All Provider Meeting
June 20, 2018
1:00pm – 3:00pm
4600 Emperor Boulevard, Durham, NC
Rooms 104-105
AGENDA

Welcome and Introductions (Cathy Estes Downs)
APAC Update (Ali Swiller)
Alliance Updates
Legislative Updates (Brian Perkins/Sara Wilson)
Budget Updates - (Beth Melcher)
Needs and Gaps Survey 2018 - (Carlyle Johnson)
Network Adequacy Survey -(Carlyle Johnson)
CURES Grant update (Carlyle Johnson)
Provider Network Updates (Cathy Estes Downs)
(review of site change, NCTracks issues and implications for authorization and billing, requirements for Insurance Attestations, Network needs, Contract Renewal update)
Accreditation Portal -(Tracylee Cicero)
Provider Satisfaction and ECHO Survey Results -(Wes Knepper)
IDD Updates (Jarret Stone)

Powerpoint will be posted on the Alliance Website by June 27
https://www.alliancebhc.org/providers/provider-resources/all-provider-meetings/

Next meeting: Wednesday, September 19, 2018
Legislative Updates

Alliance All Provider Meeting
June 20, 2018
FY2018-19 Single Stream Cuts

• System-wide
  o Additional $438K recurring cut
  o Additional $16.6M nonrecurring cut

• Alliance
  o Recurring cut reduced by $2.9M
  o Nonrecurring cut increased by $8.4M
Service Maintenance of Effort

• Each LME/MCO shall offer at least the same level of single-stream service utilization as during FY2014-15 across the LME/MCO's catchment area
  • “Single-stream” added in this legislation
FY2018-19 Single Stream Cuts

• After a comparison of the cash balance and solvency range of each LME/MCO on December 1 DHHS may adjust the specified recurring and nonrecurring reductions among the LME/MCOs.
LME/MCO Solvency Ranges

- Calculates a solvency range for each LME/MCO by calculating several financial components.
- DHHS to compare the cash balance of each LME/MCO to its solvency range.
- If an LME/MCO's cash balance is more than (+) or (-) 5% of the solvency range figure, DHHS and the LME/MCO will develop corrective action plan to bring the cash balance within the solvency range.
H403- Medicaid Transformation

- Eliminates the 4 year language by establishing Tailored Plans to be operated by LME/MCOs that meet a readiness review as determined by DHHS.

- Includes provisions for the services and populations to be covered by Standard Plans (SPs) and Tailored Plans (TPs)
  - Moves the “mild/moderate” population to the SPs to receive coverage

- Establishes Integrated Care for SP and TP enrollees
Medicaid Transformation Timeline

• Jointly established by H403 and H156

• Standard Plans “go-live” no later than 18 months from the date the 1115 waiver is approved.

• Tailored Plans “go-live” 1 year after the implementation of the Standard Plan contracts and will have a contract term of 4 years.
H156-PHP Licensure

• Requires all Prepaid Health Plans (PHPs) to be licensed by the NC Department of Insurance (DOI)

• Adds additional provisions to NCGS Chapter 58 (Insurance) outlining additional requirements that PHPs must adhere to.
S630-Involuntary Commitment

• Requires LME/MCOs to develop and adopt a community crisis services plan.

• This crisis plan must:
  
  • Identify facilities responsible for completing a first examination in conjunction with a health screening in the same location.

  • Identify the law enforcement agencies and/or other groups responsible for custody and transport, including training needs for these groups.
FY19 Budget
Total Budget Highlights

- Total Budget - $500,329,015
- Revenue Sources
  - Medicaid – 82.3%, $411,402,305
  - State – 9.73%, $48,661,565
  - Local – 8.06%, $40,265,144
- Decrease of $39M from FY18 budget due to:
  - Retroactive Medicaid to come later
  - Additional state allocations received during the year
- Monitoring Medicaid lives closely due to decreasing trend
Non-Medicaid Budget Highlights

- Board Budget Retreat in March
  - Strategy for short and long term management
  - Reduce reliance of fund balance for ongoing operations
  - Focus on alternative funding sources
  - Maintain affordable Medicaid spend
Non-Medicaid Budget Highlights

• Alliance Base Benefit Plan - $23,685,217
  • ACTT, Community Support Team, Developmental Therapy, Outpatient, Residential Services, Substance Use Treatment, etc.

