

In this bulletin:

- **Emergency Slot Requests**
- **Site Change Process**
- **Physical Health Updates**
- **Rights and Responsibilities**
- **TCM Contact Updates**
- **Opioid Training Opportunity**
- **Psychotropic Deprescribing**
- **Current Service Needs**
- **Kudos Corner Updates**
- **Claims Information**
- **Clinical Coverage Policies**
- **IRIS Incident Reporting Reminders**
- **Recent Provider Alerts**
- **Training Resource and Collaborative (TRAC)**
- **Community Training**

Emergency Slot Requests

The start of the 2026-27 NC Innovations Waiver year is approaching. Partners anticipates that the N.C. Department of Health and Human Services (NCDHHS) will provide Emergency Slot Allocation numbers between July 1 and Sept. 30, 2026.

Partners will be accepting [NC Innovations Emergency Slot request applications](#) on June 1, 2026.

Applications submitted on or after June 1 should be sent to the I/DD Innovations Registry Team at InnovationsWaitlist@PartnersBHM.org.

Emergency Slot consideration depends on several factors. An individual is considered to have emergency needs when they meet the required criteria **AND** no other service systems can meet the identified need. Criteria include:

- The individual is at significant, imminent risk of serious harm, which is documented by a professional and meets one or more of the following criteria:
 - The primary caregiver(s)/support system cannot provide the level of support necessary to meet the individual's exceptional behavioral needs, exceptional medical needs and documented risk issues.
 - Applicable to children only:
 - The issue(s) related to the child's disability has/have been determined by the county Department of Social Services (DSS) to result in imminent risk of coming into the custody of the agency.
 - The individual requires protection from confirmed abuse, neglect or exploitation as documented by DSS.

Provider Communication Bulletin #176

May 21, 2026

If Partners receives more qualified member requests than available slot allocations, slots will be awarded on a first-come, first-served basis. This is based on the date and time the complete Emergency Slot application is received.

- For example, two complete applications are received on June 1, 2026. One is received at 8 a.m., and another at 8:05 a.m. The application received at 8 a.m. will be considered ahead of the one received at 8:05 a.m.
- A complete request must include:
 - Current documentation related to the member's qualifying intellectual or developmental disability:
 - Documentation within five years for adults and three years for children.
 - For example:
 - Psychological evaluation with adaptive functioning scores for intellectual disabilities.
 - Medical record as applicable for developmental disabilities.
 - Via the application, the following member information:
 - Individual's name.
 - Date of birth.
 - Medicaid county.
 - Diagnosis.
 - Current emergency.
 - Treatment history.
 - For children indicating DSS criteria:
 - Confirmation of DSS connection via documentation, letter and/or records from DSS confirming involvement.
 - Application with a valid printed or electronic signature of the member and/or Legally Responsible Person.

Resources

- View the [NC Innovations Waitlist Emergency Slot Request Online Form](#)
- Download and print the [NC Innovations Waitlist Emergency Slot Request PDF Form](#)
- Learn more about the [NC Innovations Waitlist](#) and find all applications
- For additional information from the NC 1915(c) approved waiver, review page 36 of the [Reserved Capacity – Emergency Slot criteria](#).

Site Change Process

Effective June 15, 2026, requests for site changes and site corrections must be submitted through a Service Authorization Request (SAR) in ProAuth. The SAR must include a note clearly describing the specific change being requested.

For processing purposes, the requested end date and units may not exceed those on the current authorization.

Utilization Management (UM) will no longer process site changes or site corrections submitted by spreadsheet or email. Providers will be directed to submit the request in ProAuth or, when appropriate, coordinate with the assigned Tailored Care Manager to submit the authorization request for the site change or site correction.

Provider Communication Bulletin #176

May 21, 2026

For questions, contact:

- Authorization questions: UMQuestions@PartnersBHM.org.
- Claims questions: ClaimsDepartment@PartnersBHM.org.
- Provider questions: PNRelations@PartnersBHM.org.
- Tailored Care Management questions: TailoredCareManagement@PartnersBHM.org.

Physical Health Updates

The Partners Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan collaborates with Carolina Complete Health (CCH) to support physical health providers participating in the Tailored Plan. The [Partners/CCH Special Bulletin](#) offers valuable guidance on enrollment, claims processing, authorizations and compliance requirements.

