



Provider Touchpoint

Friday, July 15, 2022

How the live broadcast works

- You are seeing the broadcast on a 30-second delay.
- Your microphone is muted throughout the broadcast.
- You may ask questions at any time during the broadcast through the Q&A feature.
- Questions can be seen by all attendees after they are published by the moderators.
- Questions submitted during the webinar will be addressed at the end of the webinar.



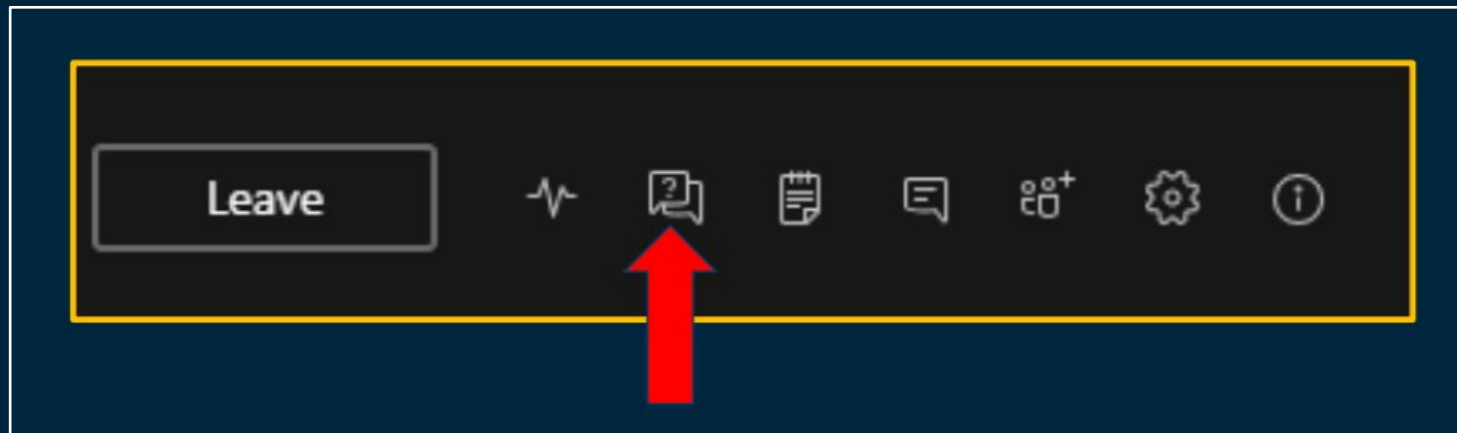
How the live broadcast works

- If multiple similar questions are received, the Q&A moderators may combine the questions into one before posting.
- If you need to ask a question that is specific to your agency or the services you provide, please include your name, agency, and email address with your question.
- The Q&A feature will close at **11:50 a.m.** to allow us to respond to all questions before the end of the webinar.



The moderated Q&A is available in the controls bar on your screen.

Look for the bubble with the question mark.



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Today's Vaya participants

David Boyd, Provider Network Operations - Behavioral Health

Donald Reuss, Provider Network Operations - Behavioral Health (host)

Justine Tullos, Provider Network Operations (Q&A moderator)

Kurt Boldt, Provider Network Operations - Physical Health

Lindsay Locklear, Provider Network Operations (co-producer)

Tommy Duncan, Provider Network Operations (producer)



GUEST PRESENTER

Sarah Pfau

Health Policy Consultant,
Cansler Collaborative Resources

on behalf of
NC Providers Council

ncproviderscouncil.org



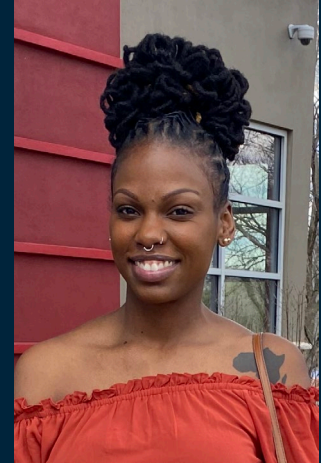
Good morning and welcome

Provider Support Line Team

Ricky Hogue



Dominique Harris



Provider Support Line: 828-225-2785 ext. 1512



New Behavioral Health Provider Network Team Members

Sheree Estrada

BH/IDD Provide Network
Contract Manager

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New Behavioral Health Provider Network Team Members

