



Provider Forum Agenda
November 8, 2016
1:00 pm

Welcome and Announcements	Beth Lackey Provider Network Director
Provider Council Updates	Council Leadership
<u>Departmental Spotlights</u>	
Access to Care Department	Melissa Cline Access to Care Director
Health Information Management	Wendy Powers Health Information Manager
Consumer Relations Department	Kim Maguire Consumer Relations Director
Utilization Management Department	Jane Harris UM Director
MH/SU Care Coordination Department	Allison Gosda MH/SU Clinical Director
IDD Care Coordination Department	Tammy Gilmore I/DD Clinical Director
Finance Department	Susan Lackey Finance Director
Quality Management Department	Carolyn Shoaf QM Director
Program Integrity Department	Dr. David Bostko PI Director
Specialty Review Unit	Dr. Kathleen Meriac
Provider Network Department	Beth Lackey PN Director
System of Care	Jamie Sales SOC Manager
Regional Directors of Community Operations	Tara Conrad Regional Director of Community of Operations

Corporate Office
901 South New Hope Rd.
Gastonia, NC 28054

Elkin Region Office
200 Elkin Business Park Dr.
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602



Access to Care Department
1-888-235-4673
Hope Line



Melissa C. Cline, MA, LPC, LCAS, CCS

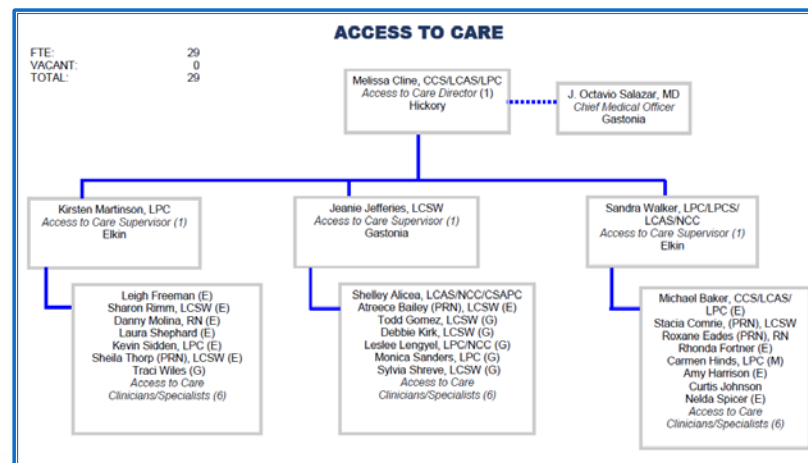
Access to Care Team

- ▶ Clinical triage by licensed staff
- ▶ Suicide prevention (SBQ)
- ▶ Crisis Help including mobile crisis referrals
- ▶ Educational information
- ▶ Referral for MH/SU/IDD services
- ▶ Daily hospital tracking
- ▶ State hospital referrals



Access to
Care
Department 3

Access to Care Team



Access to
Care
Department 4

Who can Schedule Appointments?

Call 1-888-235-4673

- The Court, DOC, DSS, TASC, DJJ, CCNC, PCP or hospital discharge planner can schedule without the patient present
- Family members if given verbal permission
- The caller



Access to
Care
Department 5

What Happens During a Call?

- The level of urgency for the call is determined – Emergent, Urgent or Routine
- Presenting problem and demographics
- Eligibility is ascertained – state funding and Medicaid responsibilities
- Private insurance – referral is made to insurance carrier for further assistance
- Patient availability



Access to
Care
Department 6

Access to Care Triage Levels

- Emergent ➡ face to face crisis service scheduled within 2 hours – no eligibility requirements
- Urgent Calls ➡ (48 hours) face to face appointment scheduled with a walk-in center or available provider for a Comprehensive Clinical Assessment & initial services if eligible for services
- Routine Calls ➡ (14 calendar days) face to face appointment scheduled with the provider of choice for a Comprehensive Clinical Assessment & initial services if eligible for services



Access to
Care
Department

7

2401 Total Mobile Crisis Calls

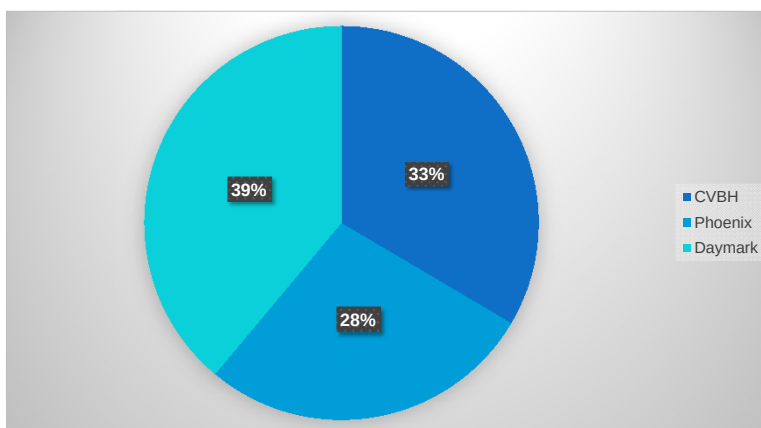
TOTAL PBHM MOBILE CRISIS CALLS				TOTALS
MONTH	CVBH	DAYMARK	PHOENIX	
Jul-15	65	96	54	215
Aug-15	58	95	59	212
Sep-15	89	85	59	233
Oct-15	75	77	42	194
Nov-15	62	73	38	173
Dec-15	50	59	52	161
Jan-16	44	76	50	170
Feb-16	55	68	60	183
Mar-16	64	70	60	194
Apr-16	82	76	59	217
May-16	93	79	56	228
Jun-16	67	81	73	221



Access to
Care
Department

8

Mobile Crisis Provider Calls



Access to
Care
Department 9

Eligibility & Enrollment Team

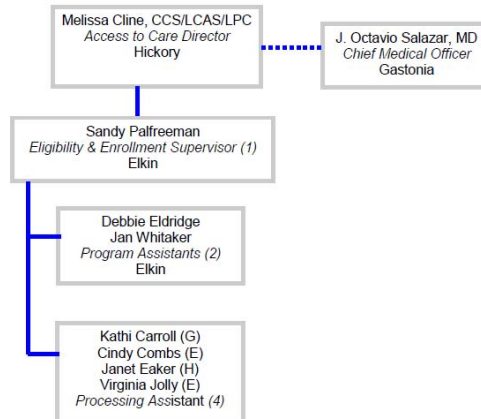
- ▶ Review, research, and approve or deny
 - all enrollment requests (for State/IPRS) submitted by providers
 - all SPEF (Special Project Enrollment Forms) submitted by hospitals
 - all provider submitted update and discharge requests
- ▶ Process and manage
 - court ordered Multidisciplinary Evaluations and Forensic Evaluations
 - medication requests



Access to
Care
Department 10

Eligibility & Enrollment

ACCESS TO CARE



Access to
Care 11
Department

Western Regional Partnership 15-16

Partner's BHM, Vaya Health
and CenterPoint

- ▶ PBHM managed 619 calls for Vaya Health
- ▶ PBHM managed 498 calls for CenterPoint
- ▶ Vaya Health managed 338 PBHM calls
- ▶ CenterPoint managed 142 PBHM calls



Access to
Care 12
Department

Access to Care 2015 - 2016

E – emergent U = urgent R = routine

Performance Measure	URAC Standard	Benchmark	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Blockage Rate: Voice mail	HCC 11(a)	5%	0%	0%	0%	0%
Average Speed to Answer - :Ring time	HCC 11(b)	30 Seconds	8 seconds	8 seconds	8 seconds	8 seconds
Abandonment Rate: 30 seconds	HCC 11(c)	5%	.00008%	.0079%	.004%	.005%
Triage Disposition: Appointments Scheduled timely	HCC 16	E= 95%	100%	100%	100%	100%
		U= 85%	90.96%	87%	89%	92.3%
		R= 85%	99.56%	100%	99%	99.8%



Access to
Care
Department 13

24/7/365 Day Availability

Access to Care has managed 41,755 calls for FY 15/16

- ▶ Crisis services, including suicide prevention
- ▶ Service eligibility
- ▶ Multi-disciplinary evaluations
- ▶ Forensic evaluations
- ▶ Medication Requests
- ▶ Hospital, inpatient and crisis bed availability



Access to
Care
Department 14

Questions?



Access to
Care
Department 15

Contact Information

Melissa Cline, Director
828-323-8032 Office
828-962-2792 Cell

Jeanie Jefferies, Supervisor
704-884-2563 Office
704-616-3485

Sandy Walker, Supervisor
336-527-3260 Office
336-657-7778

Kirsten Martinson, Supervisor
336-527-3270 Office
336-749-5545



Access to
Care
Department 16



Health Information Management Department

Ways HIM interacts with providers

- ▶ Releases of Information
- ▶ Records Management and Retention
- ▶ HIPAA Privacy
- ▶ Provider Closures/Network Termination
- ▶ Audits
- ▶ Duplicate Numbers
- ▶ Consumer Data Warehouse (CDW)



Releases of Information (ROI)

- ▶ ROI for continuity of care
- ▶ Resource if questions about ROI (subpoenas, court order, etc.)
- ▶ Gun Permit applications



11/9/2016

3

Records Management & Retention

- Resource for Records Management questions
 - Signatures
 - General record documentation
 - APSM 45-2 Records Management and Documentation Manual
- Resource for Records Retention questions
 - Security and Maintenance
 - Retention timeframes
 - APSM 10-5 Records Retention and Disposition Schedule
 - Medicaid requirements
 - Block grant requirements



11/9/2016

4

HIPAA Privacy

- Resource for HIPAA Privacy question
- Possible HIPAA violation or breach notification
- HIPAA trainings
- HIPAA Privacy Officer – Wendy Powers



11/9/2016

5

Provider Closures/Network Termination

Partners BHM is required by our contracts with the Division and DMA to insure that consumer records are maintained, secure and available.