Recent Vendor and Prior Authorization Changes

There have been several recent changes to prior authorization requirements and utilization management vendor assignments. Providers should use the [Prior Authorization Lookup Tool](#) on the Partners website to verify whether authorization is required and to identify the appropriate vendor.

- Vendor Changes – [PH UM Update: Vendor Changes for Radiation Oncology, Cardiovascular Procedures and Genetic Testing](#).
- Radiology and Diagnostic Cardiology – [PH UM Update: PA Changes for Certain Radiology and Diagnostic Cardiology Procedures](#).
- Definitive Drug Testing – [Physical Health UM Update: Reminder of Definitive Drug Testing Prior Authorization Updates Effective Feb. 1, 2026](#).

Clinical Coverage Policy Updates

Partners provides notification to providers about changes in clinical coverage policies. CCH continues to administer physical health utilization management on behalf of Partners. View the [Tailored Plan Clinical Coverage Policies](#) page for more information about clinical coverage policies.

Heart-Lung Transplantation

CCH has implemented a policy update regarding indications for heart-lung transplantation. The updated policy includes simplification of substance use requirements. Review the [Heart-Lung Transplant NC.CP.MP.132](#) policy on the CCH website for additional information. The update removes:

- Pulmonary Alveolar Proteinosis (PAP) as an indication because it is managed through lung transplantation alone or disease-specific therapies. Pediatric cases with PAP will no longer automatically qualify for a combined transplant and will require case-by-case exception review.
- Severe Hypoplasia of Central Pulmonary Arteries/Veins as an absolute contraindication, following ISHLT guidance on removing rigid anatomic exclusions. This expands access for complex congenital cases.

All transplant procedures require prior authorization.

Provider Communication Bulletin #176

May 21, 2026

New ICD-10 Codes

The Centers for Medicare and Medicaid Services (CMS) implemented 80 new ICD-10 procedure codes effective April 1, 2026. Providers are required to use the updated ICD-10 codes for applicable discharges and encounters on or after this date to avoid potential claim delays or denials.

The complete list of new ICD-10-PCS codes is available on the [CMS ICD-10 webpage](#).

Home Health Visit Limits Removed Effective July 1, 2026

Effective July 1, 2026, visit limits will be removed from Home Health Agency services, including home health skilled nursing, home health aide visits and skilled nursing visits for insulin syringe or Medi-Planner filling.

Providers should ensure that documentation reflects clinical assessments, visit rationale, changes in the member's condition and alignment with the plan of care and physician orders.

Provider area	Current Limits	New Limits (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 prefilling	1 visit every 2 weeks + 1 PRN visit/ month	No Visit Limit

Sleep Study and Polysomnography Services

Effective July 1, 2026, prior authorization requirements will be removed for attended and unattended sleep studies, including polysomnography. Eligibility criteria for supervised polysomnography are expanded to include patients with restless leg syndrome and neuromuscular disorders when persistent sleep-related symptoms are documented.

Policy Area	Current	New (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

Provider Communication Bulletin #176

May 21, 2026

Breast Cancer Screening

Partners is prioritizing an increase in the number of members who receive recommended breast cancer screening in 2026. Providers are encouraged to talk with patients who are due for screening, schedule their mammograms and reinforce the importance of preventive care. To learn more about our population and preventive health programs, visit the [Partners website](#).

Provider Training and Office Hours

Partners and CCH host office hours for Partners Tailored Plan physical health providers on the first Tuesday of each month at noon.

Providers are encouraged to [register and submit questions in advance](#).

Archived sessions are available on CCH's [Partners Tailored Plan Provider Resources](#) page.

Questions

For more information related to Physical Health Utilization Management, contact PHUMQuestions@PartnersBHM.org.

Rights and Responsibilities

Partners expects contracted providers to inform and help members understand their rights and responsibilities. Rights and Responsibilities are included in the Partners [Provider Operations Manual](#).

Providers may also direct members and recipients to Rights and Responsibilities through the following options:

- [Tailored Plan Member Handbook](#), pg. 65.
- [Tailored Plan Recipient Handbook](#), pg. 31.
- [NC Medicaid Direct Handbook](#), pg. 44.
- [Member Rights and Responsibilities webpage](#).
- Training Resource and Collaborative [on-demand member training](#).

TCM Contact Updates

Providers assisting a member with finding, changing or opting out of Tailored Care Management should note that contact information has changed.

Forms and related requests should be submitted through the [online form](#) or sent to ScreeningandReferral@PartnersBHM.org.

