Alliance Health

All Provider Meeting

June 15, 2022

All Provider Meeting

June 15, 2022 1:00pm – 3:00 pm

AGENDA

- **Welcome- Cathy Estes Downs**
- **Legislative Updates- Brian Perkins**
- **Update- Electronic Claim Submission – Kelly Goodfellow**
- **Claims Update- Tina Everett**
- **Alliance's Care Management Department Overview-Walter Linney**
- **Tailored Care Management- Donna Stevenson**
- **Tobacco Free Campus info and reminder-Myca Jeter**
- **Credentialing Update- Cathy Estes Downs**
- **FY23 Contracts and TP contracts-Cathy Estes Downs**
- **Questions?**

Recording of this meeting will be posted on the Alliance Website by June 21, 2022
https://www.alliancehealthplan.org/providers/all-provider-meetings/

Alliance Health

Legislative Updates

Provider Update
Electronic Claim Submission

Process

- Alliance requires a Trading Partner Agreement and Electronic Connectivity Request
- Applies to Providers or Clearinghouses who want to submit an 837I/P
- Alliance is updating the Trading Partner Agreement and the Electronic Connectivity Request to reflect one cohesive document

What is a TPA?

- A Trading Partner Agreement is an agreement between Alliance and its trading partners for the exchange of electronic information
- If addresses the security and protection of the data
- It provides needed information to set up the connection to allow the transfer of data

Why are we doing this?

- In preparation for the Tailored Plan, Alliance performed an internal audit and determined that provider agreements were outdated.
- To provide security and assurance in the transfer of electronic information

Timeline

- New documents will be published to our website by July 1st
- All providers and health systems have until September 30, 2022 to complete a new TPA
- On October 3rd , any provider who has not submitted a new TPA will receive a notification that their EDI connectivity will be terminated in 10 business days
- Effective October 17th, any provider that has not submitted a new TPA will have their EDI connectivity terminated.