- ▶ IPRS/State Funded – Approved storage plan and logs to HIM
- ▶ Medicaid – Approved storage plan and logs OR copies of complete record. Partners may request either.



11/9/2016

6

Audits

Partners BHM is involved in an annual financial audit.

- ▶ Contacts providers that have randomly selected consumers in the audit and request the necessary record documentation
- ▶ Collects the information from the provider
- ▶ Returns or insures the information is securely destroyed



11/9/2016

7

Duplicate Numbers

Duplicate numbers found in Alpha are forwarded to HIM from the Access to Care Eligibility and Enrollment team.

If questions arise when trying to complete the number merge, HIM staff may contact you for clarification.



11/9/2016

8

Consumer Data Warehouse (CDW)

The HIM staff insures that all CDW information is accurate and complete.

If missing or inaccurate data is found, you may be contacted to collect or verify the information.



11/9/2016

9

Questions?



11/9/2016

10

Contact Information

- Wendy Powers, Health Information Manager & HIPAA Privacy Officer
- 828-323-8064
- wpowers@partnersbhm.org

- Tina Meadows, Lead HIM Specialist (H)
- 828-323-8065
- tmeadows@partnersbhm.org

- Shannon Robbins, HIM Specialist (H)
- 828-323-8066
- srobbins@partnersbhm.org

- Anna Drum, HIM Specialist (H)
- 828-325-8154
- adrum@partnersbhm.org

- Wendy Childress, HIM Specialist (E)
- 336-527-3228
- wchildress@partnersbhm.org

- Kathleen Waggoner, HIM Specialist (G)
- 704-884-2593
- kwaggoner@partnersbhm.org



11/9/2016

11



UTILIZATION MANAGEMENT

Jane Harris, MSW, LCSW
Director of Utilization Management

The UM/Appeals Team

The team currently consists of 52 total staff

- ▶ 1 Director
- ▶ 2 UM Managers
- ▶ 1 Quality Analyst
- ▶ 3 UM Supervisors
- ▶ 4 Admin Staff
- ▶ 37 Care Managers
- ▶ 1 Appeals Manager
- ▶ 1 Appeals Clinician
- ▶ 2 Appeals Specialists



WHO ARE OUR CUSTOMERS

- Internal:
 - The Board
 - Executive Leadership
 - Management Team
 - Other Departments
- External:
 - Consumers
 - Stakeholders
 - Providers
 - Community



UM Operations

- **SAR Processing**
 - Service Requests/Approvals
 - Administrative vs. UTP
 - Medical Necessity Denials
 - Expedited Requests
- **Technical Assistance**
 - Working with providers to improve documentation
- **Care Management**
 - Review for quality of care
 - Use of Evidence Based Practices
- **Monitoring Over & Under utilization**



UM Operations

► Volume of Business:

- UM processes an average of 5,000 (Medicaid and IPRS) SARs per month
- Clinical Denials average 4 % a month
- Administrative Denials average less than 1% a month
- Average approval percentage per month is 95 %



Peer to Peer and Appeals

- UM Receives approximately 8 Post-Decision Peer to Peer Conversation Requests per month (3% of denials)
 - ~34% Decisions are Changed (Partial or Full Overturn)
- UM Appeals processes, on average, 20-25 Appeals per month (~8% of denials)
 - ~26% are Overturned/Partially Overturned with the receipt of Additional Information
 - ~65% are Upheld
 - ~9% are Withdrawn prior to Review



Peer to Peer Conversation

- Optional part of Peer Review
Not Reconsideration or Appeal
- Interaction between Partners decision-making psychiatrist/psychology (Peer Reviewer) and lead clinician involved with the request
- Opportunity to present new information
Peer Reviewer may request additional information before the conversation
- This Conversation may help to mitigate the need for a Reconsideration or Appeal.



Peer to Peer Conversation

Pre-decision

- In order to provide every opportunity for the ordering or treating provider to discuss the case prior to the clinical peer reviewer completing an adverse action for prospective and concurrent requests, the peer clinical reviewer may attempt to contact the provider to discuss the case.

Post-decision

- The clinical peer reviewer is available for peer to peer conversation upon request within five working days of the action. Conversation occurs within one working day.



Peer to Peer Conversation

- Results of P2P:
 - ✓ Unchanged
 - ✓ Reversed
 - ✓ Partially Upheld
- If this action is Unchanged or Partially Upheld, yet the consumer is dissatisfied, the next step is a Local Reconsideration.



Who to Contact in UM

- ▶ MH/SU UM Workgroup: 704-842-6436
- ▶ Innovations- I/DD UM Workgroup: 704-884-2605
- ▶ Inpatient Workgroup: 704-842-6434
- ▶ Appeals Workgroup: 704-884-2650
- ▶ UM Manager (I/DD & Appeals): Charity Bridges, 704-884-2367
- ▶ UM Manager (MH/SU): Lynne Grey, 704-884-2542
- ▶ UM Director: Jane Harris, 704-884-2584



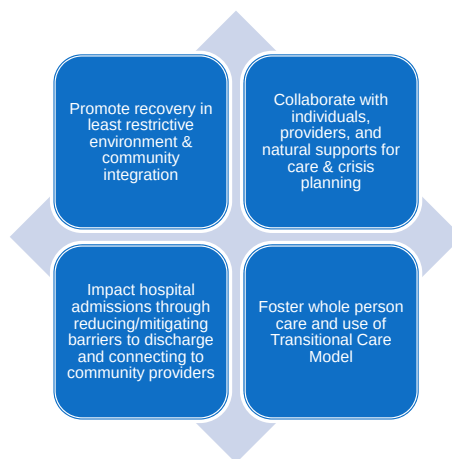
QUESTIONS





MHSU Care Coordination

Objectives



How is Care Coordination Different than Case Management

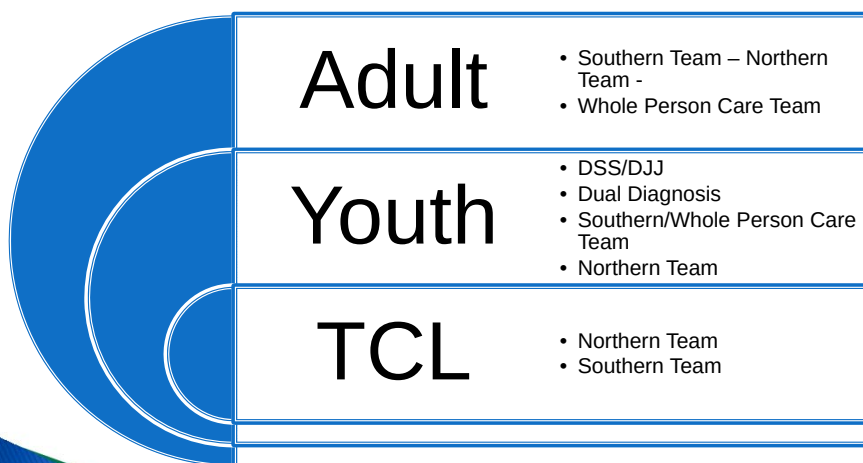
- Is not a service; however, there is consumer contact
- Does not replace the role of the provider
- Provide oversight of the consumer's continuum of care
- Provide consultation to clinicians within the provider network regarding alternative and creative approaches to care
- Similar to the role of a building contractor and providers are the sub-contractors



11/9/2016

3

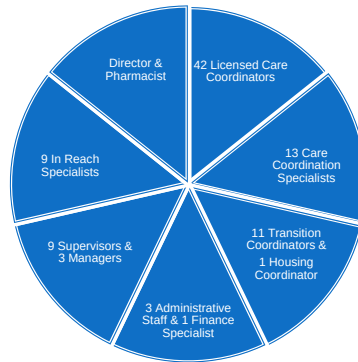
Team Structure



11/9/2016

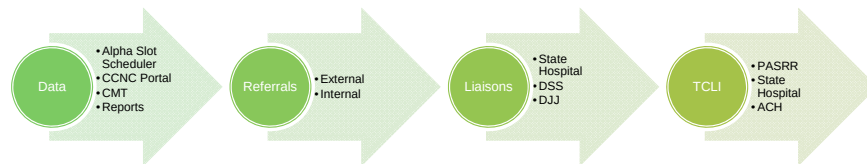
4

MH/SU Care Coordination Staff



11/9/2016 5

How are members identified



11/9/2016 6

Expected Outcomes



11/9/2016

7

Questions?