For questions or assistance with processing the form, email ScreeningandReferral@PartnersBHM.org.

Please do not submit Tailored Care Management opt-out forms to memberquestions@partnersbhm.org. Using the online form or emailing ScreeningandReferral@PartnersBHM.org helps ensure requests are routed to the correct team for timely processing.

Opioid Training Opportunity

Partners Health Management, in collaboration with Mountain Area Health Education Center (MAHEC), is offering a new training opportunity as part of the Opioid Misuse Prevention Plan initiative. This effort focuses on strengthening safe prescribing practices and reducing the risks associated with opioid and benzodiazepine use across the Partners network.

Concurrent Benzodiazepines and Opioids: Risks, Harm Reduction and Best Practices for Prescribers is available through Jan. 2, 2027. This course provides practical, evidence-based guidance to support clinical decision-making, reduce risk and improve outcomes for members.

Continuing education units are available for medical and behavioral health professionals.

Registration Details

- Available through Jan. 2, 2027.
- Cost: \$25.
- Register at: <https://mahec.net/home/register/77265>.

A limited number of providers may be eligible to receive a discount code to take this course at no cost. Providers interested in this opportunity should contact the Recovery Initiatives Department at RecoveryInitiatives@PartnersBHM.org.

Psychotropic Deprescribing

Partners is sharing a new consensus statement from the American Society of Clinical Psychopharmacology on deprescribing psychotropic medications. The guidance may support providers in reviewing medication regimens, reducing unnecessary polypharmacy and using shared decision-making when considering medication changes.

Providers should review the [Recommendations for the Deprescribing of Psychotropic Medications](#).

Current Service Needs

Partners has identified the following service gaps. Providers are needed across our 15-county service area. For details, forms and updates, visit the [Current Service Needs page](#).

Priority Service Gaps

Clinically Managed Residential Withdrawal Services (Social Setting Detoxification): 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 members 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.

Ongoing Needs

- **Multidisciplinary Evaluation (MDE)** Court-ordered, comprehensive assessments for guardianship proceedings

(medical, psychological, social work; other disciplines as needed).

- **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 the 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.

Kudos Corner Update

The [NC-TOPPS Kudos Corner](#) has been updated. This update highlights providers who submitted the highest percentage of required initial interviews in NC-TOPPS for Q2 of fiscal year 2025-26.

Updates also include a new quarterly featured topic with helpful information for providers.

Claims Information

To help avoid payment delays, duplicate submissions, recoupments and misrouted requests, providers are reminded to review the following claims guidance.

Avoid Claim Delays

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. Providers are also reminded to follow these claim submission requirements:

- Submit each benefit plan on separate claims.
- Include all diagnosis codes on claims. Diagnosis codes help Partners measure member health, identify areas of risk and evaluate the quality of care.

Prevent Duplicate Claims

Partners has recently observed an increase in duplicate claims. To help prevent duplicate submissions, providers should:

- Check claim status before resubmitting.
- Allow enough processing time to avoid premature resubmissions.
- Submit corrections correctly using the proper frequency code.
- Review denial reasons and fix issues before resubmitting.
- Use claim tracking tools to monitor status and next steps.

Provider Communication Bulletin #176

May 21, 2026

Submit Physical Health Paper Claims

Physical Health paper claims should be mailed to:

Partners Health Management
Attn: Claims
PO Box 8002
Farmington, MO 63640-8002

Respond to EOB Requests

Partners requests copies of Explanation of Benefits (EOB) documents for members/claims submitted with Coordination of Benefits. Requests will be sent by email from Partners Claims staff. When an EOB is requested:

- Submit the information by secure email before the date specified in the request.
- If a response is not received, the original claim payment will be recouped.

Follow the Claims Reconsideration Process

Partners has seen an increase in claims reconsideration requests sent to the Provider Dispute email inbox, which may delay processing. To ensure requests are handled quickly and correctly, providers should follow the Claims Reconsideration Process outlined on the Partners website. Providers should:

- 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.
- Access Availability® in ProviderCONNECT under the “Physical Health Claims” Quick Links box for Physical Health claims.

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

Check 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. Providers must have Microsoft Teams screen-sharing capabilities for more specific and in-depth training.

