



# Provider Touchpoint

**Friday, August 12, 2022**

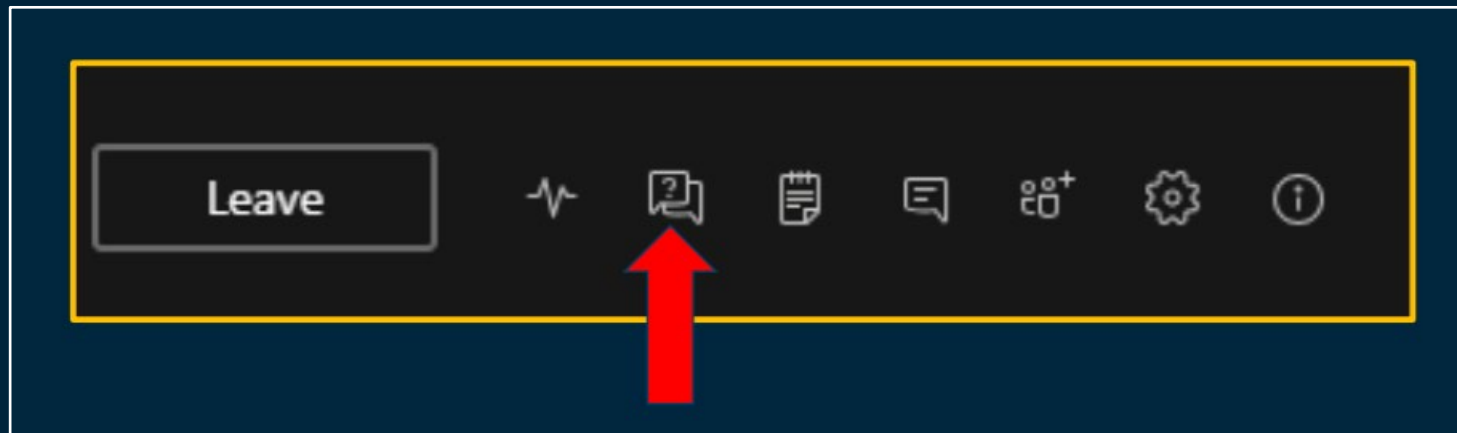
# How the live broadcast works

- 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.
- If multiple similar questions are received, the Q&A moderators may combine the questions into one before posting.



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

Look for the bubble with the question mark.



# Please note:

- Some participants have reported problems accessing the webinar Q&A feature while using a non-Microsoft web browser. This is not a Vaya-related issue. Please consider using another browser or the Teams app to join today's webinar.
- If you would like to submit a question and cannot access the Q&A feature, please send your question to [provider.training@vayahealth.com](mailto:provider.training@vayahealth.com). We will add your question to the Q&A for you.



# Where can I find ...

## **Provider Touchpoint Recordings and Resources:**

Provider Central >  
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Provider Webinars

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# Today's Vaya participants

**Jessica Moore**, Provider Network Operations- Behavioral Health (host)

**Christy Pruess**, Complex Care Management- MHSUIDD

**Heather Sain**, Complex Care Management- MHSUIDD

**Tina Bare**, Complex Care Management-IDD

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

**Tommy Duncan**, Provider Network Operations (co-producer)

**Lindsay Locklear**, Provider Network Operations (producer)



GUEST PRESENTER

**Sarah Pfau**

Senior Consultant,  
CCR Consulting

on behalf of  
NC Providers Council

[ncproviderscouncil.org](https://ncproviderscouncil.org)



# Today's Q&A – one time change

- Several of our key subject matter experts could not be with us today.
- Please include your name, organization, and email address with your question.
- Your question will be directed to a subject matter expert to respond to you within 24 hours.
- We will be responding to questions regarding Care Management and the Legislative and Policy update during this webinar.





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Good morning and welcome

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# National Day



Vinyl Record



Goopy Butter Cake



Elephant





# LEGISLATIVE AND POLICY UPDATE

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# PHE EXTENSION

## 10/16/2022

***WAIVERS & POLICY FLEXIBILITIES***

# Federal PHE Extension

**REMINDER:** CMS March 2022 Medicaid Program Eligibility Redetermination [Sub-regulatory Guidance](#) re: 'Unwinding' the PHE

**CMS:** Authorizes States to initiate eligibility redeterminations within 12 months of the federal PHE end date and to *complete* eligibility redeterminations within 14 months of the federal PHE end date.

**NCGA:** S.L. 2022-74, Section 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.

**See Also:** NC Medicaid [Special Bulletin #263](#): *New NC Medicaid Webpage to Help Prepare for End of the Federal Public Health Emergency*

**NCGA:** S.L. 2022-74 (budget bill) Section 9D.15. authorizes the elimination of the CHIP program, NC Health Choice, effective June 30, 2023 with CMS approval and the “merging” of the NC Health Choice enrollees living at < 210% of the FPL with the Medicaid program. [56,593 enrollees as of 8/10/2022 per DHB [enrollment report](#)]

# Federal PHE Extension

## REMINDER:

At State level, NC “State of Emergency” will be [lifted](#) August 15, 2022.

