**Alliance Health**

**All Provider Meeting, 9-16-2020**

**Q & A**

**General**

**Q: Will all of the slides from today’s presentation be available?**  
A: Yes, the slides and recording of today’s meeting will be available at <https://www.alliancehealthplan.org/providers/all-provider-meetings/> .

**Legislative Updates**

**Q: Has a decision been made regarding whether Therapeutic Foster Care is Standard Plan or Tailored Plan?**

A: This is still up in the air. DHB has indicated they would like to create a separate plan for children and youth in foster care, but acknowledge they would like to first have the opportunity to get stakeholder feedback on the design. In the interim, if a child/youth is eligible for the Tailored Plan, they will stay with the LME-MCO.

**Q: Will Alliance send providers information on how many, or which members, are expected to go Tailored versus Standard Plan?**

A: Yes, after we confirm whether there will be a new start date for the look back period.

**Q: This is a lot of information. What exactly do providers need to do in terms of Medicaid transformation and managed care?**

A: Providers should continue to monitor Alliance’s website (<https://www.alliancehealthplan.org/providers/medicaid-transformation/>) and the State’s website (<https://medicaid.ncdhhs.gov/transformation>) .

**Q: Will RB-BHT (ABA therapy for children with Autism) fall under Standard or Tailored Plan?**

A: It will be a service option covered by both plans.

**Q: How will the Tribal Option affect providers?**

A: The Tribal Option is only for the Eastern Band of Cherokee Indians. They are excluded from typical managed care. However, they can join a managed care plan if they want to do so.

**Key Measures (HEDIS), Performance Support, and Tailored Plan Care Management Overview**

**Q: Who were the scorecards emailed to?**

A: HEDIS reports (scorecards) were emailed to about 196 providers and most likely to individuals listed as providers’ “main contact” in Alpha. We’re realizing some may have gone to the wrong people (e. g., corporate level people, CEOs, etc.), and we may have to re-send some after identifying the correct people. If you haven’t received one and think you should have, please contact Damali Alston at [dalston@alliancehealthplan.org](mailto:dalston@alliancehealthplan.org).

**Q: What is the definition of a timely follow-up appointment after a mental health or SUD inpatient hospitalization?**

A: Individuals being discharged from inpatient should have, and keep, an appointment within one (1) to seven (7) days of discharge.

**Q: Regarding timely follow-up after mental health or SUD inpatient hospitalization, the slide says “hospitalization,” but would this also apply to facility based crisis and detox facilities?**

A: Yes, timely follow-up measures apply also to facility based crisis and detox beds. Seven day measures do not apply to those who are seen at a crisis center and sent home without being admitted.

**Q: Is the Care Management Manual still in draft form?**

A: Alliance is using what the State has published thus far. Please refer to <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-idd-tailored-plan> for additional information.

**Q: Who is the contact at Alliance for questions about the Adult Care Management Pilot?**  
A: Kate Peterson. [kpeterson@alliancehealthplan.org](mailto:kpeterson@alliancehealthplan.org)

**Credentialing Updates**

**Q: The turnaround time previously was up to 90 days. Are you looking to shorten that?**  
A: Yes, the ultimate goal is to process initial LP applications within 30 days.

**Claims Updates**

**Q: In outpatient therapy, if someone has a therapy appointment and then a crisis later that night, can we bill 90837-individual therapy and 90839—crisis code on the same day?**

A: 90837 and 90839 on the same day will deny as concurrent if the rendering provider is the same for both.

**Q: If the therapist is different, then the crisis code can be billed? If a member is in crisis, why can’t the crisis code be billed the same day as a therapy code?**

A: Please refer to Clinical Coverage Policy 8C for Outpatient Behavioral Health Services for information on what’s allowable. <https://files.nc.gov/ncdma/documents/files/8C_5.pdf>

**Provider Network Updates**

**Q: Has the Provider News with the temporary enhanced residential rate extension already come out?**

A: Yes, it is already on our website. <https://www.alliancehealthplan.org/provider-news/updated-information-regarding-extension-of-residential-rate-enhancements/>

**Q: Will there be another time for QPs to attend ASAM training?**  
A: We don’t have any information about this at this time.

**Q: Are there any enhanced rates for behavioral health services?**  
A: There may be enhanced rates for some small groups of providers. Once details are finalized, we will let providers know.

**Q: Is Alliance still allowing members in level III child residential to be authorized for 60 days?**  
A: The Alliance benefit plan for residential treatment level III states initial and reauthorizations up to 30 days.  If a request is submitted for 60 days,  the request will be reviewed by Utilization Management for Medical Necessity for the time period requested.

**Q: What is the status on re-authorizations….deadlines….etc.?**

A: Please refer to Provider News on Alliance’s website (<https://www.alliancehealthplan.org/category/provider-news/> ) and Special Bulletins on the State’s website (<https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicaid-bulletins> ).