

**All Provider Meeting**  
**June 17, 2020 1:00pm – 3:00 pm**  
**Virtual Meeting**  
**AGENDA**

**Welcome: Cathy Estes Downs**

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

**Alliance Updates**

**Legislative Updates**

**Alliance Office -Update on Alliance office operations during COVID**

**COVID-19 Update -Jean-Marie Maillard, MD, MSc. Medical Director, Communicable Disease Branch—Epidemiology Section, Division of Public Health, NC DHHS.**

**Appendix K updates**

**COVID code updates and reminders**

**Disaster Preparation**

**Provider Scorecards and HEDIS Measures**

**Provider Recognition**

**Telehealth Survey**

**FY21 Contract Update**

**Questions**

**Recording of this meeting will be posted on the Alliance Website by June 19**

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

**Next All Provider Meeting – September 16, 2020**



# Legislative Update

All Provider Meeting

June 17, 2020

# NC General Assembly 2020 Legislative Short Session

- COVID-19 Recovery Act – signed into law May 4
  - Directed spending \$1.57B in federal funds for COVID relief
  - Directed funds to divert those in a BH crisis from EDs, temporary relief to ICFs, funds to address opioid overdoses
- Continuing COVID-19 response
  - NC has \$1.93B in remaining federal relief funds to spend



# 2020 Behavioral Health/IDD Legislative Priorities

- All 7 LME/MCOs identified consensus system-wide needs
- Legislative requests for continuing COVID-19 response
  - Care costs directly related to the pandemic
  - Preserving continuity of care for members
- State funding legislative requests
  - Stop Single-Stream Funding cuts
  - Increase Innovations Waiver slots
  - Additional resources for substance use disorder treatment

# Factors Impacting the State Budget Process

- State revenue forecast
  - \$4+ billion shortfall over the next two state fiscal years
  - Pandemic will create continuing uncertainty in forecasts
- How will NC utilize remaining Federal CARES Act funding?
- “Single Strike” mini-budget bills

# Medicaid Transformation Still A State Priority

- Medicaid Transformation remains suspended due to lack of a current state budget
- However, Senate legislation (S808) has been introduced that identifies Transformation as a “must do” item for Short Session
- While negotiations continue, this bill does specify a 2021 go-live date for Standard Plans
- Tailored Plans shall begin 1 year after Standard Plans go live

# Alliance Office Updates

## Alliance office operations during COVID

## **COVID-19 Update**

**Jean-Marie Maillard, MD, MSc. Medical Director,  
Communicable Disease Branch—Epidemiology  
Section, Division of Public Health, NC DHHS.**



# Appendix K Updates

## APPENDIX K – 2nd Wave

Summary 5.27.2020

The Centers for Medicare & Medicaid Services (CMS) has approved an emergency planning document called Appendix K for NC Medicaid. Appendix K will be effective from March 13, 2020, to March 12, 2021, or until the COVID -19 pandemic is no longer a public health emergency, whichever is sooner. Additional Flexibilities (Appendix K- 2<sup>nd</sup> Wave) were approved 5.27.220 and are effective 4.30.2020.

<https://www.alliancehealthplan.org/wp-content/uploads/CMS-Approved-Appendix-K-2nd-Wave-Innovations.pdf>

<https://www.alliancehealthplan.org/wp-content/uploads/CMS-Approved-Appendix-K-2nd-Wave-TBI.pdf>

The flexibilities extended through the approved Appendix K are intended only for the NC Innovations Waiver, and NC TBI Waiver beneficiaries impacted by COVID-19 either directly or due to their staff being impacted and unable to provide services. Beneficiaries who qualify for additional services or waiving of waiver rules and requirements because of COVID-19 must be reassessed at least 30-days before the expiration of the Appendix K to determine ongoing needs.

The use of these Appendix K flexibilities to current waiver requirements or exclusions are to be reported to Alliance Health. This form provides a reporting mechanism for the exceptions or flexibilities which will most often be needed.

Please complete Alliance’s “Addendum to Services” Form, **within 1 week of the exception being applied**, for one per member when you, as the provider of service and/or Employer of Record, implement the use of one or more of the following flexibilities. An updated “Addendum to Services Form” will be posted on Alliance Web site. This updated form reflects the modifications related to Setting and Relative as Provider (RAP) cited in Appendix K- 2<sup>nd</sup> Wave.

