

## **AGENDA**

### **Welcome - Cathy Estes Downs**

*Questions can be taken during the webinar through the chat box function for those accessing the webinar through their computers.*

### **Alliance Updates**

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**Hope4NC Helpline**

**Legislative Updates- Sara Wilson**

**Appendix K Retainer Payment – Matt Ruppel**

**Billing and Enrollment Updates- Tina Everett, Tasha Jennings, Marilyn Madison**

**Practice Transformation- Donna Stevenson**

**HEDIS Measures- Jose Lopez**

**Care Management Update- Kate Peterson**

**Diversity, Equity and Inclusion Survey- Todd Day**

**COVID Vaccine Distribution Update – Dr. Mehul Mankad**

**Provider Network Updates**

**Review of submitted question**

**Questions**

**Recording of this meeting will be posted on the Alliance Website by February 12, 2021**

<https://www.alliancehealthplan.org/providers/all-provider-meetings/>

- The **Hope4NC Helpline** ([1-855-587-3463](tel:1-855-587-3463)) is here to connect North Carolinians with emotional support and mental health resources to help build coping skills and resilience during times of crisis. Hope4NC includes a Crisis Counseling Program tailored for COVID-19, which will provide immediate crisis counseling services to individuals affected by the ongoing public health crisis. Hope4NC is here to connect you with the help you need, whenever you need it. Hope is on the line. [NCDHHS: Hope4NC](#)
- 
- We need your help distributing materials in our communities, and making our communities aware of the Hope4NC resource. We would like to invite you to come pick up Hope4NC promotional items.
- This will be a drive up – drive through event. You do not need to get out of your car. We will deliver the box to the truck of your car. **We will be COVID safe and observe the 3Ws at all times.**
- Would you please come pick up materials to distribute in your community - your office, social groups, neighborhood, churches, favorite take out restaurants, corner gas station, and other organizations?
- 
- **Who:** Everyone is welcomed to pick up a box of material to distribute to the community. We invite all our community partners, individual and families served by Alliance, Providers and key stake holders.
- 
- **When:** Tuesday 02/16/2021 Drop By between 1:00 PM – 5:00 PM
- 
- **Where:** Alliance Home Office 5200 W. Paramount Parkway, Suite 200 Morrisville, NC 27560 [Directions](#)
- **OR**
- Alliance Cumberland Office 711 Executive Place Fayetteville, NC 28305 [Directions](#)
- 
- **What will you get?**
- We will bring a box of promotional items to the truck of your car. The box will contain:
- Yard Signs
- Hope4NC Calendars
- Hope4NC Coloring Books
- Hope4NC flyers in English/Spanish
- Business cards in English and Spanish
- Social Distancing markers for the floor
- A static cling posters – double sided for a glass window
- 
- If you are unable to come on Tuesday 02/16/2021, please email us and we can make arrangements. For more information and questions, please email Eric Johnson [EJohnson@AllianceHealthPlan.org](mailto:EJohnson@AllianceHealthPlan.org)



# Government Relations Update

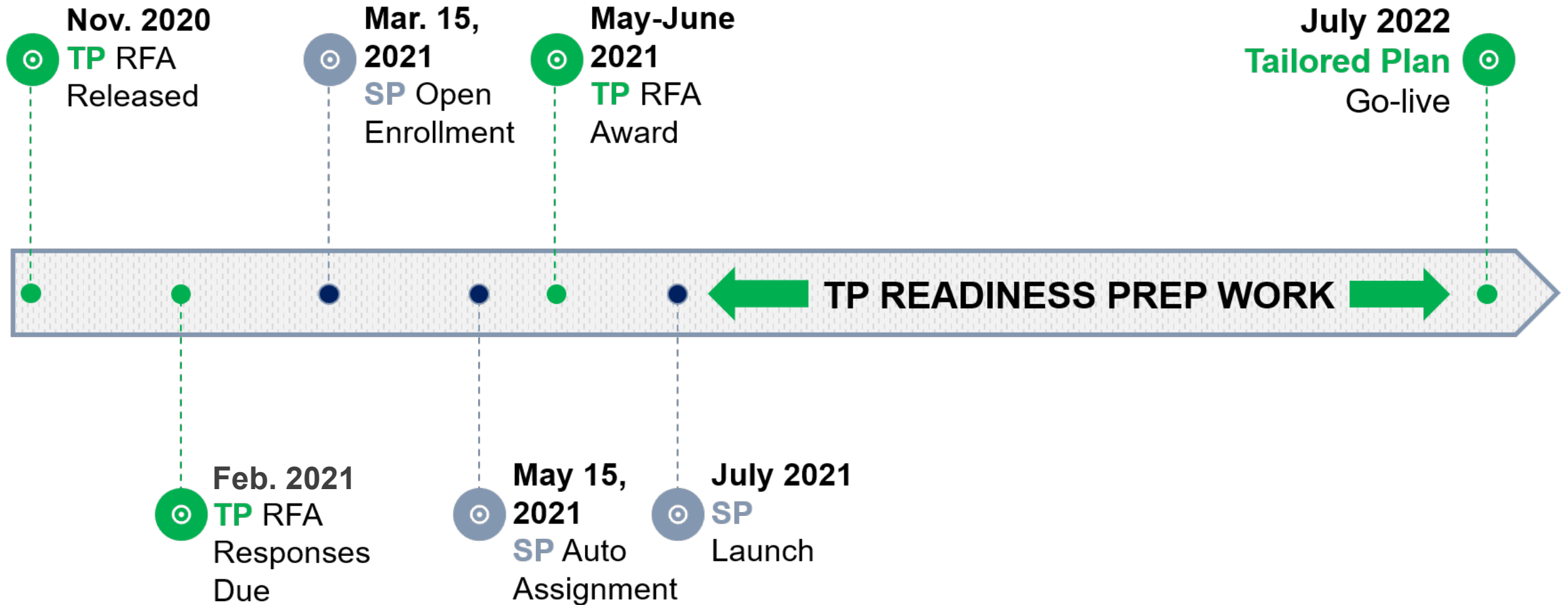
# 2021 Long Session Underway

- January 13<sup>th</sup> - The NC General Assembly officially convened and used the first two weeks of the long session to select committee members and appoint chairs.
- January 27<sup>th</sup> – reconvened and began deliberations.
- Bills are slowly being introduced and committee work has not yet gotten underway.

# 2021 Legislative Priorities

- Support the Medicaid Transformation Pathway Enacted by the NC General Assembly
- Address the Statewide Direct Support Worker Workforce Crisis
- Strengthen NC's Behavioral Health Safety Net and Increase Health Care Coverage Across the State
- Invest Significantly in New Innovations Waiver Slots

# Medicaid Transformation Timeline



# Recent Happenings

- January 20, 2021: DHHS announced that Legal Aid of North Carolina (Legal Aid) will provide Medicaid Managed Care Ombudsman services
- February 2, 2021: Tailored Plan Eligibility revised  
<https://files.nc.gov/ncdhhs/BH-IDD-TP-Eligibility-Enrollment-Update-02.02.2021.pdf>
- Webinar featuring an Overview of North Carolina's Specialized Foster Care Plan will be held on Feb. 11 from 3-4 p.m.





## Appendix K Retainer Payments



# Background

- Appendix K was approved by CMS effective 3/12/2020
- Per NC DHHS Special Bulletin COVID-19 #63, retainer payments are for direct care workers unable to provide services as normal because:
  - Member or co-habiting family member is sick due to COVID-19
  - Member or co-habiting family member is sequestered and/or quarantined
  - The staff member is sick or caring for a sick family member
  - Member is at high risk for COVID-19 and contact needs to be limited
- Per NC DHHS Special Bulletin COVID-19 #63, retainer payments cannot be provided for more than 30 consecutive days, though there may be more than one 30 consecutive day period

# Joint Communication Bulletin #381

- Issued by NC DHHS on 11/24/2020
- Limit of up to 3 separate retainer payment approval periods
  - Payments made in excess of the limit prior to 12/31/2020 are not subject to recoupment
  - Once limit is reached, the eligibility for retainer payments ends
- Alliance identified Members that had reached or exceeded the limits, and notified those Members and their providers that the limit had been reached

# What's Next?

- Alliance will audit claims to identify those that have exceeded the limit
- Alliance will recover payments made in excess of the limits for dates of service 1/1/2021 and after
- Alliance encourages providers that have utilized retainer payments to review billing history to identify Members that have reached the limit
- The Alliance audit process will be adapted as new information is released by NC DHHS



# Billing & Enrollment Updates

February 2021

# Team Expansion

Claims Department + Eligibility & Enrollment Department =

**Billing & Enrollment Department**



# Billing & Enrollment Numbers

**1,493,394** Number of provider claims received and processed in Fiscal Year 2019/2020

**91%** Percentage of provider claims approved by Alliance Health in FY19/20

**23,706** Number of member enrollments processed in FY19/20

**76%** Percentage of approved member enrollments in FY 19/20

## Common Claims Denial Reasons:

- Claim received outside timely filing parameters
- Duplicate claims submitted
- Member enrollment not timely/complete
- Coordination of Benefits (COB) requirements not met
- Replacement claims submitted with errors

## Common Enrollment Errors (by provider):

- Diagnosis and NC Tracks Benefit Plan not matching
- DX and NC Tracks Benefit Plan Dates not matching
- Missing SA Details
- Address not in catchment area
- Admission date not within 14 day timeframe



# Billing & Enrollment Resources

## Alliance Health Billing & Enrollment Manual

### Enrollment & Claims Filing Timelines and Requirements

- AlphaMCS System Technical Support
- FAQs & Team Contacts

## Alliance Health Support & Assistance

- Technical Assistance sessions remain available virtually and can be set up directly with your assigned Claims Research Analyst or Eligibility & Enrollment Specialists.
- Alliance Health Billing & Enrollment teams strongly encourage providers to work through technical needs now, while the support is readily available
- The Alliance Health Website has helpful documents and resources:  
<https://www.alliancehealthplan.org/providers/publications-forms-documents/>

# Technical Assistance & Contacts

- Contacts: Tina Everett, Claims Supervisor- 919-651-8817, [teverett@alliancehealthplan.org](mailto:teverett@alliancehealthplan.org)  
Tasha Jennings, Eligibility & Enrollment Supervisor- 919-651-8527, [tjennings@alliancehealthplan.org](mailto:tjennings@alliancehealthplan.org)  
Marilyn Madison, Claims Supervisor- 919-651-8450, [mmadison@alliancehealthplan.org](mailto:mmadison@alliancehealthplan.org)

Claims Research Analyst	Phone Contact	Email Contact
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Reid, Chelsea	919-651-8955	<a href="mailto:creid@alliancehealthplan.org">creid@alliancehealthplan.org</a>
Stewart, Amy	919-651-8609	<a href="mailto:astewart@alliancehealthplan.org">astewart@alliancehealthplan.org</a>
Eligibility & Enrollment Specialist	Phone Contact	Email Contact
Makila Gary	919-651-8523	<a href="mailto:mgary@alliancehealthplan.org">mgary@alliancehealthplan.org</a>
Angela Gore-Jones	919-651-8526	<a href="mailto:Agore-jones@alliancehealthplan.org">Agore-jones@alliancehealthplan.org</a>
Yolanda Miles	919-651-8471	<a href="mailto:ymiles@alliancehealthplan.org">ymiles@alliancehealthplan.org</a>



# Practice Transformation Framework: Past, Present and Future

# What is Practice Transformation

Practice Transformation refers to a process of change.

It is designed to help provider agencies develop the tools, skills and knowledge necessary to shift to measurement based care and to participate in alternative payment models.

A focused process and methodology that provides a framework to enable provider agencies to change their structure, payment model and service delivery. Service delivery will become an integrated, whole person approach across the healthcare continuum.

