AGENDA
Welcome - Cathy Estes Downs
Questions can be taken during the webinar through the chat box function for those accessing the webinar through their computers.

Alliance Updates
Legislative Updates - Sara Wilson
COVID-19 – Dr. Mehul Mankad
HEDIS and Care Management overview - Sean Schreiber
Credentialing Updates - Amy Johndro
Network Adequacy Overview - Carlyle Johnson
Appendix K - new service implementation - Michael Milley
Claims Update - Tina Everett/Marilyn Madison

Provider Network Updates
- Provider Operations Manual - Cathy Estes Downs
- FY21 Contract Update - Cathy Estes Downs
- 7 Day Follow up reminder - Cathy Estes Downs
- Temporary enhanced residential rates update - Cathy Estes Downs
- COVID Relief Group Home funding - Amy Johndro
- ASAM Training opportunities - Amy Johndro

Questions - Cathy Estes Downs

Recording of this meeting will be posted on the Alliance Website by September 21, 2020
https://www.alliancehealthplan.org/providers/all-provider-meetings/
AND JUST LIKE THAT,
I BECAME AN
ESSENTIAL EMPLOYEE.
Medicaid Transformation Back on Track

• SL 2020-88 allows the state to move forward:
  • Appropriates more than $460M to NC’s Medicaid program, including authorizing funds to be used specifically for Transformation activities.
  • Requires Standard Plans to go live by July 1, 2021
• Tailored Plans shall begin 1 year after Standard Plans – July 1, 2022 (SL 2018-48)
BH I/DD Tailored Plan RFA

Tailored Plan RFA released: November, 2020
Responses due: January, 2021
Awards Announced: May/June 2021
SP Managed Care Launch Timeline

OPEN ENROLLMENT
3/15/21

AUTO ENROLLMENT
5/14/21

MANAGED CARE & TRIBAL OPTION LAUNCH
7/1/21

RISK: COVID-19 PANDEMIC
Restarting Managed Care Implementation

- Update all stakeholder materials, websites, smartphone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- Update the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)
- Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired
Restarting Managed Care Implementation

• Complete provider contracting (health plans and providers)
• Analyze health plan network adequacy to ensure adequate provider networks and processes
• Moving forward with managed care related procurements including Member Ombudsman, EQRO, Health Opportunities Pilots
NCDHHS, in partnership with Alliance Health and UNC TV, will host a virtual Town Hall Meeting on changes to NC’s public Behavioral Health and Intellectual and Developmental Disabilities (I/DD) system, **Thurs., Sept. 17, 2020, at 6pm** on the [Governor’s Institute Facebook page](https://www.facebook.com/governorsinstitute). Input is sought from consumers, families and advocates about how the system is working and how we can assist in creating a system that improves health outcomes and promotes recovery for all North Carolinians.

Participants can post questions in the live chat during the webinar or record a video message beforehand and upload the video file to a OneDrive folder that has been set up for the meeting. The links to join the meeting are posted in Provider News on the Alliance website [https://www.alliancehealthplan.org/provider-news](https://www.alliancehealthplan.org/provider-news).
COVID 19 Update

Mehul Mankad, MD
Chief Medical Office
Alliance Health
Key Measures, Performance Support and Tailored Plan Care Management
Key Performance Measures

- Healthcare Effectiveness Data and Information Set (HEDIS®)

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<tr>
<td>SAA</td>
<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</td>
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<tr>
<td>SSD</td>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</td>
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<td>APM</td>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics</td>
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Performance Improvement

• Healthcrowd direct to member texting
• Supporting Point of Care Testing
• Provider scorecards and opportunity lists
• Member and provider education material
• Practice Support

https://www.alliancehealthplan.org/providers/hedis/
Key Performance Measures

• Timely follow-up after mental health inpatient hospitalization: Target 40%

• Timely follow-up after an SUD inpatient hospitalization: Target 40%
Performance Improvement

- Implementing Peer-led assertive engagement post discharge follow-up program
- Outreach, data sharing and performance reviews
- Dedicated Alliance support professional
- Simplifying post-discharge appointment scheduling
- Performance contracting
Future

• All Tailored Plan members will have a care management
• Provided by certified Care Management Agencies, Advanced Medical Home+s and Alliance Health
• When possible provider-led, delivered at the site of care
• Goal is to address complete health needs of members, medical, behavioral and social drives that impact health
• Proactive and outcome driven
• Alliance role to support entities providing care management
Next Steps

• Adult Care Management Pilot
  • Released RFP for a pilot organization
  • Applicants must serve between 200-300 adults that meet Tailored Plan eligibility criteria
  • Alliance will provide IT support, training and technical assistance
  • Pilot organization will be acting on behalf of Alliance to manage and coordinate care
  • Share lessons learned with CM Collaborative
Credentialing Updates
9/16/2020
Credentialing Department