Walter Haft Linney

BH/IDD Provider Network
Contract Manager

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LEGISLATIVE AND POLICY UPDATE



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NCGA Updates

2022 SHORT SESSION HAS
ADJOURNED – TEMPORARILY



NCGA Updates Reconvening Dates in 2022

- Tuesday, **July 26**, 2022 - Thursday, July 28, 2022
- Tuesday, **August 23**, 2022 - Thursday, August 25, 2022
- Tuesday, **September 20**, 2022 - Thursday, September 22, 2022
- Tuesday, **October 18**, 2022 - Thursday, October 20, 2022
- Tuesday, **November 15**, 2022 - Thursday, November 17, 2022
- Tuesday, **December 13**, 2022

Access the NCGA Legislative Calendar to find bills under consideration [here](#).

Matters That May Be Considered during Reconvening:

- 1) Bills returned by the Governor with his objections under Section of Article II of the North Carolina Constitution, but solely for the purpose of considering overriding of the veto upon reconsideration of the bill
- 2) Bills providing for the selection, appointment, or confirmation as required by law, including the filling of vacancies of positions for which the appointees were elected by the General Assembly upon recommendation of the Speaker of the House of Representatives, President of the Senate, or President Pro Tempore of the Senate
- 3) Bills providing for action on gubernatorial nominations or appointments
- 4) Bills responding to actions related to litigation challenging the legality of legislative enactments
- 5) Any bills relating to election laws
- 6) Bills providing for impeachment pursuant to Article IV of the North Carolina Constitution or Chapter 123 of the General Statutes
- 7) Simple resolutions addressing organizational matters of each respective house
- 8) Adoption of conference reports for bills for which conferees had been appointed by both houses on or before Friday, July 1, 2022
- 9) A joint resolution further adjourning the 2021 Regular Session, amending a joint resolution adjourning the 2021 Regular Session, **or adjourning the 2021 Regular Session, sine die**

NCGA Updates: 2022 Budget Bill Highlights

- \$1 billion State Inflationary Reserve was created in anticipation of a recession
- Additional \$14.8 million allocated for mental health resources statewide
- Additional \$5 million for the GREAT Grants to expand broadband access in underserved areas
- Salary increases for teachers and state employees
 - Teachers will receive an average raise of 4.2%; Most state employees will see a 3.5% pay raise
- Additional recurring \$16.3 million to the Personal Education Student Accounts for Children with Disabilities Program
- Additional recurring \$15 million for the School Resource Officer Grant program
- Additional \$32 million for School Safety Grants to support students in crisis, school safety training, and safety equipment in schools
- \$26 million more to the at-risk allotment to provide one school resource officer for each high school
- Increases the NC Pre-K provider reimbursement rates by 5%

NCGA Update: 2022 Medicaid Provisions

- ▶ **9D.3.** authorizes and appropriates non-recurring funding for the State share of Medicaid personal care services and private duty nursing rates.
 - PCS rates will be increased by \$1.07 per 15-min. increment to yield \$5.96.
 - PDN rates will be maintain the rate increase in place 2/1/2020 - 6/30/2022.
 - DHB is not required to maintain the rate increases when the \$95M in funding runs out.

- ▶ **9D.4.** authorizes DHB to submit a State Plan Amendment to CMS to allow for Medicaid coverage of Indian Health Service services that qualify for a 100% federal medical assistance percentage.

- ▶ **9D.5.** amends a 2020 Session Law to require county DSS offices to complete all Medicaid renewals, post-enrollment verifications, and eligibility redeterminations “as expeditiously as possible” but no later than 12 months after the expiration of the federal Public Health Emergency.

