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Shared Decision-Making Tools

Partners is committed to whole-person care and offers shared decision-making guides to support meaningful conversations between providers and members.

Through KERUNIT, providers have access to tools designed to strengthen collaborative discussions, promote empathy and partnership and align treatment decisions with members' goals and circumstances. These resources help ensure care remains centered on what matters most to the member—not solely clinical outcomes.

Shared decision-making tools improve understanding, engagement and adherence by making complex information easier to discuss. When members are actively involved in care decisions, treatment plans are more personalized, realistic and sustainable. These conversations support stronger chronic disease management, build trust and reinforce whole-person care principles.

Tools Supporting Population Health Priorities

The guides are designed for real-time use during appointments and may be printed or accessed digitally to support conversations.

[Diabetes Medication Choice Decision Aid](#) – Partners offers a Chronic Condition Management Program for members with Type 2 diabetes. This visual guide helps providers and members compare medication options, discuss benefits and trade-offs and align treatment decisions with member priorities.

[My Life, My Healthcare \(I CAN\) Toolkit](#) – This discussion aid supports goal setting, values-based care and long-term health planning. It helps members personalize care based on life circumstances, illness and treatment needs.

Additional resources are available in the Provider Knowledge Base under Clinical Tools > [KERUNIT](#).

For more information, visit the Partners [Prevention and Population Health webpage](#).

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NC-TOPPS Updates

Partners has updated the [NC-TOPPS Kudos Corner](#) to recognize providers who achieved a high percentage of required initial interviews during Q1 of FY 25-26. We appreciate the continued focus on accuracy, timeliness and completion across agencies.

The Assertive Community Treatment Teams (ACTT) provider recognition spotlight has also been updated to reflect current performance. In addition, a new quarterly featured topic has been added with helpful information and reminders for providers.

Visit Partners' [NC-TOPPS webpage](#) for more information.

CDAC and QP Status

Partners has received provider feedback requesting clarification for Qualified Professional (QP) requirements, particularly for individuals holding a Certified Alcohol and Drug Counselor (CADC), Certified Alcohol and Drug Counselor-Registered (CADC-R) or Certified Alcohol and Drug Counselor-Intern (CADC-I) credential.

Per 10A NCAC 27G, a Qualified Professional must meet specific education and supervised experience requirements within the mental health, developmental disability, substance abuse service (MH/DD/SAS) system of care. These requirements include:

- Licensure, provisional licensure or certification in a human services profession (including a registered nurse who has four years of full-time MH/DD/SAS experience with the population served)
- A master's degree in a human services field with one year of full-time supervised MH/DD/SAS experience
- A bachelor's degree in a human services field with two years of full-time supervised MH/DD/SAS experience
- A bachelor's degree in a non-human services field with four years of full-time supervised MH/DD/SAS experience
- A substance abuse professional who meets the corresponding supervised experience requirements outlined in the rule

An individual who holds a CDAC must be fully certified through the North Carolina Addictions Specialist Professional Practice Board (NCASPPB) and have four years of full-time accumulated experience with the population served to qualify as a QP, if they do not meet the degree-based criteria above.

The CADC-R (Registered) and CADC-I (Intern) credentials are not considered a full certification. Individuals holding a CADC-R or CADC-I cannot be designated as a QP unless they independently meet the education and experience requirements outlined in 10A NCAC 27G.

For any questions regarding staff qualifications and requirements, contact the QM Monitoring Department at QMMS@PartnersBHM.org.

UM Updates

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HIPAA Verification for Clearinghouse Calls

Partners has updated its HIPAA verification process for third-party and clearinghouses due to an increase in claims status inquiries.

Vendors must be prepared to provide the following at the start of the call:

1. Caller's first and last name (first letter of last name is acceptable)
2. Call back number
3. Provider site business name, corresponding National Provider Identifier (NPI) and phone number
4. Individual provider name and corresponding NPI
5. Name of the clearinghouse/third-party vendor (*new requirement)
6. Member name, date of birth and Medicaid ID or Social Security number

Failure to provide this information may delay assistance.

Therapy PA Documentation Standards

Attention Occupational Therapy, Speech Therapy and Physical Therapy providers.

To prevent delays or denials, all relevant clinical documentation must be submitted with Prior Authorization (PA) requests.