# Why Is Healthcare Shifting

## Fee For Service

- Transactional
- Volume Based Care
- Improvement is one Member at a time
- Views member in a silo

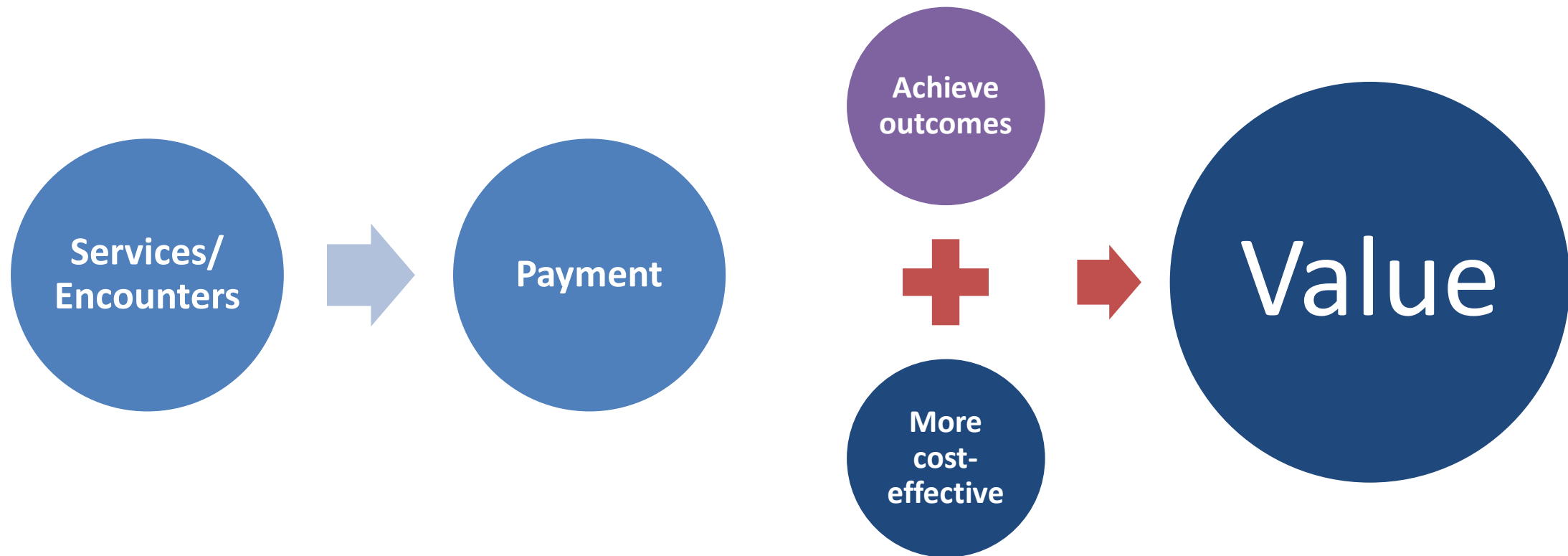
## Value Based Care

- Whole-Person Integrated Care
- Population Health Management
- Outcomes Focused
- Eliminates redundancy in testing and services

# Fee-For-Service (FFS) VS Value-based Payment (VBP)

Current State - FFS: Incentive for Volume

Future State - VBP: Incentive for Value





# Understanding the Drivers of VBP: The “Quadruple Aim”



**Population  
Health**



**Experience  
of Care**



**Per Capita  
Cost**



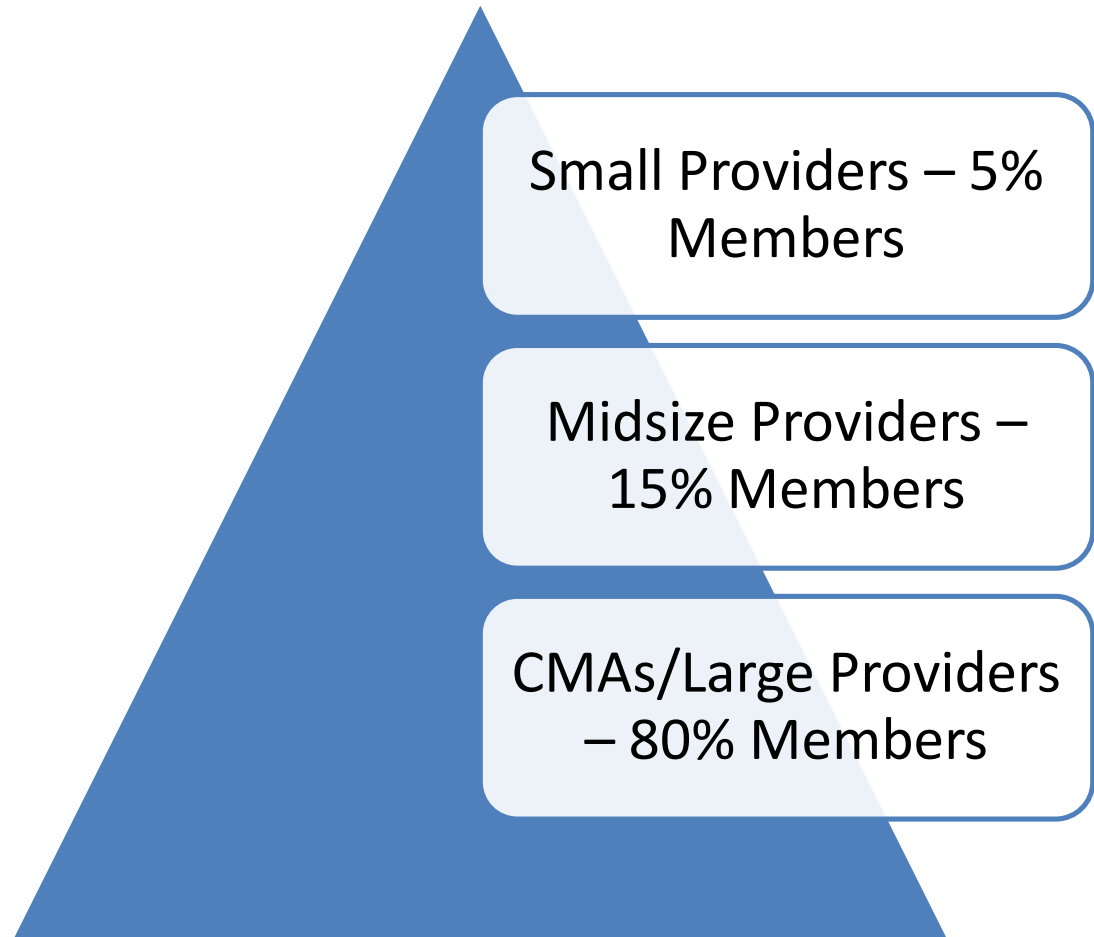
**Provider  
Satisfaction**

# Examples of How to Reach the Quadruple Aim

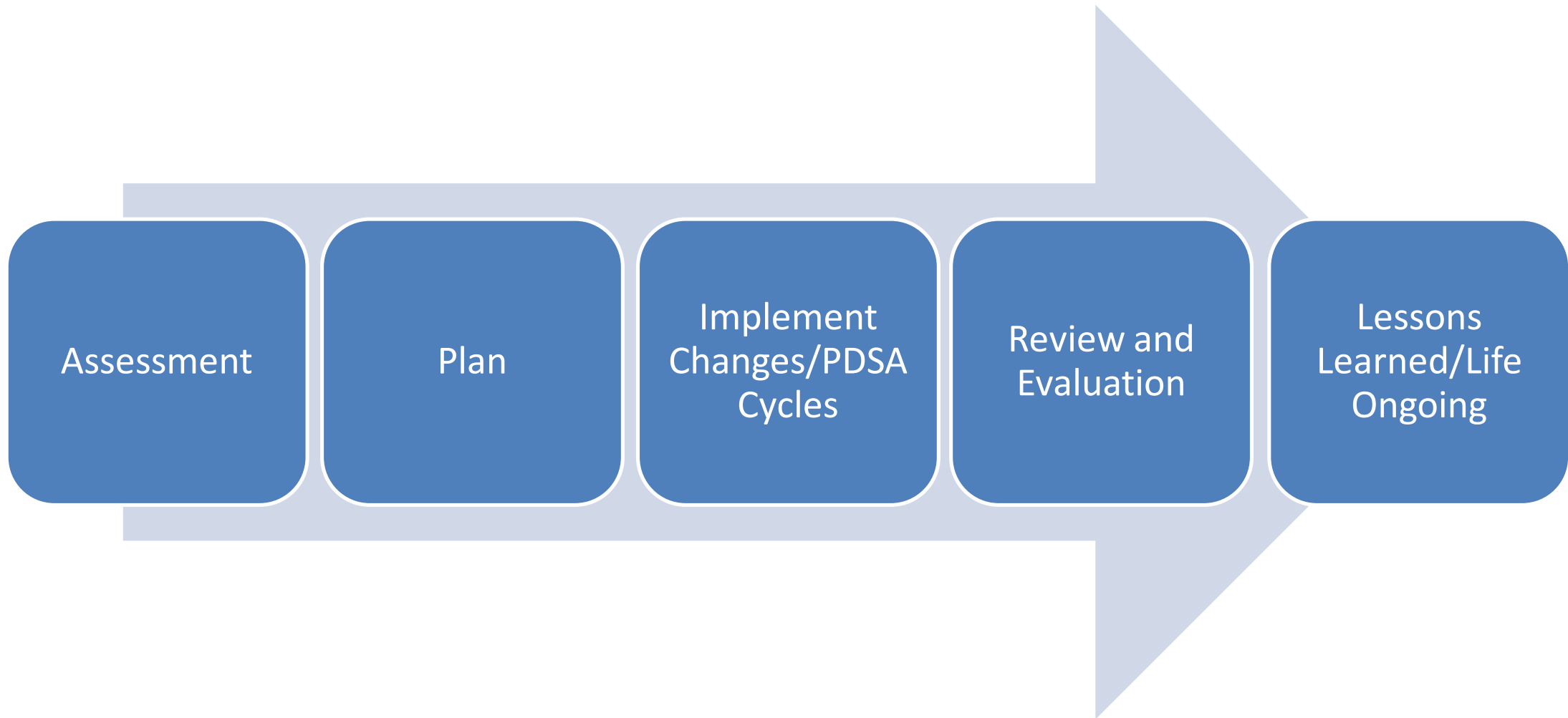
Domains	Sample Metrics
Reducing overall health care costs (e.g., unnecessary or avoidable ED utilization and/or hospitalization/readmissions)	% reduction in unnecessary or avoidable ED utilization and/or hospitalization
Improving health outcomes/specific clinical quality measures	Improvements demonstrated in hemoglobin A1C, hypertension or depression
Increasing access to care	# days maximum between initial referral and appointment time
Patient satisfaction	% of patients indicate they are satisfied or very satisfied
Increasing safety and reducing risk	% of patients screened for suicide risk, SBIRT or risk of falls/home safety

# How Are We Going to Transform

- Categorize Providers
- Conduct Gap Analysis
- Majority of work done with the CMAs and other large providers