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columbus@alliancehealthplan.org
Paul Dalton-Credentialing Specialist II
dalton@alliancehealthplan.org
Regina Baker-Credentialing Specialist
rbaker@alliancehealthplan.org
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mcneill@alliancehealthplan.org
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mcnair@alliancehealthplan.org
Valentine Ndambiri-Credentialing Specialist
vndambiri@alliancehealthplan.org
Sharon Hudgins-Waters-Credentialing Specialist
Shudgins-Waters@alliancehealthplan.org
Credentialing Department Strategic Goals

• To streamline work so that applications can be processed in a more timely manner with a focus on efficiency

• This process will include decreasing time between submission of a completed application packet and Credentialing Committee decision.

• Ultimate goal: To process all initial LP credentialing applications within 30 days of when the application is deemed as fully completed.
Alliance completed an analysis on how to best meet these strategic goals. What became apparent was that a lot of time was spent following up with providers on items that were missing or incomplete in the application packet. This significantly impacted timeliness of completing credentialing for all providers. After reviewing information from several Credentialing sources it was determined that a significant impact could be made on timeliness by setting up a system that only accepts application packets for processing that are complete (no incomplete and/or missing current information.)
NEXT STEPS
Overview of upcoming changes in the process for Initial Applications

A Provider will receive an application packet with a checklist to indicate what is required to be deemed a complete application. The provider will submit the completed application packet to the Provider Network Helpdesk at ProviderNetwork@AllianceHealthplan.org. The Helpdesk will ONLY confirm receipt of application packet and NOT acceptance.

- A credentialing “gatekeeper” will review application packets for completeness.
- If an application is deemed incomplete it will be returned to the Provider and will not be processed. The Provider will receive this via email communication and the communication will identify what is missing. The Provider is eligible to re-submit the application packet to include the missing information in order for the application to be accepted.
Once the full application has been accepted as complete it will be assigned to a Credentialing Specialist and the provider will receive an email confirming acceptance of the application and the acceptance date(which will be the date that a completed application packet was submitted). This email will contain information regarding the name and contact information of the Credentialing Specialist who will be working on the application.
**Additional steps to be taken**

- Alliance will enhance the application checklist that is sent out to providers to ensure that all information is gathered and sent in the beginning as one packet.
- Alliance will post the application checklist on the website for reference.
- Alliance will review current forms to ensure the directions and information is clear and easy to read.
- Alliance will identify an implementation date for the new process and will provide a webinar to review and answer questions. *Please watch Provider News for information on the date for this webinar.*
- This process is still a work in progress.
- Is scheduled to be implemented in October.
Questions?

Sonya Columbus – Credentialing Supervisor
scolumbus@alliancehealthplan.org
Network Adequacy & Accessibility Analysis

• State and Federal requirement for each LME/MCO to submit annual report of community needs and gaps
• Assessment of adequacy and accessibility of provider network
• Reflects feedback from:
  • Members and families
  • Stakeholders
  • Providers
  • Alliance staff
• Results in plan for addressing needs and gaps
2020 Planning

• Originally due July 1, 2020
• Currently on hold by DHHS due to impact of COVID-19 with future due date based on end of state of emergency
• Importance of conducting assessment due to:
  • Planned Alliance Health application for NCQA accreditation
  • Strategic planning purposes
  • Understanding of network adequacy for Tailored Plan preparation
  • Value of ongoing community input on unmet needs, healthcare disparities, opportunities for network improvement
• Decision made to complete analysis and submit early
Network Adequacy Questions

- Are there enough providers of each service type?
- Does the network have enough providers within a reasonable distance who are accepting referrals?
- Are appointments available in a timely manner?
- Does the MCO address the needs of all beneficiaries, including those with limited English proficiency or literacy.
- Are services culturally competent for those with:
  - Diverse cultural and ethnic backgrounds
  - Disabilities
  - Diversity in gender, sexual orientation or gender identity
Sources of Information

- Demographic information
- Service geomapping
- Service utilization data
- Consumer & Family Advisory Committee
- Alliance Provider Advisory Council
- On-line surveys of consumers, family members, stakeholders, providers, staff
- Focus groups
- Other sources of data as available
Community Needs and Gaps Survey

- Access to needed services
- Barriers to accessing services
- Populations with limited access or difficulty accessing services
- Specific services not available within each community
- Social Determinants of Health
- Age and disability specific gaps
- Results sortable by respondent type, county, workgroup
How can Providers Help?

