



All Provider Meeting
March 16, 2022

All Provider Meeting

March 16 , 2022 1:00pm – 3:00 pm

AGENDA

Welcome: Kate Peterson

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

Alliance Updates

- **Self Audits – Matt Ruppel**
- **Utilization Management Updates- Rob Bell**
- **Provider Accreditation and Referral tool demo- Jeff Guthrie**
- **COVID Flexibilities Update- Lynn Widener**
- **Provider Network Updates- Cathy Estes Downs**
- **Questions**

Recording of this meeting will be posted on the Alliance Website by March 23, 2023

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



All Provider Meeting
March 16, 2022

Provider Self-Audits

Audit Requirements

Provider Medicaid Contract

- Article II – Obligations of the Participating Provider states “Provider understands and agrees that self-audits are encouraged by the LME/MCO.”

Provider Operations Manual

- Providers are required to have a Compliance Plan that includes provisions for internal monitoring and auditing.

Medicaid Program Integrity Provisions (42 USC § 1320d)

- Within 60 days of identifying an overpayment, it must be reported and returned by the provider.
- Providers must document and include the reason for the overpayment when it is reported.

Why conduct self-audits and report overpayments?

- Self-disclosure gives providers the opportunity to avoid the costs and disruptions associated with an external investigation and litigation.
- Audits increase the perception of detection, thus minimizing the risk of noncompliant practices by your employees.
- Findings allow providers to implement controls to prevent future noncompliance.
- Overpayments result in less funding for other necessary services.

When should self-audits be conducted?

Ad Hoc

- Any time you receive an allegation that or you suspect services billed did not meet requirements, your investigation should include an audit of claims related to the allegation.

Routine

- Every provider should be conducting random audits on a routine basis.
- Focused audit examples include:
 - Services provided by new employees to ensure proper service administration and documentation.
 - Services that do not require prior authorization.
 - Records for members that do not seem to miss any appointments.
 - Services that are frequently unbundled, such as family or group therapy.

How to Report Self-Audits and Overpayments

The following templates are available in the Document Library on the Alliance web site

Provider Self-Audit Template

- The tool has one tab for the audit findings and one for the plan of correction

Provider Payment Election Form

- This form needs to be completed and submitted with self-audit

Provider Self-Audit Submission Instructions

- This document provides details on how to submit results to Alliance.

Questions?



Matthew Ruppel, MSW, CFE
Senior Director of Program Integrity
MRuppel@AllianceHealthPlan.org
919-651-8483



Utilization Management

Utilization Management

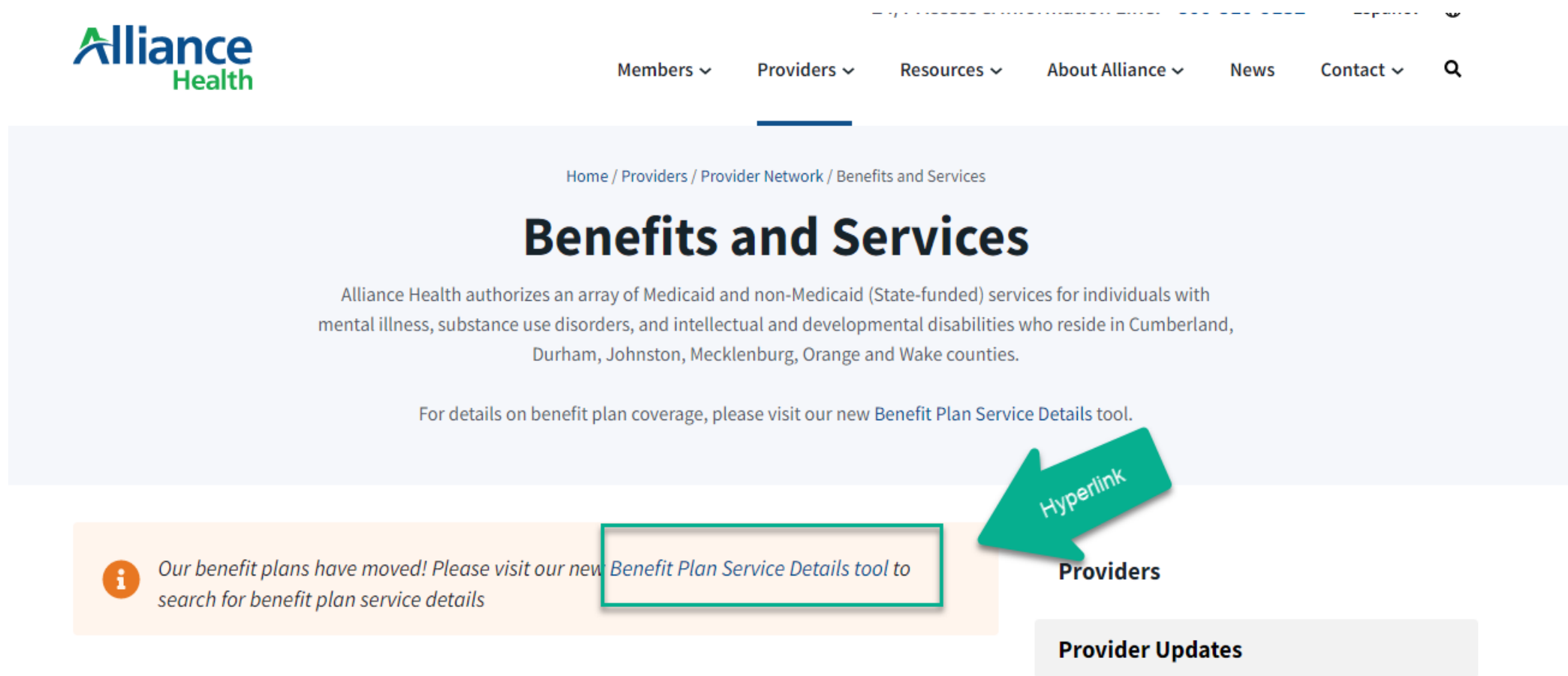
- There has been change to the format of both the Alliance Medicaid and Non-Medicaid Benefit Plans
- The tool to look up Benefit Plan information is now named the Benefit Plan Service Details tool
- Both the PDF version of the Benefit Plans as well as Benefit Plan Service Details tool are still currently available. The PDF versions of the Benefit Plans will no longer be available after 4/1/2022