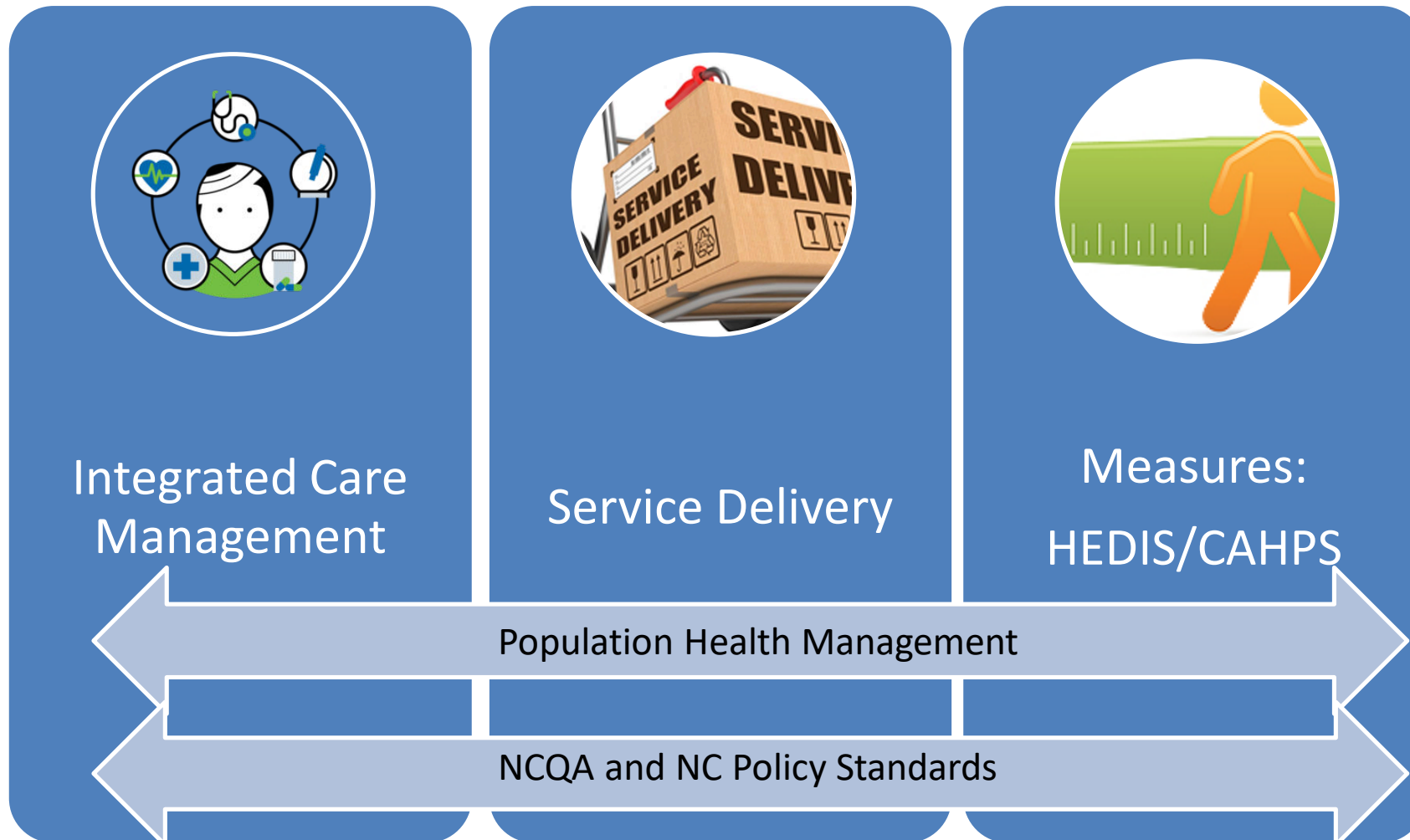
# How Alliance Enables Provider Transformation







# Components of Practice Transformation





# Practice Transformation: Nuts and Bolts

Define

- the population

Identify

- gaps in care

Stratify

- risk

Engage

- patients

Manage

- care

Measure

- outcomes

# Practice Transformation – The Plan

Tasks	Assigned	Complete Date	Comments
<b>Planning</b>			
Conduct Kickoff Meeting			
Discuss process			
<b>Assessing Or Discovery</b>			
Schedule Gap Analysis - may take 2-4 sessions			
Teach Shift Left			
Change management concepts			
The WHY			
Ownership			
<b>Planning</b>			
Based on GA, create a plan to move forward			
Prioritize work based on gaps			
Make sure tools, one pagers, are accessible			
Conduct ongoing meetings to discuss progress			
Who owns the project plan after we create it - us or someone at the agency			
Conduct webinars or one-pagers based on new information coming out about transformation			
<b>Assess Provider Agency Performance</b>			

# How Does Practice Transformation Impact Staff

- Learn and understand QI concepts and change management theories
- Measurement Based Outcomes
- Team Based Care within the agency and inter-agency
- Expand the use of technology tools
- Participate in QI initiatives

# How Does Practice Transformation Impact Members

- Increase Member engagement
- Encourage participation in QI and other agency advisory boards
- Provide opportunities to give input through Patient Satisfaction Surveys
- Enhanced quality of care resulting in improved wellness

# How Will Alliance Enable Provider Practice Transformation



Practice Transformation Technical Assistance

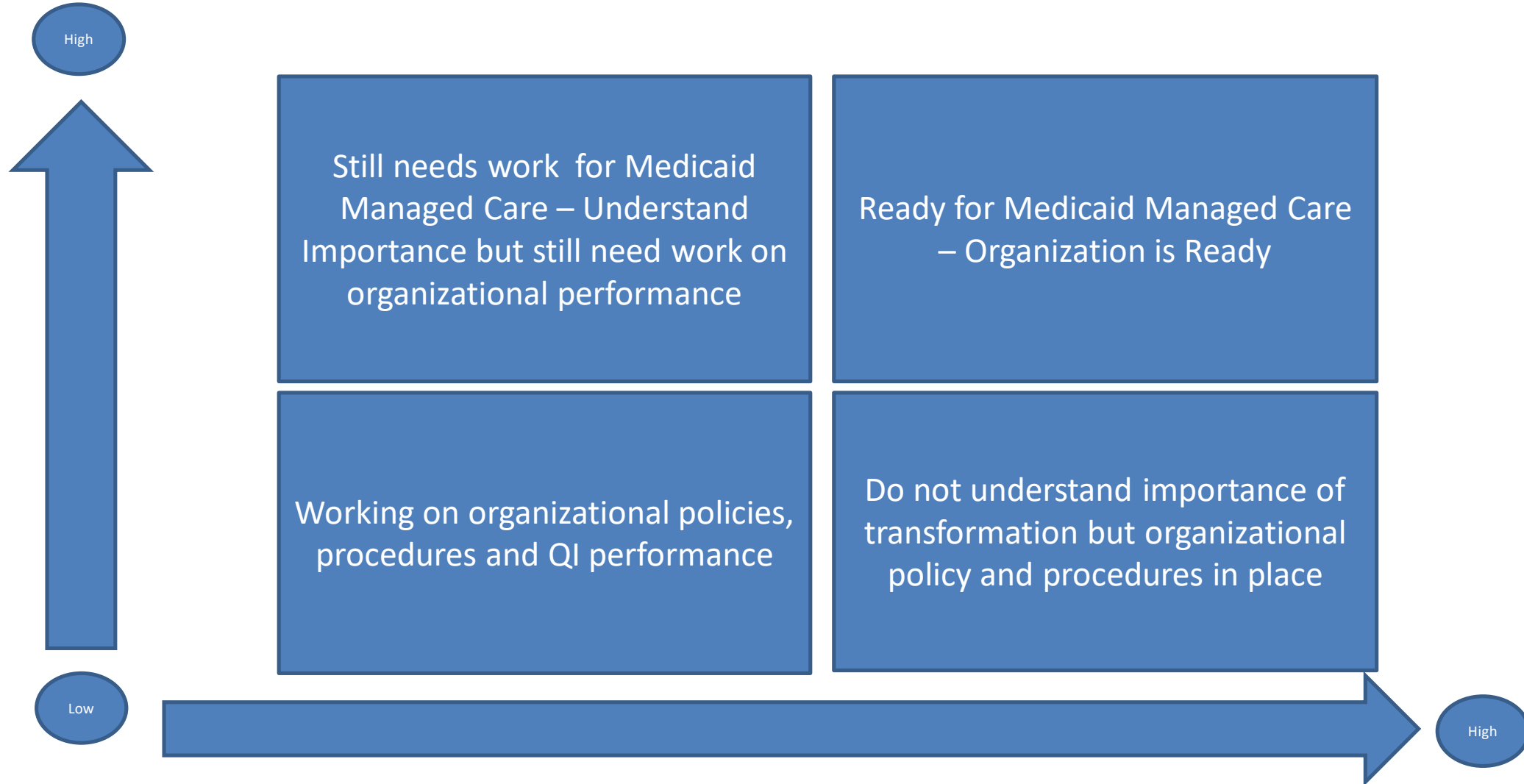
Provide Quality Improvement Tools and Interventions

Use of Data Platform

Provide Claims and Pharmacy Data

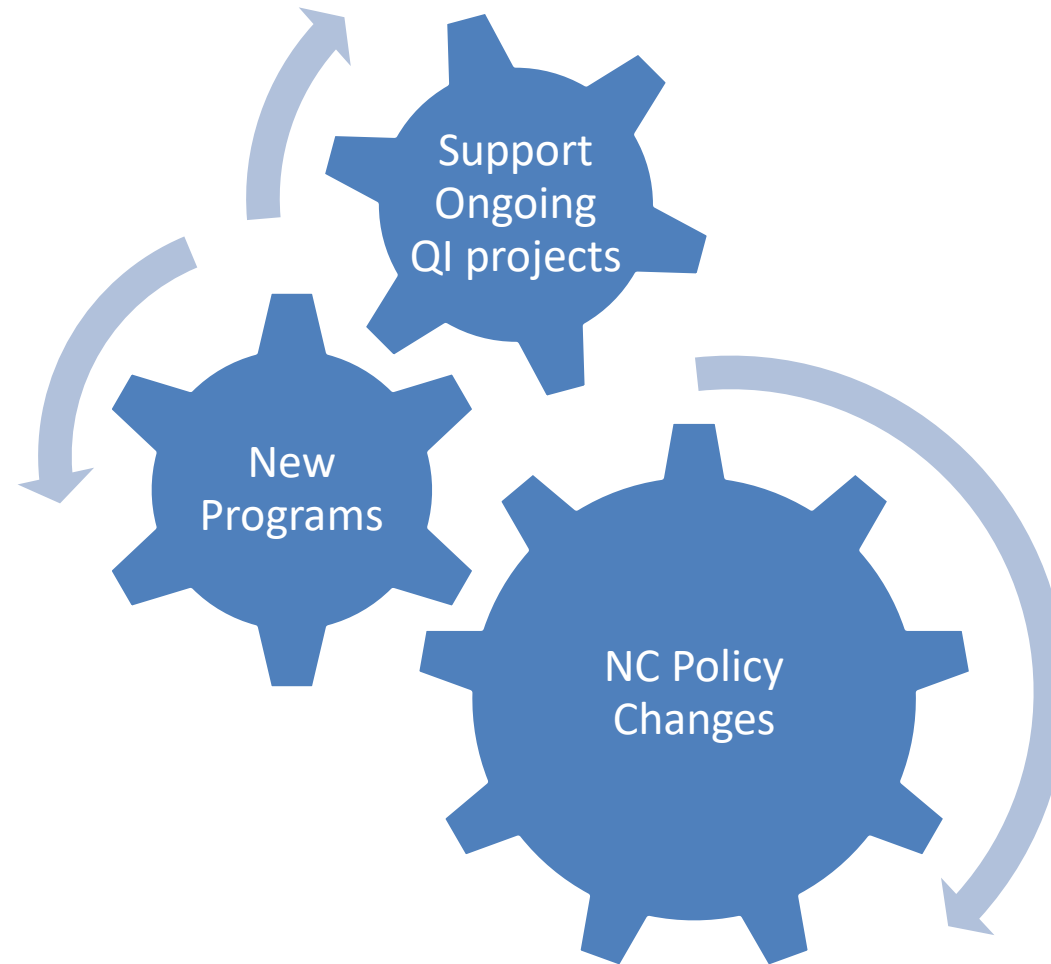
Provide a Project Plan to Transformation

# Assessment of Provider Readiness





# Alliance Health Enables Providers - Ongoing





# How Long Will This Take



# Discussion



# Thank you

For more information:

Ana Evan – [aevan@Alliancehealthplan.org](mailto:aevan@Alliancehealthplan.org)

Donna Stevenson – [Dstevenson@alliancehealthplan.org](mailto:Dstevenson@alliancehealthplan.org)





# Healthcare Improvement Measures

HEDIS\* Measures SAA, SSD, APM, FUH

# Presentation Objectives

- Gain a basic understanding of HEDIS and how it relates to providers and members
- Learn about the measures Alliance is currently tracking
- Understand Alliance Provider Network's current performance levels for these measures
- Increase awareness of Alliance's interventions designed to improve performance on these measures



# Healthcare Effectiveness Data Information Set

HEDIS measures will be  
used by both Standard  
Plans and Tailored Plans

# Measures covered in this training

HEDIS\* SAA – Adherence to Antipsychotics for people with Schizophrenia

HEDIS\* SSD - Diabetes Screening for people with Schizophrenia and Bipolar Disorder

HEDIS\* APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics

HEDIS\* FUH – Follow up after Hospitalization

**\*These measures are based on Alliance's own data and reports**

These are uncertified and unaudited by NCQA (National Committee for Quality Assurance)

# HEDIS\* Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)

- **What to know about this measure:**
  - Assesses adults 19–64 years of age who have schizophrenia and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
  - Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization. Busch, A.B., A.F. Lehman, H. Goldman, & R.G. Frank. 2009. "Changes over time and disparities in schizophrenia treatment quality." Med Care 47(2), 199–207.
  - Alliance uses pharmacy data to identify patients who have a gap in their prescribed antipsychotics
  - <https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/>

# HEDIS\* Diabetes Screening for Individuals with Schizophrenia or Bipolar Disorder (SSD)

- **What to know about this measure:**
  - Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
  - Persons with serious mental illness who use antipsychotics are at increased risk of diabetes, thus screening and monitoring of these conditions is important.
  - Lack of appropriate care for diabetes for people with schizophrenia who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.
  - <https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/>

# HEDIS\* Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- **What to know about this measure:**
  - Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.
  - Antipsychotic medication prescribing in children and adolescents has increased rapidly in recent decades. These medications can increase a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood.
  - Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

<https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/>

# HEDIS\*Follow-up After Hospitalization for Mental Illness (FUH)

- **What to know about this measure:**
  - Assesses adults and children 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner.
  - The measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge.
  - Patients hospitalized for mental health issues are vulnerable after discharge, and follow-up care by trained mental health clinicians is critical for their health and well-being.

<https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>





# Key Differences between NC State Data Monitoring and HEDIS FUH

## HEDIS FUH

- Mental health discharges
- Commercial insurance, Medicaid, and Medicare population (Alliance focus on Medicaid population)
- Ages 6 years and older
- Monitors follow-up at 7 days and 30 days post-discharge (includes follow-up on day of discharge)
- Two measures (7 and 30 day follow-up)

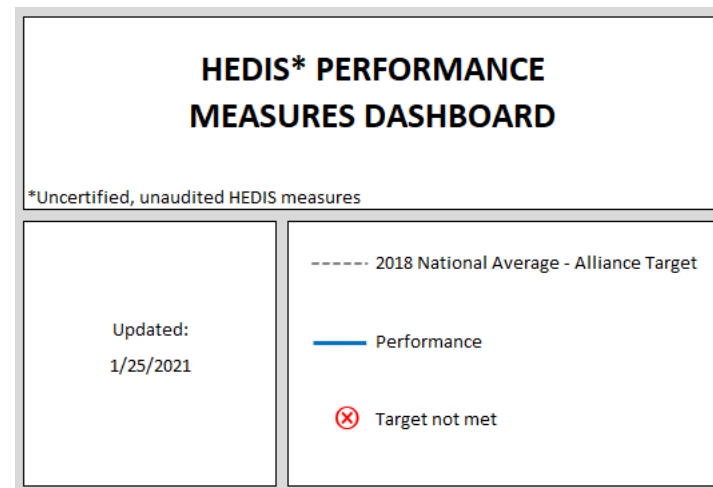
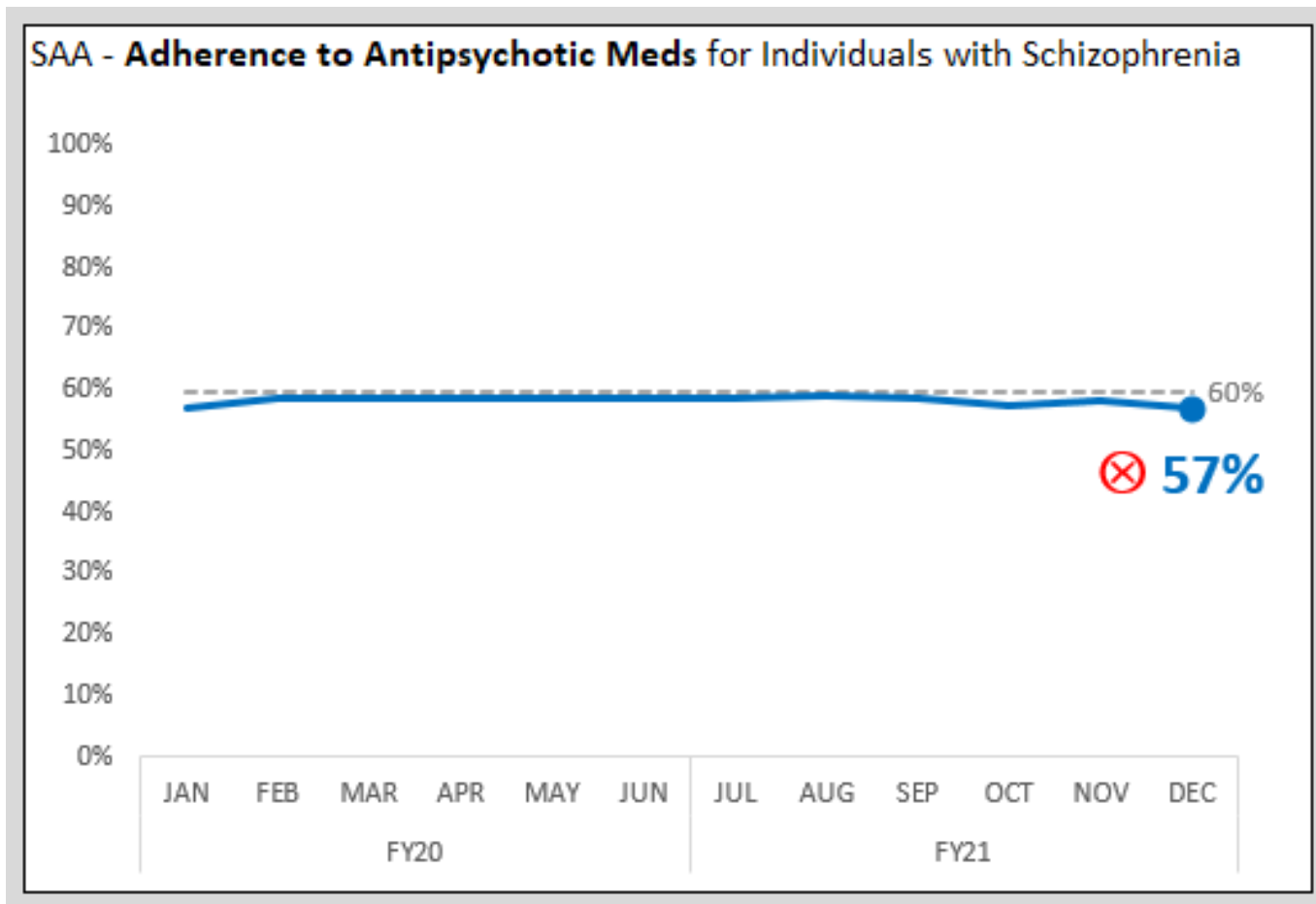
## NC State Monitoring

- Mental health and substance use disorder discharges
- Medicaid and uninsured populations
- Ages 3 to 64 years of age
- Monitors follow-up between 1 and 7 days post-discharge (does not include follow-up on day of discharge)
- Four measures (Medicaid MH, Medicaid SUD, State MH, State SUD)

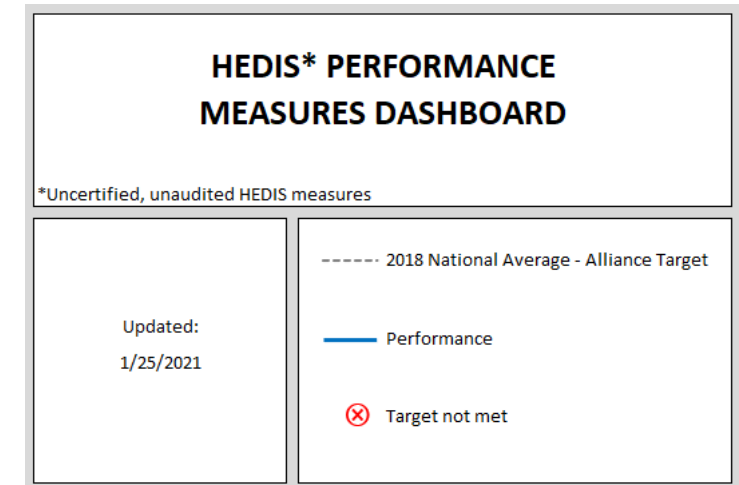
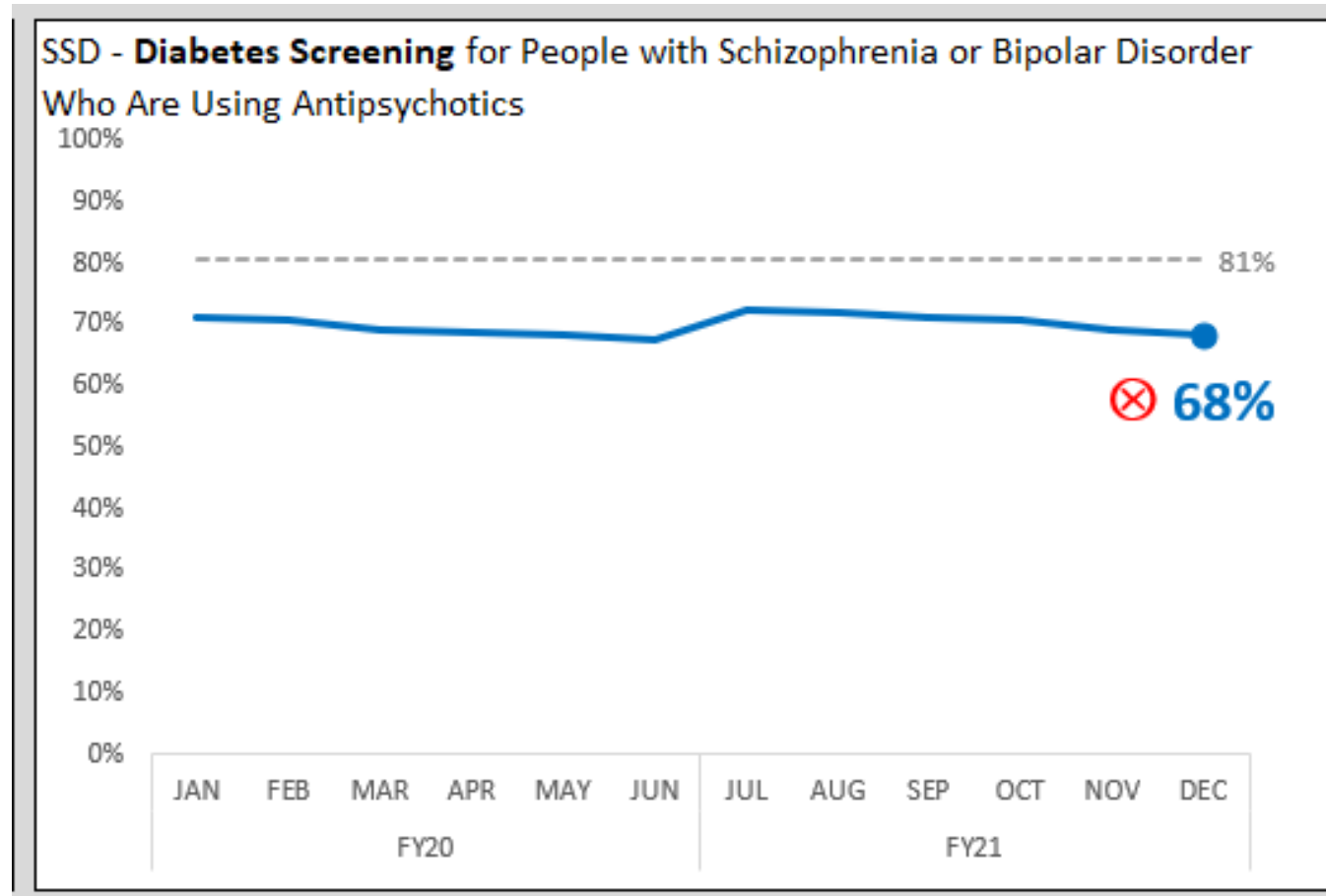
Let's talk

