Alliance Health

Provider Practice Transformation Academy

Behavioral Health Inpatient Admission Notification for CMAs/AMH+s

How are Tailored Care Management agencies notified of member inpatient hospitalizations?

Care Management Agencies (CMAs) and Advanced Medical Homes+ (AMH+s) will not receive notification of their assigned members' admissions to inpatient hospitals through ADT feeds. Alliance will notify all CMAs and AMH+'s of all behavioral health inpatient hospitalization of their assigned members by sending a daily file of those admissions to each organization's secure file transfer protocol (sFTP) file. Each organization is responsible for checking their sFTP daily for this file.

The file will include all hospital admissions; the members who have a behavioral health hospitalization will be identified as "Alliance Health ADT" (as opposed to "NC*Notify," which is a regular ADT feed).

Example:

	A	B	C	D	E	F
1	CNSID	Event Type	Event Date	Facility	Facility Phone Number	Source
2	XXXXXXXXXX	Admission	1/2/2023	Hospital A	(XXX) XXX-XXXX	NC*Notify
3	XXXXXXXXXX	Admission	1/2/2023	Hospital B	(XXX) XXX-XXXX	Alliance Health ADT
4	XXXXXXXXXX	Admission	1/2/2023	Hospital C	(XXX) XXX-XXXX	NC*Notify
5	XXXXXXXXXX	Admission	1/1/2023	Hospital D	(XXX) XXX-XXXX	NC*Notify
6	XXXXXXXXXX	Admission	1/1/2023	Hospital C	(XXX) XXX-XXXX	NC*Notify

As a reminder, Alliance will be providing the transitional care management for members admitted to state facilities until discharge. Please see Transitions for Members in State Facilities for additional information.

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Why is this notification important?

For members admitted to any hospital other than a state facility (i.e, private hospitals, etc.), the assigned CMA/AMH+ is responsible for all care management activities, including transitional care management. This includes the completion of the 90-day post-discharge transition plan and in-reach/transition activities for each member who has been hospitalized.

It is crucial that each agency check their sFTP file at **least once a day**, preferably first thing in the morning, so that care management staff can immediately begin outreach to the member and the hospital. This outreach much begin immediately so that care management staff can complete the 90-day post-discharge transition plan and transition activities before the member's discharge from the hospital.

What will the notification file include?

The daily file will include:

- Member Medicaid ID (CNSID)
- Event type
- Event date
- Name of the hospital/facility
- Contact number of the hospital/facility (if available)
- Source

Alliance will not have contact information for every hospital; members may be hospitalized at facilities that are out of Alliance's network, in which case Alliance does not have a relationship with that hospital.

The file will be sent out to CMAs/AMH+s daily between 9 and 11 pm and will include admissions from the 24 hours prior.

What are the responsibilities of the CMA/AMH+?

CMAs/AMH+s must check their sFTP file daily; this activity should be included in your policies and procedures and needs to happen early in the day (first thing in the morning is preferred).

If a CMA/AMH+ receives a notification of a BH inpatient hospitalization, that agency is required to complete both of the following actions by 12 pm (noon) on the day the file is received:

- Contact the facility/member immediately to begin in-reach/transition activities
- Notify the hospital's assigned Alliance integrated health consultant (IHC)* that the notification has been received

** A comprehensive list of Alliance's IHCs has been sent to each CMA/AMH+'s Tailored Care Management email address. There is an IHC assigned to out-of-network hospitals, labelled "OON Hospitals," on that list.*

References:

- Members Transitioning to State Facilities
- 90-day post-discharge transition plan
- Functions/Responsibilities of Transitional Care Management, Part II: In-Reach and Transition