Alliance Health

Billing & Enrollment Updates

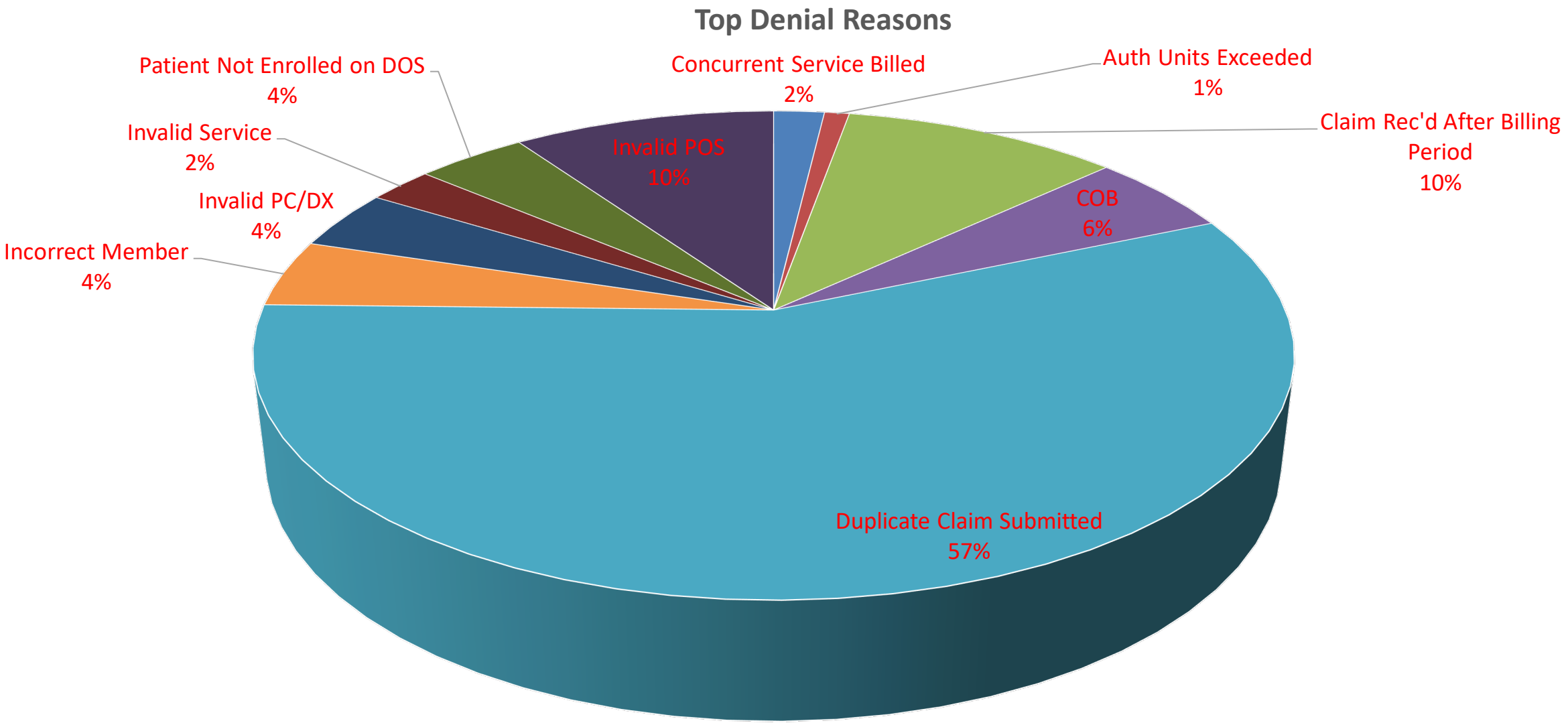
June 2022

Claims Numbers

3,207,324 Number of claims adjudications between **12/1/2021-6/15/2022**

73% Percentage of claims adjudications with **approved** status

Billing & Enrollment Numbers



Billing & Enrollment Numbers

Duplicate Claim Submitted	57%	*Avoid sending electronic files twice *Do not resend a claim without making a change to the claim; If a claim does not need to be changed, Alliance can re-adjudicate existing claim without provider resubmission.
Invalid POS (Place of Service)	10%	*Do not use POS 02-Telehealth for the GT CR modified codes; Use 'usual place of service'
Claim Rec'd After Billing Period	10%	*Medicaid claims=90 days from date of service *State claims= 60 days from date of service
Incorrect Member/Member Not Enrolled	8%	*Verify the member ID is correct on claim/file *Verify the member is in ACS; Complete enrollment prior to sending claim
COB (Coordination of Benefits)	6%	*Validate member coverage; Bill to primary payor first *Include COB information on the claim
Invalid PC/DX	4%	*Validate that the Procedure Code is an appropriate match to the Primary Dx on the claim
Other Reasons	5%	*Utilize Resources: Billing & Enrollment Manual, ACS Denials Guide, ACS Provider Portal Handbook– all are uploaded to website

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.
- The Alliance Health Website has helpful documents and resources: https://www.alliancehealthplan.org/providers/publications-forms-documents/
- claims@alliancehealthplan.org

Alliance Health

Overview of Alliance Health Care Management Department

Agenda

- Review of key leadership contacts within Alliance Care Management Department.
- Overview of current Care Management Programs.
- Alliance Complete Care.
- Care Coordination vs. Tailored Plan Care Management.

Care Management Department Leadership Roles & Scope

Leadership Role	Scope	Person
SVP of Population Health & Care Management	Primary administrator of the department. Sets vision, monitors dept performance, budget, and outcomes. Leads cross departmental initiatives and state contractor interface	Angel Felton-Edwards, RN
Director of Community CM	Leads care management teams across all population groups for members and recipients in community based care, develops and refines workflows, supports program managers and supervisors	Bernadette Cook, RN (Morrisville) Colleen Kinslow (Mecklenburg)
Director of Child and Adult Welfare	Oversees clinical care management for children in foster care or other out of home placement and for adults with guardians. The Director is responsible for ensuring children in out of home placements and adults with guardians receive quality healthcare to meet their overall need by providing oversight to care management staff and supervisors for complex cases within the domains of children in foster care or out of home placement and adults with guardians	Tammy Guess
Director of Integrated Health CM	Leads transitional and episode care management support with focus on physical health integration and hospital to community transitions, develops and refines workflows, supports program managers and supervisors	Teresa Gaskin, RN
Director of Care Management Support	Leads teams which monitor community based service delivery, and support activities specific to social drivers of health and benefits coordination, develops and refines workflows, supports program managers and supervisors	Walter Linney

Current Programs within CM Department

Alliance Care Management Programs

Program Name	Description
Children with Complex Needs	Provides member consultation and provider network education regarding services for children with co-occurring IDD and MHSUD to ensure compliance with the DRNC Settlement agreement.
IDD Olmstead	Provides transition of care support for children and adults with IDD to move from institutional to community based care.
Olmstead Policy	Provides administrative oversight of Olmstead initiatives (including TCL contract requirements and budget) to ensure compliance with the Olmstead decision and DOJ Settlement.
Community Health Workers	Provides members support with identifying and resolving SDOH disparities, linkage to community resources and support with benefits coordination and enrollment.
Family Partners	Provides understanding, guidance, resource and support to families to navigate the complex health care system.
IDD Peer Support	Provides support to IDD members experience major life transitions like graduating from school, moving out of family home, and getting a job.
IDD & TBI Care Coordination	Support for members enrolled in Medicaid C Waivers (Innovations and TBI Waivers). Supports include: assessment, education, plan development, provider linkage, and service monitoring.

Alliance Care Management Programs (cont'd)

Program Name	Description
SIS Evaluation	Schedules, completes/updates and distributes Supports Intensity Scale evaluations to Innovations waiver and B3DI members (Renewals minimally q 2 years children, q 3 years adults).
Medicaid C Waiver Policy Manager	Manages slots for all Medicaid C waivers, facilitates stakeholder meetings for both waivers, prepares state level reporting, attends state policy meetings representing Alliance for Med C waivers, coordinates reserve slot enrollments annually, ensure compliance with Med C policies.
LTS Access	Receives calls/referrals from Call Center for IDD and TBI members seeking services, facilitates IDD eligibility process, and manages Registry of Unmet Needs (Innovations) and Registry of Interest (TBI).
Transition to Community Living	Support members with moving from institutional care to community by moving into supportive housing and engaging in supported employment services and by diverting admissions to adult care homes .
DSS and DJJ Support	Support for members with DSS and DJJ involvement gain access to care.
MHSUD Care Coordination	Support for members with a severe or persistent mental illness or substance use disorder. Supports include: assessment, education, provider linkage, and service monitoring.