• Alliance Community Funds - $3,298,300
  • ADVP, Assertive Engagement, Day Activity, Intensive In Home, PSR, MST, etc.

• Funding is managed at Alliance level not individual counties
Non-Medicaid Budget Highlights

- County funds from Cumberland, Durham, and Wake
- Investments in:
  - Crisis continuum
  - Outpatient
  - Behavioral Health Urgent Care
  - Inpatient
- Total – over $40M
2018 Community Needs Assessment

• Change in breadth and focus of assessment
  • New CMS rules for *network adequacy*
  • NC Medicaid transformation
  • Preparation for standard and tailored plans

• Examples of DHHS change in emphasis
  • DHHS feedback about 2017 Community Needs Assessment
  • DHHS Concept Paper: *Network Adequacy & Accessibility Standards*
  • Name change of report: *2018 Network Adequacy and Accessibility Analysis Report*
DHHS Concept Paper

• Access to Care: historically measured by sufficiency / number of providers and geographic access (choice of providers within 30 minutes/miles)

• Shift to multifaceted approach:
  • **Availability**: number of providers, *willingness to accept new referrals*, ability to offer timely appointments
  • **Accessibility**: geographic accessibility, physical access (e.g., handicapped accessible), non-English access
  • **Accommodation**: operating hours, appointment policies, language and cultural competency
  • **Realized Access**: actual use of services by enrollees
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
Request for Provider Input and Assistance

• APAC feedback about service gaps
• Provider response to on-line surveys
  • Survey of providers, stakeholders, consumers, staff by 7/6/18
  • Community ‘focus groups’ feedback
  • Provider capacity and accessibility survey (one response per provider) by 7/26/18
• Assistance with distribution of surveys for consumers and families
21st Century Cures Grant

- Federal funding from SAMHSA to DMHDDSA: *State Targeted Response to the Opioid Crisis*
- NC has received over $31M for FY18 and FY19
- New target population added to benefit plan (ASOUD) for reimbursement and tracking
- New funds for service *expansion*, and MCOs must demonstrate maintenance of prior funding commitment to Opioid Treatment (*maintenance of effort, or MOE*)
- Must adhere to MCO-specific benchmarks for service expansion (additional number served and “person months”)

AllianceBHC.org
Opioid Treatment Expansion

- Added State contracts for OTP for five clinics
- Implemented Peer Support Aftercare and Discharge in Wake and Durham
- Implemented Peer Support in OTPs (Durham, Wake)
- Added Office-Based Opioid Treatment (OBOT) for uninsured
- Social Determinants of Health Pilot with OTPs
- Planning for ED initiation of opioid treatment with peer support engagement supports
Next Steps

• New referrals currently on hold pending receipt of FY19 funding allocations
• Additional funding possible through State and Federal budgets
• Numerous initiatives focused on local response to opioid epidemic
• Continuing expansion of Office-Based Opioid Treatment (OBOT) for Medicaid
• Development of funding model for State-funded OBOT
• Review of State-funded Peer Support impact
• Review of Social Determinants Pilot
• Other suggestions and discussion
PROVIDER NETWORK UPDATES
Alliance credentialing requirements for Nurse Practitioners, Psychiatric Nurse Practitioners and Physician Assistants

In addition to DMA Clinical Coverage Policy 8C requirements

Alliance Behavioral Healthcare requires that Psychiatric Nurse Practitioners, Nurse Practitioners and Physicians Assistants who are credentialed with Alliance have a supervision agreement with a licensed Psychiatrist.

Alliance maintains this and other credentialing requirements to help ensure that our providers have the appropriate experience and psychiatric oversight to best serve our enrollees.
Provider Network Reminders

**Site changes** - all site changes require a minimum of a 30 day notification using the Notice of Change form. All new sites will need to be enrolled in NCTracks prior to being entered in Alpha. The effective date will be the date indicated on the Notice of Change (the actual date of the move) or the NCTracks effective date - whichever comes last. Previous sites will be end dated on the date the provider is no longer providing services from that site.