Benefit Plan Service Details tool

- The Benefit Plan Service Detail tool has all the information that was previously on the PDF version of the Alliance Benefit Plans plus additional features
- It is an easier way to search for information. A user can search by Service Name/Common Abbreviation or Service Code
- Now includes the Clinical Coverage Policies, SOWs, In-Lieu of Service Definitions, and State-Funded Service Definitions
- Includes any required forms such a Discharge Transition Form (Residential Level III/IV), Certificate of Need (Inpatient and PRTF), and Level of Care Form (ICF)

Where can I find the Benefit Plan Service Details tool

<https://www.alliancehealthplan.org/providers/network/benefits-and-services/>



Alliance Health

Members ▾ Providers ▾ Resources ▾ About Alliance ▾ News Contact ▾ 🔍

Home / Providers / Provider Network / Benefits and Services

Benefits and Services

Alliance Health authorizes an array of Medicaid and non-Medicaid (State-funded) services for individuals with mental illness, substance use disorders, and intellectual and developmental disabilities who reside in Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties.

For details on benefit plan coverage, please visit our new [Benefit Plan Service Details tool](#).

Hyperlink

Providers

Provider Updates

Our benefit plans have moved! Please visit our new [Benefit Plan Service Details tool](#) to search for benefit plan service details

Benefit Plan Service Details tool

Health

MEMBERS ▾

PROVIDERS ▾

RESOURCES ▾

ABOUT ALLIANCE ▾

NEWS

CONTACT ▾




[Home](#) / [Services](#)

Benefit Plan Service Details

Use the search function below to learn more about our services.

 Search by service name or procedure code

 Search

Filter by:

Coverage ▾

Diagnosis Group ▾

Age Range ▾

119 items found

Sort by: Alphabetical Last Updated

Enter Service Name or Service Code

Benefit Plan Service Details tool

“Searched H0040” Search Results

Filter by: Coverage ▾ Diagnosis Group ▾ Age Range ▾

2 items found | Sort by: [Alphabetical](#) Last Updated Relevance

Search for: "Actt" ×

Last updated 02-28-2022

Medicaid B

Medicaid B - Assertive Community Treatment Team (ACTT)

Coverage: Medicaid B

Diagnosis Group: Mental Health, Substance Use

Age Range: 18-20, Adult, Child

[Learn More](#) →

Last updated 02-28-2022

State

Non Medicaid - Assertive Community Treatment Team (ACTT)