**DATA**

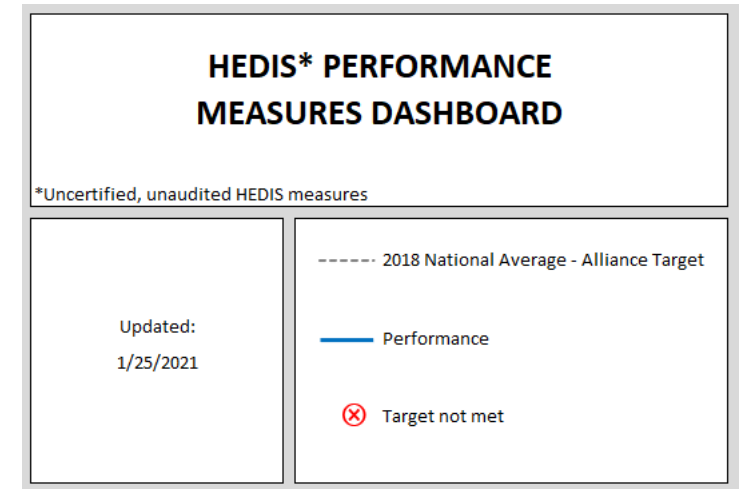
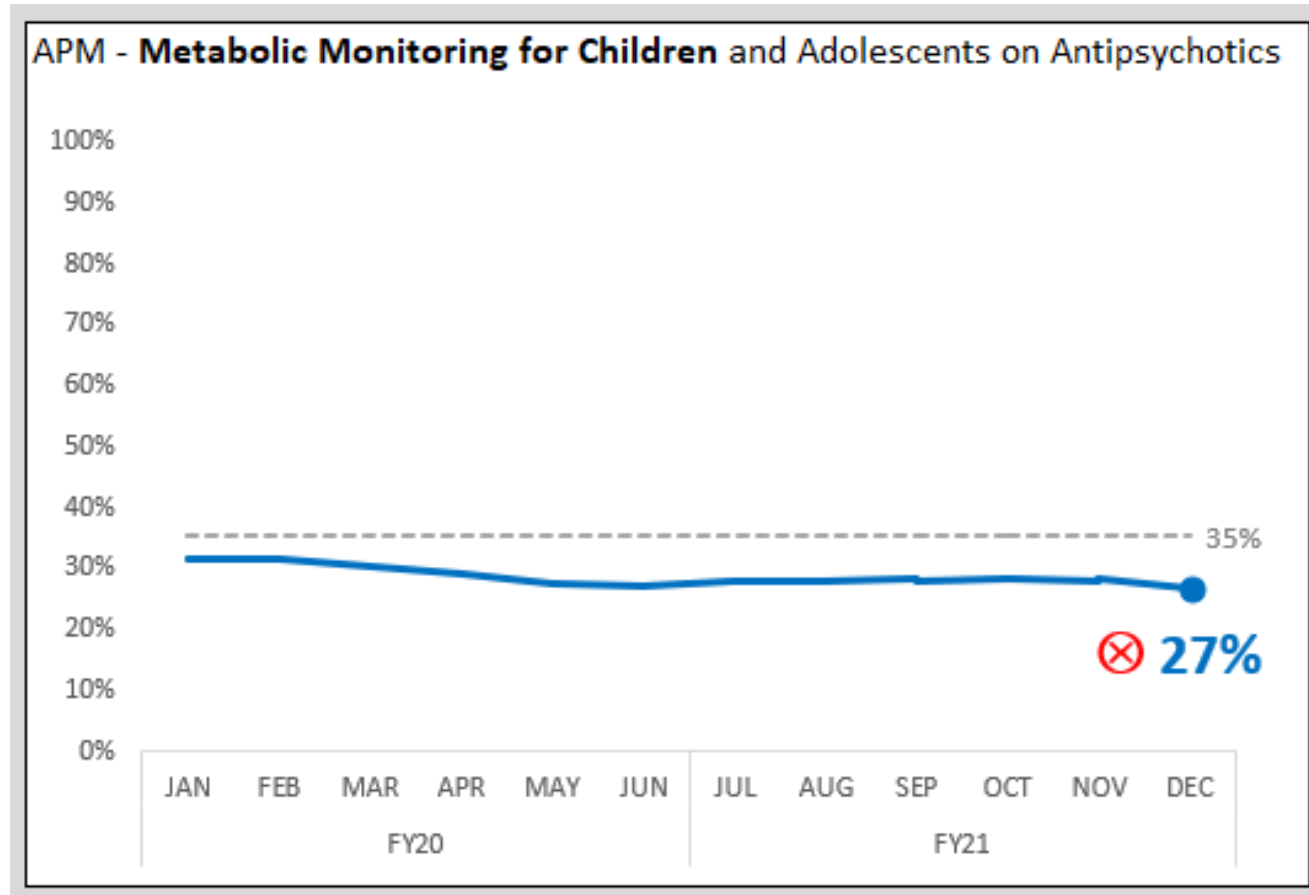
# SAA How are we doing....and where we need to get to?