Required Documentation:

- Signed physician order dated within the last six months
- Evaluation or progress notes from the past three months
- Updated Plan of Care outlining therapy frequency and duration
- For continuation requests: a new order if the previous order exceeds six months

Include:

- Diagnosis
- Medical history and current condition
- Treatment plan and interventions
- Relevant diagnostic test results

If documentation is missing, Partners will issue a Request for Information (RFI). Failure to respond may result in denial.

The preferred submission method is [ProviderCONNECT](#).

Upcoming Regulatory Change: CMS PA Timelines (Effective Jan. 1, 2027)

CMS will implement new prior authorization (PA) response time requirements:

- Standard requests: Seven calendar days (up to 14-day extension when appropriate)
- Expedited requests: 72 hours.

Providers should submit complete clinical documentation upfront to meet these shortened timelines.

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Submit PA requests through [ProviderCONNECT](#) using ProAuth for the fastest processing.

Upcoming Clinical Coverage Policy Changes (Effective July 1, 2026)

Carolina Complete Health (CCH) continues to administer Physical Health utilization management on behalf of Partners.

[NC DHHS Program-Specific Clinical Coverage Policies](#)

Policy 3A – Home Health

Visit limits will be removed for:

- Home health skilled nursing
- Home health aide visits
- Skilled nursing visits for insulin syringe/Medi-Planner prefiling

Provider Area	Current Limits	New Limits (Effective July 2026)
Home Health Skilled Nursing	75 visits per year	No Visit Limit
Home Health Aide	100 visits per year	No Visit Limit
Skilled Nursing for insulin syringe/Medi-Planner prefiling	1 visit every 2 weeks + 1 PRN visit/month	No Visit Limit

These changes do not apply to Private Duty Nursing. Documentation must support clinical need and align with physician orders and plan of care.

Policy 1A-20 – Sleep Studies and Polysomnography

- Prior authorization will no longer be required for any sleep study or polysomnography.
- Eligibility criteria expanded to include restless leg syndrome and neuromuscular disorders when persistent sleep-related symptoms are documented.

Policy Area	Current	New (Effective July 2026)
Prior Authorization	PA is required for unattended (home) sleep studies	PA is not required for any type of sleep study or polysomnography
Supervised Polysomnography – Eligibility Criteria	Restless leg syndrome and neuromuscular disorders were not listed as covered indications	Restless leg syndrome and neuromuscular disorders are covered when persistent sleep symptoms are documented

Appointment Access and Availability Standards

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Partners coordinates with Carolina Complete Health to monitor compliance with appointment accessibility standards. Providers who do not meet these standards may face corrective action. Key standards include:

Visit Type	Standard
Primary Care	
Preventive Care Service – Adult, 21 years old and older	Within 30 calendar days
Preventive Care Services – Child, birth through 20 years old	Within 14 calendar days for a beneficiary who is less than six months old Within 30 calendar days for a beneficiary who is six months or older
Urgent Care Services	Within 24 hours
Routine/Check-up without symptoms	Within 30 calendar days
After-Hours Access – Emergent and urgent	Immediately available 24 hours a day, 365 days a year
Prenatal Care	
Initial Appointment – First or second trimester	Within 14 calendar days
Initial Appointment – high-risk pregnancy or third trimester	Within five calendar days
Specialty Care	
Urgent Care Services	Within 24 hours
Routine/Check-up without symptoms	Within 30 calendar days
After-Hours Access – Emergent and urgent instructions	Immediately available 24 hours a day, 365 days a year

Full standards are outlined in Partners' [Provider Manual](#).

Provider Resources and Office Hours

Monthly Office Hours

Partners and Carolina Complete Health host Tailored Plan physical health office hours on the first Tuesday of each month at noon. [Register and submit questions in advance](#).

Archived sessions are available on [Partners' provider resource page](#).

Physical Health Provider Guidance

Review enrollment, claims processing, authorizations and compliance requirements in the [Partners Tailored Plan: Important Reminders for Physical Health Providers](#) Special Bulletin.

For more information or questions, contact Physical Health UM Questions: PHUMQuestions@PartnersBHM.org.