Coverage: State

Diagnosis Group: Mental Health, Substance Use

Age Range: 18-20, Adult

[Learn More](#) →

Benefit Plan Service Details tool

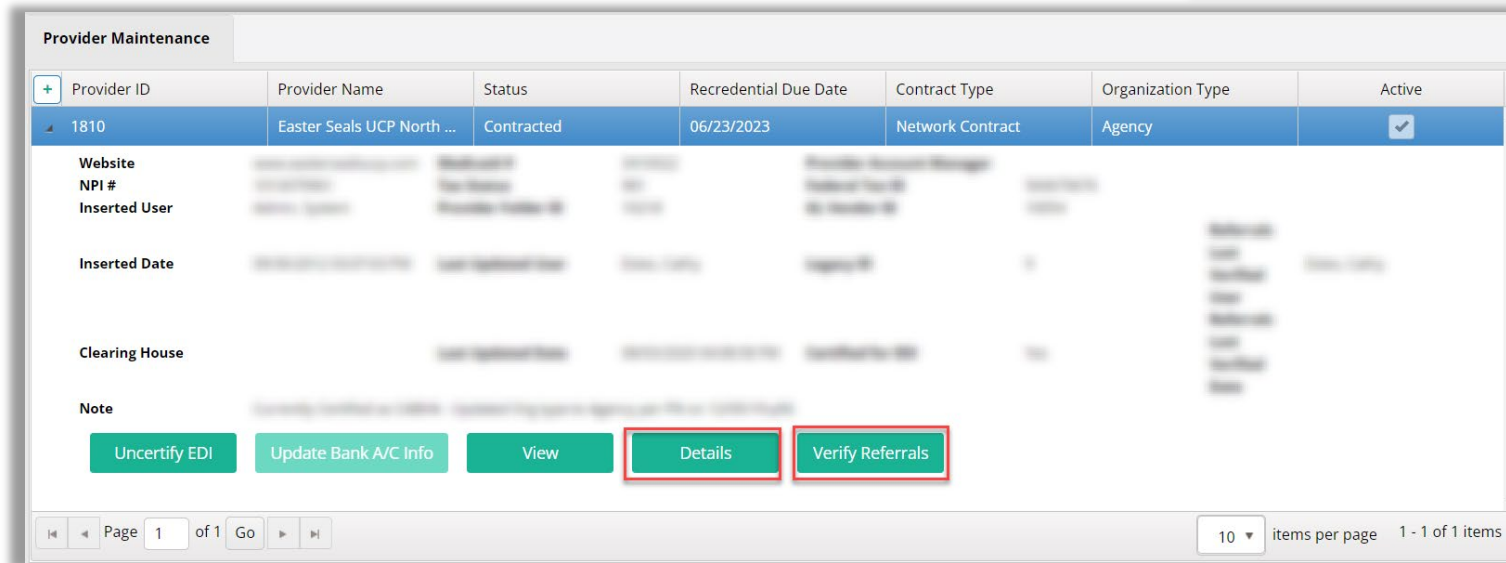
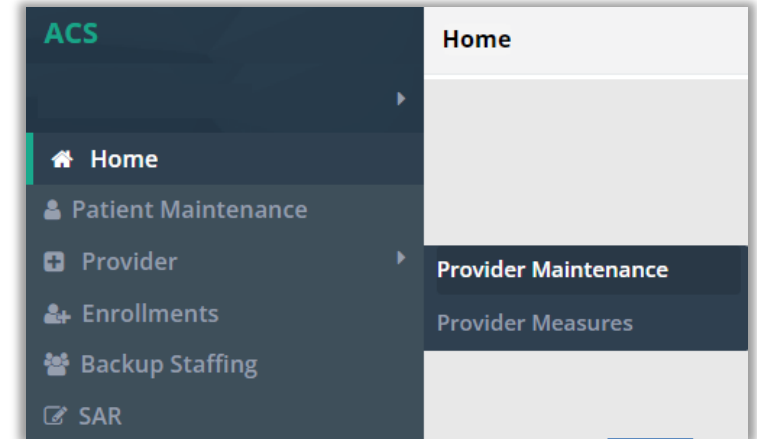
Information included: Coverage (Medicaid or Non-Medicaid, TBI, and Innovations), Reference Documents (hyperlinks and thumbnails included as well), Submission Requirements, Service Definition Authorization Parameters, COVID Prior Approval Flexibilities, Authorization Guidelines (LOCUS, CALOCUS, ASAM), Service Codes, and link to ACS



Provider Accreditation and Referrals Update: Move to ACS

Referrals

- Alliance will continue to require providers to enter and then update or confirm their referral information.
- Providers will now do this through the ACS Provider Portal.



- **Note the Verify Referrals button. This button is used when you have no changes to make to your referral data.**

Referrals (continued)

- Once in your Provider record in ACS, you can navigate to Details to enter both Referrals and Accreditations.
- First, Referrals.
- Go to Sites.
- Expand a Site.
- Click Details.