Request State Benefit Health Plans

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

- **May 11, 2026:** [Update: Important Rate Information effective July 1, 2026.](#)
- **May 7, 2026:** [FY 26 Non-UCR Deadlines.](#)
- **May 1, 2026:** [Attention I/DD Providers: LTCS Service Code and Billing Structure Change.](#)
- **April 29, 2026:** [PH UM Update: Vendor Changes for Radiation Oncology, Cardiovascular Procedures and Genetic Testing.](#)

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

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.

Provider Communication Bulletin #176

May 21, 2026

Maternal Mental Health

June 2, 2026 | 10 a.m. – noon ([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.

Internet Safety

June 3, 2026 | 10 a.m. – noon ([Register](#))

Children are spending more time online than ever before—learning, gaming and connecting with friends. This training equips parents and caregivers with practical tools and knowledge to help children learn to navigate the internet safely and responsibly. Participants will learn about online risks, including inappropriate content, sextortion and cyberbullying, as well as strategies for setting healthy digital boundaries.

Nutritional Impact on Mental Health

June 4, 2026 | 10 a.m. – noon ([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.

Darkness to Light: Child Safety Foundations

The Darkness to Light training provides education about child sexual abuse and the steps you can take to prevent, recognize and react responsibly to child sexual abuse; participants learn proactive steps to protect children from this significant risk.

Recognizing and Reporting Harm

June 5, 2026 | 10 – 11:30 a.m. ([Register](#))

Being a mandated reporter may vary by state. In this training, participants will learn the definitions of sexual, physical, emotional abuse and neglect and the legal obligations specific to your state. *This training is 1.5 hours.*

Darkness to Light Stewards of Children®

June 12, 2026 | 9:00 a.m. – noon ([Register](#))

This Darkness to Light training provides education about child sexual abuse and the steps participants can take to prevent, recognize the signs of and react responsibly to child sexual abuse. *This training is 3 hours.*

Wellness and Well-being

June 16, 2026 | 2 – 4 p.m. ([Register](#))

Let's get together and talk about developing habits that support a healthier, more balanced life. This interactive training touches on mindfulness, resilience, stress reduction techniques, and self-care strategies. We will discuss practical tools to improve daily functioning and long-term well-being.

Mental Health 101

June 17, 2026 | 2 – 4 p.m. ([Register](#))

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

Emotional Intelligence (EQ) Essentials

June 18, 2026 | 10 a.m. – noon. ([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.

Hypertension

June 18, 2026 | 2 – 4 p.m. ([Register](#))

This training provides an 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.

Trauma Parts One and Two

June 23, 2026 | 10 a.m. – noon ([Register](#))

Trauma Part One: Introduction to Trauma and Resilience

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.

Trauma Part Two: Trauma Informed Care

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 & Trauma Informed Care for Schools available upon request.*

Question, Persuade, Refer (QPR) Suicide Prevention

June 23, 2026 | 2 – 4 p.m. ([Register](#))

This evidence-based training teaches the skills to recognize warning signs of suicide and intervene in a suicide crisis. “Ask a question, save a life.” *Disponible en Español.

Partners Community Café

June 24, 2026 | 10 – 11 a.m. ([Register](#))

Join us for our monthly Community Café. Summer’s here! Let’s celebrate by spending time outdoors. We will explore a variety of summer programs for children and youth.

Caring for the Caregiver

June 25, 2026 | 10 a.m. – noon ([Register](#))

Caring for a loved one can be meaningful, but it can also be physically and emotionally exhausting. This training explores the signs and symptoms of burnout, common stressors and the impact of prolonged stress on overall well-being. Participants will gain practical tools for setting healthy boundaries, managing stress and sustaining themselves while continuing to care for others.

Deinfluencing Social Media: Connected, Not Consumed

June 26, 2026 | 10 a.m. – noon ([Register](#))

This training explores how social media influences mental health, relationships, communication and community well-being. Participants will examine the positive and negative impacts of social media use, including misinformation, comparison culture, polarization and emotional regulation, along with practical strategies for healthier engagement.

Provider Communication Bulletin #176

May 21, 2026

Women's Health

June 29, 2026 | 2 – 4 p.m. ([Register](#))

During this training we will discuss women's health topics across the lifespan from adolescent to senior years. The focus of this training is to highlight the cumulative experience of reproductive, physical and mental health for women.

Substance Use: Overview, Recovery & Resources

June 30, 2026 | 10 a.m. - noon ([Register](#))

This training explains substance use disorder, its health impacts and the effects of common substances. Participants learn how to recognize signs, support recovery and connect people with helpful local and online resources.