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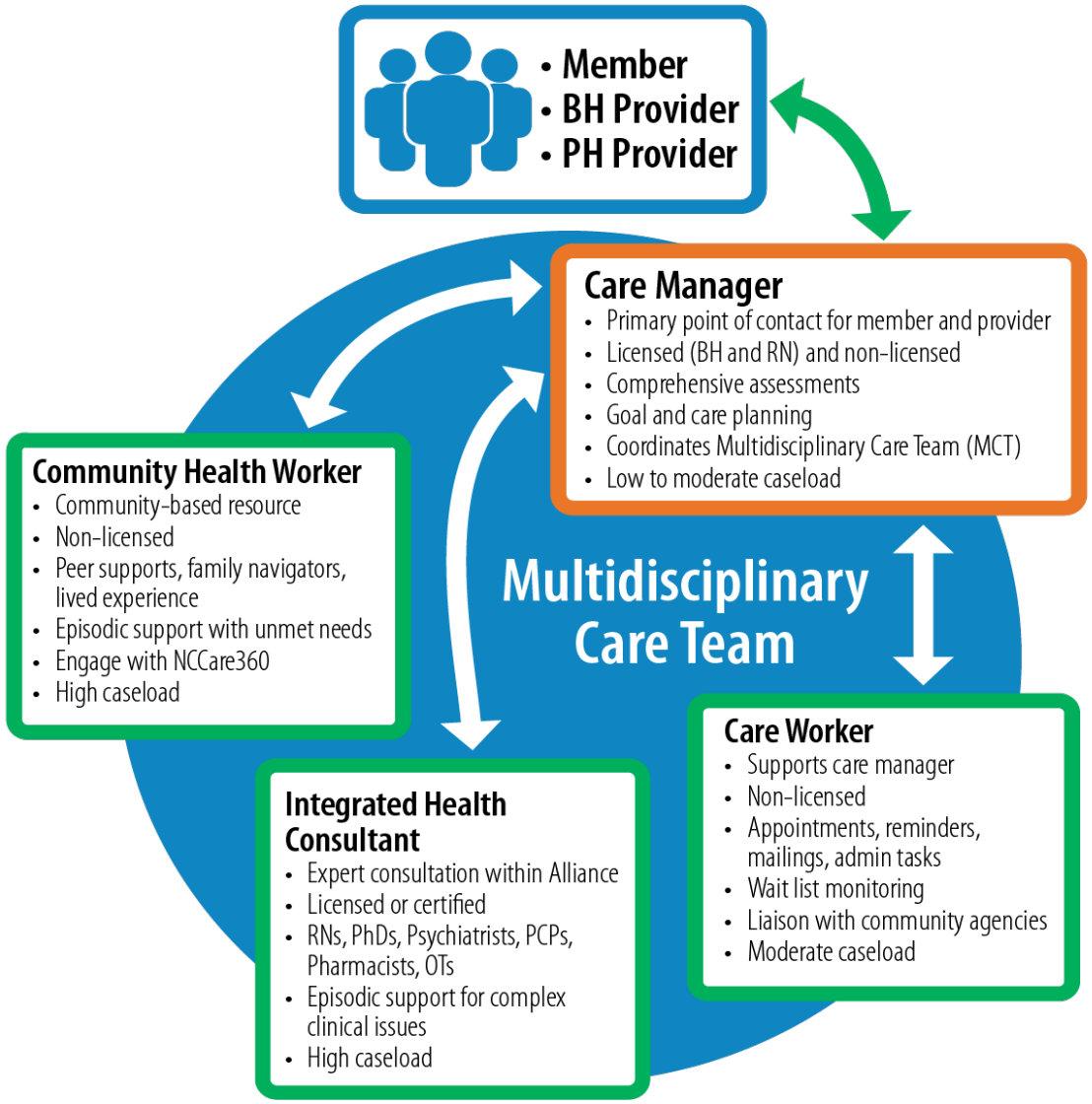
Complete Care Design



MCO Care Coordination to TP Care Management

MCO Care Coordination	Tailored Plan Care Management
One Care Coordinator per member with a caseload	Care Teams serve groups of members with common needs. There is still a single Care Manager who leads the team and is the point of contact for members
Focused primarily on BH services and supports	Considers the whole person- physical, behavioral and social drivers of health
Department composed on mainly licensed BH and QP credentialed staff	Care Teams will include BH clinicians, QPs, Nurses, Peers, and any other person involved with member care that the member consents to and wants as part of the team
Provided only by MCO	Provided by both TP and Provider agencies
Quality mainly compliance driven and monitored by DHHS contract	Builds on contract and adds NCQA quality standards, population health initiatives, and includes both clinical and process outcome measures and KPIs
Refers primarily to network providers for member needs	Must have knowledge and refer to in and out of network providers, community resources and care networks, and collaborate extensively with community partners for member wellness

Tailored Care Management: Part 1

Objectives

- Provide an overview of:
  - Medicaid Transformation
  - Integrated Care
  - Tailored Plans and Tailored Care Management
  - Member Choice