Current Service Needs

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After completing the October 2025 Network Adequacy review, Partners seeks providers across our 15-county service area. For details, forms and updates, visit the [Current Service Needs page](#).

Priority Service Gaps

Substance Abuse Non-Medical Community Residential Treatment (Adult): This service provides a 24-hour structured, safe and stable living environment for adults with substance use disorders (SUD) who have significant social and psychological challenges affecting recovery. Services are tailored to a beneficiary's level of readiness to change and focus on developing recovery skills to prevent relapse and support transition to a less intensive level of care. Beneficiaries may present with justice system involvement, co-occurring mental illness and impaired functioning. This service is needed for NC Medicaid Direct, Tailored Plan and State-Funded Services and is live, effective Jan. 1, 2026.

Clinically Managed Residential Withdrawal Services (Adult): Clinically managed residential withdrawal services, also referred to as a social setting detoxification, are organized, facility-based services that provide 24-hour supervision, observation and support for adults who are intoxicated or experiencing withdrawal. Services are delivered by appropriately trained staff and focus on monitoring, stabilization and referral to ongoing treatment as needed. This service is needed for NC Medicaid Direct and Tailored Plan and is live, effective Jan. 1, 2026.

Ongoing Needs

- **Psychological Evaluation and Interpretation Standardized** testing and interpretation to inform treatment selection and planning; may include psychosocial assessments and goal-directed psychotherapy for children and adolescents.

How to Participate

- Review requirements and next steps on the [Current Service Needs page](#).
- Already in Partners' network? Complete the [Provider Change Form](#).
- Not yet in the network? Submit the [Request for Consideration Form](#).
- NCTracks required: Your agency, NPI, taxonomy, sites and clinicians must be enrolled in NCTracks to contract with Partners and make contract changes.

Claims Information

Payment Notifications

As of Feb. 2, 2026, provider payment notifications are being issued from Finance_Notifications@PartnersBHM.org rather than SLewis@PartnersBHM.org.

The 2026 Checkwrite Schedule has been posted: <https://providers.partnersbhm.org/finance-documents-forms/>

Note to Providers: Partners has observed an increase in claims status inquiries from clearinghouses. Providers using a clearinghouse for claim reconciliation must ensure that their staff have access to remittance advice.

Explanation of Benefits (EOB) Requests for Coordination of Benefits Claims

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Partners requests copies of the Explanation of Benefits members/claims submitted with *Coordination of Benefits*. The request will be sent via email from the Partners Claims staff.

- Once requested, submit the information via secured email prior to the date specified in the request.
- If a response is not received, the original claim payment will be recouped.

Claims Submission Reminders

- Each benefit plan must be submitted on separate claims.
- Ensure all diagnosis codes are included in claims. To help Partners measure member health, identify areas of risk and evaluate the quality of care.
- **Physical Health Paper Claims** – mail to:
Partners Health Management
Attn: Claims
PO Box 8002
Farmington, MO 63640-8002

Physical Health Claims Processing

Partners Health Management has partnered with **Availity**®, an independent company, to manage electronic data interchange (EDI) and portal transactions with Carolina Complete Health for Physical Health Claims processing:

- This change took effect July 1, 2024.
- Providers can now access Availity® in ProviderCONNECT under the “Physical Health Claims” Quick Links box.

Avoid Delays: Follow the Correct Claims Reconsideration Process

We've seen an increase in claims reconsideration requests sent to the Provider Dispute Email, which can delay processing. To ensure your request is managed quickly and correctly, follow the **Claims Reconsideration Process** outlined on our website.

- **Do not** send reconsideration requests to the dispute inbox.
- Follow the steps listed under the “Claims Reconsideration Process” section on the [Claims and Rates Information page](#).

For all claims-related questions, providers are reminded to contact the Claims Department at ClaimsDepartment@PartnersBHM.org. To avoid delays in receiving a response, do not contact individual claims staff directly.

Member/Recipient Eligibility and Enrollment

For eligibility and enrollment questions, providers are encouraged to contact the Eligibility and Enrollment Department at eligibilityenrollment@partnersbhm.org.

To request enrollment, providers should visit Alpha+ Home Page > Enrollments. For guidance, refer to University > Provider Portal Handbook > Enrollments.