Provider Maintenance

Provider ID: 1016 Provider Name: Eastern Seaboard PPO Network, Inc. NPI: 1013079861 Status: Contracted Contract Type: Network Contract Organization Type: Agency [Close Record](#)

Serving Counties: **Sites** Site Mapping Contracts Clinicians Provider Notes Provider Docs Suspensions Vendor Mapping

Accreditations

Sites [Filter](#)

Site ID	Site Name	Status	Available Sta...	Contract Type	Organizatio...	City	Effective Date	End Date	Main	PRTF	Active
1016	Eastern Seab...	Contracted	Available	Network Co...	Agency	Raleigh	01/01/1900		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1017	Eastern Seab...	Contracted	Available	Network Co...	CABHA	Durham	01/01/1900		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1256	Raleigh Gro...	Contracted	Available	Network Co...	Agency	Raleigh	01/01/1900		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Address1: 1528 Ben Lloyd Dr
Address2:
PO Box:
PO Box Can Be Used: No
Inserted User: Admin System
Inserted Date: 06/20/2012 03:08:13 PM
Notes: CHANGED DRUG TO DRUG

State: NC
Zip: 27604-2005
County: Wake
Last Updated User: Regis, Angela
Last Updated Date: 10/22/2012 10:49:22 PM

NPI #: 1013079861
Of Beds: 5
MHL #: 1000-000-071
ICF Site: No
Open Access for Referral: No
IMD: No
ADA Compliant: No

[Details](#)

Referrals (continued)

- Everyone should be familiar with the Site Details page.
- Scroll to Referrals.
- Contracted Services Appear.
- Expand Service.
- Click Update.

Site Details

1818 Eastern Seals VCF North Carolina & Virginia, Inc. Agency: Raleigh Group Home 1129 Ben Lloyd Dr, 1129 Ben Lloyd Dr Raleigh NC 27604-2305

Addresses

Site ID	Site Name	Address Type	State	City	Zip	Active
1256	Raleigh Group Home 1...	Billing	NC	Raleigh	27604-2305	<input checked="" type="checkbox"/>

Page 1 of 1 Go 10 items per page 1 - 1 of 1 items

Site Contacts

Site ID	Site Name	Contact Type	Last Name	First Name	Phone	Phone Ext #	Effective Date	End Date	Active
1256	Raleigh Group ...	Primary	German	Mark	919-528-4191		06/01/2015		<input checked="" type="checkbox"/>

Page 1 of 1 Go 10 items per page 1 - 1 of 1 items

Referrals

Service Definition	Funding Source	Accepting Referrals	7 Day Appt	Site ID	Site Name	Active
ACTT/IDDT	Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	1256	Raleigh Group Home 1...	<input checked="" type="checkbox"/>
Assessment	State	<input type="checkbox"/>	<input type="checkbox"/>	1256	Raleigh Group Home 1...	<input checked="" type="checkbox"/>

Page 1 of 8 items

ACTT/IDDT

Age Groups

Last Updated User Guthrie, Jeff

Last Updated Date 03/15/2022 12:26:17 PM

Note Added as part of retrieving Referral data

Languages

Inserted User Guthrie, Jeff

Inserted Date 03/15/2022 12:26:17 PM

Update

Page 1 of 1 Go 10 items per page 1 - 8 of 8 items

Referrals (continued)

- Here you add referral Information.
- Accepting Referrals.
- 7 Day Appointment.
- Age Groups.
- Languages.
- Click Save .

The screenshot shows the 'Update Referral' form with the following fields and annotations:

- Site:** A text field containing 'Kings Group Home 152'.
- Service Definition:** A text field containing 'ACTT/IDDT'. Below it is a checkbox labeled '7 Day Appointment' with a red arrow pointing to it.
- Funding Source:** A text field containing 'Medicaid'.
- Accepting Referrals:** A checkbox labeled 'Accepting Referrals' is circled in red, with a red arrow pointing to it.
- Age Groups:** A dropdown menu is open, showing a list of age groups: Adolescents, Adults (18+), Adults (21+), All Ages, Child and Adolescent, Children (0-3), and Children (Under 18). A red arrow points to the dropdown.
- Languages:** A dropdown menu is open, showing a list of languages: Burmese, Cambodian, Chinese, Croatian, Dutch, English, and French. A red arrow points to the dropdown.
- Buttons:** At the bottom right, there are 'Cancel' and 'Save' buttons. The 'Save' button is highlighted with a red rectangle.

Verify Referrals

- Every 3 months, Alliance would like for you to verify that your referral info is correct and edit accordingly.
- You can drill down to Site details for each site and verify/update your referral preferences at any time.
- Once done, just click the Verify Referrals button mentioned earlier.

