



**PARTNERS**  
Improving Lives. Strengthening Communities.

**Welcome to the Licensed  
Independent Practitioner  
Webinar!  
May 31, 2018**



**PARTNERS**  
Improving Lives. Strengthening Communities.



## Odds & Ends about the webinar:

- ▶ I'm the moderator for today's webinar, normally Maria Ballard coordinates the webinar, however, Maria is out temporarily due to illness. I'm pinch hitting for her in the mean time.
- ▶ The audience is in "listen only mode" unless you received an audio control pin. If you did not receive this pin code when you registered, then you can only hear us talking, but you can't talk with us through the phone in an interactive way.



## Odds & Ends Continued:

- ▶ We have a relatively full panel of presenters today, and to be mindful of everyone's time, we aren't going to be responsive to chat boxes or raised hand features either. You can submit questions to [questions@partnersbhm.com](mailto:questions@partnersbhm.com)
- ▶ The webinar is recorded, so it will be available, as will the power point on our website. We will post the recording in a day or so under the Provider Network tab.





**Extra! Extra! Credentialing  
wants you to read all about  
it!**



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**LIP FAQs  
Fielding Yelverton**

## LIP FAQs

- ▶ All applicants must ensure that their CAQH information is up-to-date
  - You **must** complete *and upload* a state release/authorization specific to Partners in CAQH
    - This form can be found in CAQH
- ▶ We receive a number of questions that fall into two categories, which will be the focus of the remainder of this presentation:
  - Insurance
  - National Plan and Provider Enumeration System (NPPES)



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## Insurance Requirements

- ▶ Partners must be the **Certificate Holder** on all required insurance policies.
  - It is not necessary for Partners to be listed as an additional insured on these policies for LIPs.



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## Insurance Requirements (cont)

- ▶ You must complete the *Partners Behavioral Health Management Insurance Affidavit for Contracted Providers* form if:
  - 1-You do not transport consumers (waiver of automobile coverage)
  - 2-Your number of employees exempts you from the requirement of carrying Workers Compensation coverage (Workers Compensation waiver)
  - 3-You rent your office space and your landlord holds the General Liability policy covering the property (General Liability coverage waiver)
    - Please note: you **must** be able to produce a copy of this policy/certificate of insurance (COI)
    - As this policy is not held by the applicant, the coverage limits (\$1mil occurrence/\$3mil aggregate) do not apply
- ▶ You can obtain this form by contacting Partners' Credentialing Department at [CredentialingTeam@partnersbhm.org](mailto:CredentialingTeam@partnersbhm.org) or (704) 842-6483



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## NPPES

- ▶ Addresses, taxonomies, NPI numbers must all match in:
  - NC Tracks
  - NPPES
  - Alpha
- ▶ Inconsistencies among these databases will not stop your credentialing application from being processed but **will** prevent you from billing
- ▶ For practices with multiple site addresses:
  - Partners staff can only see the first site address in NPPES.
  - You will need to print screen shots for all other site addresses and submit them along with your application materials



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## NPPES – Do I need an organizational NPI?

- ▶ If you contract with Partners using a Tax ID other than your Social Security Number:
  - The practice/agency/organization associated with that Tax ID **must** have an organizational NPI number
  - The organizational NPI number **must** be enrolled in NC Tracks.



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## NPPES – Making Changes to Information

- ▶ How to make changes to information in NPPES:
  - For **individual** NPI numbers:
    - Call: **800-465-3203**
    - Ask for **“role request”** to gain access to NPI information
  - For **organization** NPI numbers:
    - Call **866-484-8049**
    - Select the option called **“Identity & Access” (I&A)**
    - Ask for guidance in processing a **“role request”** to gain access to organization NPI information
    - For all changes related to the organization NPI, you will likely need to have your W-9 handy when you call.
    - Partners cannot process your credentialing application until your current practice site address (associated with your organizational NPI) is entered in NPPES



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**Program Integrity**  
**presents...**



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**IDENTIFYING FRAUD AND ABUSE  
IN HEALTH CARE**

LIP Collaborative Webinar, May 31, 2018  
William Owens, Program Integrity Director

## Key Topics Covered



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## Fraud and Abuse Defined



*"An intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law." 42 CFR Part 455.2*



*"Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program." 42 CFR Part 455.2*



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## The Cost of Health Care; Fraud and Abuse