Please ensure your enrollment of any new site in NCTracks has an effective date that will not cause a gap as it may result in a gap in contract end and start dates which will result in payment denials.
Provider Network Reminders

- Important: There will be a suspension in a provider's ability to be paid and receive authorizations for site changes that are not yet enrolled in NCTracks.
- Please note any services billed from a site that the provider has indicated they have moved from may result in a recoupment and a compliance referral.
Licensed Practitioners and Provider Agencies- please ensure that you stay current with your NC Tracks enrollment. If your Medicaid Health Plan is terminated in NC Tracks your enrollment with Alliance is suspended until you are reinstated in NC Tracks. Effective dates once a suspension is lifted for current providers will mirror the NC Tracks effective dates. If you are paid by Alliance for services when your NC Tracks enrollment is terminated or if there is a gap in the reinstatement period you are at risk for recoupment for that time period.
Notification from DMA
re: reverification

• Effective July 1, 2018, Medicaid and NC Health Choice Behavioral Health Providers who were added to NCTracks via the Local Management Entity/Managed Care Organization (LME/MCO) Provider Upload process must complete reverification. DMA identified 474 Behavioral Health providers as needing to complete reverification. Providers identified are being notified of their re-verification due date via NC Tracks communication to the Office Administrator on record.

• Providers who do not respond by the July 1, 2018 reverification due date, will be subject to claims payment suspension. Providers must submit either a reverification application or a full Managed Change Request to NCTracks for a claims payment suspension to be removed.

• NOTE: A list of providers scheduled for re-credentialing is available on the provider enrollment page of the North Carolina Medicaid website under the “Re-credentialing” header.
Credentialing Reminders

- **Re-Credentialing**: Please note that at the time of re-credentialing a billing review will be done for each Licensed Practitioner (LP). If there is no billing for the previous 12 months the provider will be decrendentialed and unenrolled from the Alliance Network. The LP would be eligible to re-apply to the Network.

- **Clinician License renewal reminder**: Many clinical licenses expire on 6.30.18- in order to reduce risk of claim denials due to rendering providers license being expired please email a copy of the updated license to enrollment@alliancebhc.org in order for the updated license to reflect in Alpha. Please allow for a maximum of 3 business days for this to be updated in Alpha after this is submitted.
Attention LIP Solo Providers

General Liability Insurance Requirement

To be in accordance with Alliance’s contract with the State all contracted LIP Solo entities will be required to purchase and maintain Comprehensive General Liability Insurance which includes Bodily Injury and Property Damage Liability Insurance protecting the provider.

Letters and email notices were sent out to all LIP Solo Providers in early May to any LIP Solo that did not submit the required insurance by the April 15 deadline.

Contracts will not be renewed for providers that do not submit this required insurance information.
Provider Network Updates

Contracts are in the process of being sent out via DocuSign. Please contact us if you have not received your Medicaid Contract by July 6 or your State Contract by August 6. Please send these inquiries to contracts@alliancebhc.org and be sure to indicate your Provider name and name and email of person that is legally responsible for signing the contract in order for our Contracts Department to follow up.
Accreditation Portal

• In response to LME-MCO Communication #J254 which ended the use of the DHHS Agency (Routine) Monitoring Tool for agencies that are nationally accredited, Alliance is launching a new "Accreditation" tab in the Provider Maintenance Portal to monitor provider accreditation. Please log in to the Provider Maintenance Portal and update your accreditation information. A Provider Maintenance User Guide is available on the Alliance website. Questions may be directed to AccreditationReview@AllianceBHC.org.

• https://portal.alliancebhc.org/Login/Index
This applies to...

- Council on Quality and Leadership (CQL)
- Council on Accreditation (COA)
- CARF – Originally Council on Accreditation of Rehabilitation Facilities, International (CARF)
- Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)
Questions?

- Email Questions to: 
  [AccreditationReview@AllianceBHC.org](mailto:AccreditationReview@AllianceBHC.org)

- More information to come in Provider News
2017 Survey Analysis

June 20, 2018
2017 ECHO Survey
Concerns About Interpretation

- Very small sample size (n=79 adult, n=100 child)
- Due to this sample, high margin of error
- High/Low benchmarks are the range between all NC MCOs, not national standards
- Care Coordination responses were too low to compare, especially for adult survey (need >= 30 observations)
*The margin of error ranged between 12-15% above and below the reported score for each MCO.
Provider Satisfaction Survey
Alliance improved in the areas of access, appeals, communications, and compliance from the 2016 survey.

Scores declined in authorizations, claims, provider networks, and training.

Alliance scored above the state average in all areas except Claims.

Training Needs

- There were considerable decreases in the number of providers requesting trainings on Clinical Coverage Policies and Audit Reimbursement from the 2016 survey.
- Despite the decrease, Clinical Coverage Policies and Quality Management/Reporting remain the two highest areas of training requested from providers in 2017.
Access

**Alliance Access Over Time**

- LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments.
- LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.

