Transforming Lives

Trillium HEALTH RESOURCES

# Network Communication Bulletin #044

**To:** All Providers

**From:** Khristine Brewington, VP of Network Management, MS, LPC, LCAS, CCS, CCJP

**Date:** June 3, 2019

**Subject:** RB-BHT Providers and CPT Code Information, New RFP Available, Credentialing Notification, Provider Quality Improvement Project Changes, Provider Monitoring Trends January-March 2019, 2019 Disaster Plan Reminder

## RB-BHT THROUGH NC MEDICAID FEE-FOR-SERVICE:

For individuals who access RB-BHT through NC Medicaid Fee-For-Service (not through the current LME-MCO structure), NC Medicaid has adopted the American Medical Association's new Current Procedural Terminology® (CPT) Category I codes for Research Based-Behavioral Health Treatment, effective for dates of service on or after Jan. 1, 2019. Current populations that access RB-BHT through Fee-For-For Service are NC Medicaid beneficiaries ages 0 to 3, Health Choice beneficiaries, and Legal Aliens. These are populations whose care is not currently managed by the LME-MCOs.

The following conversion table is being used to convert approved Category III codes/units to Category I codes/units for dates of service on or after Jan. 1, 2019 for individuals who access RB-BHT through NC Medicaid Fee-For-Service.

| Category III Code | Units Approved | Category I Code | Units Converted | Notes |
|---|---|---|---|---|
| 0359T | 1 unit | 97151 | 8 units | untimed to timed |
| 0360T/0361T | 1 unit | 97152 | 2 units | |
| 0364T/0365T | 1 unit | 97153 | 2 units | |
| 0366T/0367T | 1 unit | 97154 | 2 units | |
| 0368T/0369T | 1 unit | 97155 | 2 units + 16 units | 4 hours/16 units per month added for program modification (for current authorizations issued prior to Jan. 1, 2019) |
| 0370T | 1 unit | 97156 | 4 units | untimed to timed |
| 0371T | 1 unit | 97157 | 4 units | untimed to timed |

More information on the Category III to Category I CPT Code Transition for Fee-For-Service can be found here, https://files.nc.gov/ncdma/documents/files/Medicaid-Bulletin-2019-5.pdf.

## RB-BHT THROUGH THE LME-MCO SYSTEM:

Individuals accessing RB-BHT through the LME-MCO system will continue to use CPT Category III codes for RB-BHT for dates of service prior to June 30, 2019. For dates of service on or after July 1, 2019, providers will need to start using the Category I code for claims submission and authorization requests.

| Category III Code | Units Approved | Category I Code | Units Converted | Notes |
|---|---|---|---|---|
| 0359T | 1 unit | 97151 | 8 units | untimed to timed |
| 0360T/0361T | 1 unit | 97152 | 2 units | |
| 0364T/0365T | 1 unit | 97153 | 2 units | |
| 0366T/0367T | 1 unit | 97154 | 2 units | |
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## NEW RFP AVAILABLE:

### RFP - B3 IDD SUPPORT EMPLOYMENT SERVICES

Trillium has identified a need for (b)(3) Supported Employment services within the Trillium catchment for members age 16 and older in the I/DD population. Trillium Health Resources will support the expansion of services to these regions below for (b)(3) Medicaid only. There are no startup funds available with this recruitment.

The primary purpose of this RFP is to invite Innovations service providers of Intellectual/Developmental Disability(I/DD) services to submit a proposal for the implementation of (b)(3) Supported Employment services in the provider network for the following counties as required:

- Northern Region: Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Northampton, Pasquotank, Perquimans
- Central Region: Dare, Hyde, Nash, Tyrrell, Washington
- Southern Region: Brunswick, Carteret, Pender

