



Provider Orientation Toolkit

Welcome to Partners 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](#).

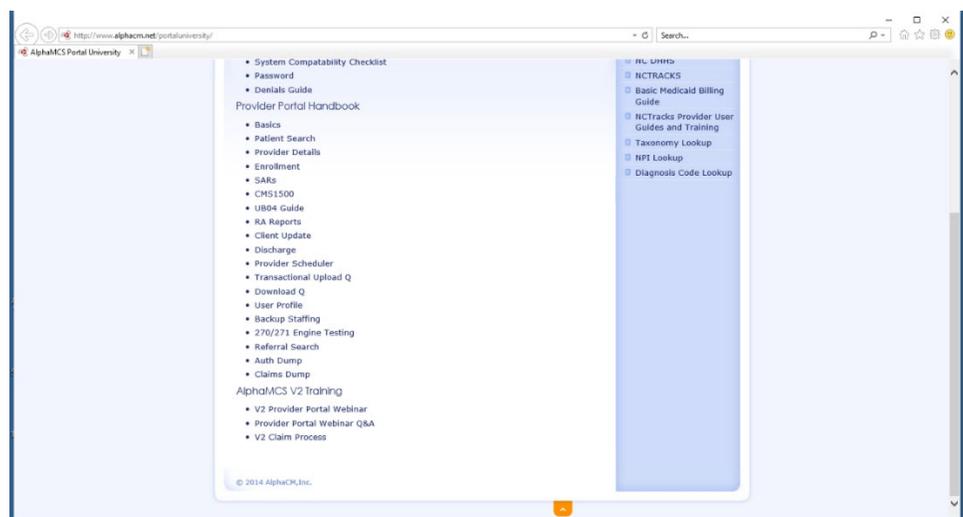
AlphaMCS Provider Portal

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.

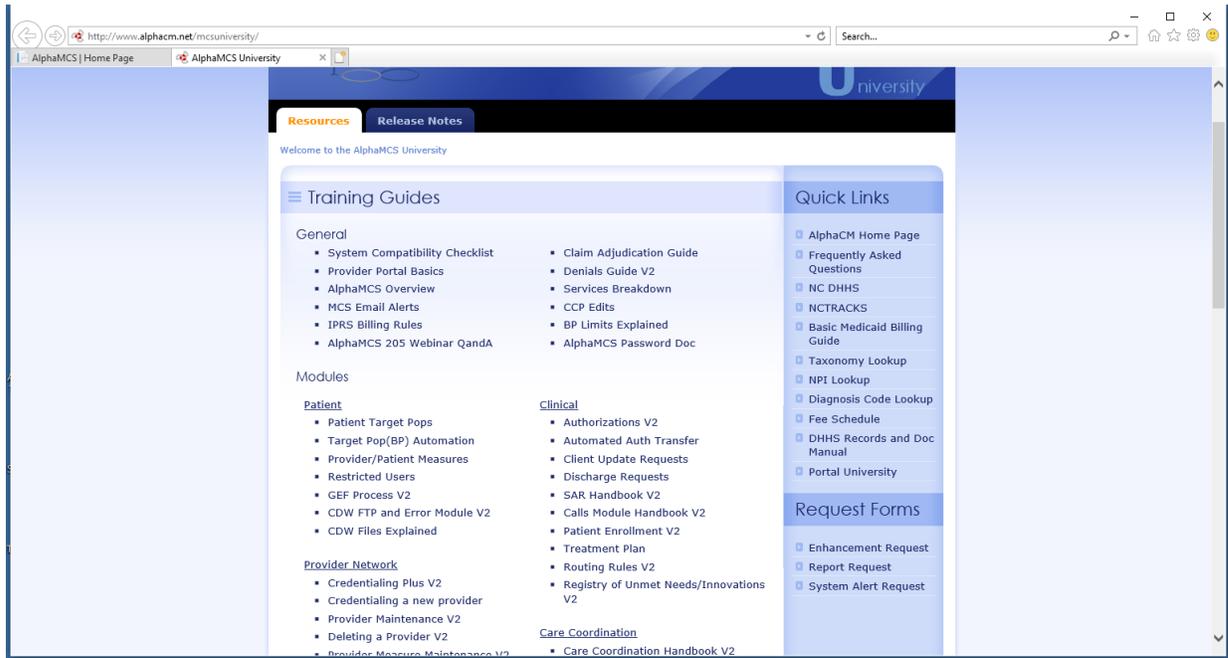
- ▶ [Access the AlphaMCS portal](#)
- ▶ [Provider Portal Handbook](#)
- ▶ AlphaMCS Training Guide: general information, handbook & video tutorials (see below)

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.