# Appendix K updates(continued)

Waiver Category Description	NC Specific Request	Applicable Waiver
Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches):	Allow primary Alternative Family Living (AFL) Providers to provide Supported Employment, Day Supports or Community Networking to the participant living in the AFL during times that Supported Employment, Day Supports or Community Networking would be regularly provided.	Innovations and TBI
Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver:	Allow legally responsible persons of minor waiver beneficiaries who reside in the home and out of the home to provide, Day Supports, Supported Employment, Community Living and Supports, and Community Networking when other providers are not available.	Innovations only

# Appendix K (continued)

Waiver Category Description	NC Specific Request	Applicable Waiver
Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver:	Allow for additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking, Day Supports and Supported Employment for 90 days. UPDATE Effective 4.30.2020: There may be more than one 90 day period.	Innovations Only
Function of Care Coordination	Function of Care Coordination	Function of Care Coordination
Temporarily modify service scope or coverage:	Waive requirement for the Letter of Medical Necessity or Prescription from the Physicians, Nurse Practitioner or Physician's Assistant for ongoing supplies or replacement equipment for which member has an already established authorization. This applies to Assistive Technology, Equipment and Supplies.	Innovations and TBI

# COVID CODES UPDATES AND REMINDERS

## MH/SU COVID FLEXIBILITY CODE

Providers will be required to utilize the codes/modifiers for any of the service flexibilities that are being provided with service dates starting **on and after**  
**May 23, 2020**

## INNOVATIONS/TBI/IDD FLEXIBILITY CODES

Providers will be required to utilize the codes/modifiers for any of the service flexibilities that are being provided with service dates starting **on and after**  
**June 15, 2020**

## Concurrent Claim trends

Alliance claims staff are seeing a significant number of claims for concurrent services. For example: a provider bills a 90837 and a 90837 GT CR for the same member on the same day- this is a reminder that this type of concurrent billing is not allowed and claims will be recouped for this overpayment

# Disaster Response Requirements

**Alliance Provider Operations Manual requirements are as follows:**

Alliance Network Providers must have a Business Continuity Plan and participate in community disaster response and recovery efforts:

- Develop and maintain a plan for continued provider operations in the event of a natural disaster, weather event or other business interruption, including communication(s) with individuals, families and Alliance.
- Work proactively to ensure an individual crisis plan is in place for each individual served by the provider.
- Assist in community disaster response and recovery efforts.
- Licensed Professionals are encouraged to participate in the North Carolina Disaster Response Network.

# Provider Priorities in Disaster Response

## Disaster Preparation:

1. Development of comprehensive Business Continuity Plan with regular review, updates and staff training
2. Plan for communication with staff, members and community partners
3. Pre-disaster outreach, education and preparation when possible

## Disaster Response

1. Maintain program operations and staffing
2. Communication and outreach to those currently receiving services
3. Capacity to assist current caseload in timely and flexible manner
4. Availability to accept new referrals
5. Assistance with community disaster response

# Additional Priorities

- Service availability for populations with complex, and specialized needs
- Supports for individuals with co-occurring medical illness
- Communication / service access for deaf, blind, limited English proficiency
- Access to medication (oral, injectable, etc.), laboratory services and medical supports
- Opioid treatment access
- Trauma-informed care
- Providers training in disaster response, with availability to assist in shelters and other community disaster locations

# Disaster Response During Pandemic



- Allow more time than usual for preparation (emergency food, water, filling prescriptions, etc.) to allow social distancing
- Expansion of 'go kit' to include masks, hand sanitizer and other supplies
- Modification of usual shelter options needed to allow social distancing, screening/testing, isolation, etc.





Provider Scorecards  
HEDIS

# Provider Scorecards

## Line of Service Summary

Date range: 07/01/2019 - 12/31/2019

Service Line	Dist Patient Cnt	ALOS	AVG Cost	30 day CSFU	90 day CSFU	30 day RSFU	90 day RSFU
ACTT	340	477	\$24,809.15	30	30	0	
Community Support	541	102	\$3,058.23	35	21	0	
Day Treatment	88	147	\$15,241.54	7	1	7	
FCT	120	117	\$13,602.49	6	2	4	
High Fidelity Wraparound	18	226	\$17,644.86	1	1	0	
IIH	680	141	\$17,882.80	27	18	10	
Intercept	31	160	\$24,738.17	2	1	0	
MST	132	116	\$15,468.87	2	2	0	
OMT	893	337	\$5,197.57	24	23	0	
Partial Hospitalization	20	15	\$3,524.25	4	4	0	
Psychosocial Rehabilitation	292	385	\$15,593.46	25	11	0	
SACOT	206	55	\$6,301.00	14	10	0	
SAIOP	692	51	\$3,324.27	59	43	0	
PRTF	71	163	\$111,506.66	4	6	23	
Residential Services	82	210	\$43,477.62	25	2	16	
TFC	158	352	\$38,185.78	26	5	11	

# HEDIS

## HEDIS<sup>®</sup> FOR PROVIDERS

### What is HEDIS<sup>®</sup>?

- HEDIS (Healthcare Effectiveness Data and Information Set) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA) for the managed care industry.
- HEDIS is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.
- HEDIS results assist health plans with demonstrating improvement in its preventive care and quality measurements.
- HEDIS results demonstrate the provider's commitment to quality care and improved health outcomes for the individuals they serve.