## CREDENTIALING NOTIFICATION:

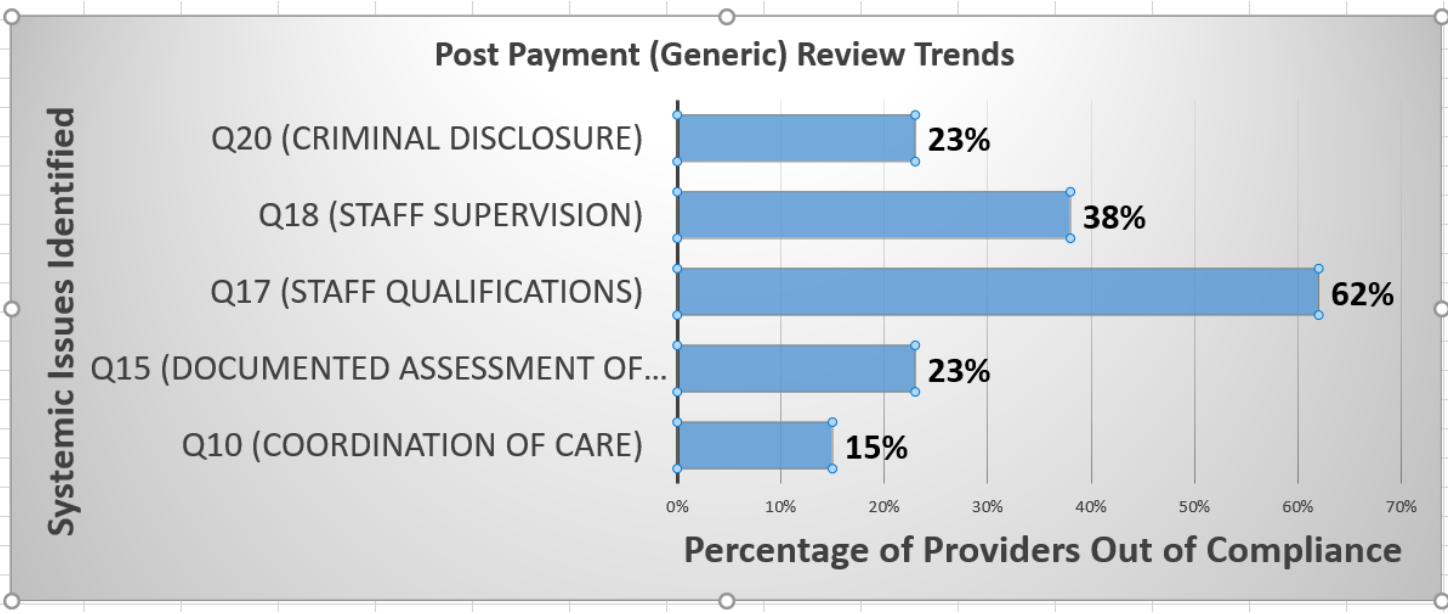
Practitioners (Independent and Supplemental) - Beginning July 1, 2019, Trillium Health Resources will only accept the Practitioner Credentialing Application posted on the Trillium webpage. Previous versions of the LIP Application, as well as CAQH applications will not be accepted.

## PROVIDER QUALITY IMPROVEMENT PROJECT- CHANGES:

As written in Trillium's Provider Manual, Trillium requires all providers to demonstrate a Continuous Quality Improvement (CQI) process by identifying and implementing Quality Improvement Projects. A Quality Improvement Project (QIP) is an initiative to measure and improve the services and/or care provided by the organization.

Trillium has required a minimum of three (3) QIP's per fiscal year (July-June) be submitted by all state contracted providers by July 31 of each year. Effective immediately, Trillium will no longer require submission of those three projects to the Quality Management Department. Although these projects will no longer be submitted to Trillium, it is important to remember Trillium may at any time throughout the fiscal year, contact a provider to request submission of current Quality Improvement Projects for review/feedback related to overall provider quality/service delivery improvement. As an alternative, Trillium's Global Quality Improvement Committee will continue to offer a blinded peer review, if requested by the provider through contacting the Trillium QM staff at QMinfo@TrilliumNC.org. Questions about this change should be directed to QMinfo@trilliumNC.org.

