



Licensed Independent Practitioner Collaborative Webinar

November 18, 2020



Michelle Stroebe MA, NCC, LCMHC
Provider Network Trainer

Agenda

- ▶ Welcome
- ▶ Coordination of Benefits
- ▶ LIP Monitoring
- ▶ Owner/Managers Information Form
- ▶ Provider Portal
- ▶ Provider Open House
- ▶ Resources
- ▶ Partners Training Academy



Welcome

Michelle Stroebe, Provider Network Trainer

- ▶ Follow the Provider Knowledge Base link below to view documents related to the LIP Collaborative:

<https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>

- ▶ Register for Partners Publications
 - <https://partnersbhm.org>
 - Bottom of the webpage, click “subscribe” to receive Communication Bulletins, Provider Alerts, Behavioral Health Focus publication

Coordination of Benefits

Miccah Duckett, Program Integrity Investigator





Partners Program Integrity Department helps improve lives and strengthen communities by ensuring our members receive the quality and level of care they need and are entitled to, that our providers' documentation demonstrates the need and care given and that taxpayer dollars are spent appropriately through rigorous detection and prevention of FWA.

Coordination of Benefits

- ▶ Clinical Coverage Policy 8C: Coordination of Benefits states that “Any provider services dually eligible beneficiaries(i.e. Medicaid and Medicare or other insurance carries) shall be enrolled as a participating provider with each of the identified insurance carries in order to be reimbursed”
- ▶ Partners Claims Adjudication Policy states that “ Claims with Coordination of Benefits (COB) should be submitted within 180 days of service and include the COB information on the claim.” If the member is currently enrolled in the Partners AlphaMCS system and obtains third party coverage, or the provider is made aware of other party coverage, it’s the provider’s responsibility to ensure this information is added to the system.
- ▶ On March 28, 2003, (Revised May 22, 2018) the US Department of Health and Human Services and the Centers for Medicare and Medicaid Services released Program Memorandum Intermediaries/Carriers Transmittal AB-03-037 Subject: Provider Education Article: Medicare Payments for Part B Mental Health Services, which states “Medicare recognizes the following providers who are eligible under Part B to furnish diagnostic and/or therapeutic treatment for mental, psychoneurotic, and personality disorders. Those professionals are as follows:



Providers Eligible under Part B

Paneled Professionals

- ▶ Physicians (MD) and Doctors of Osteopathy (DO); particularly
- ▶ Psychiatrist
- ▶ Clinical Psychologist(CP);
- ▶ Clinical Social Workers (CSW);
- ▶ Clinical Nurse Specialist (CNS);
- ▶ Nurse Practitioners (NP);
- ▶ Physician Assistants (PA)
- ▶ Certified Nurse-Midwives(CNM) and
- ▶ Independently Practicing Psychologist (IPP)

All services provided to Medicare patients must be furnished by practitioners who by virtue of their specific State licensure certification and training are professionally qualified to provide medically necessary services; and who are impaneled with Medicare, have the rights to bill directly and collect and retain the fee for their services.



PARTNERS Responsibilities

- ***Federal and state regulations require Partners to be the payer of last resort. Providers are required to collect all first- and third-party funds before submitting claims to Partners for reimbursement. Third-party payers are any other funding sources that can be billed to pay for the services provided to the consumer. This can include worker's compensation, disability insurance or other health insurance.***
- ***Third-party payers, including Medicare and private health insurance carriers, must process the claim before Partners does. Providers must report any payments or denial reasons from third-party payers on claims filed with Partners. Claims submitted without third-party information will be denied.***
- ***Partners pays Coordination of Benefit claims according to the "lesser of" methodology. If the Medicaid allowed amount is more than the third-party payment, Partners will pay the difference up to the contracted allowed amount. If the other insurance payment is greater than the Partners contracted amount, no additional amount will be paid.***
- ***Partners will not pay for any service that could have been paid for by Medicare or other private insurance plans had the beneficiary or provider complied with the plan's requirements. Examples of common private plan non-compliance denials include, but are not limited to:***

Failure to get an authorization referral from a primary care physician

Non-participating provider

Failure to obtain prior approval

Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If the provider does not have enrolled providers or paneled staff with the primary payer, the consumer should be referred to an eligible provider of third-party covered services.