11/9/2016

8



MHSU Care Coordination Teams

	Adult	Child/Adolescent	Transitions to Community Living
Manager	Colleen Kinslow, ckinslow@partnersbhm.org , (828) 323-8077	Joel McClung, jmcclung@partnersbhm.org , (704) 884-2636	Jeffrey Sanders, jsanders@partnersbhm.org , (704) 772-4281
Northern Region Supervisor	Autumn Turbyfill, aturbyfill@partnersbhm.org , (704) 772-4309	Liza Go-Harris, lgo-harris@partnersbhm.org , (336) 527-3267	Latoya Williams-Harrison, lwilliams-harrison@partnersbhm.org , (704) 772-4306
Southern Region Supervisor	Adam Kurtzman, akurtzman@partnersbhm.org , (704) 772-4299	Tiffany Munday, tmunday@partnersbhm.org , (828) 323-8040	Regina Haynes, rhaynes@partnersbhm.org , (704) 772-4308
Dual Diagnosis (MHSU & IDD) Adult & Youth	n/a	Cheryl Smith, csmith@partnersbhm.org , (704) 772-4283	n/a
DSS/DJJ	n/a	Tammy Guess, tguess@partnersbhm.org , (828) 323-8092	n/a



I/DD Care Coordination

- ▶ Long Term Care Coordination for individuals participating in NC Innovations Waiver (assessment, linkage, planning, monitoring health/safety and plan implementation)
- ▶ Care Coordination (goal-directed) for other individuals with Intellectual/Developmental Disabilities



I/DD Care Coordination

Other Department Responsibilities

- **Registry of Unmet Needs** (intake/adding individual to Registry, updating information, etc)
- **Supports Intensity Scale** assessments
- **Slot Management** (emergency slots, Money Follows Person slots, etc)
- **Coordination with State Developmental Centers**



IDD Care Coordination

Tammy Gilmore IDD Clinical Director	Doug Gallion Associate IDD Clinical Services Director
Day-to-Day Operations / Operational Oversight Wyatt Bell IDD Care Coordination Manager Statesville Rachael Jerzak IDD Care Coordination Manager Gastonia Tammy Wellman IDD Systems Manager Statesville	Systems Development Examples: Home & Community Based Standards Initiative Service Gaps / Provider Gaps Special Projects



11/9/2016

3

IDD Care Coordination

Tammy Wellman IDD Systems Manager	Rachael Jerzak IDD Care Coordination Manager	Wyatt Bell IDD Care Coordination Manager
Randy Ross IDD Program Support Supervisor Michelle Stroebe IDD Assessment Supervisor Joan Vaughn IDD Monitoring Supervisor	Roteakka Cuthrell IDD Care Coordination Supervisor Delmonte Hugh IDD Care Coordination Supervisor Lewis Lowery IDD Care Coordination Supervisor	DeAnn Barnes IDD Care Coordination Supervisor Dawn Mustin IDD Care Coordination Supervisor Stephanie Norman IDD Care Coordination Supervisor
Care Coordinators / Specialists	Care Coordinators	Care Coordinators



4

Contact Information

- Tammy Gilmore, I/DD Clinical Director
704-884-2597
- Doug Gallion, Associate I/DD Clinical Services Director
828-323-8043
- Rachael Jerzak, I/DD Care Coordination Manager
704-772-4296 (Cleveland, Gaston, Lincoln)
- Wyatt Bell, I/DD Care Coordinator Manager
704-928-4570 (Burke, Catawba, Iredell, Surry, Yadkin)
- Tammy Wellman, I/DD Systems Manager
704-928-4564 (Registry of Unmet Needs, Slot
Management, Supports Intensity Scale)





Care Coordination Referral Form

Directions: This form addresses both uninsured and Medicaid funded consumers who are potentially eligible for Partners Care Coordination. Care Coordination is administrative service defined by the Division of Medical Assistance (DMA) and the NC Division of Mental Health/Developmental Disabilities and Substance Use Services (NCDMHDDSUS).

Complete the Demographic Form and the most relevant referral page ONLY.

All fields required on both documents. Please enter NA if needed. Referral pages are as follows:

- Page 1 -Directions
- Page 2-Demographics
- Page 3-Uninsured individual with Mental Health, Substance Use or Intellectual Developmental Disability or Outpatient Commitment
- Page 4-Medicaid Recipient Receiving Crisis or Inpatient Services
- Page 5-Medicaid Recipient with an Intellectual or Developmental Disability
- Page 6-Medicaid Recipient-Child Mental Health
- Page 7-Medicaid Recipient-Adult Mental Health
- Page 8-Medicaid Recipient-Child or Adult Substance Dependent
- Page 9-Medicaid Recipient-Child or Adult Co-Occurring (any combination of MH/SU/IDD)

Providers please upload all relevant clinical documents into Consumer/Enrollee Alpha record. Examples include: Comprehensive Clinical Assessments, Psychological Evaluations, medication list, Person Centered Plan/Individual Support Plan, Hospital Discharge Paperwork, and School Documentation.

Outpatient Referrals: You will be notified by the Regional Care Coordination Supervisor/Manager if the person qualifies for Care Coordination with 3 business days.

Psychiatric Inpatient Referrals: If the person is a Behavioral Health Inpatient Admission, you will be contacted by the assigned Care Coordinator within 2 business days.

You may submit a Care Coordination Referral in the following ways:

- Contact Customer Services Department at 1-888-235-4673.
- Secure email through Zixmail at MHSA_CC@partnersbhm.org (for MHSU CC) or IDD_CC@partnersbhm.org (for IDD CC)
- If you do not have a Zixmail account, you can create one at the following link: <http://www.partnersbhm.org/providers/>. This will also allow Partners BHM staff to communicate with you securely via email regarding consumer information.
- Fax: (704) 884-2707, Attention: Mandy Mayhue (for MHSU CC) or
Fax: (704) 884-2704, Attention: Tori Braswell (for IDD CC)

Attachment B

Demographic Information:

Date of Referral:

Internal referral info:

Referring Staff:

Referring Department:

External referral info:

Referring Agency/Provider:

Referring Agency/Provider Staff Name/Contact Number

Referring Legal Guardian Name and Contact Number:

Consumer Information:

Consumer Name/MCO ID Consumer DOB

Consumer Physical Address:

Consumer Legal Guardian and contact information:

Medicaid ☐ Yes ☐ No

Medicaid County: Medicaid ID #:

Primary Contact Person and contact information: Phone:

Additional supports identified that can be contacted:

Disability Group: ☐ Mental Health ☐ Substance Abuse ☐ Intellectual/Developmental Disability

Hypertension/Heart Disease: ☐ Yes ☐ No If yes, specify condition

Skin Infection: ☐ Yes ☐ No If yes, specify condition

Obesity: ☐ Yes ☐ No If yes, specify condition

Gastro Intestinal: ☐ Yes ☐ No If yes, specify condition

Asthma: ☐ Yes ☐ No If yes, specify condition

Diabetes: ☐ Yes ☐ No If yes, specify condition

Other:

Current Medications:

Connected with Primary Care? Yes ☐ No ☐

Name and Contact Information of Primary Care Provider:

Attachment B

Uninsured High Risk/High Cost

*****Care Coordination will ensure consumers not connected to a clinical/behavioral health home are scheduled for an intake appointment. Care Coordination also refers consumer to a community provider for Hospital/Inpatient Discharge Planning & Transition Service or Assertive Engagement Service. Care Coordination will follow up with provider to monitor for consumer engagement in treatment.***

Meets High Risk/High Cost: Yes ☐ No ☐

- Emergent crisis services 3 or more times in the previous 12 months
- Treatment Plan is expected to incur costs in the top 20%

Details of crisis contacts:

Consumer **without** a Behavioral Health Home: Yes ☐ No ☐

Not engaged with a Behavioral Health Provider AND **discharged** from:

- State facility (Developmental Centers, Alcohol and Drug Abuse Treatment Centers, Psychiatric Inpatient)
- Hospital (Behavioral Health admission or ED)
- Emergency Services (Mobile Crisis Management Team)

(Behavioral Health Home = Licensed Independent Provider, Enhanced Service Provider, Direct Care Provider or CABHA)

Details of encounter: Client is currently at Cleveland Regional ER awaiting MCM.

Outpatient Commitment (regardless of payer): Yes ☐ No ☐

Comments: *(What you need care coordination to do? /what is the reported need?)*

Disposition: *(To be completed by Care Coordination)*

Attachment B

Medicaid Special Healthcare Needs

At-Risk-for-Crisis

Crisis service is the first contact with Behavioral Health system and needs assistance in continuing ongoing care:
Yes ☐ No ☐

Discharging from an inpatient psychiatric unit, facility based crisis or Psychiatric Residential Treatment Facility:
Yes ☐ No ☐

Transition for Community Living Initiative

Requires community follow along to ensure stability: Yes ☐ No ☐

Comments: *(What you need care coordination to do? /what is the reported need?)*

Disposition: *(Care Coordination completes)*

Attachment B

Intellectual and/or Developmental Disability

Did individual receive special education classes in school: Yes ☐ No? ☐
Report of an Intellectual/Developmental Disability Diagnosis: Yes ☐ No ☐
Is there documentation to support the diagnosis: Yes ☐ No ☐

- ☐ Diagnosis of Mental Retardation
- ☐ Cerebral Palsy
- ☐ Prader-Willi Syndrome
- ☐ Autism
- ☐ Epilepsy
- ☐ Spinal Bifida
- ☐ Other:

AND

Occurs prior to age 22 and likely to continue indefinitely: Yes ☐ No ☐

AND

Three (3) or more functional limitations in:

- ☐ Self-care
- ☐ Language
- ☐ Learning
- ☐ Mobility
- ☐ Self-direction
- ☐ Capacity for independent living

OR

☐ Has an I/DD diagnosis and has been in a facility operated by the Dept. of Correction or the Department of Juvenile Justice and Delinquency Prevention in the past 30 days?