If you are a new provider, and want training on the Alpha system, call Partners IT helpdesk at 704-842-6431 to set up password to access Alpha. Once logged in to Alpha, click on Alpha University on left menu. If you cannot access AlphaMCS yet, you can still get some training by clicking on the internet link:



<http://www.alphacm.net/portaluniversity/>



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 704-842-6486 or email 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.

Provider Responsibilities for Concerns 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.

Consumer and Family Advisory Committee

The Consumer and Family Advisory Committee (CFAC) is a volunteer group of members and family members who represent those served by Partners. CFAC's mission is to advise Partners and to advocate on behalf of members and families in every aspect of planning and delivery of mental health, intellectual/developmental disabilities and substance use disorder 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 and resources related to housing.

To reach a member of Partners' Housing Team, email housing@partnersbhm.org

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/member deaths, etc.

Information Technology

A wealth of information and details is readily available to providers related to:

- [Zixmail and AlphaMCS](#)
- Request for individual/unique Partners AlphaMCS logins for employees
- AlphaMCS Provider Set Up
- Trading Partner Agreement
- Adding users for Third Party Billers
- Electronic Data Interchange (EDI) Format Testing

Provider Account Specialists

Partners assigns a specific Provider Network Account Specialist to work with provider agencies and Licensed Independent Practitioners that have specialized resources and allocations assigned to their contract. All other provider types receive assistance from a team of Provider Network Account Specialists that are referred to as the Provider Network Help Desk.

If you know the name of your Provider Network Account Specialist, you can call them directly or by calling 877-864-1454 and use the dial by name directory.

To access the Provider Network Help Desk Team, call 877-864-1454 option 4, option 1.

All Provider Network Specialists, including the assigned Provider Network Account Specialist and the Provider Network Help Desk can be reached by emailing pnas@partnersbhm.org

Performance Measures and Outcomes Tools

Partners is committed to developing performance measures to include in contracts. Measures and tools used will vary based on the type of provider and service. Outcomes tools include ACORN, NC TOPPS, CQL-POM and the CDC Healthy Days Measure and the Patient Health Questionnaire (PHQ9).

Values based systems are driven by data. Data reveals strengths and weaknesses in services, providing a foundation on which a provider can improve the effectiveness and efficiency of services. Contracts will begin to include specific performance measures, evidenced based practices and outcomes tools to be used to provide quality information to Partners. This information will be used to strengthen and increase the effectiveness and efficiency of the provider network. It can also be used to provide information from which members can augment their decision making for provider choice. For example, NC-TOPPS data is collected monthly. Partners has been sending NCTOPPS providers their individual score cards on a quarterly basis. This promotes awareness of Partners' target goals for specific indicators. One indicator is methods (in person, telephonic) used in episode of completion.

Higher quality performance through use of evidenced based, data driven services will improve the lives and strengthen communities of our members.

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 Partners' standards, contracts, policies and procedures.

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. Partners' staff joins the meeting from 10:30 a.m.-noon. 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 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>.

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 Open House Sessions

Every month, Partners hosts a Provider Open House to give both new and existing providers an opportunity to speak privately with subject matter experts for technical assistance. Join Partners' Provider Network, Claims, Access to Care, Utilization Management, Care Coordination, and Quality Management staff for a virtual interactive session. [Click here](#) to access the Partners' event calendar and register. *New providers are encouraged for fully review the Orientation Toolkit and bring your prepared questions.*

Provider Training Academy (PTA)

Partners provides free trainings to Network Providers in various formats. The on-demand learning library and registration for trainings can be found on the PTA website.

<https://www.partnerstraining.org/>

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 as required by the state.
- Local Management Entities/Managed Care Organizations (LME/MCOs) are required to submit encounter and claims data according to the state’s timeline.
- 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 *(b)(3) Service Array
- *State Funded-IPRS Benefit Plans *Specialty Service Plan

Contact Information

To reach the Utilization Management Department, call 1-877-864-1454 option 4, option 5 or TTY at 1-800-749-6099.

You may also email questions@partnersbhm.org.

Local office addresses and phone numbers are:

Corporate Office

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

Elkin Region

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

Hickory Region

1985 Tate Blvd. SE
Hickory, NC 28602