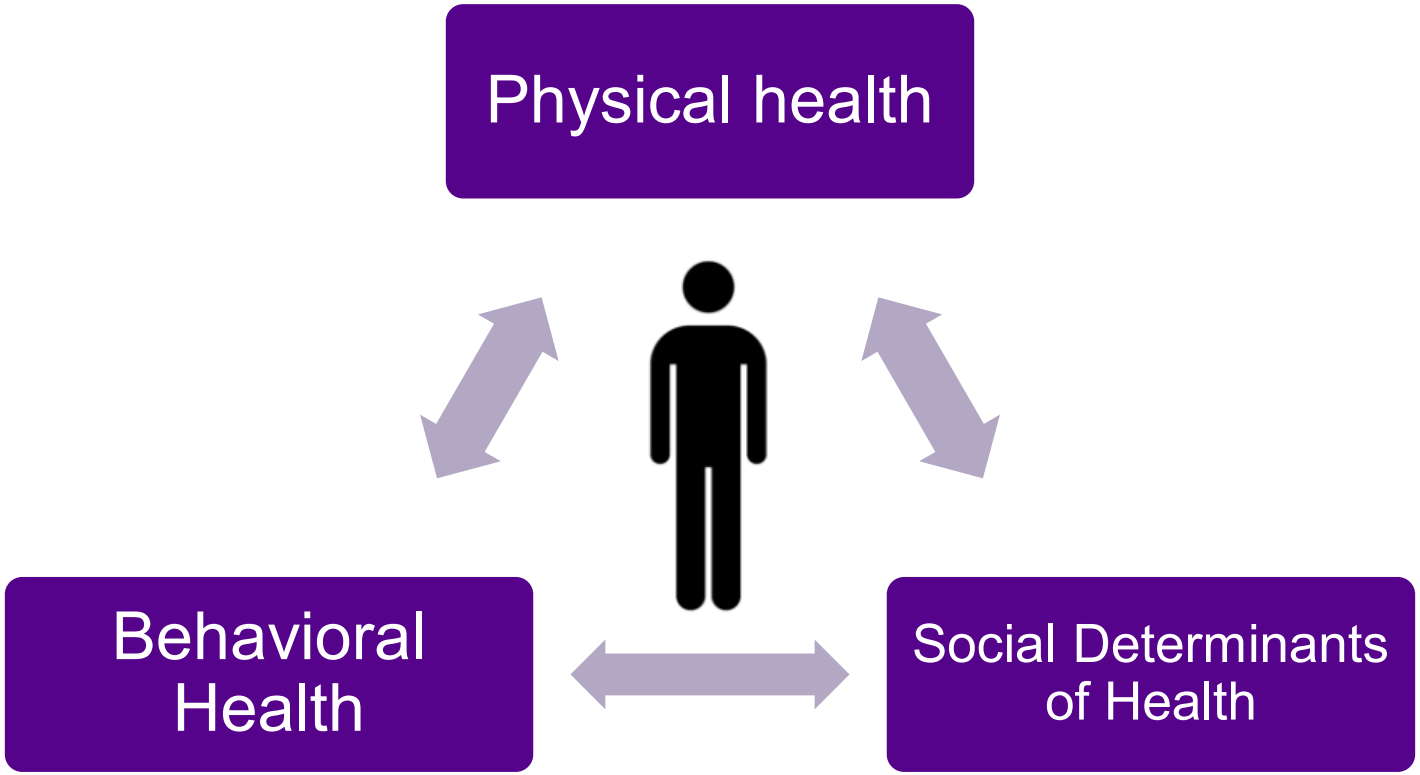
Medicaid Transformation

- In 2015, NC General Assembly enacted legislation paving the way to a Managed Medicaid environment
- Shifts from fee-for-service to a value-based system
- Designed to manage members' comprehensive needs through care management for better health outcomes
- Brings together Mental Health, Substance Use Disorders (SUD), Intellectual Developmental Disorders (IDD) and physical health care for a whole person, integrated care environment

What is Integrated Health Care?

The care a patient experiences as a result of a team of PC & BH clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

Integrated Health Care



Integrated Care:

Reconnection of the Head and the Body

--*Partners in Health - Primary Care/County Mental Health Collaboration Toolkit*, Integrated Behavioral Health Project (IBHP), October 2009

Core Components of Integrated Models

Patient-Centered Care Teams

- Team-based care: effective collaboration between PCPs, behavioral health and social determinants of health.
- Nurses, social workers, psychologists, psychiatrists, licensed counselors, pharmacists, and medical assistants can all play an important role.

Population-Based Care

- Behavioral health patients tracked in a registry: no one "falls through the cracks."