# SSD How are we doing....and where we need to get to?



# APM How are we doing...and where we need to get to?

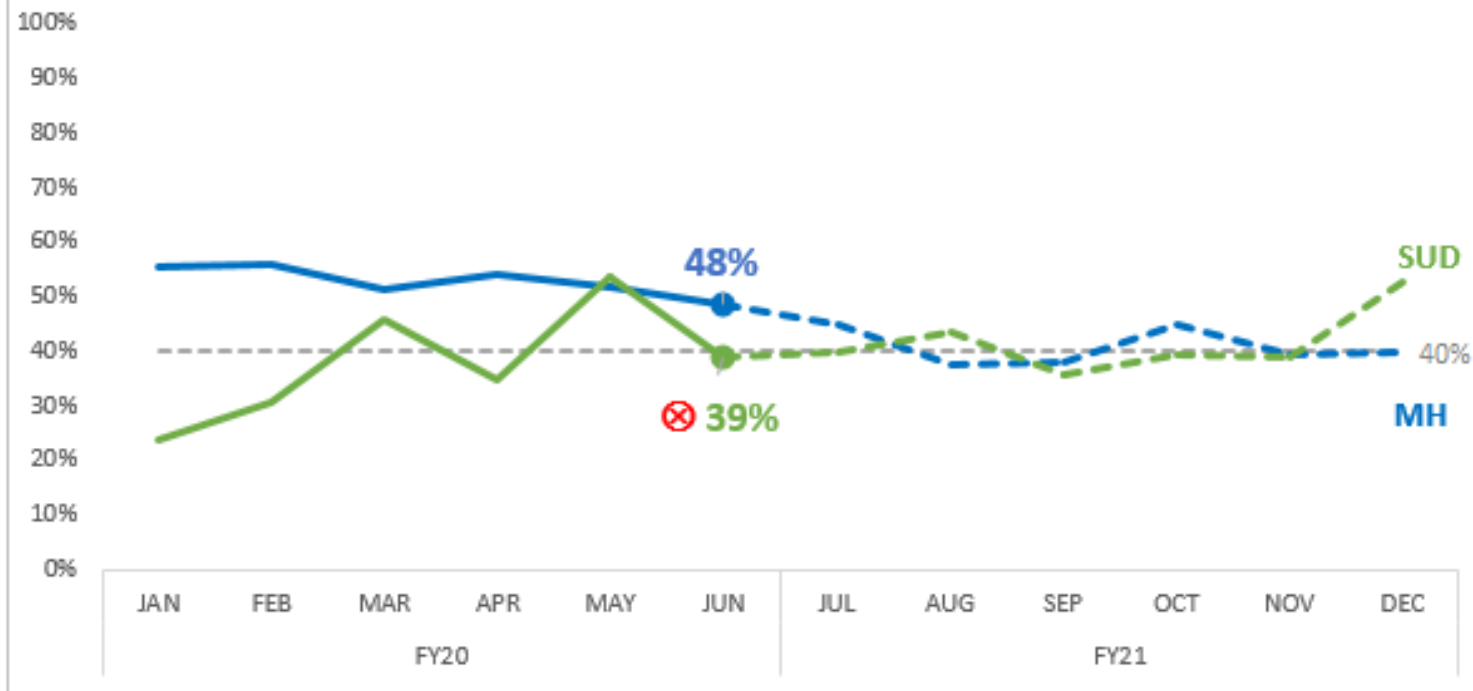




# FUH How are we doing...and where we need to get to?

## Medicaid

1-7 Days



Validated state data

Forecasted data based on available claims

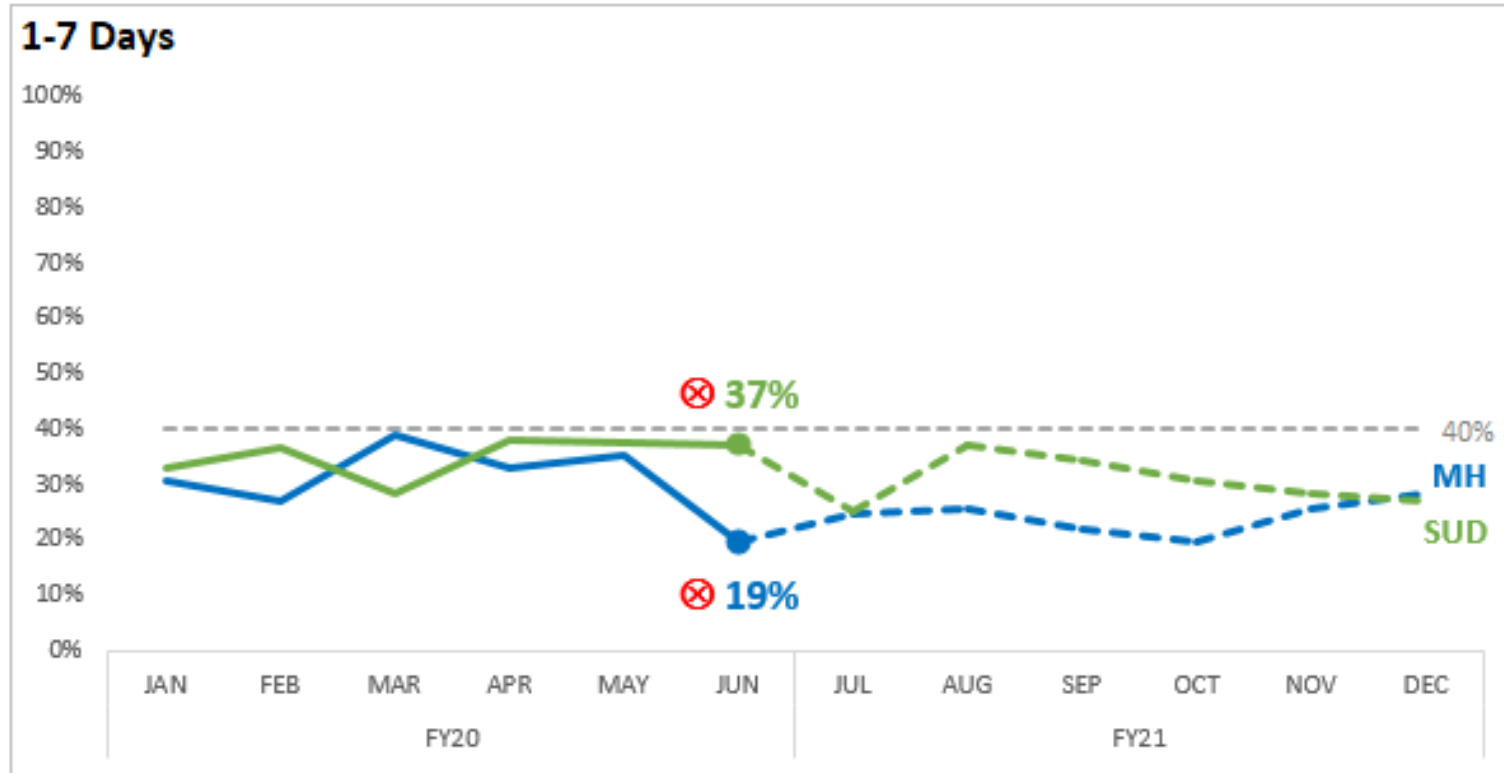
Target

Target not met



# State F/u How are we doing....and where we need to get to?

## Uninsured



— Validated state data

- - - Forecasted data based on available claims

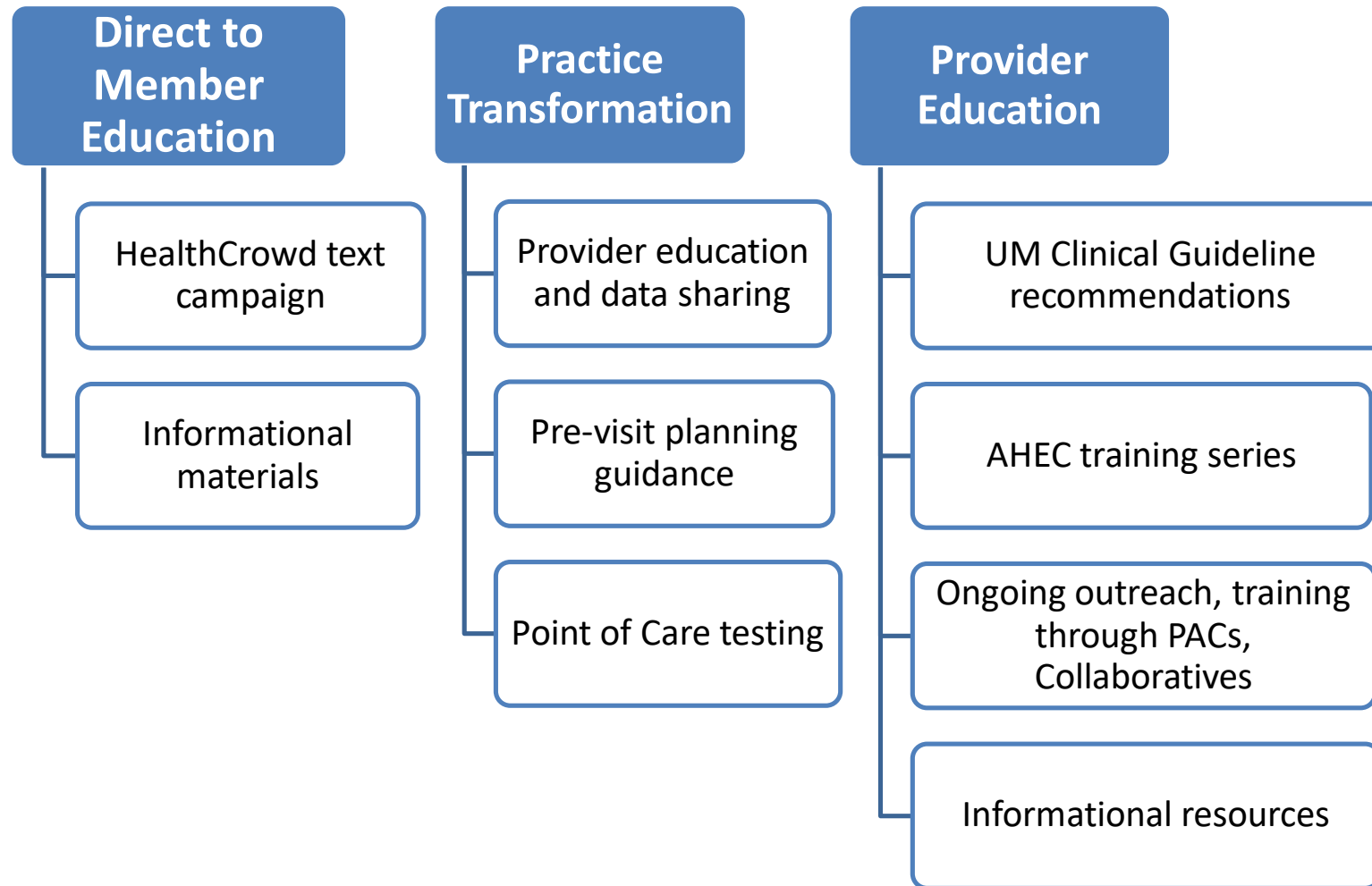
- - - Target

⊗ Target not met



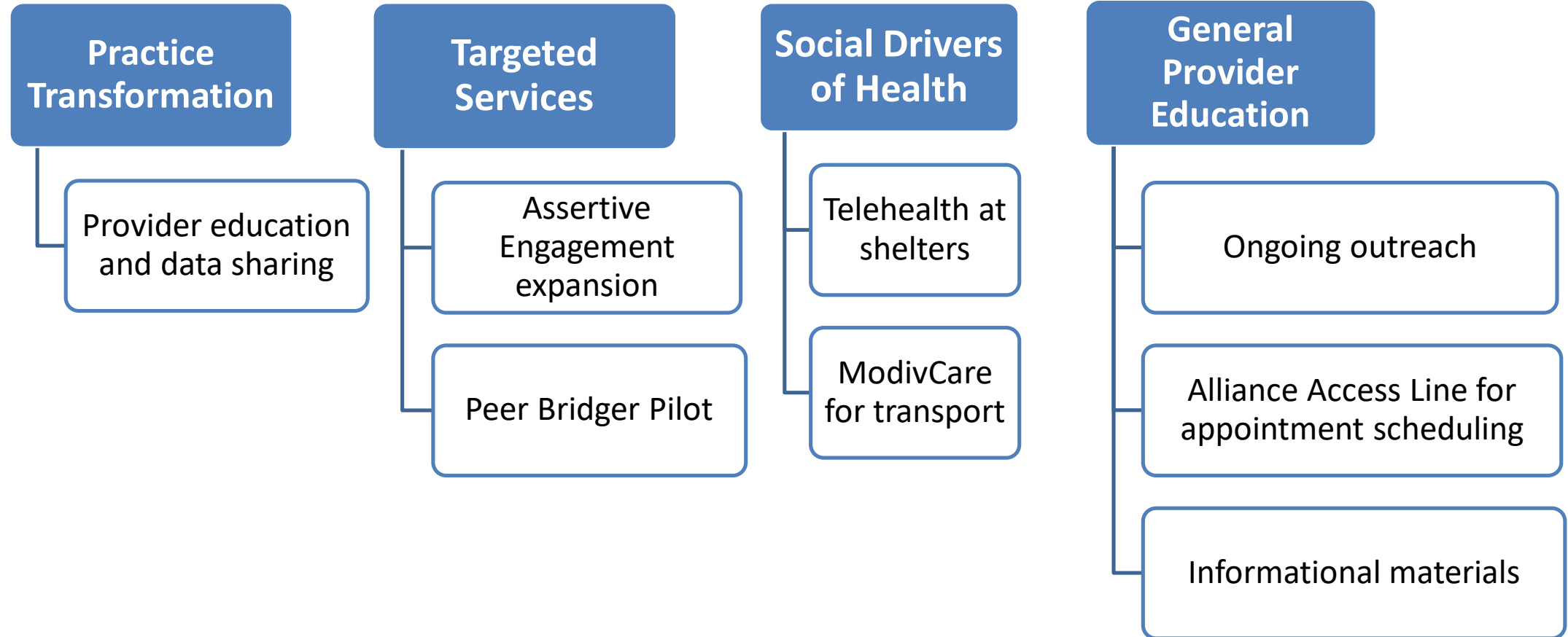


# Current Improvement Efforts – SAA, SSD, APM





# Current Improvement Efforts – FUH/State Follow Up



# References and Helpful Links

- <https://www.ncqa.org/hedis/measures/>
- <https://www.alliancehealthplan.org/providers/hedis/>
- <https://www.alliancehealthplan.org/alliance-clinical-guidelines/>
- Diabetes Care 2004 Feb; 27(2): 596-601.  
<https://doi.org/10.2337/diacare.27.2.596>

# Thank You!

## Questions or Follow up?

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Quality Review Coordinator II

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# Alliance Health Care Management

Tailored Plan Care Management is the primary care management model for BH I/DD Tailored Plans, and operates on the key principle that physical health, behavioral health, and I/DD-related needs are integrated through the care team.

# CMA/AMH+ Application Deadline

March 1, 2021

Spring 2021

Fall 2021

Providers can submit an application to be considered for certification as an AMH+ or CMA in the first round *from now through March 1, 2021*.

The application form is available at <https://files.nc.gov/ncdma/Revised-Tailored-Care-Management-Application-Questions20201202.pdf> and should be submitted to [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov)

\*Tailored Care Management: Overview of the AMH+ and CMA  
Certification Process December 17, 2020

# CARE MANAGEMENT PILOT

- One CMA agency has been selected by Alliance through an RFP .
- It is anticipated that the pilot will run from March, 15 2021 till June 2022.
- The overarching goal is to try and simulate, as close as possible, to a developed care management model and all of the operational factors.
- Information and data will be collected throughout the pilot to inform needed changes



## INFORMATION FOR SERVICE PROVIDERS

- Care management team approach-
- The care team serves all levels of acuity and has a caseload of 100-110 members
- The goal of the model is to limit the movement of members from one care manager to another
- By providing a team approach, members are able to stay with the care management team while their acuity/risk might change over time
- Even though this is a team-based approach, each member will have a designated main care manager that they work with on regular basis

## Care Management Team Tasks

- Predominantly field & community-based
- Telephonic engagement for low acuity clients
- Engagement with members lost to care
- Initiates assessments and Care Plan
- Transitional care

## WHAT SERVICE PROVIDERS CAN EXPECT

- Monarch will be assigned Alliance Members to receive Care Management.
- The assigned members will be adults with MH and/or SUD
- They will be in Wake County
- If a member receives services from you and is assigned to Monarch for Care Management, one of their care managers will contact you as a current service provider once Monarch has engaged the member in their care needs assessment and will be doing Care Planning

## WHAT PROVIDERS CAN EXPECT

- GIVE INPUT INTO THE CARE PLAN
- ASK YOU FOR REGULAR UPDATES AND TO LET KNOW ABOUT MAJOR CHANGES IF THEY HAPPEN
- COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH NEEDS AS WELL AS SOCIAL DETERMINANTS OF HEALTH
- CARE MANAGERS TO HAVE REGULAR CONTACT WITH MEMBERS-FREQUENCY IS DEPENDENT ON ACUITY.