**\$3.2 Trillion**  
**National (2015)<sup>1</sup>**



**\$13.9 Billion**  
**NC Medicaid (2015)<sup>2</sup>**



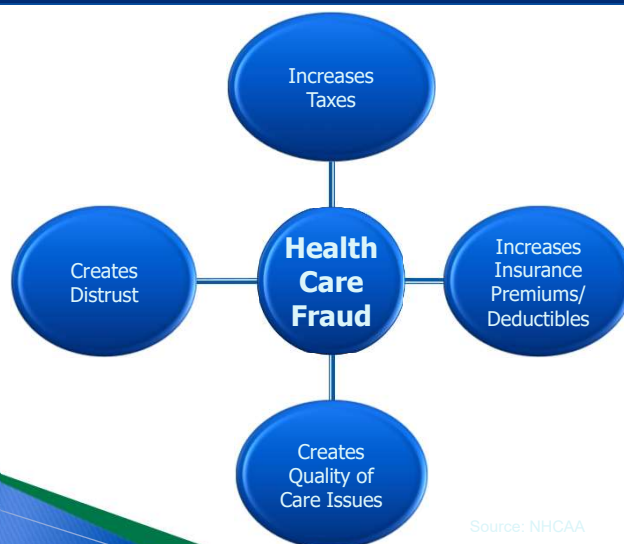
**\$258 Million**  
**Partners Service Funds**  
**(2015)<sup>3</sup>**



<sup>1</sup> Source: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html>  
<sup>2</sup> Source: [https://files.nc.gov/ncdms/Medicaid\\_Annual-Report-State-Fiscal-Year-2015.pdf](https://files.nc.gov/ncdms/Medicaid_Annual-Report-State-Fiscal-Year-2015.pdf)  
<sup>3</sup> Source: <https://www.ncdmsbba.com/wp-content/uploads/2018/11/Annual-Report-2016.pdf>

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## Fraud & Abuse Impacts Everyone



Source: NHCAA

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## Potential Areas of Fraud and Abuse



## Anti-Kickback Statute

- ▶ Knowingly and willfully offering, paying, soliciting, or receiving any payment or reward to incentivize referrals for items or services reimbursable under Medicare or Medicaid
- ▶ Penalties can reach up to \$50,000 for each improper act and damages of up to 3 times the amount the remuneration



## False Claims Act

- ▶ Knowingly submitting, or causing another person or entity to submit, false claims for payment of government funds
- ▶ “Knowing” includes acting in deliberate ignorance or reckless disregard of the truth related to the claim
- ▶ Penalties: Civil - up three 3 times the government’s damages plus \$5,500 to \$11,000 per false claim.
- ▶ Whistleblower Protection



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## Health Care Fraud

- ▶ Knowingly and willfully attempts to or executes scheme to defraud health care benefit program
- ▶ Penalties can reach up to life in prison
- ▶ No need to show specific intent



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## Possible Sanctions

Possible payback or payment suspension

Fines can be levied and Civil penalties may be imposed

Arrest and conviction

Exclusion, being barred from state and federal programs



## NC Medicaid Enforcement Activities Fiscal Year 2016

Criminal Cases Recovered \$11.9 million

22 Convictions

23 Civil Settlements \$68.5 Million recovered



Source: MFCU Statistical Data FY2016  
[https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/expenditures\\_statistics/fy2016-statistical-chart.pdf](https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/expenditures_statistics/fy2016-statistical-chart.pdf)

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## What is the Program Integrity Department?

- ▶ A team of specially trained staff devoted to prevention, detection, and resolution of health care fraud and abuse.



- ▶ Receive Complaints
- ▶ Data Analytics
- ▶ Audit
- ▶ Investigate
- ▶ Tentative Notice of Overpayment
- ▶ Warning Letter
- ▶ DMA/MID Referral
- ▶ Preventative Education
- ▶ Collaborate



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## Your Responsibilities



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## Partners BHM Program Integrity Department

|                |                            |              |
|----------------|----------------------------|--------------|
| William Owens  | Program Integrity Director | 704-842-6428 |
| Michael Bomar  | Supervisory Investigator   | 704-884-2566 |
| Tamar Conyers  | Auditor                    | 704-884-2522 |
| Joy Chestnut   | Investigator               | 704-884-2520 |
| Wilden Sanchez | Data Investigator          | 704-884-2580 |
| Teresa Shirley | Lead Auditor               | 704-842-6325 |
| Summer Surratt | Investigator               | 704-884-2617 |



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## Report Fraud and Abuse to 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



