it to do so now - it is **newly designed to take less than 10 minutes to complete.** We appreciate your participation as we strive to continue to improve our service to providers. Your feedback is valuable to us! Click [here](https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins) to start the survey now.
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. 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.

Taxonomy Code 193200000X: Taxonomy Code 193200000X should not be submitted on claims as the rendering taxonomy code. All claims submitted with this taxonomy code as the rendering code will be reverted.

Explanation of Benefits Requests for Coordination of Benefits Claims: As a reminder, Partners does request copies of the Explanation of Benefits (EOB) for members/claims submitted indicating Coordination of Benefits. The request will originate via email from Partners’ Claims Department. Once requested, please submit the information, via secured email, prior to the date indicated in the emailed request. If a response is not received, the original claim payment will be recouped.

May 2020: Medicaid—Number of Days to Process and Pay All Claims

| Received Date to Paid Date: | 8.9 |

Top Five Medicaid Claim Denials for May 2020

<table>
<thead>
<tr>
<th>Claim Denial</th>
<th>Provider Recommended Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>No coverage available for Patient/Service/Provider Combo</td>
<td>Go to Patient -&gt; 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.</td>
</tr>
<tr>
<td>Invalid DCN (Document Control #) or resubmission ref #)</td>
<td>Look at the remittance advice (RA) with the original claim number and make sure you entered it correctly.</td>
</tr>
<tr>
<td>Duplicate Claim</td>
<td>The claim has previously been submitted and adjudicated. Do not refile.</td>
</tr>
<tr>
<td>Claim received after billing period.</td>
<td>Write-off charges as non-billable. Do not rebill.</td>
</tr>
<tr>
<td>Invalid Units</td>
<td>Rebill claim with valid units.</td>
</tr>
</tbody>
</table>

Partners Provider Council

The Partners Provider Council will meet virtually on Friday, June 26, 2020. Both providers and Partners’ Provider Network staff will join the meeting at 9:30 a.m. Click here to register. Partners Provider Council will not meet in July.

Partners Training Academy

All Partners Training Academy sessions are free to registered attendees. Register in advance at www.PartnersTraining.com. If you have any questions about Partners Training Academy events, please email Training@PartnersBHM.org.
**Community Support Team Service Definition Training (Register)**

**Date, Time, Location:** June 23, 2020, 8:30 a.m.-Noon, Online  
**Description:** Community Support Team (CST) provides direct support to adults with a DSM-5 diagnosis of mental illness, substance use, or comorbid disorder and who have complex and extensive treatment needs. All members of the CST team are required to have three hours of service definition training. This recorded webinar will meet this training requirement by reviewing all components of the new service definition. Participants will achieve an understanding of requirements and scope of the new definition. *This webinar is a recorded event.*  
Two breaks are included during the training. The training meets the requirement for CST team members to receive three hours of service definition training. Attendees must take a 10-question quiz and pass at a rate of 80% or higher in order to gain a training certificate.  
**Target Audience:** CST Providers  
**Trainer:** Partners Utilization Management staff

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**NC-TOPPS Discussion Webinar (Register)**

**Date, Time, Location:** July 1, 2020, 2 p.m.-2:30 p.m., Online  
**Description:** The purpose of the monthly NC-TOPPS Discussion Webinar is to provide a space for the attendees to receive updates, ask questions and provide feedback to the Partners NC-TOPPS superuser as well as other superusers. All are welcome, both new and existing users.  
**Target Audience:** Providers who use NC-TOPPS  
**Trainer:** Veronica Somerville, QM Analyst

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**Community Support Team Service Definition Training (Register)**

**Date, Time, Location:** July 15, 2020, 1:30 a.m.-5 p.m., Online  
**Description:** Community Support Team (CST) provides direct support to adults with a DSM-5 diagnosis of mental illness, substance use, or comorbid disorder and who have complex and extensive treatment needs. All members of the CST team are required to have three hours of service definition training. This recorded webinar will meet this training requirement by reviewing all components of the new service definition. Participants will achieve an understanding of requirements and scope of the new definition. This webinar is a recorded event. Two breaks are included during the training. The training meets the requirement for CST team members to receive three hours of service definition training. Attendees must take a 10 question quiz and pass at a rate of 80% or higher in order to gain a training certificate.  
**Target Audience:** CST Providers  
**Trainer:** Partners Utilization Management staff