The screenshot shows a web application interface for managing referrals. At the top, there's a 'Referrals' header. Below it is a table with columns: Service Definition, Funding Source, Accepting Referrals, 7 Day Appt, Site ID, Site Name, and Active. The first row is highlighted in blue and contains the following data: ACTT/IDDT, Medicaid, a checked checkbox under 'Accepting Referrals', a checked checkbox under '7 Day Appt', 1256, Raleigh Group Home L., and a checked checkbox under 'Active'. Below the table, there are two sections. The left section is titled 'Age Groups' and lists 'Adults (18+), Adults (21+), Geriatrics (55+)'. It also shows 'Last Updated User' as 'Admin, jll', 'Last Updated Date' as '03/15/2022 12:56:20 PM', and a 'Note' stating 'Added as part of retrieving Referral data'. The right section is titled 'Languages' and lists 'English, German'. It also shows 'Inserted User' as 'Admin, jll' and 'Inserted Date' as '03/15/2022 12:26:17 PM'. A red box highlights a green 'Update' button. At the bottom, there's a pagination bar showing 'Page 1 of 1', a 'Go' button, and '10 items per page 1 - 8 of 8 items'.

Service Definition	Funding Source	Accepting Referrals	7 Day Appt	Site ID	Site Name	Active
ACTT/IDDT	Medicaid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1256	Raleigh Group Home L.	<input checked="" type="checkbox"/>

Age Groups
Adults (18+), Adults (21+), Geriatrics (55+)
Last Updated User
Admin, jll
Last Updated Date
03/15/2022 12:56:20 PM
Note
Added as part of retrieving Referral data

Languages
English, German
Inserted User
Admin, jll
Inserted Date
03/15/2022 12:26:17 PM

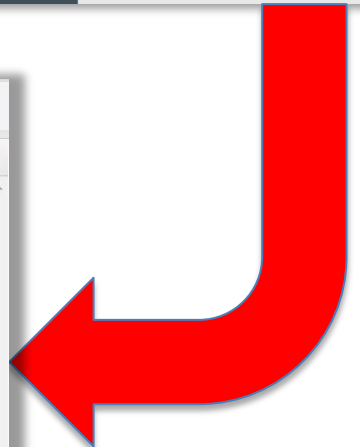
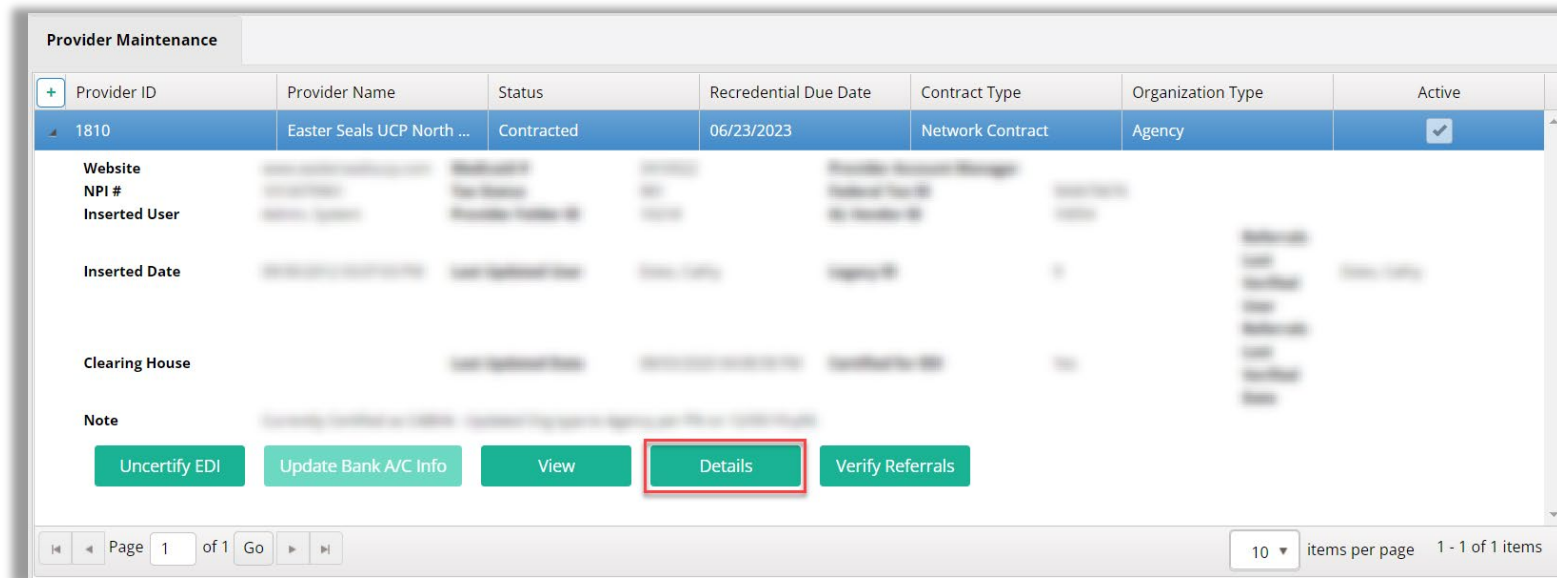
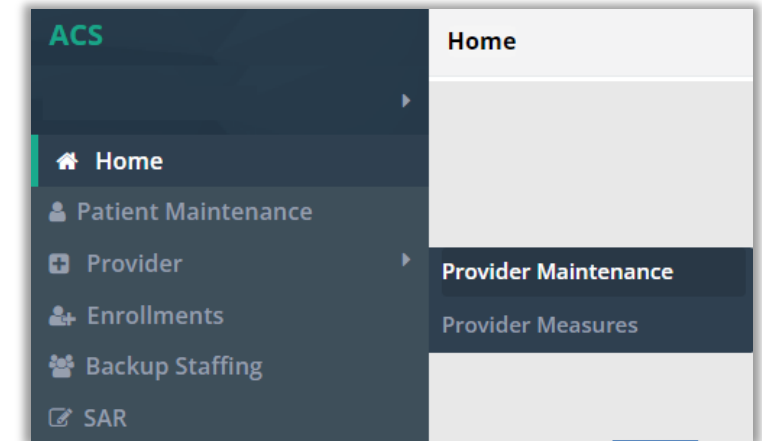
Update