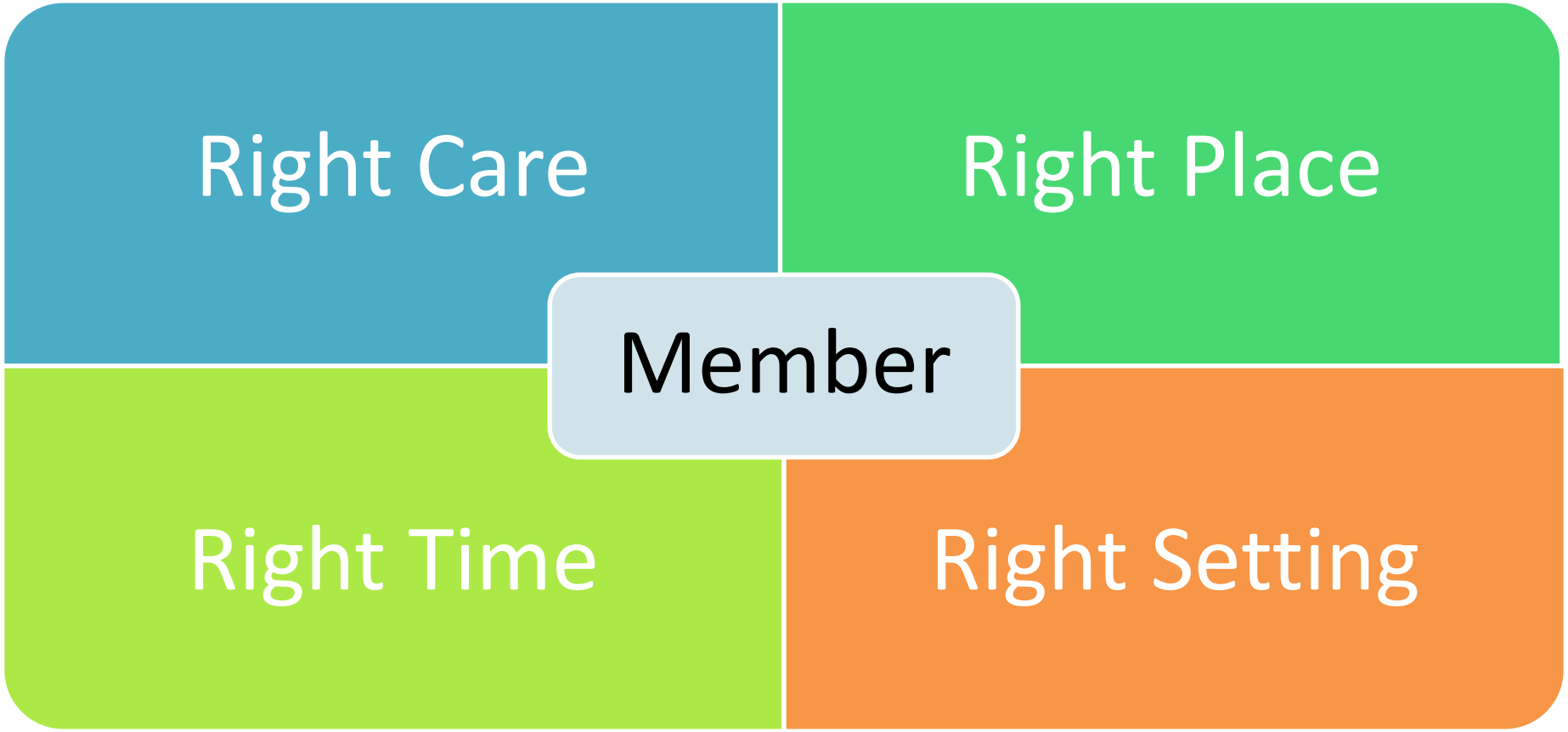
Measurement-Based Treatment to Target

- Measurable treatment goals clearly defined and tracked for each member.
- Treatments are actively changed until clinical goals are achieved.

Evidence-Based Care

- Treatments are evidence based.

Whole-Person Care



The Tailored Plan as a Health Home

The Tailored Plan is the Federal Health Home. The Health Home objective is to:

> Improve the health of beneficiaries through **innovative**, **person-centered** and **well-coordinated** system of care that **addresses medical and nonmedical drivers** of health.

Core Health Home Functions

Care Managers provide at least one (1) of the following six (6) core Health Home services in every month for each member:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Individual and family supports
- Referral to community and social support services

What is Tailored Care Management and how is it different?

- Tailored Care Management is the primary care management model for Tailored Plans
- A single Care Manager takes a whole-person approach with expertise/training in addressing behavioral health, I/DD and/or TBI needs in addition to physical health and unmet health-related resource needs
- Incorporates Person and Family-Centered Planning, considering the unique needs of the member/family system, with family members and caregivers serving as part of the member's care team

Members receiving ACTT, ICF, High Fidelity Wraparound, or Care Management for at Risk Children (CMARC) are not eligible for Tailored Care Management

Tailored Care Management Eligible Populations

- Medicaid recipients with significant Behavioral Health (BH) and/or Intellectual/Developmental Disabilities (I/DD)
- Innovations and Traumatic Brain Injury (TBI) waiver enrollees and waitlist members
- Uninsured or underinsured North Carolina residents receiving non-Medicaid BH, IDD, and/or TBI services
- Special Populations

Individuals enrolled in NC Medicaid Direct will also have access to Tailored Care Management, if they otherwise would be eligible for the Tailored Plan if not for belonging to a group delayed or excluded from Managed Care.

How will Tailored Care Management benefit members?

- Supports integrated/whole-person health (physical, behavioral, pharmacy, community support, etc.)
- Members have a single designated care manager supported by a multidisciplinary care team
- Members stay with the same care manager/team even though their services/level of care may change
- Access to care management for all BH I/DD Tailored Plan members throughout enrollment
- Improved member experience (behavioral health services may be accessed through physical healthcare)
- Improved overall health of the population served

Shift to Tailored Care Management

Current State	Future State: Tailored Plans
LME-MCOs coordinate BH, I/DD and TBI services **CCNC coordinates physical health services** *LME-MCO care coordination is only available to a subset of the population served by LME-MCOs*	*Tailored Care Management will be available to all enrollees unless they are obtaining duplicative services* **Tailored Plans will provide integrated, whole-person care management**