NCGA Update: 2022 Medicaid Provisions

- ▶ **9D.7.** modifies contract time frames for both Tailored Plans and Standard Plans.
 - Resets the Tailored Plan contract start date from July 1, 2022 to December 1, 2022 so the four-year term ends December 1, 2026.
 - Extends the Standard Plan contracts from 6/1/2020 through 12/1/2026 while maintaining the DHHS option to extend the contracts for up to one successive contract year.
 - Requires DHHS to extend Tailored Plan contracts for an equivalent amount of time if DHHS extends the Standard Plan contracts.

- ▶ **9D.8.** imposes Federally Qualified Health Center (FQHC) drug reimbursement requirements.
 - Requires FQHCs to reimburse for 340B drug discount program drugs in accordance with the NC Medicaid State Plan.
 - Requires FQHCs to reimburse for covered outpatient drugs, the ingredient cost + professional dispensing fee at 100% of the Medicaid Direct (fee-for-service) pharmacy reimbursement methodology in the NC Medicaid State Plan.
 - Requires FQHCs to reimburse retail community pharmacy claims using the National Average Drug Acquisition Cost + a professional dispensing fee when reimbursement is not for covered outpatient drugs acquired through the 340B discount program.

NCGA Update: 2022 Medicaid Provisions

- ▶ **Section 9D.9.** amends a 2021 Appropriations Act provision.

Extends the deadline from July 1, 2022 to December 31, 2022 for DHB implementation of a 2021 requirement for LME/MCOs to pay for BH services provided to beneficiaries awaiting hospital discharge. *The 2021 provision required* DHB to implement (with a CMS-approved State Plan Amendment) an outpatient services clinical coverage policy and billing code(s) for hospitals to use for Medicaid Direct or Tailored Plan beneficiaries who: have been under care for ≥ 30 continuous hours; are not otherwise covered under a policy; and need PRTF or Group Home admission *or* HCBS services arranged. Covered services are to include crisis stabilization/support, nursing, & medical status monitoring, medication management, and discharge plan coordination with LME/MCOs. Hospitals will bill FFS for Medicaid Direct beneficiaries or negotiated rates for LME/MCO-enrolled beneficiaries (*or* “most prevalent semiprivate room rate at the applicable hospital” as the default if rate negotiations fail).

- ▶ **Section 9D.12.** requires DHB, from March 1, 2023 through March 1, 2028, to submit an annual report to the JLOC on Medicaid and Health Choice and the NCGA Fiscal Research Division regarding Tailored Plan Per Member Per Month (PMPM) adjustment recommendations. The goal is to increase direct support professional (DSP) wages in both facility-based and HCBS-based [Innovations Waiver] venues for I/DD services. Factors considered must include:

1. State developmental center DSP wages as a benchmark;
2. Actuarial soundness of the PMPM capitation rates;
3. Provision of safe and effective services; and
4. Stakeholder input, including data from knowledgeable trade organizations

NCGA Update: 2022 Medicaid Provisions

- ▶ **Section 9D.13.** changes Tailored Plan implementation details.
- Tailored Plans will *not* manage pharmacy services for Plan enrollees for up to six months (June 1, 2023) after Tailored Plan go-live.
 - Duration to be determined by DHB.
 - Pharmacy for Tailored Plan enrollees will be covered on a fee-for-service basis.
 - Tailored Plans must cover prescription drugs submitted as medical outpatient professional claims through the Physician Administered Drug Program.
- From 12/1/2022 until 12/31/2023, the LME/MCOs administering Tailored Plan contracts with DHHS will not be subject to the solvency and capital reserve requirements in G.S. 122C-125.2.
 - DHB must submit solvency standard recommendations to the JLOC on Medicaid and Health Choice and the NCGA Fiscal Research Division by 3/1/2023.
- The definition for “closed network” is repealed from G.S. 108D-1(6) and this provision amends 108D-21 to define a closed network as “the network of providers that have contracted with the local management entity/managed care organization operating the combined 1915(b) and (c) waivers.” *[and more. . . Please see the full provision]*

- **Section 9D.14.(d)** makes technical and clarifying changes to Section 9D.14. of the 2021 Appropriations Act, which required DHHS to apply for CMS approval to maintain Medicaid eligibility for parents whose children are temporarily in the foster care system as long as parents make reasonable efforts to comply with court-ordered reunification plans. The 2022 budget bill adds language so that both parents *or* “caretaker relatives” may be eligible to retain Medicaid eligibility within this context.