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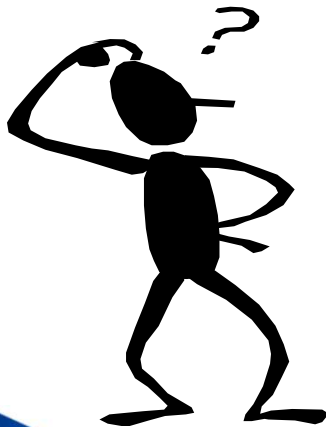
## Additional Avenues to Report Medicaid Fraud & Abuse

- ▶ Contact the DHHS Customer Service Center at 1-800-662-7030
- ▶ Call the Medicaid fraud, waste and program abuse tip-line at 1-877-362-8471)
- ▶ Confidentially, online Medicaid fraud and abuse complaint: <http://dma.ncdhhs.gov/report-fraud-waste-or-abuse>
- ▶ Call the State Auditor's Hotline Line: 1-800-730-TIPS
- ▶ Call the Inspector General's Fraud Line at 1-800-HHS-TIPS



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## Questions?



### **William Owens, CFE**

Program Integrity Director  
Partners Behavioral Health Management  
901 S. New Hope Rd  
Gastonia, NC 28054

(704) 842-6428

[wowens@partnersbhm.org](mailto:wowens@partnersbhm.org)



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**Up Next...Acorn**  
**Is it a nut or an outcome**  
**measurement tool?**



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**<https://www.youtube.com/watch?v=5MW5Gmq2iMI&feature=youtu.be>**



## **A Collaborative Outcome Resource Network**

**Ashley Simon**  
**Clinical Informatics**

**Keep track of how clients are doing in  
therapy**



**ACORN**

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# Why?



**Brief Adult Outcome Questionnaire**  
Version 11

This brief questionnaire asks about some of the most commonly reported thoughts, feelings and behaviors among adults seeking behavioral health treatment. Please think about the past two weeks and answer the questions below to the best of your ability. This will help you and your therapist/doctor to plan your treatment and monitor your improvement.

| How often did you...                                                    | Never                 | Hardly ever           | Sometimes             | Often                 | Very often            |
|-------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Feel unhappy or sad?                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have little or no energy?                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have a hard time getting along with family, friends, or coworkers?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feel hopeless about the future?                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have a hard time paying attention?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feel unproductive at work or other daily activities?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feel tense or nervous?                                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have problems with sleep (too much or too little)?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feel lonely?                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Think about harming yourself?                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have someone express concerns about your alcohol or drug use?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Avoid something because of anxiety or fear?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have a problem at work, school, or home because of alcohol or drug use? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please take a moment to give feedback on your last session, to help us better serve your needs:

| At my last session:                                               | True                  | Almost True           | Unsure                | Almost False          | False                 |
|-------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt that we talked about the things that were important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the clinician understood me.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the session was helpful.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