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**Cultural Competency: CLAS Standards (Register)**

**Date, Time, Location:** Wednesday July 22, 2020, 8:45 a.m. - 1:15 p.m., Online  
**Description:** The Office of Minority Health has established Culturally and Linguistically Appropriate Services (CLAS) standards to address health equity and improve outcomes. This training will not only review the standards themselves, but review the wealth of tools, resources and training materials available free of charge to providers. This course is limited to 15 registrants. The zoom link will be sent via email the day before this live, interactive training.  
**Target Audience:** Providers  
**Trainer:** Partners’ Provider Network Trainers
IRIS Overview/Training ([Register](#))

**Date, Time, Location:** Wednesday, July 29, 2020, 1 p.m. - 1:30 p.m., Recorded Webinar

**Description:** Join us for an overview of the Incident Response Improvement System. Define incidents and determine responses to various levels. Clarify reporting responsibilities. Review key report functions and web submission tips.

**Target Audience:** Providers who use IRIS

**Trainer:** Partners’ Consumer Rights Officers

Provider Open House ([Register](#))

**Date, Time, Location:** Thursday, August 4, 2020, 9 a.m. - 11 a.m., Online

**Description:** Join Partners’ Provider Network, Claims, Access to Care, Utilization Management, Care Management and Quality Management staff for an interactive information session. This open-house style event will allow each attendee time to work one-on-one with Partners’ staff to discuss any issues, questions or unfamiliar topics.

*For this session, we will be using Zoom and breakout rooms.* These sessions will not have a formal presentation or start time but is the providers’ time to meet one-on-one with Partners staff for technical assistance. Providers will need to register prior to the event. As a registered attendee, you are welcome to arrive and exit at your convenience, depending on the amount of time you feel is needed with our staff. The intended audience for the open house includes established and new providers in Partners’ network. Providers who are new to Partners’ network are advised to already have established access to AlphaMCS and reviewed the provider orientation toolkit prior to attending a session.

**Target Audience:** Existing and New Providers in Partners Behavioral Health Management Network.

CST-PSH August Virtual Training Series ([Register](#))

**Date, Time, Location:**
- August 18, 2020, 8 a.m. - 12:30 p.m.
- August 20, 2020, 8 a.m. - 12:30 p.m.
- August 25, 2020, 8 a.m. - 12:30 p.m.
- August 27, 2020, 8 a.m. - 12:30 p.m.

**Attendees must participate in all four sessions to obtain credit. No partial credit will be awarded.**

**Description:** In preparation for the implementation of the new Community Support Team (CST) policy, we have scheduled a series of virtual trainings on the evidence-based model for Permanent Supportive Housing (PSH). With the policy change, CST providers are to provide ongoing, tenancy support services. This training will support CST providers by improving their understanding and practice of the PSH model. Experienced and certified PSH trainers from the Technical Assistance Collaborative (TAC) have created the training. These sessions will be facilitated by TAC trained Partners’ staff.

**Other things to know:**
- This is an interactive training. Attendees are expected to participate fully (audio and visual required).
- Attendees must be present for the entirety of all four sessions of this training to receive a certificate of completion. This is equal to the two-day, in person class.
- If you arrive more than 15 minutes late, you will not receive credit.
- No partial credit will be awarded.
Target Audience: All CST staff members. (15 hours of Tenancy Support Training must be completed within 90 days of hire. This training meets that requirement.)

Trainer: Partners’ Provider Network Trainers

Licensed Independent Practitioner (LIP) Collaborative Webinar (Register)

Date, Time, Location: August 19, 2020, Noon - 1 p.m.

Description: The Licensed Independent Practitioner (LIP) collaborative was developed to improve communication between Partners and Licensed Independent Practitioners. Meetings are held quarterly via webinar.

Target Audience: In Network Licensed Independent Practitioners

LIPs can view information from previous LIP Collaborative meetings at https://providers.partnersbhm.org/licensed-independent-practitioners-collab/.

Providing ASAM Informed Treatment

Save the date! Registration to be posted to the training calendar by August 1.