NCGA Update: 2022 Medicaid Provisions

- ▶ **Section 9D.14.(f)** makes technical and clarifying changes to Section 9D.10.(a) of the 2021 Appropriations Act, which requires a CMS-approved SPA for a 7/1/2022 Medicaid co-payment increase to \$4.00. The 2022 budget bill clarifies that the co-payment increase applies only to services that are subject to a co-payment.

- ▶ **Section 9D.15.** is almost seven pages long because there are so many places in the N.G.S.S. that need to be amended to implement the proposed elimination of the NC Health Choice (Title XXI Children's Health Insurance Program) program and to "merge" the 60,762 (as of 6/2022) Health Choice beneficiaries ages 6 through 18 years into Medicaid.
 - Repeals Part 8 of Article 2 of Chapter 108-A in the N.C.G.S. (the Health Choice statutes).
 - Requires DHHS to submit a SPA to CMS for an effective date of June 30, 2023 (the end of the SFY).
 - Eligible children will be those living with family incomes \leq 210% of FPL.

ANOTHER PHE EXTENSION PENDING???

7/16/2022

WAIVERS & POLICY FLEXIBILITIES

Federal PHE Extension

NEW: At State level, NC “State of Emergency” will be lifted August 15, 2022:

- Allows health care licensure and regulation flexibility
 - Appendix K waivers continues until six months after federal PHE end date
 - 1135 State Plan waiver continues until federal PHE end date
- Allows the State Health Director to issue standing orders for testing and treatment

NOTE: S.L. 2022-74 (budget bill) provisions will continue State Health Director authority for COVID-related standing orders and certain policy waivers related to workforce capacity. An additional provision enhances Local Health Director authority.

SOURCE OF FEDERAL AUTHORITY	EXPIRATION OF FEDERAL AUTHORITY*
COVID-19 1115 Waiver	Expires at the end of the Public Health Emergency + 60 days
1135 Waivers	Expires at the end of the Public Health Emergency
Medicaid Disaster SPAs	Expires at the end of the Public Health Emergency
CHIP Disaster SPA	Expires the latter of the end of the Public Health Emergency or the state-dec
Concurrence Letter	Expires at the end of the Public Health Emergency
Appendix Ks (applicable to 1915(c) waivers)	Expires six months after the Public Health Emergency ends

*NC Medicaid has the authority to end prior to the end of the end of the federal expiration date.