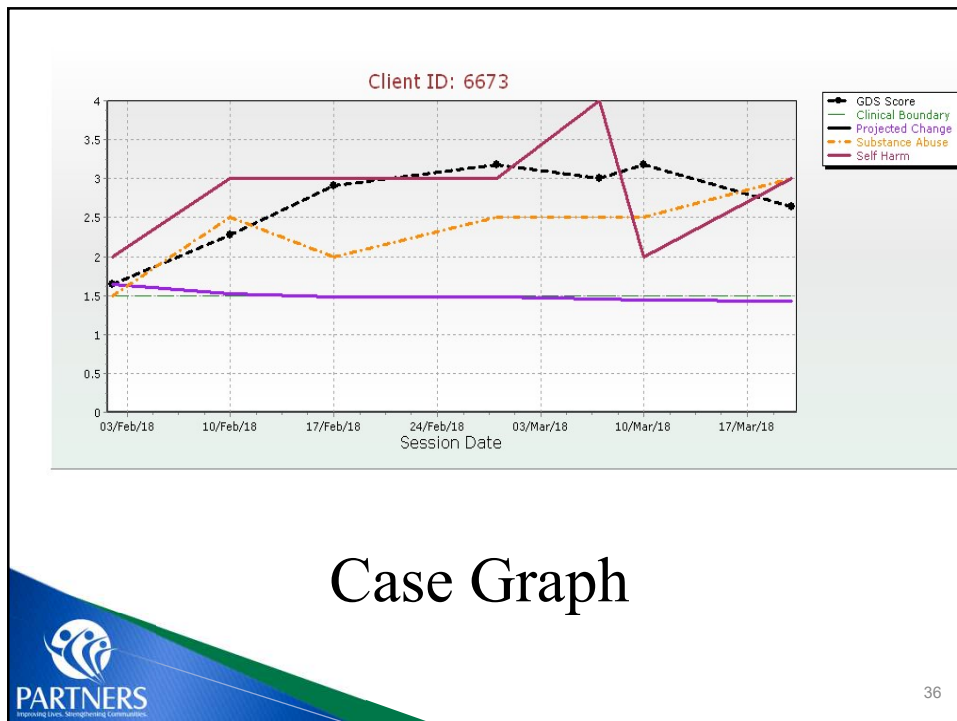
**For Office Use Only**

Date Completed:  /  /  Org ID:  Site ID:  Session #:

Client ID:  Clinician ID:

For more information on this and other questionnaires visit [www.psychoutcomes.org](http://www.psychoutcomes.org)  
Fax completed forms to: 800-961-1224

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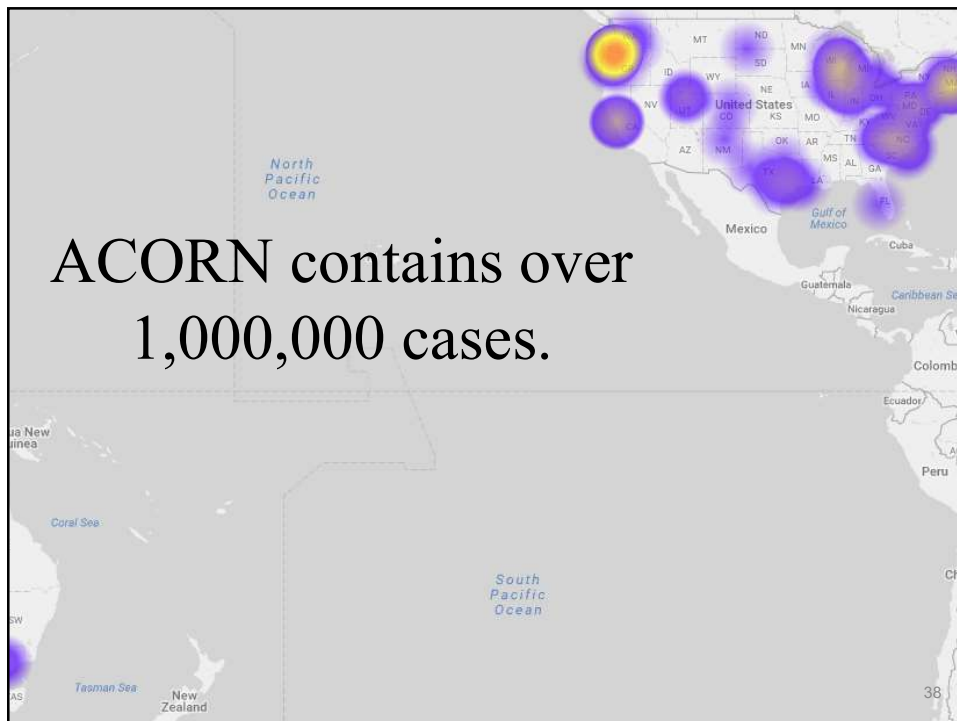
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# Key Symptoms

- ▶ This patient reports a relatively **severe level of global distress** and **improvement is significantly less than average** in treatment compared to similar patients.
- ▶ The patient also reports a relatively high frequency of **suicidal ideation** than has increased since the start of treatment and concerns about **substance abuse**. This pattern is associated with a higher **risk of hospitalization** and a **poor treatment outcome**.
- ▶ *The clinician should evaluate these risk factors carefully, and make every effort to keep the patient engaged in treatment while addressing any substance abuse issues. The probability for improvement is greatly increased if the substance abuse concerns are addressed.*
- ▶ This patient displayed a willingness to give feedback on the **alliance** items, indicating areas of concern with the treatment. Patients who do so often have better than average outcomes when their concerns are addressed. If their concerns are not resolved, premature termination may occur.