Two opportunities for training:

– August 25, 2020, 1 p.m. - 3:30 p.m., Recorded webinar
– August 26, 2020, 9 a.m. - 11:30 a.m., Recorded webinar

Description: This American Society of Addiction Medicine course meets service definition requirements for ASAM training. Participants will receive tools in the form of handouts and watch a pre-recorded webinar training. A certificate is offered once registrants pass a 10-question quiz. Course contents include: the purpose of ASAM, an overview of ASAM changes and DSM5 changes, ASAM dimensions and level of care, clinical assessment and the application to treatment planning, level of care and risk assessments as well as informed treatment and medical necessity.

Target Audience: Providers who need initial training and/or a refresher

Trainer: Partners’ Utilization Management Staff

Other training resources and opportunities


Intro to Motivational Interviewing (Register)

Date, Time, Location: July 13 and 14, 2020, Holiday Inn, Charlotte University.

There is a cost of $120 per person for this training. CDC Guidelines will be followed. Social distancing will be implemented. Hand sanitizer will be provided. This training is offered by Laura Conaty, MSW, LCSW, LCAS, laurieconaty.com

Description: Participants will develop skills in Motivational Interviewing through a series of discussions, applied stories, and guided exercises. Thirteen hours of CEU’s will be offered for those who fully participate.

Target Audience: Providers

Improving Cultural Competency for Behavioral Health Professionals

Date, Time, Location: This training is a self-study from the Office of Minority Health website. FREE CEUs
Description: Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.

- In Course 1, *An introduction to cultural and linguistic competency*, you’ll learn what culture has to do with behavioral health care.
- In Course 2, *Know thyself – Increasing self-awareness*, you’ll learn how to get to know your cultural identity and how it affects your work with clients.
- In Course 3, *Knowing others – Increasing awareness of your client’s cultural identity*, you’ll learn how to get to know your client’s cultural identity.
- In Course 4, *Culturally and linguistically appropriate interventions and services*, you’ll learn how to build stronger therapeutic relationships with clients from diverse backgrounds.

The estimated time to complete all four courses is between 4-5.5 hours.

Target Audience: This program is accredited for 4-5.5 contact hours for counselors, nurses, psychologists, psychiatrists, and social workers. Other professionals may earn a Statement of Participation.

Register at [https://thinkculturalhealth.hhs.gov/education/behavioral-health](https://thinkculturalhealth.hhs.gov/education/behavioral-health)

### Provider Alerts

Provider Alerts are sent to all providers who subscribed to receive Partners’ Provider Communications. Published alerts are available on the Provider Knowledge Base at [https://providers.partnersbhm.org/provider-alert-archive/](https://providers.partnersbhm.org/provider-alert-archive/). To subscribe to Partners’ various communications, please visit [https://www.partnersbhm.org/subscribe/](https://www.partnersbhm.org/subscribe/).

May 29, 2020 – COVID-19 #27 June Provider Information Sessions | Appendix K | Claims Reminder
June 4, 2020 – FY 2020-21 State Funded Services Contract Information | ROI | June Provider Forum
June 17, 2020 – IPRS/State-Funded and (b)(3) Services Contract Information

### Training, Announcements and Reminders

The following events are being held by various organizations. Please check with the organization hosting the event regarding registration and cancellation information.

**Statewide Developmental Disabilities Council To Host LatinX Virtual Listening Session:** The North Carolina Council on Developmental Disabilities (NCCDD) will host a virtual listening session to hear from North Carolina’s LatinX community on June 22 from 12:30 p.m. to 2:00 p.m. to learn what matters most to people with intellectual and other developmental disabilities (I/DD), family members, caregivers and the community-at-large.

This session is a part of NCCDD’s Conversations with the Council - Virtual Road Tour that started in May. The listening sessions seek to gather input from individuals with intellectual and other developmental disabilities (I/DD), family members, caregivers and other stakeholders to begin building its Five-Year State Plan (5YSP) for 2022-2026.

To participate in the Conversations with the Council LatinX Virtual Listening Session, please register here.
In addition to the virtual listening sessions, the Council is seeking in-depth information through Individual, Family, and Community Stakeholder online surveys which are available in both Spanish and English.