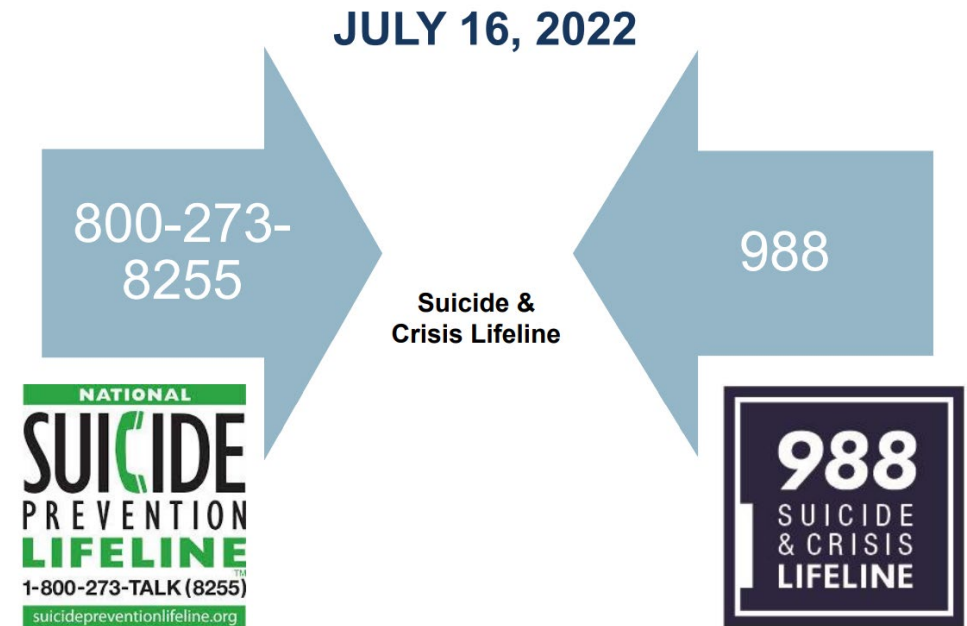


Preparing for PHE Waivers to Sunset
January 16, 2023 - *maybe*

Additional Updates

MENTAL HEALTH SERVICES

DMH/DD/SAS Update:
*9-8-8 Crisis / Suicide Prevention
Line Go-Live*



988 Plan for NC

- **24/7 Coverage (calls, chat and text)**
 - NC NSPL has 24/7 call coverage through REAL Crisis Inc.
 - NC NSPL added chat/text 12/14/2021
 - Over 60% of current calls are non-suicide seeking linkage to behavioral health resources
- **Capacity Building**
 - Crisis call center meeting projected volume demand
 - Source of the growth – 9-1-1 calls that will 9-8-8
- **Funding**
 - SAMHSA grant for workforce development & capacity building for 2 year
 - Develop plan for ongoing sustainable funding
- **Operational, Clinical and Performance Standards**
 - NSPL call center requirements
 - NC call center meets/exceeds NSPL requirements

DMH/DD/SAS
Update:
9-8-8 Crisis /
Suicide
Prevention
Line Go-Live

988 Plan for NC

- **Follow up Services**
 - NSPL requirement will be added
 - Crisis call center plan for additional staffing to meet demand
- **Multi Stakeholder Coalition**
 - Current status of NSPL NC call center
 - Recommendation for 9-8-8
- **Local and Regional Crisis Services**
 - Linkage to LME-MCO access lines, MCM, current providers
 - Coordination of relationship and role with 9-1-1

DMH/DD/SAS
Update:
9-8-8 Crisis /
Suicide
Prevention
Line Go-Live

DMH/DD/SAS Update:

9-8-8 Crisis / Suicide Prevention Line Go-Live

National statistics as published in Axios:

- ▶ **One in six calls** to the National Suicide Prevention Lifeline end without reaching a counselor, *The Wall Street Journal* reports (subscription).
 - **Why it matters:** Government officials know the nations' crisis centers are struggling to keep up with the volume ahead of the switch on July 16 to the three-digit 988 number. But they have been slow to provide the necessary funding to meet the demand, *Axios' Margaret Harding McGill reports*.
- ▶ **1.5 million of 9.2 million calls** between 2016 and 2021 were abandoned or disconnected before reaching a counselor, *The Journal* reported.
 - **The majority of callers in 11 states** were transferred to national backup centers because local centers did not have the capacity to answer. Experts say that a local counselor is preferable for those calling with a crisis.

NC DHHS Mental Health Town Hall Greensboro, NC – July 14

Topics Discussed during The two-hour Question-and-Answer Forum:

- ▶ Housing as a basis for stability
- ▶ Clinical depression, SUDs, and suicide trends
- ▶ 9-8-8 Rollout (CDC says NC is 2nd best prepared state in the nation)
- ▶ Medicaid Transformation funding and whole person, collaborative care models
- ▶ Medicaid Expansion
- ▶ School- and community-based MH treatment and crisis services for youth
- ▶ Extended ED stays for youth without placements
- ▶ IVC laws and processes for youth and adults
- ▶ MH resources and services for Veterans
- ▶ Workforce shortage for MH and I/DD services
- ▶ Shortage of psychiatrists and 40% are on a cash pay basis; ideas for system solutions
- ▶ Special education and the ongoing need for integration and resources
- ▶ Gun safety laws and the nexus with mental health / suicide and homicide prevention
- ▶ Community Health Workers

