

North Carolina Medicaid Special Bulletin



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Attention:

Local Management Entities (LMEs)

Providers of Mental Health, Substance Abuse, and Intellectual/Developmental Disability Services

1915 b/c Medicaid Waiver Expansion Update

*Providers are responsible for informing their billing agency of information in this bulletin.
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1915 b/c Medicaid Waiver Expansion Update

Please note the following new or updated details about the 1915(b)/(c) Medicaid waiver expansion and the changes it will mean to Medicaid providers. During a transition process over the next year, Medicaid-funded mental health, substance abuse, and intellectual/developmental disability services (MH/SA/IDD) will be administered by one of eleven Local Management Entities (LMEs) operating Medicaid Managed Care Organizations (MCOs) as DMA vendors.

Providers should verify recipient county of eligibility using the Recipient Eligibility Verification tools outlined on the DMA website at: <http://www.ncdhhs.gov/dma/provider/RecipEligVerify.htm>. **Beginning in April 2012, the Medicaid card for new recipients and the updated annual card for current recipients will include the name of each recipient's LME-MCO based upon Medicaid county of eligibility. In addition, the Automated Voice Response System (AVRS) has been updated to include the recipient's LME-MCO.**

***UPDATE* Transition Timeline**

The **proposed** timeline for this transition is listed below. *Please continue to read the Medicaid Bulletin for updates on transition dates.*

The current LME-MCO, PBH, will be expanding on the following schedule:

- PBH was originally comprised of Union, Stanly, Cabarrus, Rowan, and Davidson Counties
- Alamance and Caswell Counties were added October, 1, 2011
- Five County LME, consisting of Franklin, Vance, Granville, Warren & Halifax Counties were added January 1, 2012
- OPC LME, consisting of Orange, Person, and Chatham Counties will be added April 1, 2012

The following LMEs will be expanding to become LME-MCOs on the following schedule:

- January 3, 2012
 - Western Highlands Network, consisting of Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, and Yancey Counties
- April 1, 2012
 - East Carolina Behavioral Health LME, consisting of Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, and Washington Counties
- July 1, 2012
 - Sandhills LME, consisting of Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond, Counties. Guilford County may be included in this LME in January 2013.

- Smoky Mountain Center, consisting of Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga, and Wilkes Counties
- January 1, 2013
 - Pathways, consisting of Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin Counties
 - Eastpointe, consisting of Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson Counties
 - Mecklenburg LME
 - The Durham Center, consisting of Durham, Wake, Cumberland, and Johnston Counties
 - CenterPoint, consisting of Davie, Forsyth, Rockingham, and Stokes Counties
 - Southeastern Center and Onslow-Carteret LME, consisting of Brunswick, New Hanover, Pender, Onslow, and Carteret Counties

***CORRECTED* Covered Benefit Package**

Each LME-MCO will be responsible for enrolling providers into the LME-MCO network, providing prior authorization, and processing claims for the following services found at <http://www.ncdhhs.gov/dma/mp/index.htm>:

- Enhanced Behavioral Health Services (*DMA Clinical Coverage Policy 8A*)
- Inpatient Behavioral Health Services (*DMA Clinical Coverage Policy 8B*)
- Inpatient services for the treatment of mental health and substance abuse disorders and developmental disabilities
- Outpatient Behavioral Health Services (*DMA Clinical Coverage Policy 8C*)
- All services (all CPT codes) provided by psychiatrists
- Psychiatric Residential Treatment Facilities (PRTFs) (*DMA Clinical Coverage Policy 8D1*)
- Therapeutic Foster Care (TFC) (*DMA Clinical Coverage Policy 8D2*)
- Residential Child Care Levels II group, III, IV (*DMA Clinical Coverage Policy 8D2*)
- Intermediate Care Facilities for Individuals with Mental Retardation (*DMA Clinical Coverage Policy 8E*)
- I/DD Services under the NC Innovations (c) waiver
- Hospital Emergency Department (ED) services: Each LME-MCO will be responsible for all facility, professional, and ancillary charges for services delivered in the emergency department to individuals with a discharge diagnosis ranging from 290 to 319
- Outpatient Hospital Clinical Services for individuals with a primary diagnosis ranging from 290-319

***UPDATE* Provider Enrollment in LME-MCO Medicaid Networks**

Medicaid recipients will be mandatorily enrolled into each LME-MCO's benefit plan based upon county of Medicaid eligibility. As a reminder, providers are required to enroll in the LME-MCO provider network to ensure that Medicaid services are authorized and that corresponding Medicaid claims are processed by the LME-MCO. After the transitional dates listed above, providers will no longer be able to seek prior authorization from a UR vendor or bill Medicaid/HP directly for behavioral health services.

CMS requires that each LME-MCO (as they are separate at-risk entities) credential and enroll their own provider network. Providers only need to enroll in certain LME-MCO networks depending on where their practice is and what Medicaid recipients they treat.

Providers are encouraged to apply early to allow for necessary processing time. Providers should contact the LME-MCO for their catchment area for enrollment information. In some cases, a provider may see a recipient whose Medicaid eligibility is with a different LME-MCO. The provider will need to contact the LME-MCO from which the recipient's eligibility originates to contract with that LME-MCO to receive authorization and payment.

LME-MCOs will post open enrollment dates on their website. Enrollment contracts will be offered during this open enrollment period to all current Medicaid behavioral health providers who are in "good standing" **AND have billed for services within sixty (60) days prior to enrollment.** After the LME-MCO becomes operational, it will no longer be required to offer contracts to every willing provider, but will enroll providers based on the needs of the local recipients and on provider network performance.