# Questions?

- [kpeterperson@alliancehealthplan.org](mailto:kpeterperson@alliancehealthplan.org)

# Diversity, Equity, and Inclusion Provider Assessment

**What: Online Assessment**

**When: Feb. 15 – Mar. 5**

**Where: Provider News**

**THE  
BARTHWELL  
GROUP**

EXCELLENCE. COMMITMENT. RESULTS-DRIVEN.

**Alliance**  
Health





# **COVID Vaccine Distribution Update**

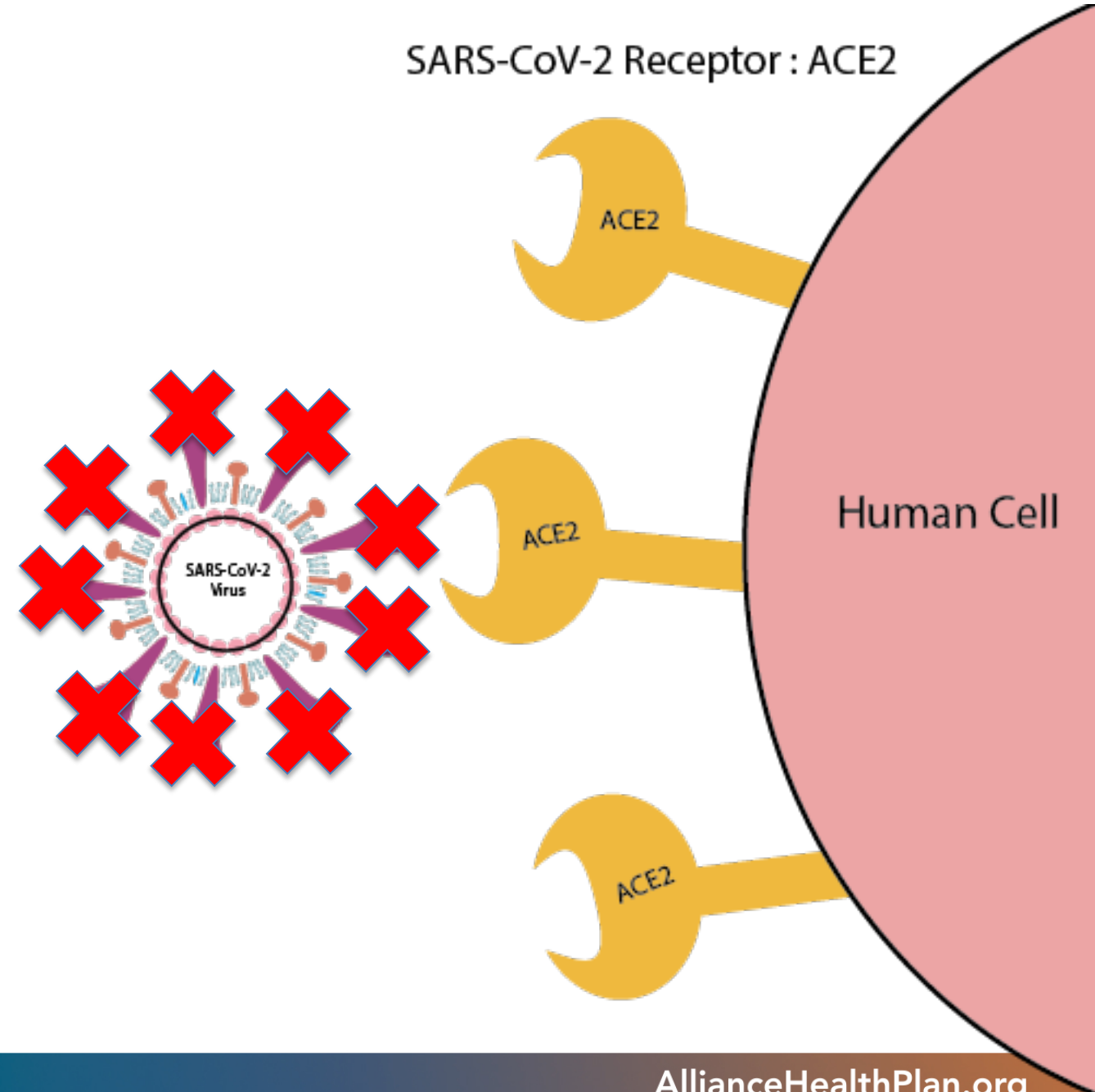
Mehul Mankad, MD

Alliance Chief Medical Officer

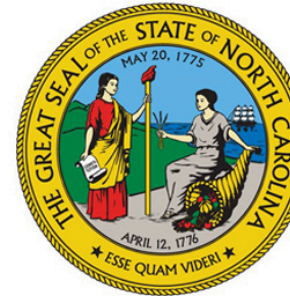
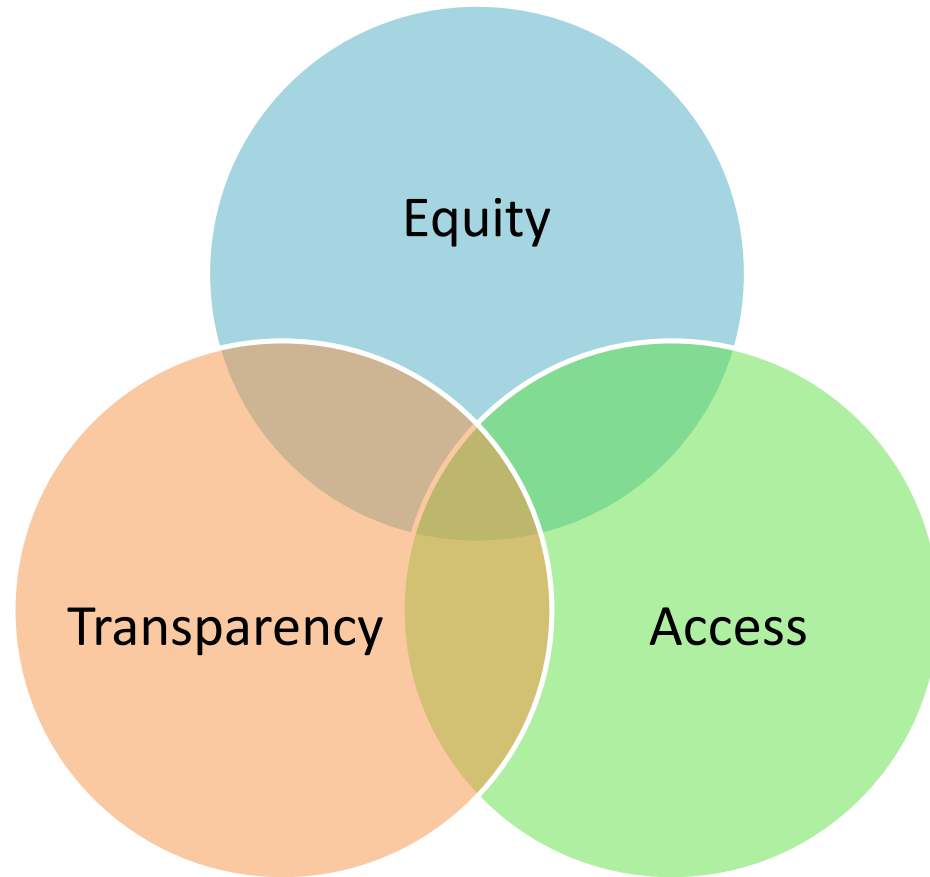


S protein "spike" from the virus sticks to the human ACE2 receptor

If something could block this connection, then...



# North Carolina Vaccine Distribution Plan



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

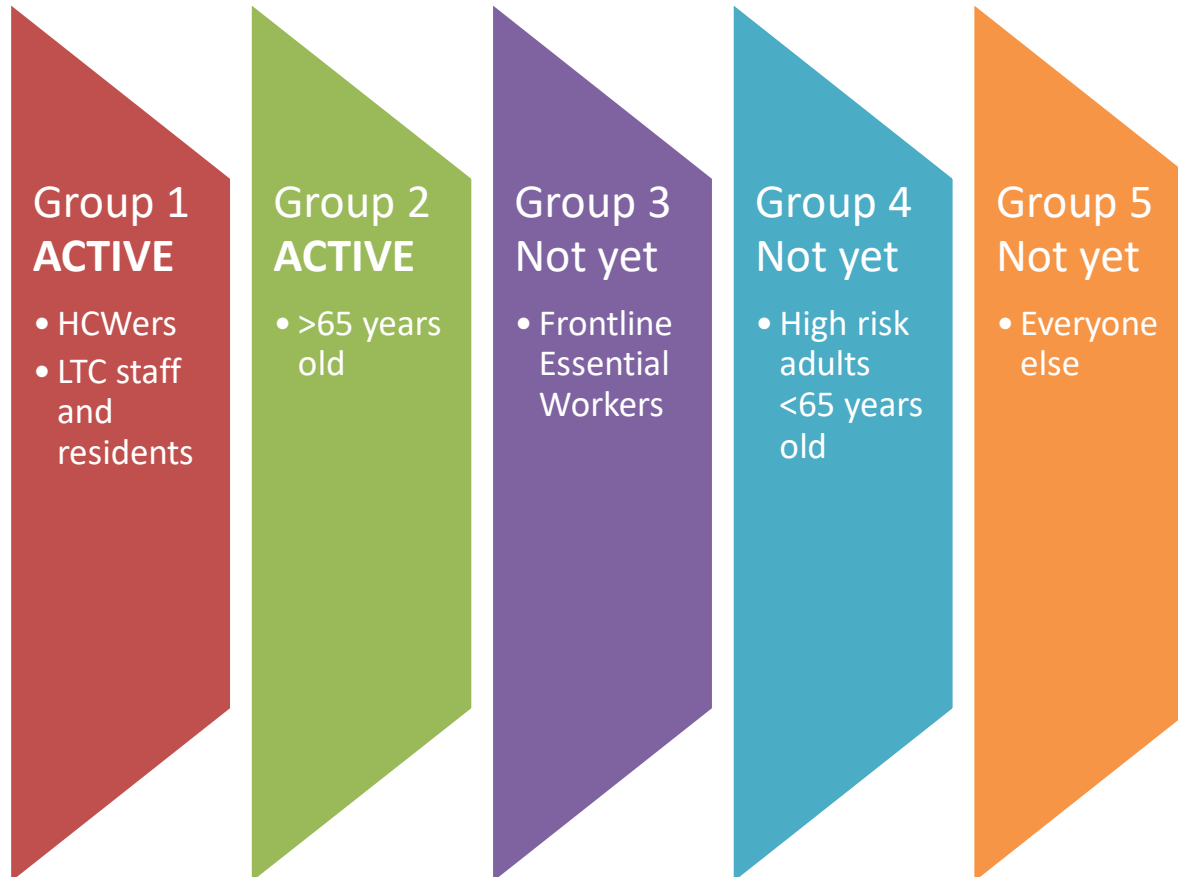


CENTERS FOR DISEASE  
CONTROL AND PREVENTION



Everyone in North Carolina who wants a vaccine will get a vaccine for free.

