Network Communication Bulletin #218

Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

To: All Providers

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VP of Network Management

Date: May 18, 2022

Subject: Clarification of Transitions to Community Living In-Reach Function (JCB #415), Verifying Provider Information (NPI+Location Code) in NCTracks, Shared/Split Evaluation and Management Visits, Billing Requirement Modifications Due to COVID-19 to Expire, IRIS Alert

CLARIFICATION OF TRANSITIONS TO COMMUNITY LIVING IN-REACH FUNCTION

This bulletin clarifies expectations of the In-Reach function for Transitions to Community Living (TCL). During the height of the COVID-19 pandemic, flexibilities were put in place for all services, including the provision of In-Reach activities which allowed LME-MCOs to perform these services virtually.

It has come to the State's attention that there is extensive, inappropriate, and ongoing use of letters and phone calls to fulfill the In-Reach function. Effective immediately, the following expectations for In-Reach are:

- Letters are never to be used for In-Reach contact.
  - Introductory letters to individuals and legal guardians to introduce TCL and the role of the In-Reach Specialist may still be captured in the TCL Database.
  - These letters are not considered an In-Reach contact.
- **Phone calls** are permitted for introductions, scheduling visits and informal conversations, *but are not considered an In-Reach contact.*

The spirit of In-Reach is based on building relationships through communication and engagement. **The following activities are not considered In-Reach:**

- Leaving voice mails
- Talking only to facility staff or providers to do "check ins"
- Making appointments or referrals for the individual
- Staffing meetings with supervisors or teams when the individual or guardian is not present
- Talking with natural supports that are not legal guardians
- Making an attempted phone call

♻ Making an attempted on-site/face-to-face visit

♻ Completing paperwork when the individual or legal guardian is not present

The Settlement Agreement defines In-Reach as "frequent education efforts targeted to individuals in adult care homes and State psychiatric hospitals. In-Reach includes providing information about the benefits of supported housing; facilitating visits in such settings; and offering opportunities to meet with other individuals with disabilities who are living, working and receiving services in integrated settings, with their families, and with community providers." In-Reach requires face-to-face interaction, so peers can engage with each individual and establish rapport.

If you have any questions, please contact Tamara Smith, PhD at 984-236-5153 or tamara.smith@dhhs.nc.gov.

VERIFYING PROVIDER INFORMATION (NPI+LOCATION CODE) IN NCTRACKS

Prior to submitting an application for Advanced Medical Home/Care Management Agency (AMH+/CMA) Certification with the State of North Carolina, please download and utilize the Provider Directory Listing Report (not the NCTracks Provider Portal) to locate the NPI, Location Code and Practice Site Address for each of the locations that you would like to have certified.

If you are an NC Medicaid enrolled provider and you are unable to find your practice's information in the Provider Directory Listing Report, or if your practice's information is outdated, please submit a Manage Change Request (MCR) to update the applicable NCTracks provider record. Visit the NCTracks Provider webpage or contact NCTracks Call Center for additional assistance.

♻ Verifying Provider Information NPI, Location, Code NCTracks

SHARED/SPLIT EVALUATION AND MANAGEMENT VISITS

A shared/split Evaluation and Management (E/M) visit is defined as a medically necessary encounter with a patient in the facility setting performed in part by both a physician and a Non-Physician Practitioner (NPP) each with the same patient on the same date of service. The physician and the qualified NPP must be in the same group practice.

A "substantive portion" of an E/M visit involves all or some portion of the history, exam, or medical decision making (MDM) key components of an E/M service, or more than half of the total time spent by the physician and NPP performing the shared/split visit. Except for critical care visits, the substantive portion can be one of these three key components, or more than half of the total time spent by the physician and NPP performing the shared/split visit.

The practitioner who spends more than half the total time, or performs the history, exam, or MDM has performed the substantive portion and can bill for the shared/split visit. When one of the three key

components is used as the substantive portion, the practitioner who bills the visit must perform that component in its entirety in order to bill.

"Beginning January 1, 2023, substantive portion means more than half of the total time spent by the physician and NPP performing the shared/split visit." Pub 100-04 Medicare Claims Processing manual. 30.6.18.B(1)

The practitioner who furnished the substantive portion of the visit bills for the visit.

Note: [NPP includes the terms "Nurse Practitioner (NP)", "Physician Assistant (PA)" and Certified Nurse Midwife (CNM)].

According to the Centers for Medicare & Medicaid Services (CMS), shared/split visits are applicable for services rendered in the following settings:

- Hospital inpatient or outpatient
- Emergency department
- Hospital observation
- Hospital discharge
- In a skilled nursing facility
- For critical care services (99291-99292)

Hospital or SNF E/M visits may be billed as shared/split visits if they meet the rules for shared/split visit billing, except for E/M visits that are required to be performed in their entirety by a physician. Nursing facility visits do not meet the definition of shared/split services, and therefore, are not billable as such.

Shared/split visits are not allowed:

- In an office or clinic
- For consultation services
- For procedures
- In a nursing facility setting
- In a patient's home or domiciliary site

Shared/split visits are not considered "incident to" services.

- [Shared/Split Evaluation and Management Visits](#)

BILLING REQUIREMENT MODIFICATIONS DUE TO COVID-19 TO EXPIRE

THREE CLAIMS PROCESSING EDITS TO END WITH PUBLIC HEALTH EMERGENCY

When the end of the federal Public Health Emergency (PHE) occurs, NC Medicaid will be ending the temporary emergency flexibilities implemented in response to the federal government's declaration of the COVID-19 PHE, including the disposition of three claims processing edits.

1. **Edits 02437 and 02425** – "Service Facility Provider Invalid or Not Active on Dates of Service" and "Service Facility Provider Invalid or Not Active on Dates of Service. QMB Recipient" will change from pay and report to deny. NPI validation will be required once the expiration date of the federal PHE is announced, which is anticipated to be mid-summer. These edits were relaxed during the pandemic to permit any individual practitioner to deliver services at locations not enrolled in NC Medicaid.

2. **Edit 07025** – "Rendering Provider Not Affiliated with Billing Provider" will change from pay and report to deny. The requirement for an individual provider to affiliate with a billing organization will be required once the expiration date of the federal PHE is announced, which is anticipated to be mid-summer. This edit was relaxed during the pandemic to permit any group to bill on behalf of an individual provider delivering services at another location/group practice with which the individual is not affiliated.

Although no firm date for the end of the PHE has been set, we encourage providers to review all NCTracks provider records as appropriate to ensure:

- 🌲 Individual providers are correctly affiliated to Organizations billing on their behalf.
- 🌲 Service facility providers reported on claims are actively participating with NC Medicaid.

Providers were notified in March 2020 that the edit disposition of pay and report was a temporary change due to the COVID-19 pandemic. As NC Medicaid begins its return to pre-pandemic policies, providers are reminded to visit the NC Medicaid COVID-19 Guidance and Resources webpage for the latest updates to ensure services may continue to be delivered without interruption.

IRIS ALERT FOR PROVIDERS

Trillium Health Resources would like to make you aware that IRIS will be unavailable on Wednesday, May 25 from 7:00 a.m. to 8:00 a.m. for an IT Update. If you have any questions please contact Julie McCall (Julie.mccall@TrilliumNC.org).