Since many providers practice in several counties, we have required all LME-MCOs to use the same enrollment applications. We understand that some LME-MCOs have added addendums or additional questions to the enrollment application in order to capture network-specific data or meet URAC credentialing standards.

We are working with the LMEs and other stakeholder groups on ways to standardize the enrollment process and make enrollment easier for providers. Please read future Medicaid Bulletins for updated information on streamlined enrollment procedures.

***UPDATE* Physician Enrollment and Billing**

Physicians will need to enroll with the MCO in order to bill the behavioral health CPT codes listed in *DMA Clinical Coverage Policy 8C*. These codes are for individual, family, and group therapy and psychological testing (i.e. 90806, 90801). **These** Physicians will **NOT** need to enroll with an MCO if they treat recipients for mental health issues (i.e. depression, ADHD) in primary care offices and bill E&M codes (i.e. 99213).

The only exception to this is psychiatrist billing. All CPT codes for services provided by psychiatrists must be billed to the LME-MCO. Other physicians do **NOT** need to enroll with the LME-MCO to bill E&M codes in their offices. For example, MDs could, and should, continue to bill a 99213 for seeing a child with ADHD. If the physician employs a therapist (LCSW, etc) who does brief behavioral health interventions (i.e. therapy sessions--90806), that LCSW needs to enroll with the LME-MCO.

LMEs are responsible for psychiatric care provided in a hospital setting—that includes the Emergency Department, Inpatient, and Outpatient clinics. That means, when claims for mental health, substance abuse, and developmental disabilities are the primary discharge diagnosis (inpatient) or primary diagnosis on the claim (Outpatient Clinic, Emergency Department), the claim must be billed to the LME—as these would be considered behavioral health services. **So, physician groups who provide billable consultation in those settings (regardless of billed codes) need to enroll with the LME.**

NOTE: DMA has identified an issue in the claims adjudication of a small number of hospital-owned group physician practices that are “split billing” claims to Medicaid/HP as "Outpatient Hospitals." DMA is aware of the potential impact for these providers, and is working with the LME-MCOs, HP, and the affected provider groups to resolve this issue as soon as possible. We will publish updated billing guidance in future Medicaid Bulletins once we reach the best solution to this issue.

Western Highlands Network Billing Guide

Western Highlands Network LME (WHN) has been operating as a Managed Care Organization (MCO) under the 1915(b)(c) Medicaid Waiver as a Division of Medical Assistance (DMA) vendor since January 3, 2012.

Since the start date of Medicaid operations, WHN has been 5010 compliant and can accept 837 Institutional (UB04) and Professional (CMS1500) EDI transactions and can provide 835 Electronic Remittance Advice to 837 submitters.

In order to successfully bill WHN for MH/SA/DD services for recipients with Medicaid eligibility originating in Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, and Yancey Counties, providers must follow the 4 steps outlined below:

1. **Enroll with WHN by having a fully executed provider contract and proof of required insurance on file with WHN (See [WHN Operations Manual](#)).** Providers should direct questions about enrollment in the Western Highland Medicaid provider network to the WHN Enrollment Line at 1-800-671-6560 x2469 or 828-225-2785 or send email to: WHMedicaidWaiverEnrollmentQuestions@westernhighlands.org.
2. **Apply for access to the WHN Care Coordination Information System (CCIS).** Access is restricted for each individual user with a valid log-in ID and password. Logins and passwords must not be shared with other individuals. Information about CCIS is available on WHN’s IS Help Desk web page: <http://www.westernhighlands.org/is-help-desk.html> and includes:

- [User Assignment Request](#) to apply for CCIS Login
 - [CCIS User Guide](#)
3. **Execute a [Trading Partner Agreement](#) with WHN.** WHN accepts 837 transactions directly from providers with EDI capability. Providers submitting claims through outside billing services or a claims clearinghouse are responsible to initiate appropriate connection between WHN and the service vendor they have engaged. Providers are also responsible for all charges related to claims processing by other parties. At this time WHN has established clearinghouse connections with Health Fusions and Gateway EDI. For more information on setting up 837 billing with WHN please email WHEDItesting@westernhighlands.org
4. **Bill claims electronically to WHN** through either the CCIS Direct Data Entry (DDE) secure online billing portal, or by Electronic Data Interchange (EDI) 837 file submission in standard 5010 format. Instructions for submitting claims through the WHN CCIS system is available in the [CCIS User Guide](#).

WHN accepts 837 Institutional (UB04) and Professional (CMS1500) EDI transactions and can provide 835 Electronic Remittance Advice to 837 submitters. More billing information is available on the WHN Website <http://www.westernhighlands.org/claims-and-reimbursements.html> including:

- Claims and Reimbursement Training Seminar Materials
- [DDE CMS 1500 Billing Guide](#)
- [Explanation of Benefits Guide](#)
- [837 Submission Instructions](#)
- [837i EDI Companion Guides](#)
- [837p EDI Companion Guides](#)
- [835 EDI Companion Guides](#)

Training materials including an overview of enrollment, authorizations, and billing through WHN is available on the WHN Website: http://www.westernhighlands.org/images/stories/mandatory_training_1-18-12_update.pdf.

Western Highlands offers a Claims and Reimbursement Training at 356 Biltmore Avenue, Asheville, NC. Seating is limited and registration for specific dates is required. See available dates and register through the [Provider Training Calendar](#) available online at: <http://www.westernhighlands.org/training-and-technical-assistance.html>

Personal help for billing issues is available by calling WHN billing assistance line at 1-800-671-6560 or 828-225-2785 ext. 2153, or by email to billingquestions@westernhighlands.org.

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