**Children with Complex Needs Trainings for Clinical Professionals:** These trainings are hosted by Behavioral Health Springboard and are intended for clinical professionals in order to further develop their cultural competence around applying Mental Health treatments and interventions with individuals with I/DD and those supporting them.

**Adapting Mental Health Treatment for Youth with I/DD, June 23-24, 2020, 2 p.m.- 4:15 p.m.** ([Register](#))
In this session, the definition of developmental disability will be discussed, and specific clinical characteristics will be presented for assessment and differentiating mental health diagnoses. Specific cultural considerations will be presented so clinicians can better understand clients with I/DD and confidently address presenting issues. Specific adaptations to individual, family and group therapy will be presented, along with strategies for crucial family supports and care coordination. This training will be conducted over two days and you must attend both sessions to complete this training.

**Family Therapy for Youth with an I/DD, June 29, 2020, 1 p.m. - 3:15 p.m.** ([Register](#))
When a family includes a child with a developmental disability, that family may possess unique dynamics and face exceptional challenges. In this webinar, we will investigate some of these specific challenges and consider the distinctive strengths they may possess. Specific cultural and clinical adaptations to family therapy will be introduced and strategies for therapist competency and treatment efficacy will be discussed.

**Adapting Community Inclusion to Circumstances of 2020:** Community Inclusion (CI) is exactly what it sounds like; creating a community that includes everyone. Unfortunately, stigma and other issues present barriers for peers to participate in their own community. NAMI (National Alliance on Mental Illness) NC Affiliates believe that everyone has a right to be included, regardless if someone is living with a mental illness or not. Furthermore, studies show that peers that participate in their communities are more likely to find recovery and have an improved quality of life. CI is changing the way we look at recovery, and even more, it is changing the way we look at mental illness. Instead of telling peers how they should act to “fit” into a community, we are asking the communities to change their perspectives about mental illness and create more welcoming and embracing environments for everyone.

Join i2i and NAMI NC Community Inclusion leaders for a webinar on June 25, 2020 from 2 p.m.-3 p.m. to learn about the local projects currently underway, to discuss the challenges that COVID-19 and other hurdles 2020 has presented, and to learn how to adapt to these conditions. NAMI NC is committed to the Community Inclusion movement, even during this pandemic, until those with serious mental illness can participate in their communities just like everyone else. [Click here to register](#).

**Technology Based Outreach to Increase Access to Care and Support in Times of Crisis:** This SAMHSA sponsored webinar developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Federation of Families for Children’s Mental Health and Mental Health America (MHA) will take place Tuesday, June 30, 2020 at 1:30 p.m. Visit [https://www.mhanational.org/events/technology-based-outreach-increase-access-care-and-support-times-crisis](https://www.mhanational.org/events/technology-based-outreach-increase-access-care-and-support-times-crisis) to register.
Description: Technology has offered our system the opportunity to reduce the amount of time and number of barriers to providing timely help to individuals. Phone calls have long been linkage and referral tools to help people immediately navigate difficult times. Two programs will address innovations in their approach to serving individuals and families with phones and technology as support tools. MHA Wabash Valley Region offers a Navigator Service that uses online scheduling and phone-based case management to make sure individuals are adequately connected to care and to reduce treatment drop out, and Reach Out Oregon offers phone and online based tools to connect families to supportive communities for connection, inspiration, assistance and referrals. The webinar will provide new innovations and best practices in phone-based support systems to help increase access and support people during times of crisis.

Wellness and Brain Injury Series: The National Association of State Head Injury Administrators is hosting two opportunities to learn more about brain injury. Cost is $10 per session for members; $15 per session for non-members.

- **Part 1 – Sleep and Brain Injury, July 1, 2020, Noon- 1 p.m.**
  Learn how sleep, or how the lack of it, can significantly impact brain function for everyone, and how individuals are particularly at risk after brain injury. Accurate assessment of sleep disorders is critical in addressing residuals, as is appropriate behavior management. [Click here to register](#).

- **Part 2 – Yoga and Meditation for Brain Injury, July 15, Noon – 1 p.m.**
  This presentation will describe the evidence-based benefits of yoga and meditation for rehabilitation from traumatic brain injury and will guide participants through examples of brain injury-friendly yoga and meditation practices. [Click here to register](#).