All Provider Meeting
March 19, 2014
Welcome and Introductions
Alliance Leadership Updates

- Ellen Holliman’s retirement
- CEO Transition
- Medicaid Reform/MCO Reorganization Update
- Legislative updates
# Provider Advisory Council Updates

- APAC updates (Mark Germann, Carlyle Johnson)
- Local Provider Advisory Council updates
- Local PAC Meeting Schedule
• Meeting dates
  o Cumberland – Monday, April 7 at 3:00pm
  o Durham – Monday, April 14 at 3:30pm
  o Johnston – Wed., April 9 at 2:30pm at Johnston Public Health offices
  o Wake – Thursday, May 8 at 2:00pm at Alliance Wake Office (5000 Falls of Neuse)
Finance and Claims Updates

- NCTRACKS
- Claims and Finance
Continuous Quality Improvement (CQI)

- What is CQI?
  - It’s not just a program – it’s an “environment” or “culture.”
  - It’s not occasional – it’s ongoing and constant.

- CQI’s ultimate goal: to improve patient care.

- CQI focuses all areas of Alliance’s activities.

- CQI involves everyone - staff, management and providers!
NC Treatment Outcomes and Program Performance System (NC-TOPPS)

- Web site - 
  http://www.ncdhhs.gov/mhddas/providers/NCTOPPS

- Providers are required to conduct interviews for those MH/SA consumers ages six and older listed in Appendix A of the “NC-TOPPS Implementation Guidelines” at:  

- Initial interviews must be entered online within 30 days of completion of the initial assessment.

- Updated interviews are required at Month 3, Month 6, every six months thereafter, and at discharge.
Complying with NC-TOPPS

- Alliance staff tracks non-compliant providers and notifies them of overdue updates.
- Non-compliant providers may be referred to the Alliance Compliance Department for a Plan of Correction.
- Alliance will be reviewing NC-TOPPS compliance when recredentialing providers.
Incident Reporting

- **Level 1 incidents**
  - Records are maintained by providers, separate from clinical records, at the provider’s site. They may be reviewed by Alliance during provider monitoring.
  - An aggregate Level 1 report is submitted to Alliance each quarter.

- **Level 2 incidents**
  - Must be entered into the Incident Response Improvement System (IRIS) within three days of learning of the incident.

- **Level 3 incidents**
  - Providers must contact Alliance no later than 24 hours after the incident.
  - Must be entered into IRIS within 72 hours of learning of the incident.
Incident Reporting (cont.)

- IRIS web site - https://iris.dhhs.state.nc.us/

- Incident Reporting Training
  - Alliance offers incident report training each quarter at the Alliance corporate offices in Durham, NC.
  - Next training will be held on May 22.
  - Visit http://www.alliancebhc.org/providers/training to register.
Routine Monitoring of Agencies and LIPs

- Monitoring for Agencies and LIPs has been revised in response to concerns about the Gold Star monitoring tools.
- The Provider monitoring workgroup who revised the tools and process was comprised of representatives of Provider councils, DHHS and MCOs.
- The workgroup worked to streamline the monitoring tools, avoid duplication and standardize the monitoring process across the state.
- At this time, the group has completed the routine and post-payment tools. An advanced placement process and tools have not yet been developed.
Routine Monitoring

- Routine monitoring occurs at a minimum of every two years.
- Routine monitoring includes use of a Routine Review Tool and a Post-Payment review. Tools may be used separately or together.
- The Routine Review Tool for agencies is completed for agencies providing services which are not licensed by DHSR or are licensed but are not surveyed annually.
- The routine review tool will not be used if all services provided by an agency are licensed and surveyed annually by DHSR. Post-payment reviews will be conducted.
- LIP Review Tools will be used with LIPs in solo or group practice where only outpatient/basic benefit services are provided.
The Routine Review Tools for Agencies and LIPs have been significantly streamlined.

The Tools focus on the following areas

- **Agency and LIP Review Tool**
  - Rights Notification
  - Service Availability
  - Coordination of Care

- **Agency Tool only**
  - Incidents, Restrictive Interventions and Complaints
  - Protection of Property, Funds Management, Medication Review (all as applicable)

- **LIP Tool only**
  - Storage of Records
Information regarding monitoring

- Routine monitoring using the new tools began on March 1, 2014.

- Introductory training regarding the monitoring process and tools took place across the state in February. A copy of the presentation, information regarding monitoring, and the new tools can be found on the DHHS Provider Monitoring page at http://www.ncdhhs.gov/mhddssas/providers/providermonitoring/

- The workgroup is developing webinars and an FAQ sheet to answer questions and provide further training.
Preparation for Monitoring

- The monitoring tools are currently available on the website.

- Monitoring tools are in the form of an Excel workbook.

- Complete guidelines for monitoring, including scoring criteria and the citation for the governing rule, statute, service definition, etc. can be found as an Adobe Document on the guidelines spreadsheet in the workbook.
All providers are encouraged to notify Alliance at ProviderNetwork@AllianceBHC.org in advance regarding potential site address changes, mergers/acquisitions, name or tax ID changes, or any other potentially significant changes that may be under consideration. Alliance staff will work with providers to identify any issues that may arise due to potential changes and how to best navigate within the MCO model around these changes.
Notice of Change

- Please do not forget to submit a notice of change form to address any changes you are planning to make. This includes changes in owners, site moves, clinical staff terminations, change in contact information, clinical staff change in licensure etc.
- The form is located on our website www.alliancebhc.org, click the provider tab and click on forms and notices.
Important Provider Information Needed

To ensure that our Provider Directory and online provider search tool supply consumers and referral sources with the most accurate and current information on services and populations served by you or your agency/practice, all providers are asked to complete a form that will help us collect this information.