- ▶ Providers are required to collect all first- and third-party funds before submitting Medicaid claims to Partners for reimbursement.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If you have any additional questions, please contact a Partners Account Specialist and/or Claims Department.



References

- ▶ Clinical Coverage Policy 8C
- ▶ Partners Claims Adjudication Policy
- ▶ US Department of Health and Human Services and the Centers for Medicare and Medicaid Services



Contact Information

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Monitoring

Tim Harrison, QM Monitoring Specialist





Monitoring Tips for a Successful Review

Tim Harrison, QM Monitoring Specialist

Agenda

- ▶ Preparing for a Monitoring
- ▶ LIP Most Common Items of Concern
- ▶ Additional Tips for a Successful Monitoring



Preparing for a Monitoring



Preparing for a Monitoring

You have received notice of a Monitoring to occur in 21 days

Now what?

- ▶ Contact your Monitoring Specialist within two business days to verify receipt of the notice. At that time, please provide the name and phone number of a designated person whose role will be to:
 - Function as the lead provider staff person representing your agency;
 - Serve as a liaison between your agency and Partners staff;
 - Serve as our primary contact person before and during the site visit, as well as any follow up activities that may be required after the site visit;
 - Make the physical arrangements for the site visit [making sure there are enough tables and adequate seating space to accommodate the reviewers, interviews, etc.]
 - Coordinate the assembly of documentation that will be needed for the review [QM policies, personnel records, client service records, etc.]



Preparing for a Monitoring

You have received notice of a Monitoring to occur in 21 days

Now what?

- ▶ Within 15 calendar days of the monitoring visit, we request the following documentation be provided to the Monitoring Specialist:
 - Consent to treatment given to new beneficiaries/members upon admission to include consent to seek emergency medical care.
 - Copies of the Mission Statement, Cultural Competency Plan and process to adequately communicate with individuals needing interpretation/translation.
 - Copies of the most recent official notification (e.g. letter, memorandum, certificate, etc.) from your accrediting body. For providers that received only a provisional or one-year accreditation, you must submit all findings of the accrediting body to the LME/MCO for review.



Preparing for a Monitoring

What will the Monitoring Team Review?

- ▶ Individual/Member Records
- ▶ Personnel Records, including but not limited to training, experience, education, supervision
- ▶ Policies and Procedures, as needed
- ▶ Documentation to indicate the requirements of service definition(s) are met



Preparing for a Monitoring

What if I use an Electronic Health Record (EHR)?

It is critical for the providers to have the following as it relates to Electronic Health Records upon arrival of the monitoring team:

- Provide written instructions on how to operate the provider's EHR system.
- Access to computers/laptops, one for each reviewer to use if needed.
- If the computers at the provider agency are not working or access to the records is not possible, a backup plan to allow the review to continue (i.e. printing records that are needed).
- A provider staff person available that is familiar with navigating the EHR system.
- Provider staff are prepared and have reviewed the monitoring tool in advance of the review.



Post Payment Review

Licensed Independent Practitioner (LIP)

Common Areas of Concern



Post Payment Review

LIPs Common Areas of Concern

Service Order

- ❖ Question: Is there a valid service order current for the date of service?
- ▶ Per *Clinical Coverage Policy 8C, Outpatient Behavioral Health Services, March 15, 2019*:
 - Services provided by any of the fully licensed professionals listed in Subsection 6.1 do not require a separate service order. The licensed professional shall document the service or services they are providing, document the medical necessity of the services(s) being provided and this documentation shall be signed by the licensed professional providing the service.
 - *The licensed professional's signature on a new or updated service plan may serve as the service order.*
 - A written service order by a Physician, Licensed Psychologist (doctorate level), Nurse Practitioner (NP) or physician assistant (PA) is required *for Associate Level* Professionals prior to or on the first date of treatment (excluding the initial assessment).



Tips for a Successful Review

- Ensure that all Electronic Health Record (EHR) systems lock and timestamp the clinician's signature on all clinical documentation. For example, if a service note is written and signed on March 1, 2020 and a clinician needs to amend the note for any reason, the EHR system should capture the original signature date and the amended date. You do not want to wipe out the original date, thus making the note appear as if it were written as a late entry and possibly being unbillable.



Tips for a Successful Review

- Be familiar with the Clinical Coverage Policies for services you are providing.
- Be familiar with NCAC 10A 27G.
- Be familiar with Records Management and Documentation Manual APSM 45-2.
- Be familiar with North Carolina General Statute 122C.
- Be familiar with your licensing requirements.
- Be familiar with your Partners Contract.