**DHHS Dep. Sec. for Health Mark Benton moderating; DHHS Sec. Kody Kinsley; Sen. Gladys Robinson (D); Sen. Jim Burgin (R); also speaking was Sen. Michael Garrett (D) and also present was Rep. Amos Quick (D).*



ON YOUR RADAR



NCTracks Enrollment Requirement for State-Funded Services Providers

- Per NCDHHS, all providers who offer only State-funded (non-Medicaid) services will begin using the NCTracks Medicaid credentialing process Dec. 1, 2022, to participate in a Behavioral Health and I/DD Tailored Plan provider network.
-
- To pursue a contract with the Vaya Tailored Plan, your agency, NPI, taxonomy, sites, and clinicians must be enrolled with NCTracks.
- For more information, email credentialingteam@vayahealth.com or call 1-855-432-9139.



Open Enrollment: Child Residential Treatment

- To assure a smooth and timely transition of care for children placed in residential services Vaya will be conducting an open enrollment for all statewide residential providers in good standing.
- Providers may submit the Vaya Enrollment Form/Provider Request to Contract to begin this process.
- Providers must be enrolled with NCTracks for all sites and services to be included during this open enrollment process.



**BH I/DD
TAILORED PLAN**



Provider and Tailored Plan Contract Deadlines

- During the beneficiary choice period (**Aug. 15 – Oct. 14, 2022**) for Behavioral Health and I/DD Tailored Plan launch, Medicaid beneficiaries can choose a primary care provider (PCP) and tailored care management provider by contacting the enrollment broker.
- Beneficiaries who do not make a choice will be automatically assigned a PCP and/or tailored care management provider.
- **Providers who do not contract with Tailored Plans by the deadlines risk losing patients.**



Provider and Tailored Plan Contract Deadlines

To allow Tailored Plans time to process provider contracts and ensure provider records are loaded correctly and transmitted to NCDHHS, contracts must be signed and mailed to the Tailored Plan by:

- **July 16, 2022**, for inclusion in the initial beneficiary choice period.
- **Sept. 15, 2022**, for PCP inclusion in auto-assignment.
- **Sept. 30, 2022**, for tailored care management inclusion in auto-assignment.



Provider and Tailored Plan Contract Deadlines

- For more information, please review the NC Medicaid Provider Bulletin article [Provider and Tailored Plan Contract Deadlines for Inclusion in Beneficiary Choice Period and Auto-Assignment](#) (June 1, 2022).
- For information about contracting with the Vaya Tailored Plan, email TPContracting@vayahealth.com.



Tailored Plan 101: Ready, Set, Launch webinar series

- Jul 21, 2022 Integrating Behavioral Health and Physical Health, Tailored Care Management and Advanced Medical Home
 - Aug. 18, 2022 Transitions of Care, Network Adequacy & Readiness
 - Sep. 15, 2022 Countdown to Tailored Plan Launch: Who is Who
 - Oct. 20, 2022 Countdown to Tailored Plan Launch: Health Plan Accountability and Reporting
 - Nov. 17, 2022 Ready Set Launch: What ifs of Tailored Plan Launch, Quick Reference Guides, Practice Supports
- [Webinar Series Registration - Zoom](#)



Tailored Plan Contracting

- TP mailing of contract stats as of 7/14:
 - Total number of TP contracts mailed=1,525 (**100%**)
 - Total number of TP contracts counter-executed=1183 (**77.57%**)
 - BH=911
 - PH=271
 - Hospital=1
 - Total number of contracts unsigned=342 (**22.43%**)





Q&A SESSION

Questions? Thoughts? Ideas?



Our next Provider Touchpoint

Friday, July 29, 2022

11 a.m. – 12 p.m.