Provider Help Desk
Questions and Answers for July 2019

Communication	Other	How can I obtain a packet from the previous Provider Forum?	Send an email to Sandra Dunlap (SandraD@sandhillscenter.org) to obtain a copy of the most recent Provider Forum.
Network	Credentialing	Can a contracted provider add another AFL to the contract?	If the provider is already credentialed for residential services, the provider may add an additional AFL (licensed or unlicensed) at the credentialing level. Note: Interested providers are strongly advised to contact Network Operations at ProviderJoin@SandhillsCenter.org to determine Sandhills Center's current identified needs. If you feel your request meets exception criteria, please fill out the Request to Join Network form and submit to: ProviderJoin@SandhillsCenter.org.
Network	Credentialing	Should I complete the Credentialing application without approval for a contract?	No, please do not fill out an application until you receive approval through ProviderJoin@SandhillsCenter.org to begin the credentialing process. A "Request to Join Network Form" must be completed with all requests in order to be considered.
Member Enrollment & Eligibility	Discharge	In the Discharge section of Alpha, what should I enter beside the service option?	In the service section, you should use service code to discharge the client.
Member Enrollment & Eligibility	Discharge	I need to complete a discharge but I am only discharging the client from the service.	In the “Discharge Type” section, you can select the “service only” option.

Customer Service	Other	How can members get assistance with choosing NC Medicaid Managed Care plan?	The members can get assistance with picking a plan by accessing the state website or calling 833-870-5500. https://ncmedicaidplans.gov/
Customer Service	Other	Will Medicaid eligibility change with the new NC Medicaid Managed Care?	No. Medicaid eligibility rules are not changing. If you have questions about your eligibility, contact your local Department of Social Services (DSS) office. Find contact information at https://www.ncdhhs.gov/divisions/social-services/local-dss-directory
Utilization Management	Clinical Coverage Policy	How can I access a template for Comprehensive Clinical Assessment?	The format of a CCA is determined by the individual provider, based on the clinical presentation. Although a CCA does not have a designated format, the assessment (or collective assessments) used must include ALL of the following elements: a. description of the presenting problems, including source of distress, precipitating events, and associated problems or symptoms; b. chronological general health and behavioral health history(including both mental health and substance abuse) of the beneficiary's symptoms, treatment, and treatment response; c. current medications (for both physical and psychiatric treatment); d. a review of biological, psychological, familial, social, developmental and environmental dimensions to identify strengths, needs, and risks in each area; e. evidence of beneficiary and legally responsible person's (if applicable) participation in the assessment; f. analysis and interpretation of the assessment information with an appropriate case formulation; g. diagnoses from the DSM-5, including mental health, substance use disorders, or

			intellectual/developmental disabilities, as well as physical health conditions and functional impairment; and h. recommendations for additional assessments, services, support, or treatment based on the results of the CCA. i. The CCA must be signed and dated by the licensed professional completing the assessment. **https://files.nc.gov/ncdma/documents/files/8C_4.pdf**
Utilization Management	Other	How can I access a template for Person Centered Plan (PCP)?	You can access the form by clicking on the link below https://www.sandhillscenter.org/for-providers/provider-forms
Utilization Management	Clinical Coverage Policy	Is prior approval needed for Psychological Testing?	Unmanaged coverage is limited to eight hours of service per state fiscal year (July 1-June 30) for Psychological Testing services. Prior approval is required for services that will exceed the unmanaged limit. Prior approval assures medical necessity and authorizes the number of hours necessary to complete the psychological testing.
Utilization Management	Clinical Coverage Policy	Can I submit notes for Psychological Testing a week after date of service?	The timeline for service notes documenting psychological testing is the same as other service notes and should be written or dictated within 24 hours of the day that the service was provided. After 24 hours the note is considered a late entry. If the note is not written or dictated within seven days of the day that the service was provided, the service may not be billed. After 24 hours, the note must be indicated as a late entry and must include a dated signature.