



# SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services  
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

## BH, SUD, and I/DD Provider Payment Agreement

*Please complete all fields*

Provider Legal Business Name:		Date of Request:
DBA Name (if applicable):		
<b>Provider Type</b>		
<input type="checkbox"/> Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Licensed Facility
<input type="checkbox"/> Other	Other Description:	
<b>Tax Classification</b>		
Site Address Where Services Took Place (Street, City, State, Zip+4):		
Mailing Address (if different):		
Main Contact Name and Position:		
Phone Number:	Email Address:	
<b>Additional information required for Attending Provider/Practitioner</b>		
License #:	Date of Birth:	
Name as it appears on License:		
<b>Member Information</b>		
Member Name:		
Member's Date of Birth:		
Member's Medicaid Number:		
Is this PPA being requested due to a Medicaid transition to Sandhills Center? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date(s) of Service: (start date and end date; see #6 below)		
Service Code(s) with Service Description:		

P.O. Box 9, West End, NC 27376  
24-Hour Access to Care Line: 1-800-256-2452  
TTY: 1-866-518-6778 or 711  
Serving Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery,  
Moore, Randolph, Richmond and Rockingham counties





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## Notice to Provider

Please note: For hospitals, the PPA is used for inpatient care only. Services provided in the Emergency Department of a hospital do not require a PPA but should be billed directly.

Please see ED Billing link here: <https://tp.sandhillscenter.org//for-providers/emergency-department-claims-from-out-of-network-hospitals>

Please note: PPAs are also reserved for crisis or urgent care services and should not be utilized for services that could be covered under a Client Specific Agreement (CSA) which should be established prior to service provision. For further information regarding CSAs, please reach out to Alla Dawson at [allad@sandhillscenter.org](mailto:allad@sandhillscenter.org) or contact Sandhills Center via the Provider Help Desk at 1-800-256-2452.

The only exception to this standard is in the event that a member's Medicaid has transitioned to Sandhills Center from another LME/MCO and the provider has outstanding billing as result of non-urgent/non-crisis services being provided during the transition period. A PPA will be considered on a case-by-case basis.

Please send the completed Provider Payment Agreement with the additional required documentation to: [providerpaymentagreement@sandhillscenter.org](mailto:providerpaymentagreement@sandhillscenter.org) or fax Network, (336) 389-6127 or mail to Sandhills Center, Attn: Contracts Unit, 3802 Robert Porcher Way, Greensboro, NC 27410.

The following documents must be included in the packet in order to process your payment request.

1. Signed Provider Payment Agreement
2. Completed W-9 form.
3. Signed Trading Partner Agreement (TPA).
4. Completed Sandhills Center Service Authorization Request (SAR) form for all services.
  - a. Under the *Request for Service* on the SAR, please include the service code and service description.
  - b. The first date of service is the effective date.
  - c. The last day of service is the end date. (*For inpatient services, the last date of service is the day prior to discharge. Sandhills Center does not reimburse for the day of discharge.*)
  - d. The dates on the SAR should match the dates on the Provider Payment Agreement;
5. Copies of clinical notes for each day of service for which you are requesting reimbursement.
6. For inpatient services, copy of discharge summary as well as clinical notes for each day of service.

**Timely Filing: Sandhills Center is strictly enforcing the timely filing of claims as posted on our website:**

On our website, click on the "For Providers" tab, and then click on the "Timely Filing Guidelines" in the body of the web page.

<https://www.sandhillscenter.org/for-providers/provider-payment-agreement-for-out-of-network-medicaid-providers>

**Timely filing means that a submitted claim is complete and has been reviewed for medical necessity and approved for payment on or before the initial claims timely filing deadline.**



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The Provider understands and agrees that reimbursement rates are established by Sandhills Center and the Provider agrees to accept payment from Sandhills Center as payment in full. In the event an overpayment has been made to the Provider, Sandhills Center will provide an invoice to the Provider including the member's name and date(s) of service in question and the amount of overpayment. The Provider shall have thirty (30) days from the date of such notification to either appeal the determination or to remit the invoiced amount.

IN WITNESS WHEREOF:

The parties hereto have caused this Agreement to be signed by their respective Chief Officers and duly attested, the day, the month, and year first above written.

Sandhills Center	Provider Name
<i>By: Signature above this line</i> <i>Date</i>	<i>By: Signature above this line</i> <i>Date</i>
Victoria Whitt, CEO	Printed Name and Title
<i>This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act. General Statute 159.</i>	
<i>By: Signature above this line</i> <i>Date</i>	
Sandhills Center Chief Financial Officer or Designee	