# Vaccine Distribution Groups



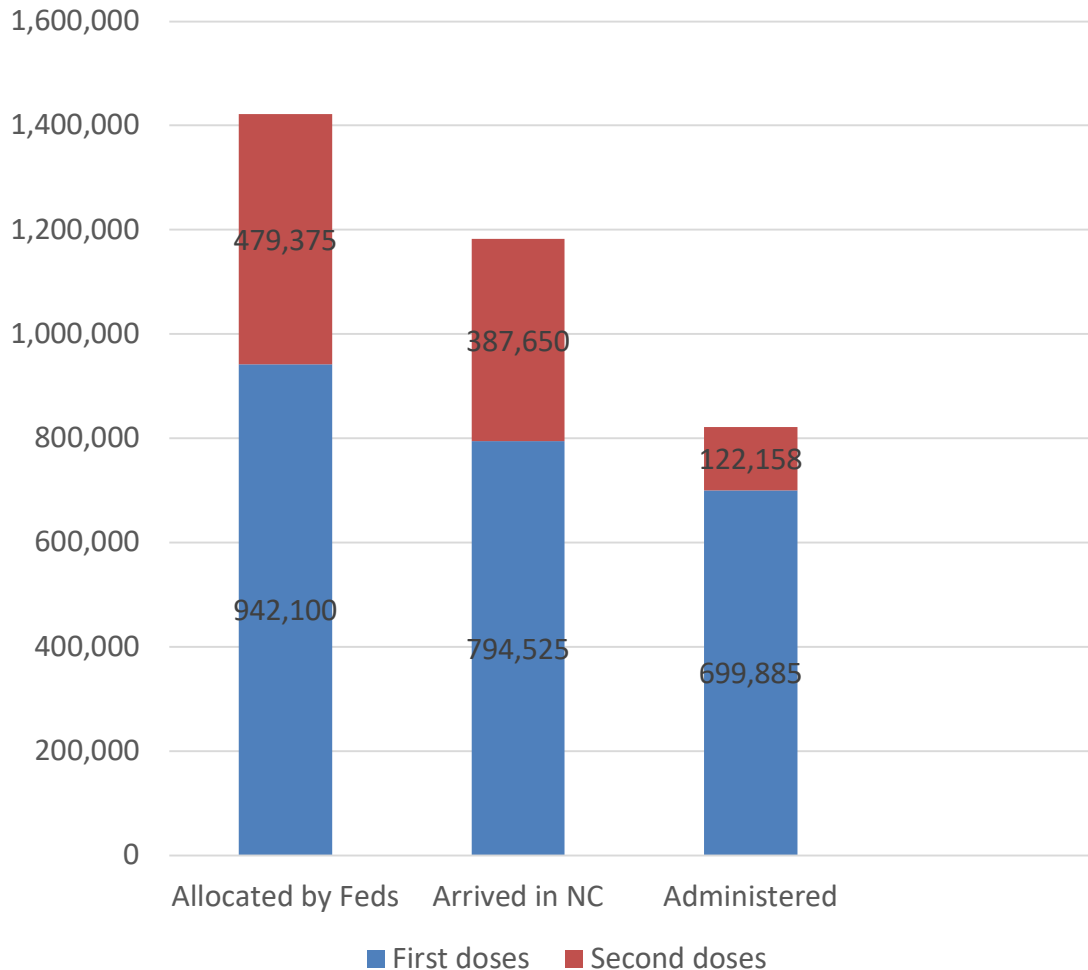
## Details about HCWers

- Includes inpatient and outpatient
- Includes all behavioral health workers
- Includes community health workers
- Includes front desk staff
- Includes unpaid home caregivers who provide medical care

## The following qualify as an LTC:

- Adult care home/assisted living
- Family care homes
- Group homes
- Skilled nursing facilities
- Mental health group homes
- Shared housing with 2+ individuals receiving HCBS
- Continuing care retirement communities
- In-patient hospice

# NC Vaccination Summary 12/14/2020-1/27/2021



- Approx 90% of Arrived First Doses have been administered
- 6.6% of NC population has received first dose
- 7% of NC population has had a confirmed case of COVID
- NC is receiving 110k doses/wk
- **Herd immunity requires >70% immunization**

# Talking with “vaccine-hesitant” people

“I’m not sure about this *COVID vaccine*...”

Acknowledge their concerns

- Indicate that everything gets approved after safety and efficacy testing

“This could make me *sick* or worse...”

Acknowledge their interest in their health

- Indicate that you have common ground because you want them healthy too

“*They* are trying to mess with me...”

Acknowledge their distrust of institutions if they are BIPOCs

- Indicate that their fears are valid

“Why should I trust *you*?”

Acknowledge that may not trust you.

- Be genuine. Be real. Be honest.

## COVID Vaccine Myths

- ✗ You can get COVID from the vaccine
- ✗ The military will compel mandatory vaccination
- ✗ You cannot make an effective vaccine in one year
- ✗ The vaccine will have a microchip to track you
- ✗ Natural immunity is best
- ✗ mRNA vaccines will alter your DNA
- ✗ Flu vaccine will help prevent COVID
- ✗ COVID vaccine makes you sterile
- ✗ COVID vaccine is satanic

# Information

- [Vaccine Communications Toolkit](#)
  - Includes fact sheets, flyers, graphics, postcards, presentations
  - English and Spanish
- [Find your spot](#) to take your shot
  - Group identifier
  - Transportation support
  - Vaccine provider county look up







# Provider Network Updates

February 4, 2021

## **Reminder of CPT Code Update**

This is a reminder that effective December 31, 2020, the American Medical Association (AMA) has deleted the CPT Code 99201. For a complete listing of deleted, added or description changes please refer to [NC Medicaid: CPT Code Update 2021 \(ncdhhs.gov\)](https://www.ncdhhs.gov/ncdhhs/2021/01/06/ncdhhs-2021-cpt-code-update) and <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>. The CPT code has been end-dated in the Alliance billing system effective 12/31/20 and will no longer be part of the Alliance benefit plan.

There will be upcoming communications regarding code updates in regards to the addition of CPT 99417 and updates to Peer Support, Research-Based Behavioral Treatment for Autism Spectrum and the Screening, Brief Intervention, & Referral to Treatment procedure codes. Please continue to monitor Provider News for information about these changes.

# **Temporary COVID Enhanced Rate extensions**

Due to the COVID outbreak, Alliance Health continues to be committed to providing financial support for our Providers. Alliance has made the decision to **extend the date of the current COVID rate enhancements thru March 31, 2021.** The rates are specifically to support direct care staff and increased costs due to COVID.

***Reminder: Please ensure you are including the enhanced rate on claims-if you put a lower rate on your claim that will be the payment amount***

***Please continue to monitor Provider News for ongoing updates- this is the primary resource that Alliance uses to update and inform providers with new information or any changes that may impact providers or members.***

## Feedback Needed on Alliance Provider Search Tool

Alliance Health is committed to continuing to improve the usefulness of our web-based clinician and provider search tool, and to help ensure that the search tool is understandable to prospective and current members as well as other stakeholders. This [anonymous survey](#) will provide us with information to help us identify any areas of difficulty in using the search tool. We appreciate your time and feedback in completing [this survey](#) by February 12, 2021. The link for the survey can be found in the Jan. 29<sup>th</sup> Provider News.

In addition Alliance Network staff will be reaching out via email and phone calls to complete the **Provider and Clinician Accuracy Survey** in the next couple of weeks. This survey will review the accuracy of data points that are published in the Provider Directory. For example questions will include verification of contact information, services provided, ability to take referrals etc.

Results of both surveys will be reviewed for any trends and recommendations will be made regarding any identified improvement areas.





Q & A on submitted questions

Provider Question	Answer
How will CLS events be “flagged” when staff could start or end a shift in a location other than the home address?	This answer is not yet known, however questions around CLS and EVV implementation are being addressed in work groups that have formed across the state. These work groups are inclusive of LME/MCOs, DHHS and provider representatives. LME/MCOS and providers are awaiting final guidance from DHHS regarding guidance around CLS and EVV implementation. Please watch Provider News and or DHHS EVV Web Site for updates- <a href="https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/electronic-visit-verification">https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/electronic-visit-verification</a>
What happens if the majority of agencies/EMR’s are not ready by April 2 <sup>nd</sup> ?	Section 12006 of the 21st Century Cures Act requires that the North Carolina Department of Health and Human Services (DHHS) begins using an Electronic Visit Verification (EVV) system for Personal Care Services (PCS). Please check our Alliance Health EVV page to confirm which of your services must be EVV Compliant. <a href="https://www.alliancehealthplan.org/provider-news/providers-impacted-by-electronic-visit-verification-evv-federal-mandate">https://www.alliancehealthplan.org/provider-news/providers-impacted-by-electronic-visit-verification-evv-federal-mandate</a> If a provider is not ready by 4/2/2021, they can not, per federal law, receive any reimbursement for services that fall under EVV Mandate. Claims will be denied. Please see further information regarding EVV Federal Mandate here: <a href="https://www.medicare.gov/federal-policy-guidance/downloads/faq051618.pdf">https://www.medicare.gov/federal-policy-guidance/downloads/faq051618.pdf</a>
Is there a chance that CLS is too complicated (community location or RDSE) and will be no longer be required under the federal rule?	This answer is no yet known. LME/MCOS and providers are awaiting final guidance from DHHS regarding CLS and EVV



Provider Question	Answer
Regarding EVV, if a provider is required to enter claim data and EVV data in HHA and they have a current EHR, are they expected to do double entry?	The provider doesn't have to enter the "claim" data into HHA, only the EVV data and then mark the claims to be submitted to the LME/MCO. Non-EVV claims can be submitted from the provider EHR using the same processes they use today. EVV and Non-EVV claims MUST be processed via different submissions and can NOT be co-mingled. Please note: HHA has set up a support line for technical assistance questions. Please e-mail HHA directly at Support@HHAExchange.com
Regarding EVV, if a provider provides EVV required services and non EVV required services is it ok for the EVV claims to come from HHA and the non EVV services to come from their EHR?	Yes. See Above. Non-EVV claims may be submitted using the same processes the provider is using today. Please note: HHA has set up a support line for technical assistance questions. Please e-mail HHA directly at Support@HHAExchange.com
What is the new EVV effective date? 4/1/21?	Yes, the new effective date for EVV Implementation, for LME/MCO's is 4/2/2021. For a list of EVV services that must be EVV compliant by 4/2/2021 please use this link: <a href="https://www.alliancehealthplan.org/provider-news/providers-impacted-by-electronic-visit-verification-evv-federal-mandate/">https://www.alliancehealthplan.org/provider-news/providers-impacted-by-electronic-visit-verification-evv-federal-mandate/</a>
The NC Division of MH/DD/SAS has recently proposed a new state-funded service definition for the service of Community Living & Supports with an implementation date of 7/1/2021. Will Alliance Health be adding this new service to their service array? If so, what is the anticipated reimbursement rate for this service and when will providers be allowed to request this service to be added to their current contract with Alliance?	At this time it appears to still be in a proposal status at the State level. If it does get approved Alliance would review the new services in terms of our benefit plan and available State funding allocation to determine next steps. All updates around this new service will be posted in Alliance Health Provider news.
Has there been any changes to billing for RB-BHT? Previous correspondence from the state indicated that 97153 and 97155 can be billed concurrently but I haven't seen any updates from Alliance. How do we find Alliance policy on Research Based Behavioral Health Treatment? Who is the contact person.	Alliance is not aware of any changes to NC Medicaid Research-Based Behavioral Health Treatment for Autism Spectrum Disorder Clinical Coverage Policy 8F in regards to 97153 or 97155. SPECIAL BULLETIN "COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes", provides guidance from the state on RB-BHT COVID telehealth flexibilities. The state website continues to state: "97153 and 97155: Concurrent billing is not permitted. Only one code should be billed when concurrent care services are performed." There is no Alliance Health specific policy for RB-BHT. Service requests and approvals are based specifically on Clinical Coverage Policy 8F. LaCosta Parker and Kenneth Bausell are the direct contacts with the DHB regarding Clinical Coverage Policy 8F.

# Questions?



Please remember that your Provider Network Development Specialist is your “go to” person to assist in answering and/or finding out answers to questions you may have.

If you are unsure of who your assigned specialist is you can contact the Provider Helpdesk at [providernetwork@alliancehealthplan.org](mailto:providernetwork@alliancehealthplan.org) or check the listing on the Alliance website

<https://www.alliancehealthplan.org/wp-content/uploads/PND-Specialist-Workload-UPDATE-5.20.2020.pdf>