## PROVIDER MONITORING TRENDS:




Below is a summary of the trends identified in Provider Monitoring for reviews using the *Post-Payment Generic tool* during the Jan '19 – March '19 quarter, along with guidance and recommendations related to each:

- REVIEW TOOL QUESTION 10, COORDINATION OF CARE - 15% of providers were out of compliance in this area. Most services reviewed using the Generic tool require that providers maintain evidence of coordination of care for their members. Requirements vary by service definition, so please refer to your Clinical Coverage Policy or Service Definition for these requirements. Examples may be case management activities, coordination with medical/psychiatric/other providers, coordination with community supports/organizations and/or natural supports, coordination in crisis/discharge planning, participation in child and family teams, etc.- all based on the member's individualized needs. Documentation formats also vary but may include service notes, contact notes/logs,

authorizations to release information and disclosure logs, integrated PCPs/service plans, CFT meeting notes, etc. If a member refuses to allow an agency to contact other providers/supports to coordinate care, documentation of their refusal must be in the record.

- REVIEW TOOL QUESTION 15, ASSESSMENT OF PROGRESS - 23% of providers were out of compliance in this area. Services required to be documented using a FULL service note are required to include assessment of progress, i.e. assessment of the effectiveness of the intervention and the member's progress toward their goal(s) being addressed (how did it turn out for the member, how did they respond, etc.). For case management-type services/activities, a description of the result or outcome of the case management activity fulfills this requirement. Please refer to your Clinical Coverage Policy or Service Definition and APSM 45-2 for service note requirements.
- REVIEW TOOL QUESTION 17, STAFF QUALIFICATIONS - 62% of providers were out of compliance in this area. NCAC 27G .0104, NCAC 27G .0202 and Clinical Coverage Policies/Service Definitions all govern staff qualification requirements and should be referenced to ensure staff are qualified to deliver the particular service provided. The most common deficiencies included lack of evidence that staff had received client specific training on the member's treatment plan/PCP (diagnosis, goals, interventions, crisis plan, etc.) and/or specialized training, if necessary, to meet the member's needs. There is no required format for this training, but it must be documented in some way, e.g. training/review checklist, supervision note, staff signature on the plan/PCP, etc. and must be done prior to service delivery. Another common area of concern is related to service definition-specific training (e.g. related to IIH, CST, ACT, PSR, etc.). Providers should refer to Clinical Coverage Policies and Service Definitions for specific trainings required for their service (in addition to those required by NCAC 27G .0202) and their required timeframes (e.g. within 30, 60 or 90 days of hire, etc.) Lastly, Bloodborne Pathogens training is required (prior to service delivery) and is required to be updated annually- per 29 CFR 1910.1030.
- REVIEW TOOL QUESTION 18, STAFF SUPERVISION - 38% of providers were out of compliance in this area. The most common trend related to supervision is that staff supervision plans are not always individualized. North Carolina Administrative Code 10A NCAC 27G .0203 and .0204 specify that *individualized* supervision plans must be initiated and implemented for associate professionals and paraprofessionals. This means that every staff person should have their own supervision plan with at least 1-2 of their supervision goals being individualized and tailored to their strengths and needs as an employee, and there should be supporting documentation to show that the plan has been implemented as written.
- REVIEW TOOL QUESTION 20, CRIMINAL DISCLOSURE - 23% of providers were out of compliance in this area. Providers must require all staff/applicants to disclose any/all criminal convictions prior to hire according to 10A NCAC 27G .0202. Often, the issue is staff/applicants are asked to disclose criminal convictions, "excluding misdemeanors," on their employment application or criminal disclosure statement instead of **all** criminal convictions.

## 2019 DISASTER PLAN REMINDER

As we get closer to the start of hurricane season and potential flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff should be trained, along with development of contingency and communication plans.

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 phone number of your agency contact during a disaster.

Our contract with providers requires that you have an adequate disaster plan 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 with a disaster 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.

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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.

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