**Alliance vs State**

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<thead>
<tr>
<th></th>
<th>Alliance 2017</th>
<th>State 2017</th>
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<tbody>
<tr>
<td>LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments</td>
<td>87.9</td>
<td>85.6</td>
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<tr>
<td>LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides</td>
<td>86.0</td>
<td>78.4</td>
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</table>
Appeals

Alliance Appeals Over Time

My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

Alliance vs State

My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

Alliance 2017: 80.8
State 2017: 77.5
Authorization

Alliance Authorizations Over Time

- Blue line: Authorizations for treatment and services are made within the required timeframes.
- Orange line: Denials for treatment and services are explained.
- Green line: The authorizations issued are accurate.

Alliance vs State

- Blue bars: Authorizations for treatment and services are made within the required timeframes.
- Red bars: Denials for treatment and services are explained.
- The authorizations issued are accurate.

Alliance 2017  |  State 2017
91.5          |  90.6
85.1          |  83.6
95.3          |  94.8
Claims

Alliance Claims Over Time

Alliance vs State

When I speak with staff about claims issues, I am given consistent and accurate information. Our claims are processed in a timely and accurate manner.

When I speak with staff about claims issues, I am given consistent and accurate information. Our claims are processed in a timely and accurate manner.

<table>
<thead>
<tr>
<th>Year</th>
<th>Alliance 2017</th>
<th>State 2017</th>
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<tr>
<td>2014</td>
<td>82.2</td>
<td>84.3</td>
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<tr>
<td>2015</td>
<td>88.6</td>
<td>91.6</td>
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AllianceBHC.org
Communications

Alliance Communications Over Time

The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.

Alliance vs State

The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.

- Alliance 2017: 86.0
- State 2017: 80.6
The LME/MCO staff conducts fair and thorough investigations. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.
Provider Networks

Alliance Provider Networks Over Time

- Provider Network meetings are informative and helpful.
- Provider Network keeps providers informed of changes that affect my local Provider Network.
- Provider Network staff are knowledgeable and answer questions consistently and accurately.

Alliance vs State

- Provider Network meetings are informative and helpful.
- Provider Network keeps providers informed of changes that affect my local Provider Network.
- Provider Network staff are knowledgeable and answer questions consistently and accurately.
- How would you rate your overall satisfaction with Provider Network?

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<td>Provider Network</td>
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<td>Provider Network</td>
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AllianceBHC.org
Stakeholders

Alliance Stakeholders Over Time

- Blue line: Customer Service is responsive to local community stakeholders.
- Green line: Our interests as a network provider are being adequately addressed in the local Provider Council.

Alliance vs State

- Customer Service is responsive to local community stakeholders: Alliance 2017 (87.7%) vs State 2017 (84.7%)
- Our interests as a network provider are being adequately addressed in the local Provider Council: Alliance 2017 (81.1%) vs State 2017 (80.1%)
Training

**Alliance Training Over Time**

- Claims trainings meet my needs. Information Technology trainings are informative and meet my agency's needs. Trainings are informative and meet our needs as a provider/agency.
- Information Technology trainings are informative and meet my agency's needs.

**Alliance vs State**

- Claims trainings meet my needs: Alliance 2017 = 86.7, State 2017 = 86.4
- Information Technology trainings are informative and meet my agency's needs: Alliance 2017 = 88.8, State 2017 = 87.9
- Trainings are informative and meet our needs as a provider/agency: Alliance 2017 = 90.3, State 2017 = 88.7
Overall

Alliance Overall Over Time

- Blue: LME/MCO staff responds quickly to provider needs. Technical assistance and information provided by staff is accurate and helpful.
- Orange: Technical assistance and information provided by staff is accurate and helpful.
- Green: Please rate your overall satisfaction with the LME/MCO.

Alliance vs State

- LME/MCO staff responds quickly to provider needs: Alliance 2017 = 82.3, State 2017 = 80.1
- Technical assistance and information provided by staff is accurate and helpful: Alliance 2017 = 91.0, State 2017 = 88.8
- Please rate your overall satisfaction with the LME/MCO: Alliance 2017 = 87.7, State 2017 = 85.4
Perception of Care Surveys

- Survey was conducted May 8, 2017 - June 12, 2017.