Comments: (What you need care coordination to do? /what is the reported need?)

Disposition: (Care Coordination completes)

Attachment B

Child Mental Health

Current CALOCUS Level of VI?

Is child in or in need of inpatient setting or PRTF (secure 24 hour behavioral health facility)?

Yes ☐ No ☐

OR

Currently, or have been within the past 30 days, in a facility (including Youth Development Center and Youth Detention Center) operated by Department of Juvenile Justice or Division of Prisons for whom SMC has received notification of discharge:

Yes ☐ No ☐

Is this child at imminent risk for out of home placement? Yes ☐ No ☐

***This does not automatically ensure care coordination eligibility.**

Report of a Child Mental Health Diagnosis: Yes ☐ No ☐

☐ Disorders Due to a General Medical Condition

☐ Psychotic Disorders

☐ Mood Disorders (includes Bipolar), Anxiety Disorders, Dissociative Disorders, Factitious Disorders, Somatoform Disorders, Unspecified Mental Disorders

☐ Sexual/Gender Identity Disorders

☐ Eating Disorders, Tic Disorders, Sleeping Disorders

☐ Acute Stress Disorder

☐ PTSD

☐ Depressive Disorder NOS, Impulse Control Disorders

☐ Oppositional Defiant Disorder

☐ Reactive Attachment Disorder

☐ Neglect, Physical or Sexual Abuse of Child (Victim)

☐ Physical or Sexual Abuse of Child (Perpetrator)

Comments: (What you need care coordination to do?/What is the reported need?)

Disposition: (To be completed by Care Coordination)

Attachment B

Adult Mental Health

A current LOCUS Level of VI? (In or eligible for inpatient, facility based crisis)

Is adult in or in need of inpatient 24- hour mental health care?

☐ Yes ☐ No

AND Has a Diagnosis of:

- ☐ Schizophrenia
- ☐ Bipolar Disorder
- ☐ Major Depressive Disorder
- ☐ Brief Psychotic Disorder
- ☐ PTSD

Comments: *(What you need care coordination to do? /what is the reported need?)*

Disposition: *(To be completed by Care Coordination)*

Attachment B

Substance Dependent

Report of Substance dependence diagnosis: ☐ Yes ☐ No

AND

Current ASAM PPC Level of III.7 or III.2-D or higher?

Is the child in or in need of inpatient settings or PRTF?

Is the adult in or in need of detox or 24-hour substance abuse treatment?

☐ Yes ☐ No

Opioid Dependent

Report of Opioid dependent diagnosis: ☐ Yes ☐ No

AND

☐ Reported drug use by injection within the past 30 days

Comments : *(What you need care coordination to do? /what is the reported need?)*

Disposition : *(To be completed by Care Coordination)*

Attachment B

Co-Occurring Diagnosis *(Only check the section that applies)*

Report of both mental illness diagnosis and a substance abuse diagnosis

AND

Current LOCUS/CALOCUS of V or higher
(Medically Monitored Residential- Child: Level III or IV;
Adult: Nursing home or other residential Therapy with medical oversight) OR
Current ASAM PPC Level of III.5 or higher (Residential Inpatient)

☐ Yes ☐ No

Report of both a mental illness diagnosis and an intellectual or developmental disability

AND

Current LOCUS/CALOCUS of IV or higher (ACTT, Methadone/Suboxone Clinic)

☐ Yes ☐ No

Report of both an intellectual or developmental disability and a substance abuse diagnosis

AND

Current ASAM PPC Level of III.3 or higher (Clinically Managed Residential Detox- SACOT)

☐ Yes ☐ No

Comments : *(What you need care coordination to do? /what is the reported need?)*

Disposition : *(To be completed by Care Coordination)*



Finance and Claims Department



**Susan Lackey
Sonji Harrington
Rhonda Colvard**

Scope of Work

- ▶ Manage \$313 million in revenue.
- ▶ We manage 640 vendor contracts.
- ▶ We process 18,170 Electronic Funds Transfers for provider payments annually.
- ▶ We reconcile the eligibility and Per Member Per Month payment for 1.6 million member months per year.
- ▶ We issue 8,736 payroll checks each year.
- ▶ We prepare monthly, annual and ad hoc financial reports for: DMA, DMH, Board and Board Finance Committee, Executive Leadership Team, Management Team, ETC.



11/9/2016

3

Scope of Work

- ▶ We processed 2,300,204 claim lines Fiscal Year 15/16.
- ▶ We payout \$238 million in claims per year.
- ▶ We process \$43 million in administrative expenditures.
- ▶ We provide customer service to assist providers to resolve claim submission issues.
- ▶ We work with other departments to develop the annual budget.
- ▶ We negotiate with DMA regarding the annual PMPM rate.



11/9/2016

4

Scope of Work

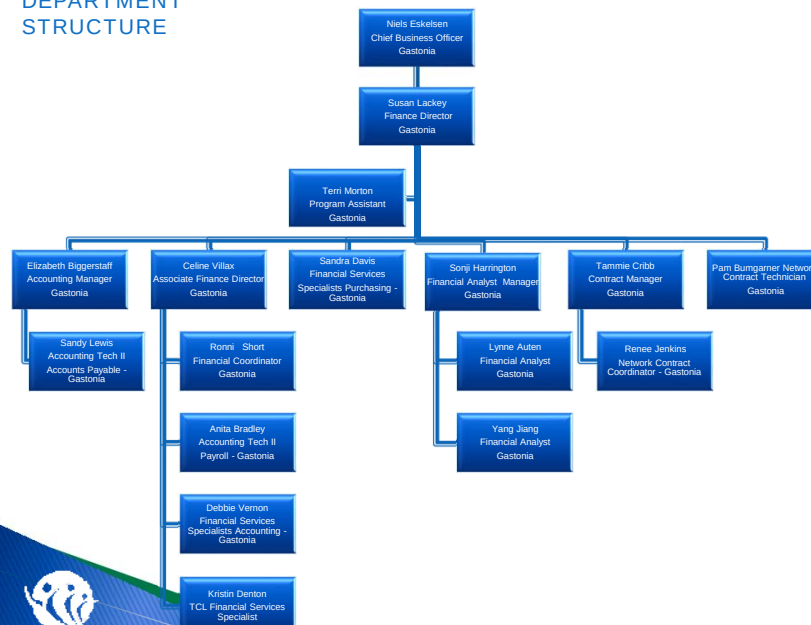
- ▶ We participate on a select workgroups to resolve statewide issues, such as, system eligibility and MCO PMPM payment issues.
- ▶ On the NC Council Financial Officer Form leadership team.
- ▶ We are presenters at various training venues on general management and manage care finance topics.



11/9/2016

5

DEPARTMENT STRUCTURE



Finance Staff

- Finance Director-Susan Lackey- Financial Statements, Waiver Reporting
- Terri Morton- Administrative Assistant
- Associate Finance Director- Celine Villax, Medicaid Reporting, General Ledger and Financial Statements
- Accounting Manager- Elizabeth Biggerstaff General Ledger and State Reporting
- Sandy Davis- Purchasing Agent
- Debbie Vernon- Financial Specialist- Deposits and Cash Management
- Sandy Lewis -Accounts Payable/Claims Payable
- Pam Bumgarner- Contract Technician- Enters and Maintains Rates in Alpha System
- Anita Bradley- Payroll
- Kristen Denton- TCLI Financial Specialist



11/9/2016

7

Contracts Staff

Tammie Cribb-Contracts Manager

- Management of Medicaid, State, County and other Professional Contracts
- Enters contract information into Alpha system to ensure claims are paid to providers

Renee Jenkins- Contracts Technician

- Assist contracts manager with the management of all contracts and updating details in Alpha system



11/9/2016

8

Finance Staff- cont.

Sonji Harrington - Financial Reporting Manager

- Coordinates, prepares, implements and supervises Executive Leadership and management dashboards and operational reporting of the agency
- Responsible for calculating monthly IBNR
- Work interactively with other departments to assure availability of department specific operational reports
- Work with IT report writers to develop organizational report requests
- Prepare quarterly DMA financial presentation



11/9/2016

9

Finance Staff- cont.

Lynn Auten - Financial Analyst

- Provides professional level analysis and reporting of functions relating to service and operational management for all funding sources.
- Preparation of 820/834 and PMPM reconciliations and reporting; calculation of monthly count of unduplicated consumers as well as member months and PRTF census
- Preparation of departmental dashboards; assist with preparation of Executive Leadership dashboard.
- Provides support for Executive Management, departmental and external reporting
- Create accurate analysis and interpretation of financial and non-financial data to support management decision making and organizational performance monitoring using business intelligence software and other tools



11/9/2016

10

Finance Staff- cont.