If additional enrollment training is needed, email eligibilityenrollment@partnersbhm.org to schedule one-on-one training. Please note that providers must have Microsoft Teams screen-sharing capabilities for more specific and in-depth training.

State Benefit Health Plans

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Providers now have the option to request appropriate State Benefit Health Plans (AMI, ASTER, etc.) with a future date. Providers may request this 60 days prior to the current end date.

Clinical Coverage Policies

Utilization Management uses clinical coverage policies to administer benefits and determine medical necessity. Service definitions and clinical policies guide when and how services are covered for physical health, behavioral health, substance use disorders (SUD) and intellectual/developmental disabilities (I/DD). Read more on the [Service Definitions](#) page on the Partners Provider Knowledge Base. For questions, email UMQuestions@PartnersBHM.org.

IRIS Incident Reporting Reminders

All providers of publicly funded services are required to submit Level II and Level III incident reports in the [North Carolina Incident Response Improvement Center](#) (IRIS) within 72 hours of becoming aware of the event. This applies to:

- **Category A Providers:** Providers of publicly funded services licensed under NC General Statutes 122C, except hospitals.
- **Category B Providers:** Providers of publicly funded non-licensed periodic or community-based mental health, developmentally disabled and/or substance abuse services.

[Read the full requirements and access the trainings here.](#)

Recent Provider Alerts

- Jan. 30, 2026: [Provider Password Update – Alpha+ Direct Login](#)
- Jan. 30, 2026: [Partners Finance Moves to New Accounting Platform](#)
- Jan. 28, 2026: [Physical Health Prior Authorization Requirement Updates — Effective April 1, 2026](#)
- Jan. 22, 2026: [Provider Alert: NCDHHS Issues Revised Fee Schedules](#)
- Jan. 14, 2026: [Provider Alert: Physical Health Prior Authorization Requirement Updates Effective Feb. 1, 2026](#)

Training Resource and Collaborative (TRAC)

TRAC offers a centralized cross-functional selection of required training, collaboratives and events. TRAC provides a centralized hub for cross-functional required training, collaboratives and events.

Please note: the way you register for TRAC trainings and meetings has recently changed.

[Click here to view what is coming up and register.](#)

Community Training

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All Trainings are Virtual via Zoom and are two hours unless otherwise specified. Participants may not be admitted to the training if joining more than 15 minutes after the training begins. Participants who request a certificate will need to be on-camera during the training.

For more information, contact: Amber Matthews, AMatthews@PartnersBHM.org.

Diabetes 101

March 3, 2026 | 2 p.m. ([Register](#))

The Diabetes 101 training provides a comprehensive overview of diabetes, including its types, signs, symptoms, risk factors and potential complications. Participants will gain knowledge about diabetes prevention, self-management strategies, and valuable resources to support those affected by the condition.

Hypertension

March 4, 2026 | 2 p.m. ([Register](#))

This training provides overview of high blood pressure, including prevention, early detection, risk factors and complications. Participants learn self-management strategies and how to use community and online resources to support heart health.

Human Trafficking

March 5, 2026 | 2 p.m. ([Register](#))

Human Trafficking is a global problem, even in the United States. Children may be susceptible to online predators. Learn about trafficking around the world and resources to keep our children safe.

Nutritional Impacts on Mental Health

March 10, 2026 | 10 a.m. ([Register](#))

Join us for an insightful training on the intricate relationship between eating behaviors and mental health. This interactive training will explore how our dietary choices and habits can profoundly influence our mental well-being, emphasizing the crucial connection between nutrition and mental health.

Partners Member Café

March 10, 2026 | 1 p.m. ([Register](#))

Partners Member Café is held on the second Tuesday of each month. Grab a cup of coffee and join us virtually to connect with our team and learn about resources available to you. This month, we will conclude our three-part series focused on diabetes. Kilsy Disla, Partners Health Educator, will facilitate a panel discussion featuring:

- Tom Martin, Partners Clinical Pharmacist
- Brandy Lineberger, Partners Care Management Nurse Consultant Director
- Carleigh Wetmore, RN Manager of the diabetes program, Stanly County Atrium Health

We look forward to sharing practical insights and answering your questions.