- Three sections: Perception of Care domains, LME-MCO Network, and Adult Physical Health.

- ABH completed 673 adult, 201 youth, and 212 family surveys for scoring (17% of the State’s survey, total 1,086).

- Adult survey = 18+, Youth = 12-17 years, and Family = guardians of children 11 and younger.

- Consumer age and race/ethnicity did not have significant effects on outcomes. Gender appeared to affect some domains.
LME-MCO Network Measures

Did you receive Consumer Handbook within 14 days of starting svcs?

Do you know how to make a complaint with LME-MCO?

If you contacted LME-MCO to request services, were you given a choice of providers?

Was first service in time frame that met your needs?

Has LME-MCO provided as much info as needed about services, supports available?

*This chart represents the combined scores of the Adult, Youth, and Family surveys*
*In this chart, other than “none of the above,” a smaller percentage is more positive.*
Perception of Care – Areas of Focus

- Quality & Appropriateness
- Social Connectedness
- General Satisfaction

- All domains with a focus on:
  - Access
  - Treatment Planning
  - Outcomes

- Access
- Treatment Planning
- Social Connectedness
- General Satisfaction
I/DD Updates

All Provider Meeting
June 20, 2018
I/DD Updates

- HCBS Final Rule and Validation
- Innovations Waiver Stakeholder Workgroup
- I/DD Care Coordination Deliverables Survey
- RB-BHT for ASD Clinical Coverage Policy Draft
- Providers with Practice Expertise in Supporting Children with Complex Needs
- Coming Soon….TBI Waiver
HCBS Final Rule and Validation

• DMH Draft of the NC HCBS Rule Transition Plan has been posted for public comment

  • The rule identifies an on-site validation process for a “representative sample” of service sites to which HCBS applies
    
    • Residential Support, Day Support, Adult Day Health and Supported Employment

• Public comment (prior to submission to CMS for review and approval) is due Midnight June 24, 2018.

• Link for the posted draft for public comment is below

  • https://www2.ncdhhs.gov/hcbs/public_comment.html
Innovations Waiver Stakeholder Workgroup

• Additional provider representation is requested for the Alliance Innovations Waiver Stakeholder Workgroup

• Meetings are 4th Tuesday from 11:30pm-1pm.

• Purpose –
  • Recommend changes to Innovations Waiver
  • Review performance related metrics related to the Innovations Waiver.

• There is a state workgroup convening to discuss Core Competencies for DSPs. Will be discussing this in this forum in coming months

• Interested providers can email jpayne@alliancebhc.org
I/DD Care Coordination Deliverables Survey

• Reminder for providers to complete the I/DD Care Coordination deliverables survey if they have not already.

• Links to the survey were provided via email
RB-BHT for ASD Clinical Coverage Policy

- DMA has initiated committee review of the Clinical Coverage Policy for Research-Based Behavioral Health Treatment for individuals with Autism Spectrum Disorders (RB-BHT for ASD)

- DMA has stated they plan to release a draft for public comment sometime in June 2018

- Alliance is in the process of developing educational materials for coordinating Innovations and other behavioral health services (including RB-BHT for ASD)
Children with Complex Needs - Providers

• Providers self-identifying with interest and expertise in supporting children/adolescents with I/DD and behavioral health needs experiencing or at risk of crises

• Children with Complex Needs settlement has provided some resources with the NADD Dual Diagnosis training/certification resources

• Alliance will initiate conversations with identified providers on how these training resources will be allocated in the coming months

• Those providers with interest/expertise are encouraged to email jpayne@alliancebhc.org
TBI Waiver August 2018

RFP Timelines

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Public Notice of RFP</td>
<td>6/11/18</td>
</tr>
<tr>
<td>Proposal Webinar</td>
<td>6/22/18 * to register email <a href="mailto:sellis@alliancebhc.org">sellis@alliancebhc.org</a></td>
</tr>
<tr>
<td>RFP Questions submitted</td>
<td>6/25/18</td>
</tr>
<tr>
<td>RFP Questions due back to providers</td>
<td>6/26/18</td>
</tr>
<tr>
<td>PROPOSALS DUE BY 5:00 PM</td>
<td>6/29/18</td>
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Additional Updates

- LOC Form and processes are in final stages of development
- Potential and interested LOC evaluators have been identified and participated in initial LOC review via webinar
- 2nd TBI Care Coordinator position has been posted
- Clinical Coverage Policy Draft to be released shortly by DMA