Yang Jiang – Data Analyst

- Provides professional level analysis and reporting of functions relating to service and operational management for all funding sources.
- Responsible for generating reports that capture information for a variety of purposes including service utilization reports, claims processing reports, and a variety of dashboard reporting elements for use throughout various departments.
- Monthly preparation of KPI dashboards
- Provides support for Executive Management, departmental and external reporting
- Ad hoc and routine analysis report development for internal customers
- Create accurate analysis and interpretation of financial and non-financial data to support management decision making and organizational performance monitoring using business intelligence software and other tools



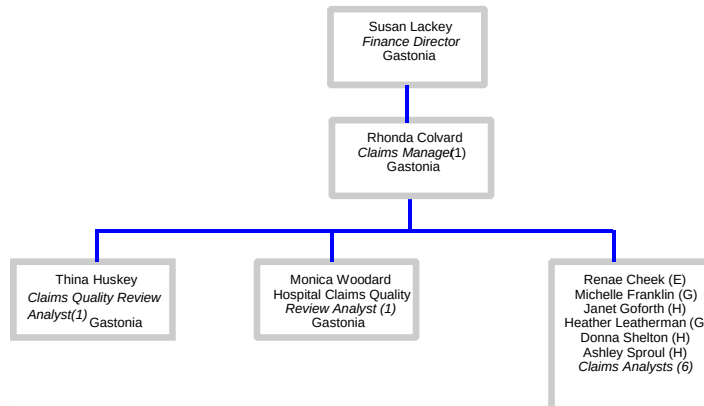
11/9/2016

11

AL1

Department Structure

Claims



11/9/2016

12

Slide 12

AL1

Center "Claims" over Susan's box

Anita Lingafelt, 8/15/2016

Claims Quality Review Analyst Thina Huskey

- Reviews professional/inpatient claims and performs a 3% audit of claims
- Responsible for oversight of claims adjudication quality control activities through continuous monitoring and quality control measures
- Responsible for monitoring event integrity and other activities related to compliance and quality assurance, including trends and analysis of service and adjudication activities
- Responsible for Therapeutic Foster Care Pass Through Billing for DMA



Claims Hospital Quality Review Analyst Monica Woodward

- Reviews Emergency Room Claims for auditing purposes
- Primary contact for Hospital billing and concerns
- Responsible for manual adjudication of hospital claims
- Responsible for oversight of Coordination of Benefits, pre and post adjudication
- Reviews medical records and works with Medical Director on questionable claims



Claims Analysts

Donna Shelton, Janet Goforth, and Heather Leatherman

- Upstream/Downstream Billing /835 processing – Medicaid and State Benefit
- NC Tracks Q&A
- Medicaid and State Denial Reports
- Refunds from 835 processing
- Backup assistance to Phone Coverage/Emails



11/9/2016 15

Claims Analysts

Renae Cheek, Ashley Sproul, and Michele Franklin

- Denial Reports
- Exception Reports
- Primary Coverage Phones/Emails/Mail
- Claims Validation Reports
- Primary Assistance to Provider Q&A
- Claims Processing for Retroactive Medicaid



11/9/2016 16

Dollar Amount of Processed Medicaid Claims

	June, 2016	May, 2016	April, 2016
Approved and Paid	\$20,848,575	\$17,230,325	\$17,771,810
Denied	\$8,351,098	\$8,165,039	\$8,900,078
Pended	\$30,605	\$27,187	\$0



11/9/2016 17

Top 5 Reasons for Denied Medicaid Claims

	Jan'16	Feb'16	Mar'16	Apr'16	May'16	Jun'16
Duplicate Claim	\$ 706,193.56	\$ 1,358,798.50	\$ 463,222.08	\$ 697,727.48	\$ 601,073.30	\$ 817,956.92
Service is not authorized	\$ 1,073,081.84	\$ 1,424,170.21	\$ 2,848,167.64	\$ 3,188,266.80	\$ 2,573,580.62	\$ 1,361,959.35
Concurrent service has already been approved. Cannot bill another one.		\$ 497,802.24		\$ 681,670.09		\$ 1,178,624.11
Claim received after billing period	\$ 727,100.71	\$ 587,083.03	\$ 605,777.61	\$ 1,004,708.92	\$ 705,379.68	\$ 1,016,333.40
No contract exists or rate not set up yet				\$ 553,672.01		
Max Basic Units Exhausted		\$ 361,728.58	\$ 316,437.89			
Patient not enrolled on date of service	\$ 274,068.09		\$ 160,452.20			
No coverage available for Patient/Service/Provider combo						\$ 447,799.67
Invalid DCN (Document Ctrl #) or resubmission ref #	\$ 165,385.50				\$ 409,077.87	
The procedure code/bill type is inconsistent with the place of service					\$ 406,783.60	

#1 Denial Code	#2 Denial Code	#3 Denial Code	#4 Denial Code	#5 Denial Code
----------------	----------------	----------------	----------------	----------------



AL5

Questions?



11/9/2016 19

Contact Information

Claims_Department@partnersbhm.org
704-842-6486



11/9/2016 20

Slide 19

AL5

This picture is fine for all staff meetings, but not for Board presentation.

Anita Lingafelt, 8/15/2016



Quality Management Department

Ways QM interacts with providers

- ▶ Grievances
- ▶ NCTOPPS
- ▶ Root Cause Analysis
- ▶ Quality Improvement Projects (QIPS)



Grievances and Complaints

What if a grievance was filed against my agency?

- ▶ First, QM will notify you of the nature of the complaint.
 - Our goal is RESOLUTION!
- ▶ We share the consumer name if we have permission.
- ▶ You have up to 10 days to resolve the grievance.
- ▶ Return documentation to the QM department.
- ▶ Partners will send a letter to the grievant.

Grievance Coordinator: Fielding Yelverton Jyelverton@partnersbhm.org



11/9/2016

3

Grievances and Complaints

What if our agency needs to file a complaint?

Online: <http://www.partnersbhm.org/feedback/>

Email: concerns@partnersbhm.org

Phone call: 1-877-864-1454 (option 3)

Call the Access to Care Line: 1-888-235- HOPE (4673)



11/9/2016

4

NCTOPPS

The QM department reviews and analyzes NCTOPPS data

- Monitors compliance of provider data submission
- Evaluates for trends
- Offers Technical Assistance
- Manages the “super user” directory for Providers
- Provides feedback of compliance status
- Conducts training for applicable users



11/9/2016

5

Root Cause Analysis

Sentinel events, grievance trends and cases of concern are reviewed internally by Partners leadership.

If your agency is identified as needing to perform a *root cause analysis* for a sentinel event or an event of concern you will be contacted by the Provider Network Specialist.

The QM department can offer assistance to you.



11/9/2016

6

Quality Improvement Projects

Partners maintains several Quality Improvement projects

Projects may involve provider data and/or participation.

QM can provide technical assistance for you upon request.



11/9/2016

7

Questions?



11/9/2016

8

Contact Information

- Carolyn Shoaf, QM Director
704-884-2546
cshoaf@partnersbhm.org
- Deborah Sprinkle, Assistant QM Director
336-527-3231
dsprinkle@partnersbhm.org
- Tamikka Woods, QM Manager (NCTOPPS)
704-884-2568
Twoods@partnersbhm.org
- Fielding Yelverton, Grievance Coordinator
704-884-2505
jyelverton@partnersbhm.org



11/9/2016

9



SPOTLIGHT ON FRAUD

DEPARTMENT OF PROGRAM INTEGRITY

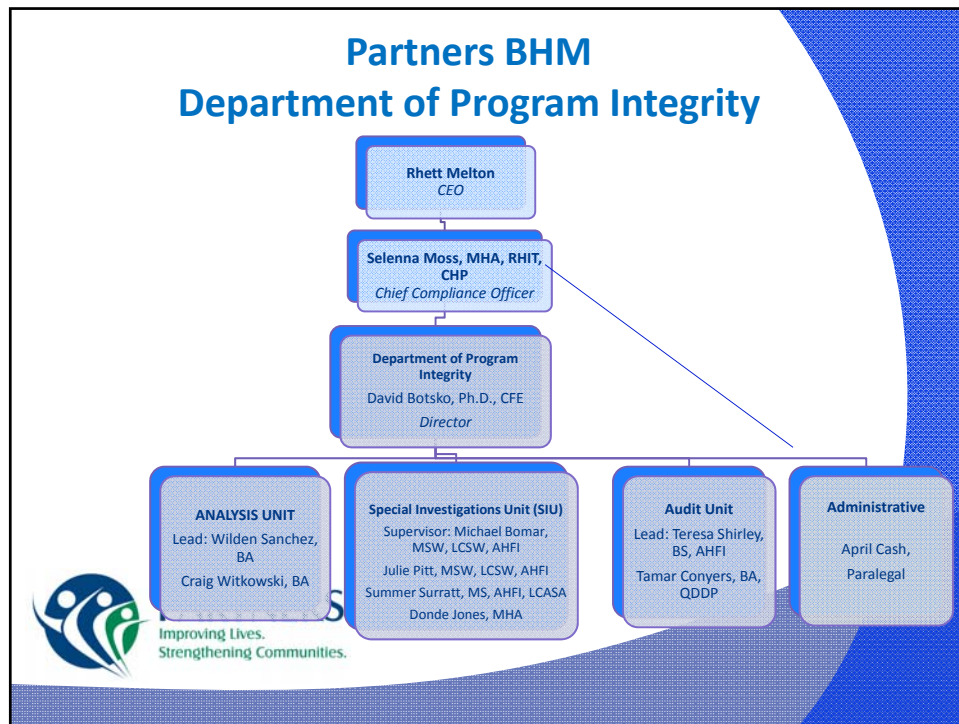
David Botsko, Ph.D., CFE
Director

OUR MISSION

- ◎ Ensure compliance, efficiency, and accountability to stakeholders and consumers by:
 - Detecting and preventing fraud, waste and program abuse.
 - Ensuring that Medicaid and State dollars are paid appropriately by pursuing recoupment of provider overpayments and identifying avenues for overpayment cost avoidance.