• Distribute surveys to members served by your organizations
• Respond to electronic surveys to submit provider feedback
• Send out survey links to staff and other providers
• Help identify and engage other community stakeholders
• Provide feedback to potential survey regarding provider characteristics
Disaster Response During Pandemic

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

Additional questions or feedback:
Carlyle Johnson, Ph.D.
Director of Provider Network Strategic Initiatives

cjohnson@alliancehealthplan.org
Home Delivered Meals
New Appendix K Service
Home Delivered Meals

• Alliance has begun to offer Home Delivered Meals for members on the Innovations or TBI waivers living in their own home or family home.

• Added by DHB as a new service in response to the COVID-19 pandemic and is effective through 3/12/2021 or the end of the emergency.

• This service will allow members to remain food secure with healthy meals while decreasing the number of potentially risky trips into the community.
Mom’s Meals

• Mom’s Meals is a national company selected by Alliance Health to provide this service.

• The meals are delivered weekly or bi-weekly depending on the number of meals ordered.

• Members can receive up to 14 meals per week.

• There are a number of menu options available such as vegetarian, low-sodium, diabetic-friendly, andpureed meals.
Referrals for Meals

• Alliance Health Care Navigators will complete referrals to Mom’s Meals.

• Mom’s Meals will provide customer support when there are problems with an order or a member wishes to update food preferences.

• If you support members that would benefit from Home Delivered Meals, please refer them to their Care Navigator.
Claims & Eligibility/Enrollment Updates
9/16/2020
Important Timelines

• **Eligibility & Enrollment:**
  • Enrollments may only be submitted up to 14 days after admission date. If admission date is more than 14 days prior to submission, the enrollment date cannot be retroactive to admission date.

• **Medicaid Claims:**
  • Original claim must be received within 90 days of Date of Service
  • Replacement claims must be received within 90 days of original claim submission for the Date of Service
  • If a claim cannot be submitted by these deadlines due to an authorization delay or AlphaMCS system correction or update, the claim must be submitted within 10 days of receipt of authorization or AlphaMCS system correction or update.

• **State Claims:**
  • Original and Replacement claims must be received within 60 days of Date of Service. A correct claim must be on file within 60 days of the Date of Service.
  • If a claim cannot be submitted by these deadlines due to an authorization delay or AlphaMCS system correction or update, the claim must be submitted within 10 days of receipt of authorization or AlphaCMS system correction or update.

• **Secondary Claims:**
  • Claim must be submitted with applicable Explanation of Benefits from primary payor uploaded in AlphaMCS.
  • Claim must be received within 180 days of the Date of Service.
Claims- Reconsideration Reviews & Claims Status

Reconsideration Reviews:

- Alliance Health allows providers to request a Reconsideration Review of denied claims in order to consider claims-related situational details contributing to the denial and to allow for a possible exception to the denial edit (when denial is related to Alliance Health or AlphaMCS systems issues).

- Reconsideration Reviews must be requested via email to your assigned Claims Research Analyst within 21 days of the original denial date.

- Requests should include: claim header ID numbers of the claims to be reconsidered, details related to the circumstances contributing to the denial, and details related to any actions taken to resolve systems issues that led to the denials.

Claims Status:

Providers may review claims status on weekly Remittance Advice Reports, the AlphaMCS Provider Portal Download Queue, and via 835 Response files. Providers should refrain from calling/emailing Alliance Health to obtain status on claims, unless there is an extenuating circumstance.
Technical Assistance & Contacts

• Claims Technical Assistance continues to be available to providers using virtual technology. Providers may schedule the remote session directly with their assigned Claims Research Analyst.

• Contacts:  Tina Everett, Claims Supervisor- 919-651-8817, teverett@alliancehealthplan.org
  Tasha Jennings, Eligibility & Enrollment Supervisor- 919-651-8527, tjennings@alliancehealthplan.org
  Marilyn Madison, Claims Supervisor- 919-651-8450, mmadison@alliancehealthplan.org

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<tr>
<th>Claims Research Analyst</th>
<th>Phone Contact</th>
<th>Email Contact</th>
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<tr>
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<td>Currey, Karen</td>
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<tr>
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Provider Network Updates
September 16, 2020
The Alliance Provider Operations Manual has been posted to the website for a 30 day review period. The Provider Operations Manual will be effective Oct 16, 2020. If you have any questions regarding the manual please contact your Provider Network Development Specialist.
FY21 Contract Update

FY21 Medicaid and State Contract extensions have been sent. If you have a question regarding your contract please contact your Provider Network Development Specialist.
REMINDER: Follow-up Visit Within 7 Days After Inpatient Mental Health or Substance Abuse Stays

Inpatient crisis stabilization is important, but it is only the beginning of care. A follow-up after hospitalization for mental illness and ongoing treatment is essential for several reasons:
- Individuals are vulnerable after discharge
- Follow-up care helps individuals maintain stable functioning
- Gains made during inpatient care are more likely to be kept with follow-up treatment
- Follow-up care after hospitalization helps improve health outcomes and prevent readmissions.
- Follow-up within seven days after discharge has been associated with greater medication adherence and outpatient utilization.