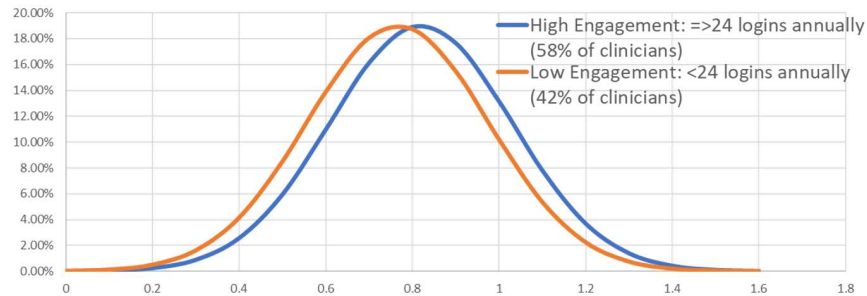


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Clinicians who log in an average of twice a month or more have more improvement than those who do not.



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**Ashley@clinical-informatics.com**

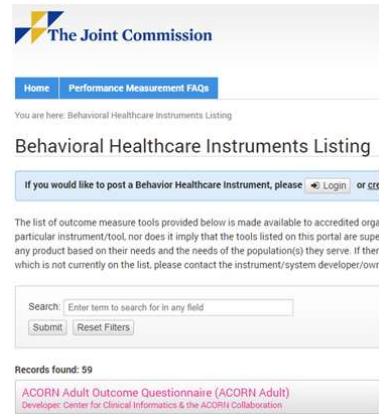
-Schedule a demo

-Training resources

-Questions

-Can also contact me at

[www.acorncollaboration.org](http://www.acorncollaboration.org)



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**What is MST all about?**





## Multisystemic Therapy



**Presented by  
Elizabeth Perdue, LPA**

## Multisystemic Therapy (MST)

- MST provides an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions.
- The purpose of this program is to keep youth in the home by delivering an intensive therapy to the family within the home.
- Services are provided through a team approach to beneficiaries and their families.



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## Multisystemic Therapy (MST)

MST is a program designed for youth between ages 7 and 17 who:

- Have antisocial, aggressive or violent behaviors
- Are at risk of out-of-home placement due to delinquency
- Adjudicated youth returning from out-of-home placement
- Chronic or violent juvenile offenders or
- Youth with serious emotional disturbances or a substance use disorder



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## Multisystemic Therapy (MST)

Services include:

- An initial assessment to identify the focus of the MST intervention;
- Individual therapeutic intervention with the beneficiary and family;
- Peer intervention;
- Case management; and
- Crisis stabilization.



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## Multisystemic Therapy (MST)

Specialized therapeutic and rehabilitative intervention are available to address special areas:

- Substance use disorder
- Sexual abuse
- Sex offending and
- Domestic violence

Services occur in-home, at school, and in other community settings. MST involves families and other systems such as school, probation, extended families and community connections.



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## Multisystemic Therapy (MST)

- MST services are delivered in a team approach and are designed to address the needs of youth with significant behavioral problems who may be transitioning from out- of-home placements or at risk of out-of-home placement and require intensive intervention to remain stable in the community.
- The team is available 24/7
- The duration of most MST is expected to be 3-5 months.



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## Multisystemic Therapy (MST)

This team approach is structured face-to-face therapeutic intervention to provide support and guidance in all functional domains:

- Adaptive
- Communication
- Psychosocial
- Problems solving and
- Behavioral management

This service promotes the family's capacity to monitor and manage the beneficiary's behavior.



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## Multisystemic Therapy (MST)

### Clinical Requirements:

- MST is first responder for crisis response.
- 12 contacts must occur within the first month.
- 6 contacts are expected during 2<sup>nd</sup> and 3<sup>rd</sup> months
- MST is expected to titrate during the 4<sup>th</sup> and 5<sup>th</sup> months.
- MST contact must at minimum occur face-to-face; the remaining can be phone or collateral.
- 60% of staff time is working outside of the agency with or on behalf of the beneficiary.



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## Multisystemic Therapy (MST)

### Authorization:

- Partners offers MST an initial 30 days pass-through with a one unit SAR notification
- First concurrent request is for 30 days for 1 unit.
- The next concurrent request is 30 days for 1 unit
- The last concurrent request is 30 days for 1 unit

NO paperwork is required to be submitted during the pass-through but providers are expected to have the CCA; PCP to include CCP and Service Order on file for auditing purposes and to submit those with the second month SAR. All subsequent requests for authorization require an updated PCP.



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## Multisystemic Therapy (MST)

### Service Exclusions:

- Intensive In-Home Services;
- Day Treatment;
- Hourly Respite;
- Individual, Group or Family Therapy;
- Substance Abuse Intensive Outpatient;
- Child Residential Levels II-IV;
- Substance Abuse Residential Services.