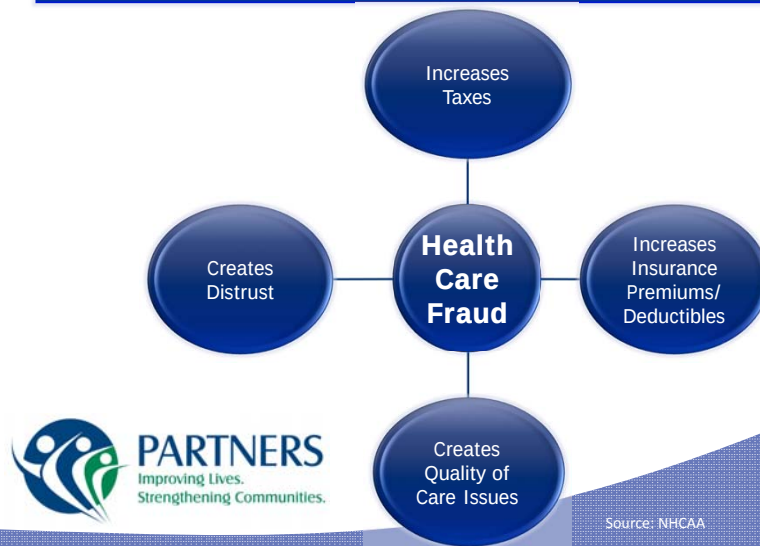
2



How Does Program Integrity Function?

- ◎ Utilize data analytics
- ◎ Data mining
- ◎ Desk reviews
- ◎ On-site reviews (announced & unannounced)
- ◎ Tips from various sources

FWA Touches Everyone



Sanctions

- Possible payback or payment suspension
- Possible barring from state and federal programs
- Fines can be levied/ Civil penalties may be imposed
- Arrests/ convictions may be made



The Potential Cost of Medicaid FWA in NC



\$12 Billion Budget
for
2016 Medicaid Expenses



\$360,000,000 to
\$1.2 Billion
Potential Annual Loss

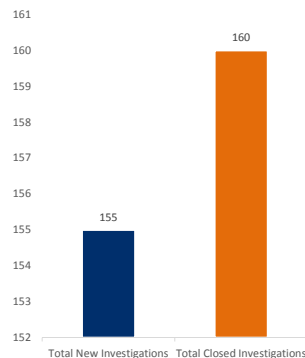


Source: MFCU Statistical Data FY2015

Investigative Activity

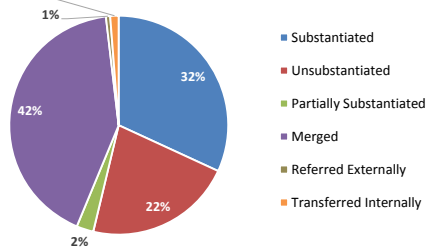
PI Investigation Activity (Rolling 12 Month Totals)

Oct-15 - Sep-16



Outcome of Closed Investigations

Oct-15 - Sep-16



Partners BHM Alert-line



1-866-806-8777 or
<https://partnersbhm.alertline.com>



Lines open 24/7

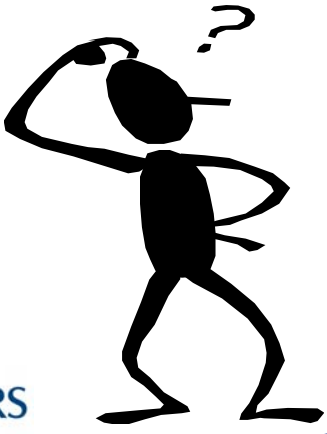


You do not have to give
your name



PARTNERS
Improving Lives.
Strengthening Communities.

Questions?



PARTNERS
Improving Lives.
Strengthening Communities.



Provider Network Department



Beth Lackey, MSW, LCSW
Provider Network Director

Provider Network Responsibilities

Provider Network Department is responsible for:

- Evaluating the probable demand for particular services - and the types of services and Providers needed;
- Contracting with and ensuring a sufficient and appropriate number and the types of Providers;
- Establishing with Providers the expected service performance expectations regarding safety, efficiency, effectiveness, beneficiary satisfaction, and cost;
- Monitoring and supporting the improvement of Provider performance; and
- Continually strengthening the ability of the Provider Network to better achieve the goals established in the PIHP contract.



11/9/2016

3

Provider Network Functions

- Development
- Credentialing
- Hospitals
- Out of Network Agreements
- Disputes
- Account Specialists/Helpdesk
- Monitoring



11/9/2016

4

Staffing Information

Total FTE = 28

Turnover FY ending 6/30/2016

- 4 Transitions to other departments in advanced positions
- 0 Terms

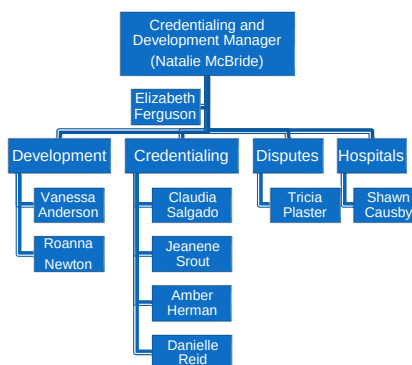


11/9/2016

5

- managing requests to enter the network
- credentialing
- monitoring of the credentialing delegation
- entering new and revised contract details in AlphaMCS
- provider forums
- provider manual
- provider disputes
- contract terminations
- needs assessment
- maintenance of provider search tool
- hub development
- requests for applications/proposals (RFA or RFP) to right size the network
- out of network agreements
- Hospital Relations

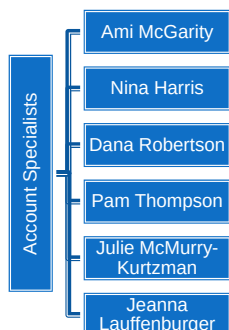
Network Development



11/9/2016

6

Account Specialist Roles



Sherry Reece-Cota
Larry Holcombe – Regional Managers

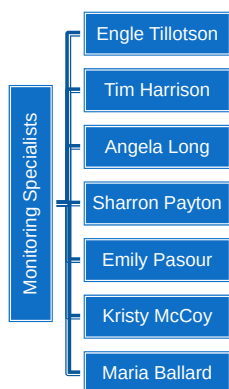


- ▶ PN Department created Account Specialist Roles this year to provide helpdesk and provider technical assistance functions
- ▶ 2 regional managers oversee this function as well as the monitoring function in the department
- ▶ Managers assign providers to the Account Specialists based on the following considerations:
 - Assigned based on specialist's case load size.
 - Assigned based on specialist's expertise/experience.
 - Assigned based on location for the comprehensive providers located inside of the 8 counties.
 - each specialist has 45-47 Agencies, and 15-19 LIPs assigned to them.

3/2015

7

Monitoring Specialist Roles



- ▶ 2 regional managers oversee the monitoring function in the department
- ▶ Completes initial on-site Health/Safety Review for all new providers that submit credentialing application
- ▶ Completes initial on-site Health/Safety Review for all providers requesting Re-Credentialing
- ▶ Completes initial on-site reviews for those providers that add a new site to contract
- ▶ Monitors contracted agencies and licensed independent practitioners to include a detailed monitoring report to the provider and the state
- ▶ Schedules and performs on-site monitoring and targeted reviews
- ▶ Participates and/or assists with complaint investigations when appropriate
- ▶ Participates and/or assists with Program Integrity audits

Sherry Reece-Cota and Larry Holcombe –
Regional Managers



3/2015

8

Snapshot of the Network

Types	Number
Agencies (credentialed and contracted)	270
Licensed Independent Practitioners (credentialed and contracted)	99
Associated Clinicians (active/credentialed)	2489



11/9/2016

9

Reports and Compliance

Claims Accuracy Information – claims approval rate at or above 80% in each quarter of the fiscal year per funding source

- April-June 2016 Quarter across the network and all fund sources = 87% (average)

Utilization Management – Authorization approvals rate on initial service request at 75% during the Partners' identified quarter of each fiscal year

- April-June 2016 Quarter across the network and all fund sources = 82% (average)



Needs Assessment Gap Analysis Plans and Projects

Service Definitions in process:

- Treatments for Autism Spectrum Disorder- approved internally.
- Rapid Response-in process of finalizing to be sent to State for approval.
- Wrap around-pending.
- Behavioral Health Urgent Care (BHUC) -Crisis Assessment and Intervention-Will be submitted for review to DMA/DMH.
- Dialectical Behavior Therapy (DBT) & Wrap Around Services-being drafted.



11/9/2016 11

Needs Assessment Gap Analysis Plans and Projects

Evidenced Based Practices & Specialties

- Trauma Focused Cognitive Behavioral Therapy (TF CBT) approved for enhanced rate for NC Children's Treatment Program (NC CTP) rostered clinicians, effective 10/1/2016
- 10 Evidence Based Practices (EBPs) for Residential Treatment Level III identified.
- TF CBT training through NC CTP will be provided by Partners for the 4 providers participating in the Cleveland County Partnership for Excellence.
- With 3 evidenced based practices implemented i.e., MultiSystemic Family Therapy (MST), Family Centered Treatment (FCT) & TF CBT DBT is next to be developed. An introductory training is tentatively scheduled for February 2017.



