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**Network Operations Communications Bulletin
FY- 1112-NM-02**

To: PBH Community of Network Providers for the Alamance-Caswell Catchment Area

From: Charles Hill, Network Operations Department

Date: September 2, 2011

RE: Transition of State Funded Services and Consumers from the Alamance-Caswell LME to PBH

The partnership/merger between the Alamance-Caswell LME and PBH became effective for State Funded/IPRS consumers and services on September 1, 2011. Providers who were under contract with the Alamance-Caswell LME to provide State Funded/IPRS services were invited to join the PBH Network. Most Alamance-Caswell LME Contracted Providers chose to join the PBH Network. We continue to receive questions from providers in regard to this process. This Communication Bulletin is intended to provide you with information to assist with successfully integrating into the PBH Provider Network. Information has been broken out by department and category.

Provider Network

APPLICATIONS:

1. All providers who were under contract with the Alamance-Caswell LME to provide State Funded/IPRS services were invited to join the PBH Network.
2. Providers not previously contracted with the Alamance-Caswell LME for the provision of State Funded/IPRS services are not permitted to enroll consumers in or receive reimbursement for State Funded/IPRS services.
3. Providers who submitted a PBH Provider Application to provide State Funded/IPRS services are not required to submit a separate application for the Medicaid services they are actively providing.
4. Providers currently only serving Medicaid consumers whose Medicaid originates from Alamance or Caswell County must complete and submit a PBH Provider Application and be contracted with PBH to receive authorization and reimbursement for services provided after September 30, 2011.



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5. The PBH Provider Application is currently available at www.pbhsolutions.org/providers.
6. Applications will only be processed for Cardinal Innovations and Cardinal Health Plan Medicaid Waiver Services if PBH can verify a provider has been actively serving consumers with Medicaid originating from Alamance or Caswell County.
7. Questions about applications can be directed to PBH's Network Operations Department at (704) 939-7700.

CONTRACTS:

1. Contracts for State Funded/IPRS, Providers who submitted their applications in accordance with the initial stated timeframes, will be mailed by close of business on September 2, 2011.
2. A Contract with PBH is not considered "executed" until the Provider has signed the Contract, returned the Contract to PBH, and the Contract is signed by PBH's Chief Executive Officer.
3. PBH contracts are "evergreen" and do not expire; however, all State Funded/IPRS Contract have a "hard cap" or maximum amount that will be paid under that Contract. PBH will not reimburse providers for State Funded/IPRS claims that exceed the hard cap.
4. Providers will not be given Provider Direct Logons until they have an executed contract with PBH, have completed PBH's online [Trading Partner Agreement](#) (TPA), and completed the Provider Direct Training.
5. Provider will not be able to complete consumer enrollments, Treatment Authorization Requests (TAR), or submit claims until they have completed the TAR and received their Provider Direct logons.
6. Providers can only provide and be reimbursed for the services included in their Contracts. Services will only be reimbursed when provided at sites authorized in the Contract.
7. PBH will begin sending out Contracts for Alamance-Caswell Medicaid only providers on or after September 15, 2011.
8. If you have a question about your contract, please call the Alamance-Caswell Community Operations Center (A-C COC) Network Department at (336) 513-4200.

Clinical Operations (Utilization Management/Access)

ENROLLMENT:

1. Consumers who were actively served through Alamance-Caswell LME State Funded/IPRS Contracted providers will not need to be enrolled in Provider Direct. PBH was able to successfully import the consumer data into our information system.
2. Providers will need to enroll new State Funded/IPRS consumers with PBH once they receive their Provider Direct logons. PBH's Access Department can assist with enrollment on a limited basis.



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AUTHORIZATIONS:

1. PBH was able to successfully import Alamance-Caswell LME Provider Authorizations for Services in to our information system. Authorizations provided by the Alamance-Caswell LME for State Funded/IPRS services will be honored by PBH and do not need to be re-submitted to PBH through Provider Direct. Providers will need to seek re-authorization 15 days prior to the end of the existing authorization.
2. During the month of September, PBH will not require authorizations for State Funded/IPRS services.
3. Providers will need to make every effort to submit Treatment Authorization Requests (TAR) during the month of September for State Funded/IPRS services that will occur after September 30, 2011.
4. Authorizations must be submitted electronically through Provider Direct. Paper requests for authorization will not be accepted.

Provider Direct

LOGONS:

1. Providers must have an executed contract with PBH, have completed PBH's online [Trading Partner Agreement](#) (TPA), and completed the Provider Direct Training in order to receive Provider Direct logons.
2. PBH's IT Department will contact providers in regard to Provider Direct upon their completion of the TPA and the IT Departments verification the provider received training on Provider Direct.
3. Providers should assign one person within their organization to be responsible for requesting/managing logons for their organization.

TREATMENT AUTHORIZATION REQUEST (TAR):

1. Providers will not be able to complete TARs until they have received their Logons.

CLAIMS/CLAIMS STATUS:

1. Providers will not be able to submit claims or check claims status through Provider Direct until they have received their Logons.

FINANCE

1. **Check claims status**



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- For Provider Direct claims: Go to Client Gateway -> Search for a claim. Type in the client's full name and DOB or Social Security Number, then click on the binoculars to retrieve the data. Select "Status Link" from the right hand column of the search results box.
- For 837 billers: Go to Client Gateway -> File Download. Select "claimsstatus" report. The claim status dump can be accessed and it is a cumulative file that is updated weekly and shows you claim status information.

2. Inquire about a claim I can't find in provider direct or the claim status dump?

- Complete the Claim Inquiry Form located on the provider website and send to your claims specialist.

CLAIMS SUBMISSION/PAYMENT:

1. How do I submit a claim to PBH?

- Claims for services must be submitted to PBH by one of the following methods:
 - Electronically using the 837 format.
 - Via Provider Direct.
 - The Provider Direct Billing Guide is on the Provider Website. You may sign up for training electronically by clicking on the following link:
http://www.pbhcare.org/Provider_training_form.asp
 - Via paper CMS1500 or UB04 form (only for the first sixty (60) days per your contractual agreement).

2. How often should I submit a claim?

- Claims must be submitted within ninety (90) days from the date of service, with the exception of Hospital claims and claims involving Coordination of Benefits, which must be submitted within one hundred-eighty (180) days from the date of service.

3. How do I receive training on submitting claims?

- Refer to the Provider Direct Training Manual on the provider website. You can also access Provider Direct video training on the provider website or contact your claims specialist.

4. How and when does PBH pay providers?

- By either electronic funds transfer or check.
- Payments are processed every Tuesday. Claims must be submitted by 5:00p.m. on Tuesday in order to receive payment the following Tuesday.



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- Applications for Electronic Funds Transfer are on the Provider Website.

5. How do I access my Remittance Advice (RA)?

- a. You can access the RA by logging into provider direct. Go to File Download.
- b. The RA's are posted the next day following the check write.

DENIALS:

1. How do I request a correction to a claim?

- a. For an unpaid claim, complete and send the "claim inquiry/correction form".
- b. For a paid claim use a "claim adjustment form".
- c. The forms and instructions are on the Provider Website under the Finance -> Claims Forms -> Forms. Send completed forms to your claims specialist.

Claims Specialist Contact Name, Number, email address

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