Maternal Mental Health

March 12, 2026 | 2 p.m. ([Register](#))

This training delves into the nuances of maternal mental health, perinatal mood disorders and practical tools for support. Explore the essential intersection of mental health, pregnancy/postpartum care and social determinants of health while gaining insights that contribute to creating a nurturing environment for mothers.

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Mental Health 101

March 16, 2026 | 2 p.m. ([Register](#))

Learn about mental wellness, potential signs and symptoms of mental health challenges and some of the common behavioral health disorders. This training also includes information about treatment and what to do in a crisis.

Question, Persuade, Refer (QPR) Suicide Prevention

March 17, 2026 | 2 p.m. ([Register](#))

This evidence-based training teaches the skills to recognize warning clues of suicide and intervene in a suicide crisis. “Ask a question, save a life.” *The maximum number of people allowed to participate in a virtual QPR training at one time is 30; registration is on a first-come, first-served basis. *Disponible en Español.*

Child & Family Team (CFT) Training Part One

March 18-19, 2026 | 9 a.m. - 4 p.m. ([Register](#))

This System of Care training is a two-day, 11-hour experiential training. Child and Family Team training provides an overview from the family’s perspective. The training reinforces the idea of “one family, one plan” by addressing CFT through the lens of multiple systems. Attendees must be present and on camera during the full two-day training to be eligible for a certificate of completion. **Offered quarterly, either virtually or in-person.*

Understanding Grief

March 20, 2026 | 10 a.m. ([Register](#))

Are you experiencing grief, or do you know someone who is grieving? In this training, you will learn about the various causes, phases and other information related to the grieving process.

Risk & Resilience: Buffering Toxic Stress

- **Modules 1-3** March 20, 2025 | noon ([Register](#))

This introductory training provides information about how early childhood stress and trauma can result in negative lifelong outcomes in learning, behavior and health. We discuss interventions to buffer the impact of toxic stress.

- **Modules 4-5** March 26, 2026 | noon ([Register](#))

This is a follow-up to Modules 1-3. Module 4, Limbic Calming, teaches how to help children calm their limbic systems. In Module 5, Cortical Coping, we will learn about healing the cortical brain to develop active coping skills such as impulse control and problem solving.

Trauma Part 1 & Part 2: Introduction to Trauma and Resilience & Trauma-Informed Care

March 23, 2026 | 2 p.m. ([Register](#))

Most of us have experienced trauma at some time. This can have a lasting effect on our learning, behavior and health. Learn about trauma, how to address its effects, and develop resilience. We will look at how our behavior affects others who have a history of trauma and learn about the elements of trauma-informed care. **Trauma-Informed Care Probation/Parole available upon request.*

Substance Use Disorder: Overview, Recovery and Resources

March 24, 2026 | 10 a.m. ([Register](#))

This training provides an overview of substance use disorder, including its effects on mental and physical health, while identifying specific substances and their impacts. Participants will gain valuable insights into recognizing substance-

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related challenges and accessing helpful resources. Join us to explore practical strategies for supporting individuals impacted by substance use disorder.

Active Listening & De-escalation

March 24, 2026 | 2 p.m. ([Register](#))

This training focuses on active listening skills, empathy and habits to keep yourself and other people safe. There will be discussion about how our own experiences impact our ability to assist others in high-stress situations.

Community Café

March 25, 2026 | 10 a.m. ([Register](#))

We will recognize Disabilities Awareness Month. The program will be presented by champions who will share about their lives and experiences using their own abilities.

Emotional Intelligence (EQ) Essentials

March 26, 2026 | 2 p.m. ([Register](#))

This training introduces the core components of emotional intelligence and teaches practical skills to manage emotions, improve communication and build strong relationships in daily life and work.

Community Resiliency Model (CRM)®

March 30, 2026 | 2 p.m. ([Register](#))

The Community Resiliency Model (CRM) ® teaches participants about the impact of trauma and chronic stress on the nervous system, behaviors and long-term health. Participants will learn how to reset the nervous system with easy-to-learn, concrete coping skills, resulting in resilient communities.

Non-Suicidal Self-Injury

March 31, 2026 | 2 p.m. ([Register](#))

Learn about Non-Suicidal Self-Injury, what causes people to injure themselves, warning indicators and what we can do when we encounter someone who self-injures.