Options for Tailored Care Management

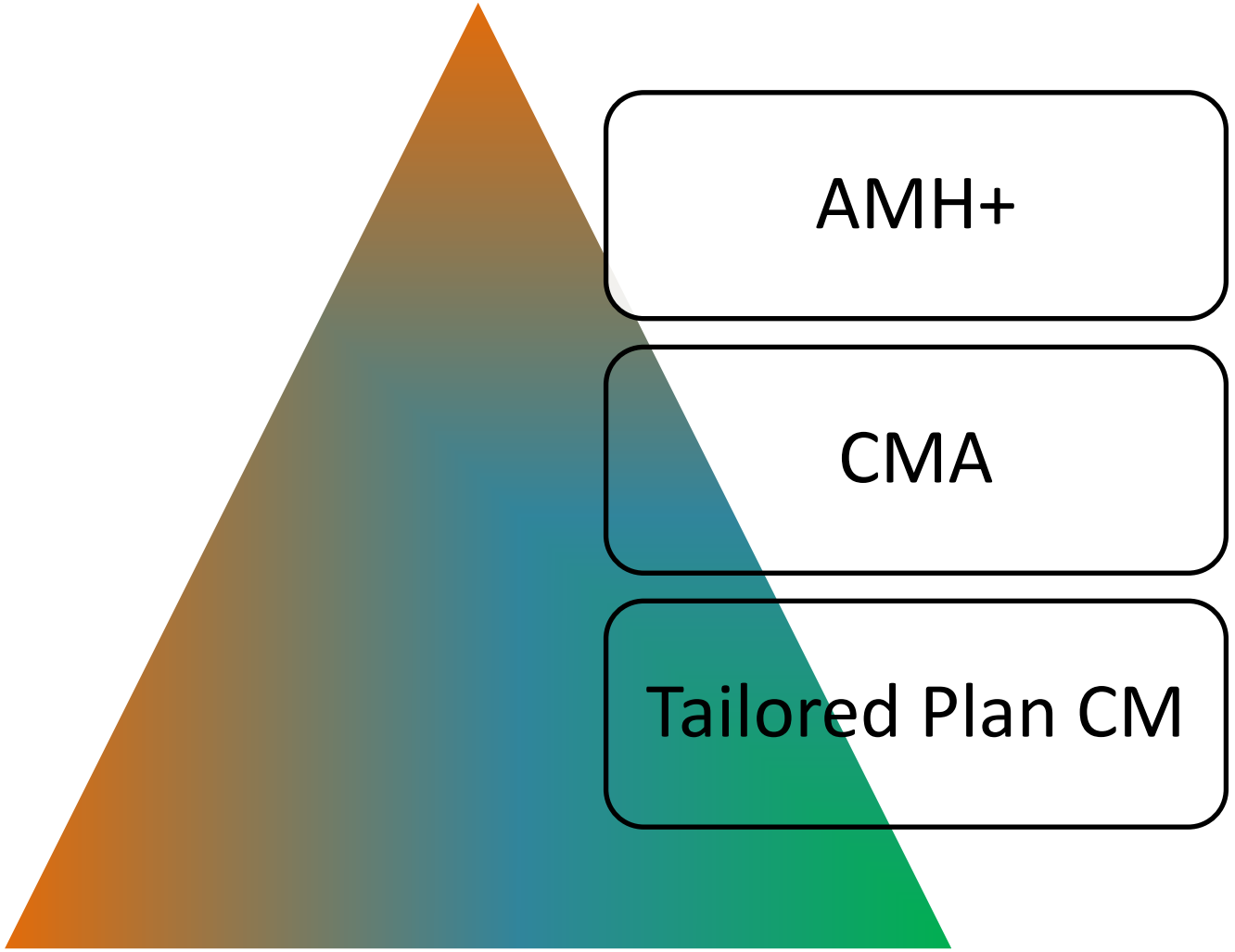
Three options for care management:

- Advanced Medical Home+ (AMH+)
- Care Management Agency (CMA)
- Tailored Plan

Assisting Members with Choosing their CMA/AMH+

- As a service provider, it is your responsibility to assist members with choosing their care management entity.
- Member Choice period will be from 8/15/22 through 10/15/22.
- The letters sent to members will inform them to call Alliance's Member Access line to choose their Tailored Care Management provider.
- If a member does not call to choose a Tailored Care Management provider, the member will be assigned to a care management entity based on Alliance's assignment logic.

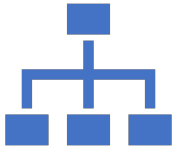
Member Choice Timeline



- Member *CHOICE* is ***PRIMARY*** and the ***FIRST STEP*** in the assignment process
- Member education about choice will be provided via letter on **Aug. 15, 2022**
- Member that DO NOT express Preference by CHOICE will be assigned to CM agency in line with auto-assignment practices.

Member Choice Period
August 15th – October 15th

Members will receive a letter notifying them of their assigned tailored plan



The member can choose a PCP and a tailored care management entity

Member will notify agency or Tailored Plan of choice

Document the choice of the member

Transition Notice (Member Letter)

All Tailored Plan eligible members will be receiving a Transition Notice from NC DHHS starting August 15th. These letters will be sent to members directly via US Mail.

There are multiple versions of the Transition Notice depending on the member's plan eligibility. To see all versions, go to: https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/beneficiary-notices

The Transition Notice will outline the member's designated plan and/or plan options as of December 1, 2022. **Please assist your members with reading and understanding the letter.**

If a member would like to select a specific Primary Care Provider or Tailored Care Management provider, call Alliance's Member Access line at 1-800-510-9132.

Questions?

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Provider Training:

NC Tobacco Free Campus

What is a Tobacco-Free Campus?