- Currently we have received responses from 45 Providers. Please access the form on our website, click on the provider tab, click on other forms and notices and go to provider directory update form.
- If you are currently going thru the re-credentialing process you do not have to fill one out as this information is being gathered thru the re-credentialing process.
Outpatient Therapists Working With a Group or Agency

- All fully and associate-licensed outpatient therapists must be credentialed by Alliance and enrollment applications should be submitted for these clinicians. Alliance will begin to add clinicians (including associate-licensed clinicians) into Alpha and agencies will be contacted individually over the next couple of months to ensure that all clinicians are added and linked with the correct provider agency. Once all agencies have been given the opportunity to ensure that all fully-licensed and associate-licensed clinicians are entered into Alpha, a date will be identified from which all outpatient services will be billed with the rendering NPI and clinician for each date of service. No billing practices with regard to associate-licensed clinicians should be changed until notified.
Agency Re-Credentialing

- Alliance has the re-credentialing process for all of our Agency and Group Network Providers. Network Providers will be contacted individually and will be invited to attend an informational workshop when their time to be re-credentialed is identified. During this workshop the re-credentialing process will be reviewed along with the application and documentation requirements.

- Currently we are in the process of re-credentialing 50 agencies/groups.
Credentialing staff assignments

- All contracted providers now have a credentialing specialist assigned to them.
- Copies of the staff assignments are available here today or you can access them from our website under the credentialing tab.
- The assigned credentialing specialist is available to help answer any credentialing questions you may have.
Community Needs and Gaps Assessment

- Community Need and Provider Capacity Assessment required annually by DMH-MCO contract
- Due April 1
- Feedback from providers:
  - APAC and local PAC input
  - Provider survey
- Survey deadline: Thursday, March 20

http://www.alliancebhc.org/providers/provider-news/
Questions and Answers

Serving Durham, Wake, Cumberland and Johnston Counties
Next All-Provider Meeting

• June 18, 1:00-3:00pm
• Alliance Corporate office (unless otherwise notified)
The North Carolina TeleHealth Project (Telepsychiatry)

Henry Boyd III, I.E.
NC Office of Rural Health and Community Care
Background Information on Statewide Telepsychiatry Network

• In 2010, the Albemarle Hospital Foundation in Elizabeth City partnered with psychiatrists at Coastal Carolina Neuropsychiatric Center in Jacksonville to develop a hospital-based telepsych program for northeastern North Carolina. This program was a success, expanding to serve 14 hospitals in 29 counties.

• In 2013 the N.C. Gen. Assembly appropriated $4 million over the next 2 yrs. to expand the program.
Background Information on Statewide Telepsychiatry Network (cont)

- The statewide telepsych network is officially called The North Carolina Statewide Telepsych Network Program (NCSTeP)
- As of January 2014 there are 24 hospitals up and running on the program.
- The ORHCC was asked to manage this appropriation.
- ORHCC has contracted with E.C.U. to absorb the existing Albermarle Hospital program to expand statewide.
Broadband Infrastructure

• Before you can effectively use technology you need to be certain that infrastructure is in place!
Broadband Infrastructure

- In order to use E.H.R., Telemedicine, Patient Portal, Provider Portal and the Health Information Exchange (H.I.E.)

- You need enough bandwidth to use these services efficiently.
The FCC established the Rural Healthcare Pilot Program in September 2006 to provide 85% subscription discounts for dedicated broadband networks designed to bring the benefits of telehealth and telemedicine services to rural America.

The NCTN began as NC’s implementation of the Rural Broadband Program.

- The project has developed dedicated broadband services for about 130 public health clinics, free clinics, community hospitals, and medical practices.
- NCTN is 1 of 50 pilot programs around the country intended to inform a permanent program.
North Carolina Telehealth Network Sites

65 Public Health Departments Sites
37 Non-Profit Hospital Sites
~ 25 new sites
Issued in late December 2013 is a permanent program:

- The HCF is capped at $400M per year nationwide.

- **Large discount:** Eligible sites can receive a 65% discount for their NCTN-based broadband leased services.

- The discount is every month as long as you belong to the Network.
NCTN Key Design Points

- Low cost (mostly via volume purchase and discounts)
- Very high reliability (disaster-resistance)
- High bandwidth with no over-subscription – low jitter, fast response time
- Support key communications among healthcare stakeholders (e.g. telehealth, EHR transmissions, HIE)
Broadband Infrastructure

Please provide contact information for your clinic:

Contact Person: __________________________
Company Name: __________________________
Company Address: ________________________
City: ______________ State: _______________
Email Address __________________________
Phone Number __________________________

• Do you know if you transmit Data to any other system…If so, which one(s)?
• What E.H.R. are you currently using?
• Who is your current internet provider?
What are we going to do with your contact information?

• Create a list of mental health providers to be contacted to provide specific information on the HCCF and NCTN.

• Provide contact information for NCSTeP. This will help us provide you specific information on the program and give you the opportunity to participate.

• Questions???????
Thank You

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