### How is Data Collected at Alliance?

- The three HEDIS currently reported by Alliance are administrative measures using paid claims for behavioral health services, medical/lab procedures and pharmacy data.
- HEDIS is a retrospective process with a 1 year look back. HEDIS 2021 = Calendar year 2020
- Alliance HEDIS data reporting is a cyclical process and will reported to providers quarterly.

*\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)*

# HEDIS

## 2020 HEDIS Measures

	MEASURE	TARGET
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	59%
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	35%

*\*Targets based on 50 percentile of the 2018 National Medicaid averages*

## How You Can Improve Your HEDIS Performance

See attached:

- Letter for Prescriber
- Letter for Behavior Health Provider (Non-Prescriber)
- Educational Handouts

Please visit the Alliance Health Provider web page for additional HEDIS Measure specifications, information, resources, and guidance.

<https://www.alliancehealthplan.org/providers/>

# HEDIS

**(PROVIDER NAME) HEDIS Performance**  
**FY2020 Quarter 3 Provider Report**  
**Measurement Period: 1/01/2020 – 3/31/2020**

Quality Measure	Description	Denominator	Numerator	Score	Number Needed to Meet the Measure
SAA	The percentage of members 19-64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.				
SSD	The percentage of members 18-64 years of age with schizophrenia, schizoaffective or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.				
APM	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing: <ul style="list-style-type: none"><li>• 1-5 years</li><li>• 6-11 years</li><li>• 12-17 years</li><li>• Total</li></ul>				

*Uncertified, unaudited HEDIS measures. Performance measures are derived from HEDIS specifications, but have not been audited by a NCQA-Certified HEDIS Auditor.*

***\*See measure specific attachments for individuals who did not meet the measure.***



# Provider Scorecards and HEDIS Measures

## Provider Scorecard

### Line of Service Summary

Date range: 07/01/2019 - 12/31/2019

Service Line	Dist Patient Cnt	ALOS	AVG Cost	30 day CSFU	90 day CSFU	30 day RSFU	90 day RS
ACTT	340	477	\$24,809.15	30	30	0	
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**Dist Patient Cnt:** This is the distinct patient count per line of service who were discharged within the date range.

**ALOS:** The Average Length of Stay for patients discharged within the date range split by Service Line and Episode.

**Avg Cost:** The average cost billed for patients discharged within the date range split by Service Line and Episode.

**30 Day CSFU:** The count of distinct patients, from the distinct patient count column, who had received Crisis Service Follow Up within 30 days.

**90 Day CSFU:** The count of distinct patients, from the distinct patient count column, who had received Crisis Service Follow Up within 90 days.

**30 Day RSFU:** The count of distinct patients, from the distinct patient count column, who had received Residential Service Follow Up within 30 days.

**90 Day RSFU:** The count of distinct patients, from the distinct patient count column, who had received Residential Service Follow Up within 90 days.

# Provider Recognition

## [Survey on Effects of Pandemic on Providers](#)

Alliance needs to hear how the COVID pandemic has affected your work and what is and isn't working in regards to telehealth/telephonic services. Completing [this short survey](#) will help us make improvements and continue to support our network. It will not be used to monitor the performance of providers.

The survey is now open and will close on July 10.

Please check the June 16, 2020 Provider News for the link to complete this short survey

Thank you in advance for your participation



# FY21 Contract Update

Alliance is in the process of sending out FY21 Medicaid Contracts via DocuSign

- Providers will be receiving an amendment for extending their FY20 Medicaid contract thru FY21.
- If you have not received your Medicaid contract amendment by July 17 please contact [contracts@alliancehealthplan.org](mailto:contracts@alliancehealthplan.org)
- Once the Medicaid contracts are completed, FY21 State contracts will be sent out.
- If you have not received your State contract by August 14- please contact [contracts@alliancehealthplan.org](mailto:contracts@alliancehealthplan.org)

Please note that your ability to receive payment etc will not be affected if you receive your contract after July 1-HOWEVER- if you do not return your contract within 10 calendar days your contract status will be suspended until there is a fully executed contract

Update to Provider News issued June 4: Due to the temporary nature of the COVID Flexibility codes these codes will not be included in the amendment to extend contracts. Providers can review COVID codes in their Alpha contract details.

# Questions