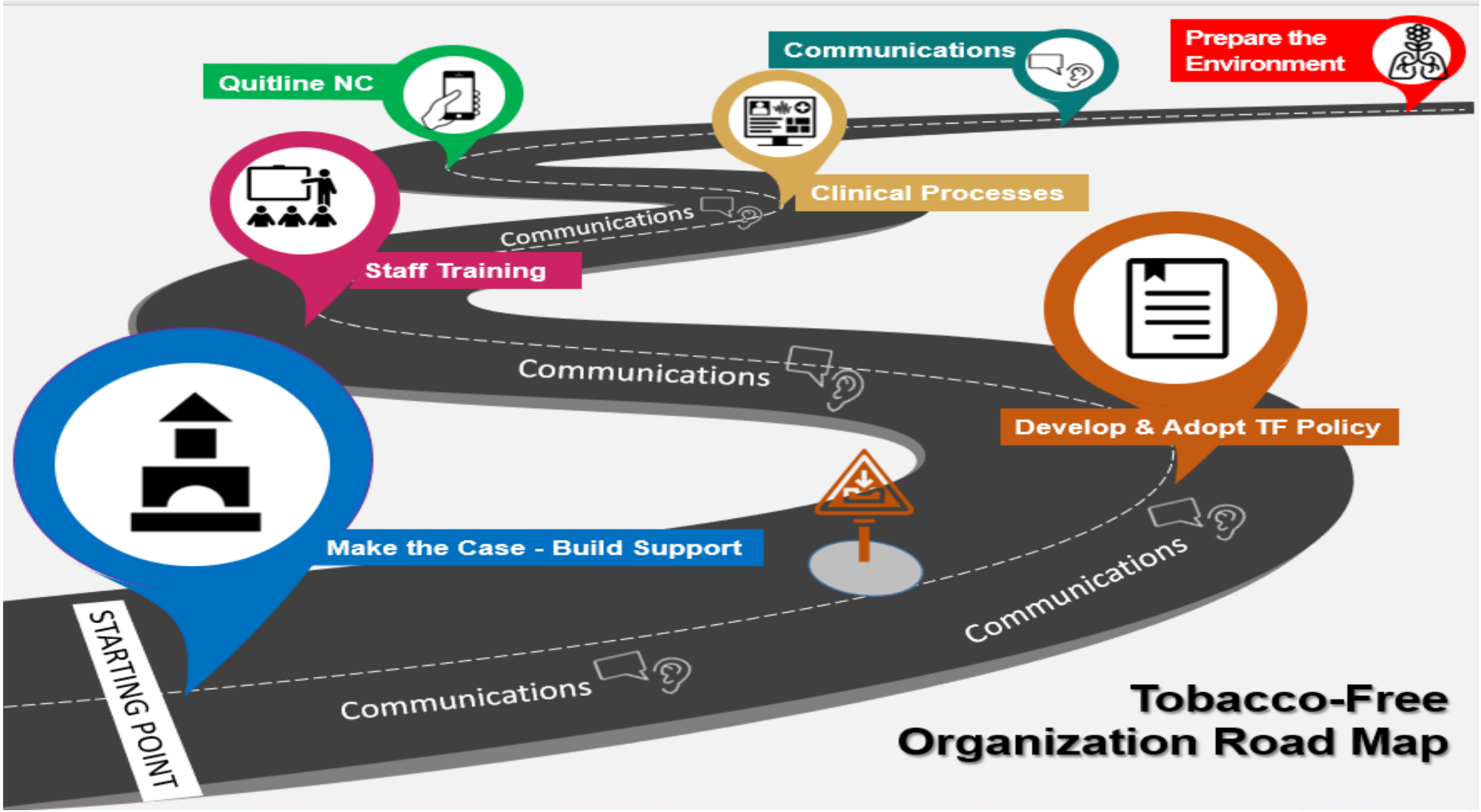
Starting December 1, 2022,North Carolina Standard and Tailored Plans that serve people with Medicaid or who are uninsured will require contracted medical, behavioral and some intellectual/developmental disabilities (IDD)/traumatic brain injury (TBI) **organizations to provide 100% tobacco-free campus**.

Tobacco-Free Campus Requirements **

Policy Requirement:

- Indoor use of tobacco products shall be prohibited in all provider owned/operated contracted settings.
- For outdoor areas on campus, provider shall:
  - Ensure access to common outdoor space that are free from exposure to tobacco use; and
  - Prohibit staff/employees from using tobacco anywhere on campus

*** Implementing a tobacco-free policy can take 3-6 months* (occasionally longer)


Quitline NC
Communications
Prepare the Environment
Clinical Processes
Communications
Staff Training
Communications
Develop & Adopt TF Policy
Make the Case - Build Support
STARTING POINT
Communications
Communications
Tobacco-Free Organization Road Map