All of the above are subject to EPSDT service exceptions.



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## Multisystemic Therapy (MST)

### Entrance Criteria

A. There is a DSM 5 diagnosis present, other than a sole diagnosis of Developmental Disability.

**AND**

B. The youth should be between the ages of 7 through 17.

**AND**

C. The youth displays willful behavioral misconduct (e.g., theft, property destruction, assault, truancy or substance use/abuse or juvenile sex offense), when in conjunction with other adjudicated delinquent Behaviors



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## Multisystemic Therapy (MST)

### AND

D. The youth is at imminent risk of out-of-home placement or is currently in out-of-home placement due to delinquency and reunification is imminent within 30 days of referral.

### AND

E. The youth has a caregiver who is willing to assume long term parenting role and is willing to participate with service providers for the duration of the treatment.



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## Multisystemic Therapy (MST)

### Continued Stay

The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the youth's Person Centered Plan or the youth continues to be at risk for relapse based on history or the tenuous nature of the functional gains OR any ONE of the following apply:

A. Youth continues to exhibit willful behavioral misconduct.

### AND

B. There is a reasonable expectation that the youth will continue to make progress in reaching overarching goals identified in MST in the first 4 weeks.

### OR



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## Multisystemic Therapy (MST)

C. Youth is not making progress; the Person Centered Plan must be modified to identify more effective interventions.

**OR**

D. Youth is regressing; the Person Centered Plan must be modified to identify more effective interventions.



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## Multisystemic Therapy (MST)

### Discharge Criteria

Youth's level of functioning has improved with respect to the goals outlined in the Person Centered Plan, or no longer benefits from this service. The decision should be based on one of the following:

A. Youth has achieved 75% of the Person Centered Plan goals, discharge to a lower level of care is indicated.

B. Youth is not making progress or is regressing, and all realistic treatment options within this modality have been exhausted.



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## Multisystemic Therapy (MST)

- C. The youth/family requests discharge and client is not imminently dangerous to self or others
- D. The youth requires a higher level of care (i.e., inpatient hospitalization or PRTF).



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## What's shakin' with new services?





## **Services with Enhanced Rates**



**Vanessa Anderson**  
**Provider Network Specialist**

## Enhanced Rates

specific models or evidenced based practices for which an increased rate is reimbursed



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## Enhanced Rates

### TF-CBT

Trauma Focused Cognitive Behavior Therapy

**Enhanced rate:** \$125 per hour

Requires being on the  
(North Carolina Child Treatment Program) NC CTP Roster

**Service Code:** 90837 Z1 Psychotherapy-60 minutes

<https://ncchildtreatmentprogram.org/>

Provider Bulletin # 61 at [www.partnersbhm.org](http://www.partnersbhm.org)



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## ENHANCED RATES

### EMDR

#### Eye Movement Desensitization and Reprocessing

**Enhance rate:** \$125 per hour  
Requires having 20 hours  
of Emdria approved basic training

**Service Code:** 90837 EM for 60 minutes

<http://emdria.site-ym.com/>

Provider Bulletins #79 at [www.partnersbhm.org](http://www.partnersbhm.org)



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## Enhanced Rates

### In-Home Outpatient

#### In-Home Outpatient Therapy

**Enhanced rate:** \$112 per hour

Requires providing services in the recipients home  
Available for children, adolescents and adults funded by Medicaid  
and IPRS

**Service Code:** 90837 SR  
Psychotherapy-60 minutes

Provider Bulletins # 76 at [www.partnersbhm.org](http://www.partnersbhm.org)



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## Adding Services

- ▶ [www.providers.partnersbhm.org](http://www.providers.partnersbhm.org)
- ▶ Provider Tools
- ▶ Provider Credentialing and Enrollment
- ▶ In-Network Licensed Independent Practitioner
- ▶ Request a new site or service
- ▶ Submit Partners' Provider Change Form



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- ▶ Attend LIP Collaborative Meetings
- ▶ Check Provider Alerts
- ▶ Check Provider Bulletins
- ▶ Check the Partners website for requested services

[www.partnersbhm.org](http://www.partnersbhm.org)



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## Contact Information

Vanessa Anderson  
828-323-8062  
[vanderson@partnersbhm.org](mailto:vanderson@partnersbhm.org)



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## This concludes today's webinar!



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