THANK YOU

- ▶ Thank you for your participation today.
- ▶ We appreciate all that you do to serve the individuals in our communities!



Quality Management Monitoring Unit

- ▶ Emily Pasour
- ▶ Kaitlynn Ledsome
- ▶ Sharron Payton
- ▶ Kristy McCoy
- ▶ Tim Harrison
- ▶ Angela Long
- ▶ Larry Holcombe, Supervisor



Owner/Managers Form

Identify all owner(s), managing employee(s), and Electronic Funds Transfer (EFT) authorized individuals, and information requested on each. All individuals listed in this section must complete and submit a Release and Consent for Background Check. (This page may be duplicated if necessary). Please refer to the CIF instruction for the definition of owner(s) and managing employee(s).

When it is time to
recredential you will see
this form in your packets.
Please make sure you
complete it and submit.
Even if you are the only
person to list this form
needs to be done.

Name and Home Address	Title	SSN	License #	% Owner	Date of Birth	
Name						
Home Street Address	Check business relationship that applies: ☐ Owner ☐ Shareholder ☐ Partner ☐ Managing Employee ☐ EFT Authorized Individual					
City						
State						Zip Code
Name and Home Address	Title	SSN	License #	% Owner	Date of Birth	
Name						
Home Street Address	Check business relationship that applies: ☐ Owner ☐ Shareholder ☐ Partner ☐ Managing Employee ☐ EFT Authorized Individual					
City						
State						Zip Code
Name and Home Address	Title	SSN	License #	% Owner	Date of Birth	
Name						

We are required to collect this information on all providers including LIPs.





Provider Portal Update

Phase One: In Progress

- ▶ Provider Beta Testing completed: Thank You!
- ▶ Provider Training Sessions Nov. 9 – Nov. 20
- ▶ Local Administrator forms being sent to CEOs and returned to enrollment@partnersbhm.org
 - Local Administrators will be contacted by Partners to set up accounts.
 - Local Administrators will facilitate staff accounts for the portal
- ▶ Portal will Go Live Jan. 1, 2021

What if I have missed out?

If your CEO has not received a Local Administrator Form reach out to enrollment@partnersbhm.org

As of December 1, 2020 a recording of the November provider training will be available for on demand viewing on the Partners Training Academy Training Library <https://www.partnerstraining.org/training-library/>

Provider Open House

Do you have a question for Partners?

Would you like some one-on-one time with a department representative to build relationships or troubleshoot?

Would you just like to sit face/face with some one to ask questions about your business?

THIS EVENT IS FOR YOU!



Resources

- ▶ Trainings
- ▶ Partners Publications
- ▶ Hope4NC
- ▶ COVID-19
- ▶ Medicaid Transformation
- ▶ Clinical Coverage Policies



Licensed Independent Practitioner

Collaborative Webinar

August 19th, 2020

Resource List

Contact: Michelle Stroebel, Provider Network Trainer mstroebel@partnersbhm.org

General Information

- Follow the Training Academy Provider Knowledge Base link below to view documents related to the LIP Collaborative: <https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>
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- NC ASAM Criteria Training Project <https://bhs.unc.edu/asam/dashboard>

Improve Business Acumen

SCORE is a resource partner of the U.S. Small Business Association and has been in existence since 1964. (<https://www.score.org/>)

SCORE offers a variety of training courses for a low cost or for free. In addition to training, they offer volunteer counselors, advisors and mentors who offer individual, free to low cost counseling throughout the US. They have many online courses that are free on many topics related to running and growing your business. (<https://www.score.org/courses-demand?page=2>)

The Small Business Development Center offers local business consulting and at-cost training on a variety of business-related topics at <https://americassbdc.org/small-business-consulting-and-training/find-your-sbdc/>.

There are SBDCs in Charlotte, Hickory, Boone, Winston-Salem, Greenville, Asheville and many other locations across the state.

Partners Training Academy

Find scheduled provider trainings on the PTA website.

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

Email questions and comments for PTA and provider trainings at

training@partnersbhm.org



★ Partners ★

TRAINING ACADEMY



Thank You!

Next LIP Webinar is scheduled for February 17, 2021 at noon. Please look for registration link in the December Provider Bulletin.