Page 1 of 1 Go 10 items per page 1 - 8 of 8 items

Verify Referrals

Accreditations

- Navigate the same way as you did to access Referrals.
- Click the Details button.



Accreditation (continued)

- Click the Accreditations Tab. You click the Add button to create a new record.
- You may or may not see records here. If this is your first time entering an accreditation, the grid will be empty.

The screenshot shows the 'Accreditations' tab within the 'Provider Maintenance' section. At the top, there is a header bar with various tabs: 'Serving Counties', 'Sites', 'Site Mapping', 'Contracts', 'Clinicians', 'Provider Notes', 'Provider Docs', 'Suspensions', 'Vendor Mapping', and 'Accreditations' (which is highlighted with a green callout). Below the header, there is a 'Close Record' button. The main area is titled 'Accreditations' and contains a dropdown menu set to 'All' and an 'Add' button. Below this, there is an 'Export to Excel' button. The main content is a table with the following columns: '+', 'Source', 'Effective Date', 'Expiration Date', 'Accreditation Years', 'Status', and 'Active'. The table contains five rows of accreditation data.

	Source	Effective Date	Expiration Date	Accreditation Years	Status	Active
▶	Council on Accreditation	09/20/2022	12/22/2022	1 year or less	Pending	✓
▶	Commission on Accreditation of Rehabilitation Facilities, Inte...	06/08/2022	10/13/2022	1 year or less	Pending	✓
▶	Joint Commission for the Accreditation of Healthcare Organi...	05/24/2022	08/19/2022	1 year or less	Accepted	✓
▶	Council on Quality and Leadership	05/15/2022	05/15/2022	1 year or less	Accepted	✓
▶	Council on Accreditation	01/01/2022	05/14/2022	1 year or less	Accepted	✓

Accreditation (continued)

- Click the Add button to create a new accreditation record.
- A blank accreditation form opens. Fill in fields appropriately.
- Required fields are marked with an asterisk
- You must choose either 1 year or less or 2+ years for Accreditation Years.
- No matter how many years or governing body, you always have to add at least one attachment for the accreditation to be accepted.

Add Accreditation

Accreditation Status: Pending

Source *

-- Choose Governing Body --

-- Choose Governing Body --

Commission on Accreditation of Rehabilitation Facilities, Internat

Council on Accreditation

Council on Quality and Leadership

Joint Commission for the Accreditation of Healthcare Organizati

Effective Date *

Expiration Date *

Accreditation Years *

-- Choose Years --

Feedback Comments

Provider Comments

For accreditations that are 1 year or less, please upload all supporting documentation for your abbreviated accreditation.

For accreditations that are 2 years or more, please upload a copy of your Letter of Accreditation.

Add New Document

Filename	Description	Created Date
Page 0 of 0 Go		

10 items per page No items to display

☒ Active

Cancel

Save

Save & Submit

Accreditation (continued)

- Expand the row in the grid to view the accreditation info.
- View and Update take you to the same formatted page.
 - Update allows you to update information before submitting or when more information is requested
 - View allows you to view the details but does not have a Save or Save and Submit button

Provider Maintenance

Provider ID: 10000, Provider Name: Eastern Health Care North Carolina & Virginia, Inc., NPI: 1013079800, Status: Contracted, Contract Type: Network Contract, Organization Type: Agency, Close Record

Serving Counties, Sites, Site Mapping, Contracts, Clinicians, Provider Notes, Provider Docs, Suspensions, Vendor Mapping, **Accreditations**