Tobacco-Free Campus Resources

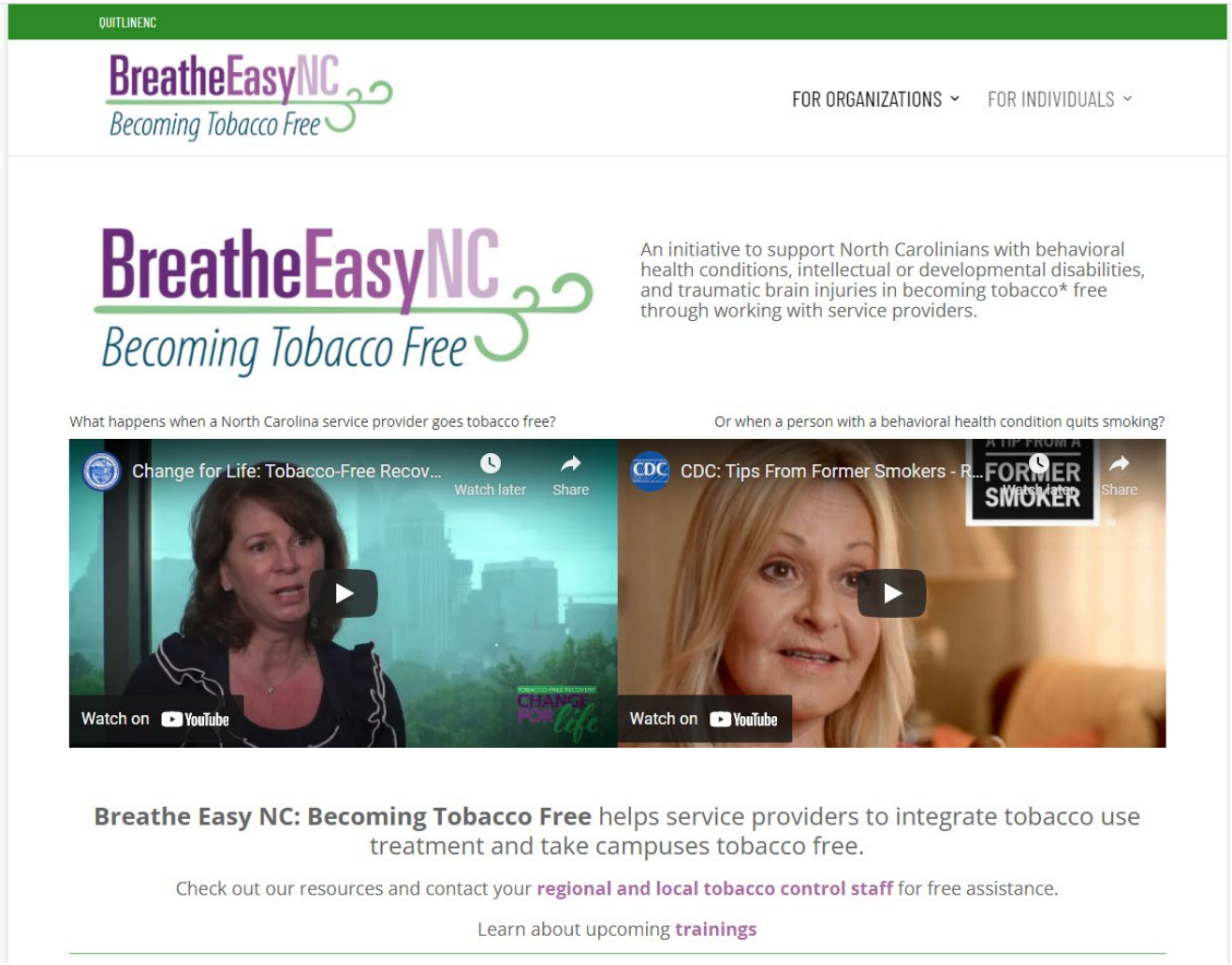
For more information & to sign up for training sessions!

Please visit Breathe Easy NC at https://breatheeasync.org/

and

Check out the FAQs at

https://breatheeasync.org/faq-for-behavioral-health-medical-provider-agencies/



Tobacco Free Campus – Contacts

Myca Jeter, MSW, LCSWA

Practice Transformation Specialist

Alliance Health

Phone: 919-452-8649

Email: mjeter@AllianceHealthPlan.org

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Credentialing Update

Changes to Provider Credentialing Process

What has changed?

Alliance no longer requires initial credentialing or re-credentialing applications from providers, including agencies, LIPs and LP's (associated clinicians). Alliance reviews the provider enrollment information from NCTracks to enroll and contract with providers. This change was effective May 12, 2022 and was made in accordance with NC Department of Health and Human Services, Division of Health Benefits.

All providers that were in the Initial Credentialing process at the time of the change should have received an enrollment decision. If you have not received an enrollment decision, please email enrollment@alliancehealthplan.org. and include the name and NPI number in order to help identify next steps

Alliance is only able to utilize the information that is in NCTracks to make enrollment decisions and to be considered for a contract*(as applicable).* Please ensure that you keep your NCTracks enrollment up to date.

How do I request to link a clinician to an existing provider?

Providers will submit a Request to Add Clinician Form. An updated form was posted to the website today. Once that form is received it will be verified in NCTracks and exclusion checks will be completed. Clinicians and Agency staff will receive an enrollment disposition notification within 7 business days. In addition, Alliance no longer requires clinicians to complete applications through CAQH ProView, effective with this change.

****If a clinician is not enrolled in NCTracks you will receive an unable to process enrollment notification** Please do not submit requests until the clinician in enrolled in NCTracks.** Providers will be able to request retro-effective dates based on the NCTracks enrollment dates(for providers new to NCTracks) If a provider does not have a valid taxonomy, health plan or NCTracks is terminated you will also receive an unable to process enrollment notification.

How should providers request to make changes to existing contracts?

To request changes to your existing contract with Alliance i.e., removing sites or moving sites, services or clinicians, please continue to submit the Notice of Change form to process these requests.

If you would like to add services or sites , please submit the Provider Application Request Form. Request will be assessed based on Network need. Please note that your enrollment with NCTracks is required. Provider agency, NPI, taxonomy, sites and clinicians must be enrolled in NCTracks to continue to contract with Alliance or to make changes to your contract with Alliance

What happens if my credentialing information in NCTracks is suspended or terminated?

Alliance will be reviewing the provider enrollment information from NCTracks on a daily basis. If there is a change in your enrollment status in NCTracks (ie suspended or terminated) your enrollment/contract status with Alliance will also be suspended/terminated.

Whom should you contact with questions?

If you have questions about the status of your enrollment with us, please contact us by email at enrollment@alliancehealthplan.org.

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Contract Update

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. Contract extensions are in the process of being sent out via DocuSign if you do not receive a contract extension by July 15th for Medicaid and August 1st for State contracts please contact your Provider Network Relations Specialist. There will be no disruption regarding ability to bill and request authorizations during this contract process unless a provider does not sign the contract extension within 10 days of receipt.

There will be new contracts for the Tailored Plan with an effective date of December 1, 2022 – These contracts will also be going out within the next month for our currently contracted providers.

Please remember that your Provider Network Relations 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.