



To: All Providers

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Date: April 22, 2019

Subject: Medicaid Bulletin April Updates, Open Enrollment for Psychologists, Perception of Care Surveys, 2019 Disaster Plan Reminder, Home and Community Based Services (HCBS): Validation Process, QM Reminder

MEDICAID BULLETIN-APRIL UPDATES

CENTRALIZED PROVIDER CREDENTIALING (PAGE 2 OF APRIL BULLETIN)

This article outlines the Department's procurement of a contractor to supplement the state's existing provider enrollment data to support the Prepaid Health Plans' (PHPs') ability to help determine which providers to contract with.

The contract was awarded to Wipro Infocrossing to serve as the Provider Data Contractor (PDC).

- 🌱 The PDC will be responsible for obtaining the primary source-verified credentialing data for North Carolina Medicaid and NC Health Choice enrolled providers.
- 🌱 Neither the PHPs nor the PDC will be permitted to reach out to providers to update the provider's credentialing information, though providers are encouraged to keep their credentialing file up to date.
- 🌱 To ensure that PHPs have access to information from a credentialing process that is held to consistent, current standards, the credentialing data is intended to be primary source-verified under the standards of NCQA.

It is important that providers take action now to update their enrollment records through the NCTracks provider portal, including:

- 🌱 Review affiliations by location for accuracy
- 🌱 End-date any affiliations that are not current
- 🌱 Make sure physical addresses are correct with the accurate taxonomies
- 🌱 Review license, certification, and accreditation information
- 🌱 If necessary, begin the Managed Change Request process to make necessary corrections and updates.

www.nctracks.nc.gov

POSTING "NOTICE OF YOUR RIGHTS UNDER HAWKINS V. COHEN" (PAGE 3 OF APRIL BULLETIN)

Please post an English and Spanish version of the "Notice of Your Rights under *Hawkins v. Cohen*" in a prominent location **for at least 180 calendar days.**

This notice contains important information regarding beneficiary rights as they pertain to improper termination of Medicaid benefits, resulting from a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina.

In summary, the letter outlines the following:

The N.C. Medicaid agency must stop terminations or reductions of Medicaid benefits until eligibility under all Medicaid categories have been considered and advance notice of the right to a hearing has been mailed to the member (i.e. in a situation where a member receives Medicaid based on having a minor child who is now turning eighteen years old, the member will not lose their Medicaid until DSS considers whether the member actually qualifies for Medicaid coverage)

English Version: https://files.nc.gov/ncdma/Hawkins-Notice-Exh-B_FINAL.pdf

Spanish Version: https://files.nc.gov/ncdma/Hawkins-Notice-Exhibit-B_Spanish.pdf

PAYMENT ERROR RATE MEASUREMENT CHANGES (PAGE 3 OF APRIL BULLETIN)

The Payment Error Rate Measurement (PERM) is an audit program developed and implemented by the Centers for Medicare & Medicaid Services (CMS) as required by the Improper Payments Information Act (IPIA) of 2002.

- 🌱 This audit reviews beneficiary eligibility determinations and claims payments made by North Carolina Medicaid and NC Health Choice.
- 🌱 The PERM audit is required by CMS every three years. North Carolina claims that will be reviewed in the upcoming cycle will be sampled from paid claims with dates of service between July 1, 2018 to June 30, 2019.
- 🌱 PERM reviews will be completed by CMS contractors beginning in mid-March and will be conducted by Advance Med.
- 🌱 Advance Med will be sending medical record request letters to North Carolina's providers identified in the claims sample.

Provider quality improvements can be realized by committing to the following best practices:

- 🌱 Ensuring adherence to both state and federal regulations, guidelines, and policies related to the service type;
- 🌱 Providing complete and accurate medical record documentation to substantiate the audited claim;
 - Documenting that there was *medical necessity* for the service provided;
 - Ensuring notations confirm that the service was provided as ordered;
 - Ensuring that claims are correctly and accurately coded according to standardized coding guidelines;
 - Sending required documentation to Advance Med prior to the requested deadline date on the medical records request letter.

Providers may go to the Federal PERM website for more information.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>

NEW PLATFORM FOR NC HEALTHCONNEX TO LAUNCH IN APRIL (PAGE 6 OF APRIL BULLETIN)

Current participants of NC HealthConnex will be moved to a new platform using a phased approach with a target date of Apr. 18, 2019, for completion.

Training materials will be available on the NC HIEA website and distributed via email to Participant Account Administrators (PAAs) by Apr. 1, 2019.