Accreditations All Add

Export to Excel

	Source	Effective Date	Expiration Date	Accreditation Years	Status	Active
	Council on Accreditation	09/20/2022	12/22/2022	1 year or less	Pending	<input checked="" type="checkbox"/>
<div>Inserted User: Test Administrator, Inserted Date: 03/08/2022 03:59:14 PM, Last Updated User: Test Administrator, Last Updated Date: 03/08/2022 04:35:52 PM, Note:</div> <div>View Update</div>						
	Commission on Accreditation of Rehabilitation Facilities, Inte...	06/08/2022	10/13/2022	1 year or less	Pending	<input checked="" type="checkbox"/>

Accreditation (continued)

Update

Update Accreditation

Accreditation Status: Pending

Source *

Council on Accreditation

Effective Date *

09/20/2022

Expiration Date *

12/22/2022

Accreditation Years *

1 year or less

Feedback Comments

Provider Comments

For accreditations that are 1 year or less, please upload all supporting documentation for your abbreviated accreditation.
For accreditations that are 2 years or more, please upload a copy of your Letter of Accreditation.

Add New Document

Filename	Description	Created Date
US 2307 - PCP-AMH-CMA Scenarios_09...	scxxzc	03/08/2022 04:35:52 PM
DENIAL GUIDE -update.pdf	ss	03/08/2022 04:14:44 PM
ACS Enhancement Request.docx	test	03/08/2022 04:12:39 PM

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Go

10 items per page

1 - 4 of 4 Items

☒ Active

Cancel

Save

Save & Submit

View

View Accreditation

Accreditation Status: Pending

Source *

Council on Accreditation

Effective Date *

09/20/2022

Expiration Date *

12/22/2022

Accreditation Years *

1 year or less

Feedback Comments

Provider Comments

For accreditations that are 1 year or less, please upload all supporting documentation for your abbreviated accreditation.
For accreditations that are 2 years or more, please upload a copy of your Letter of Accreditation.

Add New Document

Filename	Description	Created Date
US 2307 - PCP-AMH-CMA Scenarios_09...	scxxzc	03/08/2022 04:35:52 PM
DENIAL GUIDE -update.pdf	ss	03/08/2022 04:14:44 PM
ACS Enhancement Request.docx	test	03/08/2022 04:12:39 PM

Page 1 of 1

Go

10 items per page

1 - 4 of 4 Items

☒ Active

Close

AllianceHealthPlan.org

Now let's take a quick look at
the functionality in the ACS
Provider Portal!



COVID flexibilities ending 3/31/2022

Special Bulletin COVID-19 #234: Update to Permanent Changes Made for PHE Flexibilities and Plan for Sunsetting of Temporary Policies

- The NC Division of Health Benefits (DHB) has published an update on COVID-19 flexibilities that will either be sunsetting on 3/31/2021, ending at the end of the federal Public Health Emergency (PHE) or will be incorporated into permanent policy.
- *This presentation focuses on the flexibilities that will be ending on 3/31/2022*
- The link to Special Bulletin COVID-19 #234 is [SPECIAL BULLETIN COVID-19 #234: UPDATE to Permanent Changes Made for PHE Flexibilities and Plan for Sunsetting of Temporary Policies | NC Medicaid \(ncdhhs.gov\)](#)

Alliance Key Reminders

- For a service where any flexibility remains in place, then the CR and GT CR modifiers will remain active in ACS
- The CR and GT CR modifier should be used if a provider is using a flexibility when delivering the service
- If no flexibility remains, the CR and GT CR modifiers will be ended in ACS as of 3/31/2022
- For services that will no longer have authorization flexibilities, providers may immediately begin submitting Service Authorization Requests (SARs). Providers do not have to wait until 4/1/2022.

Substance Abuse Medically Monitored Community Residential Treatment

The flexibility below ends 3.31.22

- Allow supervision of QP and AP to occur virtually
- Effective 4/1/22 – supervision must be face to face

Community Support Team

The flexibility below ends 3.31.22

- Allow team meetings to occur virtually
- Waive requirement that 75% of the service must be delivered face-to-face and outside of the agency

Mobile Crisis Management

The flexibility below ends 3.31.22

- Waive requirement that 80% of the service must be provided face-to-face

Intensive In-Home Services

The flexibility below ends 3.31.22

- Waive requirement that staff must be dedicated to the team
- Waive requirements that 60% of contacts should be face-to-face and 60% of staff time should be spent outside of the facility
- Waive team-to-family ratio of 1:12
- Allow for supervision by any licensed professional on the team or employed by the provider agency, within scope and training, if Team Lead is sick or unavailable

Multisystemic Therapy

The flexibility below ends 3.31.22

- Waive requirements that 50% of face-to-face contact with beneficiary and family and 60% of staff time should occur outside of facility.
- Waive maximum of 480 units per three months.