11/9/2016 12

Needs Assessment Gap Analysis Plans and Projects

Advancing Technology

- Assistive technology provider/vendor agreement was initiated 7/20/2016.
- The Burke Integrated Hub is 5 months into the ACORN project. The Hub is starting to use the reports inside ACORN to look at high risk cases and clinician use time.
- Gathering information on feasibility of kiosks and use of texting in healthcare.
- In process of producing articles on telemedicine for community education and promotion through Partners newsletters.



11/9/2016 13

Needs Assessment Gap Analysis Plans and Projects

Children's Services

- Ongoing meetings with providers and DSS to discuss needs of youth transitioning out of Foster Care.
- Initiated meetings to discuss services needs for dually diagnosed (MH/IDD) children/adolescents.
- New Child/Adolescent Residential Level III capacity building ongoing



11/9/2016 14

So what are we doing in response to the Needs Assessment Gap Analysis?

Crisis Solutions Initiatives

- Exploring the feasibility of Child/Adolescent Facility Based Crisis with 2 providers
- Working with DSS Adult Services to ensure appropriate service connectivity for that population

Employment/Housing

- Networking activities through Chamber of Commerce and Leadership Classes provide opportunities to promote, identify and develop employment options.
- Strategic Housing Plan developed and is being used to develop strategies for implementation.



11/9/2016 15

So what are we doing in response to the Needs Assessment Gap Analysis?

Recovery Oriented Systems of Care (ROSC)

- ROSC Training PowerPoint created.
- SAMHSA/ATTC trainer Ed Johnson to conduct ROSC presentation.
- Provider recovery events calendar created and posted to Partners website.
- Recovery month artwork from consumers posted at Partners sites.
- Publicity for provider activities during Recovery month were added on Partners website.
- Opioid Summit held on 10/14/16 at Hickory Convention Center.
- Ongoing discussion on options for and feasibility of trial implementation of ROSC in Burke County.
- Peer Support Training conducted on 9/12/16 with 16 participants graduating.
- 75 Peer Support Specialists trained and certified to date with 50 working in the field.
- Evaluating need for Substance Abuse Comprehensive Outpatient Treatment (SACOT) and Opioid Treatment in Surry and Yadkin Counties.



11/9/2016 16

So what are we doing in response to the Needs Assessment Gap Analysis?

Integrated Health

- The Integrated Health Work Plan has been developed and was approved by the Executive Leadership Team on 7/20/2016.
- Application submitted for Federally Qualified Health Center (FQHC) to be located in Burke Hub, should know by the end of the year, plan B might include a satellite office of the FQHC if they are not funded this year to expand into Burke.
- The new Gaston Hub will be partnering with Gaston Family Services, an FQHC that will provide medical care for consumers.
- 4th Hub (Gaston) to open in the Dec 2016/Jan 2017 time period.
- 5th Hub (Iredell) to open later in 2017.



11/9/2016 17

Questions?



18

Contact Information

Beth Lackey, MSW, LCSW
Provider Network Director
blackey@partnersbhm.org
828-323-8058 Office
704-502-4832 Cell



System of Care

What is System of Care?

- ▶ A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families
- ▶ Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs

System of Care Core Values

- Child Centered and Family Driven
 - Community Based
 - Culturally Competent

Community Collaborative Groups

A community care group (or collaborative group) is a group of individuals who work together in a specific community to identify and solve problems for children, adolescents, adults, and families struggling with mental health and substance use.

Together, group members:

- ▶ Identify gaps in services
- ▶ Partner with agencies and families
- ▶ Develop helpful resources
- ▶ Assist providers and families with issues related to services
- ▶ Ensure access to quality services

Community Care Group Meetings

Schedule for meetings can be found on Partners website:

<http://www.partnersbhm.org/county-collaborative-groups/>

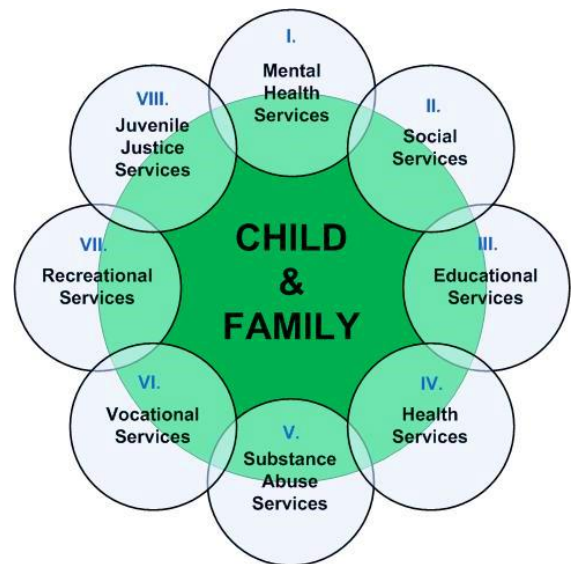
Departmental Responsibilities

- ▶ Collaborate and develop networks among stakeholders
- ▶ Identify and resolve barriers to service entry/engagement
- ▶ Assist individuals and families with navigation through the service system through family partners (Family partners now work in the care coordination department)
- ▶ Provide a variety of trainings to help promote awareness of mental health services, early detection, and de-escalation of crisis situations
- ▶ Federal block grant monitoring & reporting / miscellaneous initiatives & partnerships

Results 2015-2016

- ▶ 171 community collaborative meetings / 2039 individuals attended
- ▶ 306 individuals completed Crisis Intervention Training (CIT) for police and other first responders
- ▶ 416 individuals received Mental Health First Aid Training (adult and child)
- ▶ 420 Geriatric related trainings / 2956 individuals participated

Child and Family Teams



What is GAST?

- ▶ GAST – Geriatric Adult Specialty Team
- ▶ The team of registered nurses, licensed clinicians, and mental health professionals host educational events and teach training sessions for staff in:
 - Long Term Care facilities
 - Senior Centers
 - Home Health Agencies
 - Home Care Agencies
 - Meals on Wheels Programs
 - Adult Day Care
 - Veteran Affairs Staff
 - NC Community Resource Connections
 - Department of Social Services
 - Faith Based Organizations
 - Law Enforcement and Judicial System
- ▶ GAST is accredited by the N.C. Division of Health Service Regulations for continuing education credits. GAST offers training on many geriatric-related topics, including:
 - Assisting the Person with Alzheimer's Disease and Dementia
 - Respectful Communication with Dementia and Mental Illness
 - Understanding How Alzheimer's Changes People
 - Behavioral Intervention and Crisis Planning
 - Dealing with Difficult Behaviors in a Care Setting
 - Depression in the Elderly
 - Elder Substance Abuse and Use
 - End of Life and Mental Illness
 - Recognizing Signs and Symptoms of Mental Illness in Older Adults
 - Respecting the Rights of Persons with Mental Illness through Improved Communication
 - And medication courses for long term care facilities
- ▶ Every county has a GAST
- ▶ Partners GAST covers Cleveland, Gaston, and Lincoln
- ▶ Vaya Health is contracted to cover Burke, Catawba, Iredell, Surry, and Yadkin

System of Care Staff at Partners

- ▶ 3 System Liaisons- Adult
 - Karen Creech – Cleveland, Gaston, Lincoln
 - Katherine Perkins – Iredell, Surry, Yadkin
 - Michael Smith – Burke, Catawba
- ▶ 3 System Liaisons- Child
 - Jeanne Patterson – Cleveland, Gaston, Lincoln
 - Stephanie Funderburk – Iredell, Surry, Yadkin
 - Kimberly Rhoads (Lead) – Burke, Catawba
- ▶ 3 Geriatric Specialists (GAMHST)
 - Brandy Lineberger (Lead), Carla Bradshaw, and 1 vacant licensed clinician
- ▶ 1 Half Time Program Assistant – Laura Schramm
- ▶ 1 Manager – **Jamie Sales** Email >>> jsales@partnersbhm.org Phone >>> 828-323-8053



Regional Director of Community Operations

Roles and Responsibilities

- ▶ Collaborate with key stakeholders on projects and initiatives
- ▶ Direct contact for county managers and commissioners
- ▶ Manage county funding
- ▶ Represent Partners BHM on regional and community boards
- ▶ Educate communities on the mission and vision of Partners BHM
- ▶ Identify system barriers and help develop solutions



11/9/2016 2

Who We Are

By Region:

- ▶ Tara Conrad, MSW, LCAS, LCSWA-Supervisor
Burke and Catawba Counties
- ▶ Jeff Eads, NCC, LPC
Iredell, Surry and Yadkin Counties
- ▶ Andrew Schrag, MA, LPC, LPCS
Gaston, Cleveland and Lincoln Counties



11/9/2016 3



Specialty Review Unit



Kathleen Meriac, Ph.D.
Alicia Smalls, LPC
Sheree Raymon, LPC

Why does SRU exist?