The NC HIEA will host three Teletown Hall webinar trainings on the new system in March, April and May.

Interested parties can register using the NC HIEA website: <https://hiea.nc.gov/>

This pause does not impact compliance with the HIE Act as the extension process is in place.

ADVANCED MEDICAID HOME UPDATE (PAGE 9 OF APRIL BULLETIN)

Nearly 2,900 North Carolina Medicaid providers have already certified as Advanced Medical Homes (AMHs).

The AMH program is the platform for practices to provide care management to Medicaid patients in their practice who need it when North Carolina transitions its Medicaid program to managed care in November 2019.

The AMH program is open to any PCP who is enrolled in Medicaid and is certified by the Department as an AMH.

In early April, the Department will share with PHPs the list of certified AMHs in each tier. At that time, more information will be released about the statewide and regional counts of practices in each tier.

PREADMISSION SCREENING RESIDENT REVIEW (PASRR) PROGRAM UPDATE (PAGE 19 OF APRIL BULLETIN)

Effective Dec. 1, 2018, the North Carolina Medicaid Uniform Screening Tool (NCMUST) application and operation of the Level 1 PASRR screen process transitioned to NC DHHS ITD and NC Medicaid.

PASRR Submissions

-  PASRR screen may be submitted via NCMUST at any time. The information will be adjudicated in a matter of minutes if the screen is not flagged for a manual review.
-  If flagged for a manual review, a NC Medicaid PASRR nurse consultant will initiate review of the screen within one business day and will reach out to the submitter to request additional supporting documentation if needed.

Dementia Primary Diagnosis - 42CFR 483.128(m)

-  An individual with a mental illness diagnosis may be exempted from a Level 2 evaluation if dementia is documented as primary (dementia more progressed than symptoms of the mental illness).
-  Adequate supporting documentation with a MD signature must be submitted for review by the NC Medicaid PASRR nurse consultant.

Out-of-State PASRR Requests

-  Out-of-State PASRR requests are handled on a case-by-case basis.
-  Those with general questions about out-of-state PASRR requests should contact NC Medicaid Clinical Policy Long-Term Services and Supports at 919-855-4364.

Help Desk Number

- The toll-free number is **888-245-0179**. You can also reach the help desk by calling **919-813-5550**. Support staff is available Monday – Friday from 8 a.m. – 5 p.m. except observed State holidays.

Faxing PASRR Related Documents:

- 🌱 Limit fax submissions to the information that has been requested.
- 🌱 Ensure only the amount of information necessary to perform the PASRR review is being disclosed.
- 🌱 The fax number to submit PASRR-related documents is 919-224-1072. Please address all fax submissions to "NC Medicaid PASRR."

Uploading PASRR-related documents to NCMUST

- 🌱 Providers have always had the ability to upload PASRR-related documents directly to the NCMUST application and are encouraged to do so whenever possible.
- 🌱 Information that is uploaded to the NCMUST application is available immediately to PASRR reviewers and is reviewed faster.
- 🌱 Information on the upload process is located on the NCMUST webpage.

NCMUST Incidents/Issues/Complaints

- 🌱 All incidents/issues/complaints should be submitted via the "Log an Issue" portal on the welcome tab within the NCMUST system or, if unable to access the NCMUST system, via the uspquestions@dhhs.nc.gov.

PERSONAL CARE SERVICE PROVIDERS

Regional Provider Trainings (page 21 of April Bulletin)

- 🌱 Regional training sessions will be held May 13-22, 2019.
- 🌱 Sessions are free
- 🌱 Providers can register using the Liberty Healthcare Corp. of North Carolina Medicaid PCS Website.

NC Medicaid-3136 and 3085 Form Submission (page 22 of April Bulletin)

- 🌱 Effective Mar. 4, 2019 providers are to submit the *Internal Quality Improvement Program Attestation* (NC Medicaid-3136) and *Session Law 2013-306 PCS Training Attestation* (NC Medicaid-3085) Forms via upload.
- 🌱 Liberty Healthcare and NC Medicaid will provide training during Spring 2019 PCS Regional Training on the new process

NC Medicaid-3051 Form Submission (page 23 of April Bulletin)

- Effective May 1, 2019, beneficiaries requesting Personal Care Services must use the updated *NC Medicaid-3051 Request for Independent Assessment for Personal Care Services Attestation of Medical Need Form*.

TRILLIUM HEALTH RESOURCES- OPEN ENROLLMENT-PSYCHOLOGISTS- JOIN OUR NETWORK

Trillium Health Resources is hosting an open enrollment for Psychological Services in order to allow more individuals access to the quality care they need.