Outpatient Opioid Treatment

The flexibility below ends 3.31.22

- Allow seven days of take-home, reduced from policy flexibility of 28 days take-home.

Child and Adolescent Day Treatment

The flexibility below ends 3.31.22

- Waive requirement that staff must be dedicated to the team
- Waive requirement that a maximum of 25% of treatment services may be provided outside of the day treatment facility. Waive staff-to-beneficiary ratio if provided outside of the facility
- Waive requirements for staff training within 30 and 90 days of employment and follow-up, and ongoing continuing education requirements for fidelity of clinical models, if unable to be obtained during the state of emergency.

Substance Abuse Intensive Outpatient Program

The flexibility below ends 3.31.22

- Waive reauthorization after the initial 30-day pass through.
- Waive requirement that the CCS or LCAS be on-site 50% of the hours open; but must be available virtually.
- Waive beneficiary-to-staff ratio if provided outside of the facility
- Waive requirement that CCS or LCAS must be on-site but must be available virtually a minimum of 90% of the hours the service is in operation.

Community Support Team

The flexibility below ends 3.31.22

- Waive Comprehensive Clinical Assessment beyond six months of treatment.
- Waive staff to beneficiary ratio of 1:12.
- Waive monitoring of delivery of service by team leader
- Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency.
- Allow functional assessments and crisis interventions to be completed by telehealth or telephonic modalities, as clinically appropriate

Assertive Community Treatment

The flexibility below ends 3.31.22

- Waive staff training requirements within 120 days of employment, if unable to be obtained during the state of emergency
- Allow any agency-employed, licensed staff to provide supervision within scope if team lead is sick or unavailable.
- Allow Associate licensed professional to have more than 30 months to become fully licensed.
- Waive requirement that staff must be dedicated to the team

Outpatient Behavioral Health Services Provided by Direct Enrolled Providers

The flexibility below ends 3.31.22

- Waive initial and reauthorization
- No other flexibilities will remain as a result the CR and GT CR modifiers for OPT codes will end on 3/31/2022

Peer Support Services

The flexibility below ends 3.31.22

- Waive staff-to-beneficiary ratio.
- Waive requirement that telephone time be 20% or less of total service time per individual per year
- Waive staff training requirements unable to be obtained during the state of emergency within 30 and 90 days of employment
- Waive initial authorization and reauthorization
- No other flexibilities will remain as a result the CR and GT CR modifiers for Peer Support codes will end on 3/31/2022

Unsure of Authorization Requirements?

Please utilize the published benefit plan at the link below

<https://www.alliancehealthplan.org/providers/network/benefits-and-services/>

Need to refresh on Clinical Coverage Policy?

Please utilize the link below or use the link
embedded in the published benefit plan

<https://medicaid.ncdhhs.gov/blog/2020/01/13/clinical-coverage-policies>



Updates
Claims Training
Updated Rate sheet
FY23 Contracts

Billing and Enrollment Virtual Technical Assistance Trainings

The Billing and Enrollment team at Alliance Health will be offering four virtual technical assistance sessions for claims and enrollment related topics and questions. These sessions are formatted for provider agency staff *directly* involved in the submission of enrollments and claims and will include group instruction and training, as well as one-to-one provider technical assistance.

Training will be held at the following dates and times. RSVP is required as space is limited. Please RSVP to claims@alliancehealthplan.org and indicate your name, agency name, date, and time of training you wish to attend. Providers should attend only one of the four sessions as the content will be the same for each session.

Training Dates:

Tuesday, March 22nd 10 am – 12 pm

Thursday March 24th, 10 am – 12 pm

Tuesday April 19th 10 am – 12 pm

Thursday April 21st 10 am – 12 pm

If you have any questions, please email: claims@alliancehealthplan.org

Updated Medicaid Rate table

Please ensure that you are monitoring the published Medicaid and State Rate tables for updates based on changes in flexibilities and HCBS direct care rate related changes

<https://www.alliancehealthplan.org/resources/document-library/>

Contracts FY23

Contracts for current MCO/LME services will be completed thru a Contract Extension – these contracts will be valid until the Tailor Plan goes live- December 1, 2022

There will be new contracts for the Tailored Plan with an effective date of December 1, 2022 – please stay tuned to Provider News regarding this process/requirements.

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.

Network Staff assignments are able to be found on the website at:

<https://www.alliancehealthplan.org/document-library/59359/>

Or providers can email providerhelpdesk@alliancehealthplan.org and they will assist with identifying your Network Specialist.