- ▶ MCO Departments have different lenses and will consider Provider performance from different perspectives
- ▶ CMO became increasingly aware, when examining high utilization of high cost services, that documentation did not consistently support those services and placements
- ▶ RFP was issued in June 2014; awarded in September 2014 to assist MCO to assess documentation risk



11/9/2016

3

What we learned

15 month project looked at three high cost services; found that documentation did not consistently support claims MCO had paid for inpatient, IIHS, and RT-Level III

Treatment plans frequently lacked individualization & were not always a clinical match for consumer's diagnosed conditions

Missing documentation for claims submitted; lack of conformance to Medicaid documentation requirements in CCP; lack of appropriate treatment intensity; inconsistent performance among providers of the same service; billing for non-covered activities due to lack of understanding of service definition



11/9/2016

4

Current SRU Activities

- ▶ Follow an annual plan approved by CMO
- ▶ Develop review tool for each service (currently SACOT)
- ▶ Based on CCP; APSM 45-2; 42 CFR; federal State Medicaid Manual; DMA Bulletins; NCAC requirements; MCO Bulletins; PCP Manual
- ▶ SRU avoids areas monitored/addressed by other MCO units:
 - No training or personnel records & no onsite visit: PN
 - Audits are post payment: UM authorizes
 - Does not recoup; reports suspected WFA: PI
 - Not focused on health/safety structures: Consumer Relations



11/9/2016

5

Current SRU Activities (cont.)

We assess the sufficiency of providers' documentation of medical necessity throughout service delivery.

Auditors compare if the documented treatment intensity matches the consumer's assessed needs at the time of service delivery.



11/9/2016

6

Current SRU Activities (cont.)

- ▶ Select samples from paid claims for all providers for a selected service
- ▶ May review multiple claims per consumer or an episode of care
- ▶ Compare individualization of treatment among consumers within a provider agency
- ▶ Assess use of natural supports and evidence that less restrictive placements options are actively considered



11/9/2016

7

Current SRU Activities (cont.)

- ▶ Assure IRR among PP auditors
- ▶ Complete PP audits using measurement tool developed for that service taken from CCP
- ▶ Record, quantify, and analyze data
- ▶ Write report with recommendations to internal MCO work group
- ▶ Over time, SRU will re-measure services to assess if earlier documentation risk has been mitigated



11/9/2016

8

Provider Communication Products

Partners has a number of communication products just for providers. We recommend that you turn to these tools first to find operational information that affects you and your agency.

Subscribe to Partners' Provider Communications

We urge all providers to subscribe to Partners' Provider Communications. That way, you will be notified when we release an item of interest to you. To subscribe, visit www.partnersbhm.org/subscribe and select the "subscribe" button under Provider Communication.

If you are subscribed to Partners' Provider Communications and are not receiving emails, please:

- Check your junk email or speak with your information technology department. Partners uses Constant Contact as our subscriber email system, and sometimes an email may be blocked.
- Send an email to questions@partnersbhm.org that includes your name and the email address associated with the subscription.

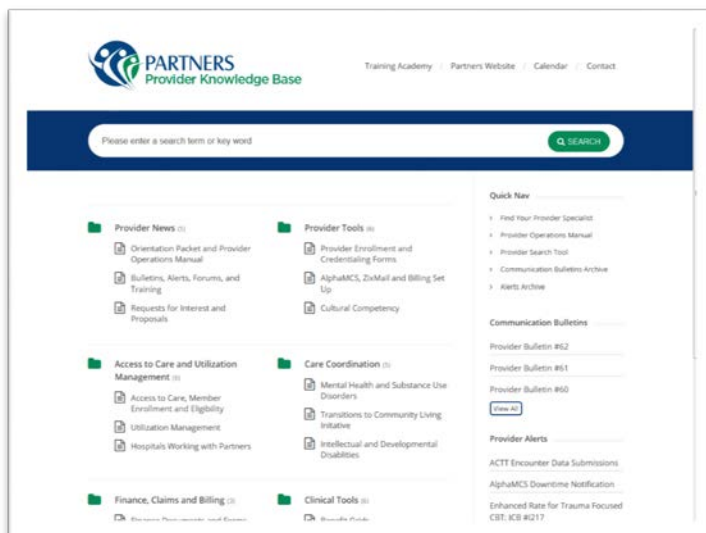
Partners' Websites

Partners introduced THREE new websites in August:

- One for Providers – The Provider Knowledge Base (<http://providers.partnersbhm.org>)
- One for training needs – Partners Training Academy (<http://partnerstraining.com>)
- One for the general public and consumers – www.PartnersBHM.org

You can transition from one site to another via the links at the top of each webpage.

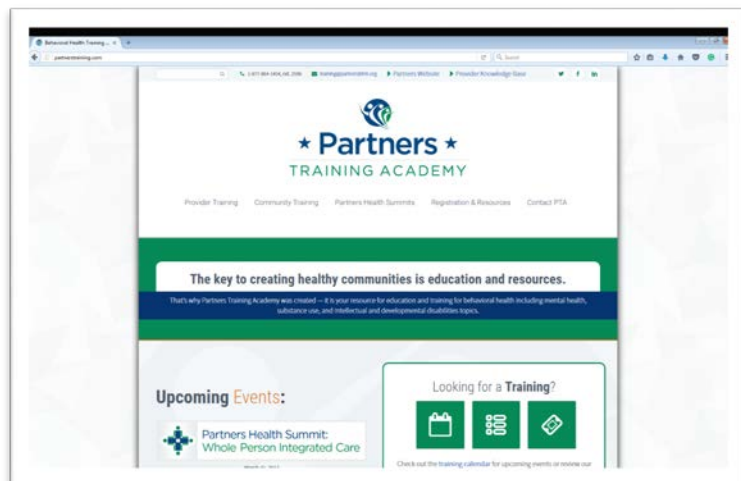
Partners' Provider Knowledge Base – <http://providers.partnersbhm.org>



The **Provider Knowledge Base** is where you will find information directly related to your agency. Some of the things you will find on this site include:

- Credentialing Forms
- Provider Operations Manual
- Provider Alerts and Communication Bulletins
- Service Definitions
- AlphaMCS Information
- Benefit Plans
- Rate Sheets

Partners Training Academy -- <http://partnerstraining.com>



Partners Training Academy is a resource for both provider and community trainings.

If you are looking for a training for your employees, or interested in one of our Partners Health Summits, visit this site. You can also register for events in the Calendar at <http://www.partnersbhm.org/event-calendar/>

Monthly Provider Communication Bulletin

Partners publishes its Provider Communication Bulletin on the fourth Thursday of the month (except for holidays). All bulletins issued since 2012 are available in the Provider Knowledge Base website. Please note that links within Provider Bulletins prior to July 2016 are not active.

If you are subscribed to Partners' Provider Communications, you will receive an email when the Provider Bulletin is published.

Provider Alerts

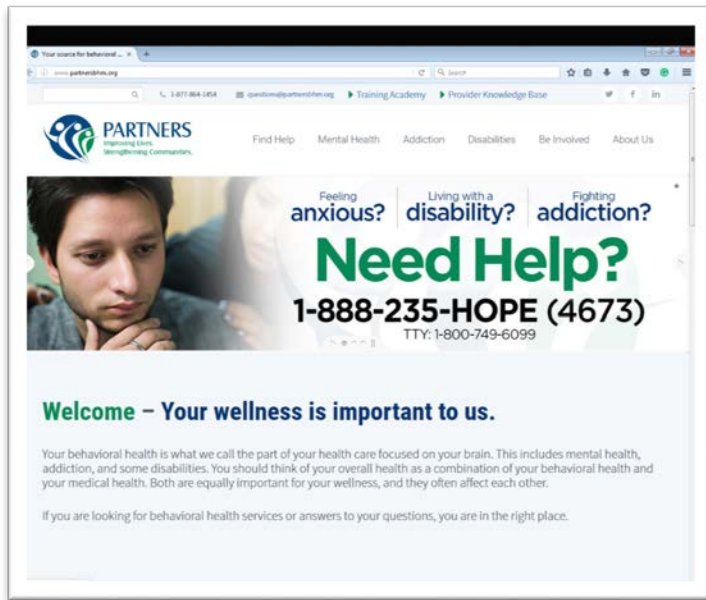
If there is an urgent matter that we need to communicate to providers immediately, Partners will send out a Provider Alert to everyone subscribed to Provider Communications. Alerts are posted in the Alerts Archive on the Provider Knowledge Base.

Community-Focused Products

Behavioral Health Focus, Partners' community-focused newsletter, is published on the first and third Tuesday of each month and is intended to be a source of information for those working or interacting with behavioral healthcare in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin Counties. You can view past issues at <http://www.partnersbhm.org/category/behavioral-health-focus/>.

If you would like to be notified when an issue is published, you can subscribe to *Behavioral Health Focus* by visiting www.partnersbhm.org/subscribe/. If you would like to contribute to the newsletter, contact Jeff Brucato, Public Relations Partner, at 704-884-2564 or <mailto:jbrucato@partnersbhm.org>. Items should be submitted by Wednesday at 3 p.m. for the next week's issue.

Partners' Public Website – www.partnersbhm.org



Partners' public website is intended for individuals seeking services, current enrollees, and the community at large. One will find information on how to get help for a behavioral health need, learn about different services, find a provider, file a complaint, access enrollee/member resources, and more.

Partners on Social Media

You are welcome to connect with us on social media and join the behavioral health community conversation.

On Facebook: <https://www.facebook.com/partnersbhm>

On LinkedIn: <https://www.linkedin.com/company/partners-behavioral-health-management>

On Twitter: <https://twitter.com/BehavioralFocus>