Trillium is currently accepting applications for Licensed Psychologists and Licensed Psychological Associates to provide the following services to Medicaid beneficiaries:

- 🌱 Psychological Testing

- 🌱 Evaluation for Autism Spectrum Disorder
- 🌱 Specialized Consultative Services and development of Behavior Support Plans

In order to increase access to care, providers within in the 26 county Trillium catchment area, as well as neighboring Out of Catchment counties including Halifax, Edgecombe, Wilson, Greene, Lenoir, Duplin, Sampson, and Bladen counties are eligible. Both in-network and out-of-network providers may apply.

Providers must be registered with NC Tracks. Psychologists must be licensed in the State of NC and demonstrate experience with the population served. All applicants are required to be credentialed with Trillium prior to the delivery of services.

Please click the application link to apply: [APPLICATION](#)

INFORMATION REGARDING THE 2019 PERCEPTION OF CARE SURVEYS

IMPORTANT

Every year Trillium Health Resources and other MCOs across the state assist the North Carolina Department of Health and Human Services (DHHS) with a mandatory annual survey of members who receive Mental Health and/or Substance Use services. This survey is designed to assess member perceptions of the services they have received in the past year.

The survey results are sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) for required reporting, who then publish the results by LME-MCO in an annual report. The survey results are not used by DHHS or LME-MCOs to monitor the performance of providers. Survey results are used to inform policy decision designed to improve the system.

Your assistance and participation is crucial to the success of this project.

If you provide MH and/or SU services to individuals of any age, you may be contacted soon to participate in the administration of this survey. Specific instructions will be provided by Trillium staff at that time. Trillium staff will schedule a time with you to coordinate administration of these surveys at your location.

Requirements for Member Participation in Survey:

- 🌱 Must have mental health and/or substance use diagnosis
- 🌱 Must be a Trillium member, with a Trillium member ID number
- 🌱 Can be State-funded OR Medicaid member

Once you receive the surveys, they will need to be completed in a timely manner, as there is a very short administration period. Trillium staff will coordinate with you on how and when to get the completed surveys back for submission.

Please follow all timelines and survey administration instructions provided by Trillium. If you are asked to participate in the administration of this survey and you have any questions, please feel free to contact Julie McCall or Krissy Vestal at 1-866-998-2597 or Krissy.Vestal@TrilliumNC.org and Julie.mMccall@TrilliumNC.org.

Thank you in advance for your participation in this important survey! We look forward to working together with you to gather the important information that will reflect our joint efforts to help members in our area.

2019 DISASTER PLAN REMINDER

As we get closer to the start of hurricane season and flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff should be trained, contingency and communication plans developed. Please email a copy of your current Disaster plan to Julie Brinson at NetworkMonitoring@trilliumnc.org **no later than June 1, 2019** along with the name and contact number of your agency contact during a disaster.

Our contract with providers requires that you have an adequate disaster planning and training in place in your organization. While it is our desire that no one has to contend with all that a disaster like a hurricane or flood brings, the reality is that eastern North Carolina has had to deal with its fair share of these kinds of disasters. We know from living in this part of North Carolina that the best way to cope when a disaster strikes is preparation. Please connect with your local emergency management services, know your local resources, and stay connected to with Trillium in the event of an emergency.

HOME AND COMMUNITY BASED SERVICES (HCBS): VALIDATION PROCESS

Beginning April 1, 2019 through March 31, 2020, DHHS, in partnership with LME/MCOs, is rolling out the HCBS validation phase of the Statewide Transition Plan. In order to receive final approval for the Home and Community Based State Transition Plan, North Carolina must assess the level of compliance of each site, validate compliance, and describe the plan to remediate areas of non-compliance. All HCBS sites must meet full integration status and meet 100% validation by March 31, 2020. Validation strategies include:

- 🌱 Utilizing HCBS Care Coordination & CAP/DA Case Management Monitoring tools
- 🌱 Evaluation of My Individual Experience Surveys
- 🌱 Desk reviews employing the HCBS Review Tool
- 🌱 On-site visits by designated HCBS LME-MCO & CAP/DA staff

The purpose of the rule is to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i), and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

QM REMINDER

Just a friendly reminder that IRIS reports are due within 72 hours of when providers learn of the incident. For any questions or technical assistance, please email IncidentReporting@TrilliumNC.org. Thank you for your timely submissions!

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.

Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our [Upcoming Events page](#). Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the [RFP | RFA | RFI | Opportunities page](#) for listings.