Providers are expected to participate in discharge planning and follow-up with any individual who was open to services with their agency prior to the admission. All requests for new appointments for individuals being discharged from an inpatient, facility-based crisis or detox setting should be scheduled to occur no later than seven days after discharge date, preferably within three days of discharge. Visits that occur on the same date of discharge do not count.

Thank you for your cooperation, which enables us to comply with NC DHHS requirements, as well as helps ensure that our individuals receive the service they need when they need it.

Please contact your Provider Network Specialist if you have any questions or concerns regarding your ability to meet these requirements.
Residential Enhanced Rate extensions

Due to the COVID outbreak, Alliance Health continues to be committed to providing financial support for our Residential Providers. Alliance has made the decision to extend the date of the rate enhancements thru December 31, 2020. The rates are specifically to support direct care staff and increased facility related costs due to COVID.

Reminder: Please ensure you are including the enhanced rate on claims-if you put a lower rate on your claim that will be the payment amount
Group Home COVID Relief Funding
COVID Relief Group Home Funding

**Purpose:** Alliance has been allocated one-time funds for group homes for individuals with intellectual or developmental disabilities, mental illness, or both to support the implementation of recommended Centers for Disease Control and Prevention guidance for preventive measures in response to the COVID-19 pandemic.

**Eligible Providers:** Eligible providers must meet the requirements included on the “COVID Relief Group Home Funding FY21 Attestation and Invoice” and be listed on the “COVID Relief Group Home Funding FY21 Provider List.”

Providers will be notified via Provider News once this information is posted on the Alliance website.
COVID Relief Group Home Funding

Process for Receiving Payment:

• Eligible providers should complete all required sections of the “COVID Relief Group Home Funding FY21 Attestation and Invoice” and submit to accountspayable@alliancehealthplan.org.
• A separate “COVID Relief Group Home Funding FY21 Attestation and Invoice” should be completed for each MHL number.
• All required sections of the attestation are highlighted in yellow.
• Incomplete attestations will be returned to the provider for completion.
• Upon receipt of a completed attestation Alliance will remit payment following our weekly check run schedule.

Questions should be directed to: providercovid19@alliancehealthplan.org
• Audience
These training opportunities are open only to behavioral health clinicians in North Carolina (LP, LPA, LCSW, LCSW-A, LCMHC, LCMHC-A, LCAS, LCAS-A, CCS, LMFT, LMFT-A, PA, NP, MD) who are contracted with an LME/MCO or a Standard Plan to provide Comprehensive Clinical Assessments, Diagnostic Assessments, and other evaluations.

• LIVE TRAINING - Train for Change, Inc®, in collaboration with UNC School of Social Work–Behavioral Health Springboard (BHS) and Northwest AHEC, will facilitate this live online two-day, application-focused training that provides participants with an in-depth look at the theoretical foundations of the Criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay and transfer/discharge criteria.

Registration: Open now. $90. Events are scheduled 9/15 & 16, 9/22 & 23, 9/29 & 30, 10/8 & 9, 10/14 & 15, 10/21 & 22, 10/29 & 30, and throughout the year ending December 2020. Please visit https://bhs.unc.edu/asam/dashboard for more information including continuing education credit options, more training dates and registration.

Live training includes 13 contact hours, the time-limited use of an electronic version of *The ASAM Criteria* manual (3rd Edition) and an opportunity to obtain a hard copy of *The ASAM Criteria* manual for the cost of shipping ($15.50 per manual).
The ASAM Criteria Training Project for North Carolina

• eTraining

• ASAM Module 1 – Multidimensional Assessment (5.0 CEUs)
  ASAM Module 2 – From Assessment to Service Planning and Level of Care (5.0 CEUs)
  ASAM Module 3 – Introduction to The ASAM Criteria (2.0 CEUs)

Registration: $75. Please visit https://bhs.unc.edu/asam/dashboard for more information, including registration.

eTraining includes 12 continuing education credit hours provided through The Change Companies®, and access to the modules through June 30, 2021

• Sponsored by The Division of Health Benefits NC Medicaid and DMH/DD/SAS in a partnership with The Change Companies

• UNC School of Social Work Behavioral Health Springboard

• NorthwestAHEC
Questions?

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.

If you are unsure of who your assigned specialist is you can contact the Provider Helpdesk at providernetwork@alliancehealthplan.org or check the listing on the Alliance website