## NOTE: S.L. 2022-74 (budget bill)

Section 9G.7. continues State Health Director authority for COVID-related, statewide standing orders (for vaccines, tests, & treatment) and certain policy waivers related to workforce capacity.

Section 9G.8. expands Local Health Director quarantine and isolation authority when there is a statewide order.



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 Flexibilities to Sunset

# State Updates

IRIS

POSTED CCPS

STATE CFAC



# IRIS Incident Reporting System Replacement

8/2/2022 Stakeholder Meeting

- ▶ DMH/DD/SAS has used the 2020 RFI feedback.
- ▶ “IRIS is 11 years old. DMH needs something bigger and better.”
  - ▶ Working on the re-evaluation of a business case to drive through to an RFP process, procurement, and production deployment (*no timeline provided*).

# IRIS Incident Reporting System Replacement

## IRIS Replacement Project Goals

- Increase incident reporting efficiencies by providing an automated application to capture incident report data within 72 hours of an incident; capture, store and track all incident report data (initial submissions and resubmissions) that is comprehensive, effective, and easy to use.
- Decrease the amount of manual effort needed to process incident report submissions and resubmissions by automating the workflow to include real-time notification of actions needed, feedback and follow-up activities, approvals, and access to online documentation and reference materials required to complete incident reports.
- Ensure incident report data integrity by providing an application that maintains, stores, processes and retrieves incident report data that is secure, accurate, complete, and consistent, and made available in real-time to application users.

# IRIS Incident Reporting System Replacement

## IRIS Replacement Project Goals (Continued)

- **Improve data analytics, trending, and reporting functions so users can utilize data entered in order to provide real-time information for making decisions used to make improvements in the Mental Health (MH), Intellectual and/or Developmental Disabilities (IDD), Traumatic Brain Injury (TBI) and Substance Use (SU) system as well as policy and rule development and revision.**

# IRIS Incident Reporting System Replacement

- ▶ Soliciting feedback from LME/MCOs and Standard Plans.
- ▶ Exploring the possibility of “Super Users” at corporate management level to compare incidents across multiple group homes, for example.
- ▶ Considering different levels of administrative permissions.
- ▶ Proposed system alerts would relate to administrative deadlines but could also include notifications that an LME/MCO has reviewed a report.
- ▶ Stakeholder recommendation to connect with NC\*Notify for ADT data.
- ▶ Stakeholder request to eliminate FAX transmission of PHI.
- ▶ Stakeholder request for linkage to DSS CPS.

Posted  
Clinical  
Coverage  
Policies of  
Note

8A-10, Clinically Managed Residential Withdrawal Services	06/28/2022	08/12/2022
8A-11, Medically Monitored Inpatient Withdrawal Services	06/28/2022	08/12/2022
5B, Orthotics & Prosthetics	07/25/2022	09/08/2022
3A, Home Health Services	07/28/2022	08/28/2022



# Open State CFAC Seats

- ▶ Two upcoming seat vacancies for individuals with lived TBI experience on the State Consumer and Family Advisory Council (SCFAC).
- ▶ Applicants may either be a person with TBI, or a family member who is involved.
- ▶ For more information, please contact Jean Anderson at [tbiadvocate@windstream.net](mailto:tbiadvocate@windstream.net). To apply, please contact [Suzanne.thompson@dhhs.nc.gov](mailto:Suzanne.thompson@dhhs.nc.gov).

# Federal Updates

CMS HCBS QUALITY MEASURES SUB-REGULATORY GUIDANCE

CMS PROPOSED RULE: NONDISCRIMINATION IN HEALTH PROGRAMS AND ACTIVITIES



# CMS Sub-Regulatory Guidance

7/21/2022 DEAR STATE  
MEDICAID DIRECTOR  
[LETTER](#)



# HCBS Quality Measures Set: Applicability

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“While use of this measure set is **voluntary at this time**, CMS plans to incorporate use of the measure set into the reporting requirements for specific authorities and programs, including the Money Follows the Person (MFP) program and future section 1115 demonstrations that include HCBS. . .”

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“CMS also encourages states to use the measure set to assess quality and outcomes in HCBS programs authorized under other federal authorities, including section 1915(c) waiver programs, section 1915(i) state plan services,. . .”

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“A forthcoming second planned guidance document will describe how states can use the measure set as part of their HCBS quality measurement, reporting, and improvement activities, including to meet federal requirements for their HCBS programs. . .”

## Need for An HCBS Quality Measures Set

- ▶ As a result of state and federal efforts to expand access to HCBS, Medicaid spending on HCBS now exceeds spending on institutional services.
  - ▶ FY 2020 HCBS expenditures accounted for 62% of the \$199B spent nationally on Medicaid LTSS.
- ▶ As the number of beneficiaries receiving and spending on HCBS services have increased, so too has the need to ensure the availability and provision of high-quality services that promote positive outcomes and cost-effective delivery of care, while minimizing provider burden.

# CMS- Defined Quality Oversight to Date: 2014-2020

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beneficiary health and welfare (safety)

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financial accountability [“rebalancing” HCBS vs. institutional]

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service provision and delivery [including integration]

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interoperability standards (including electronic LTSS standards)

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standardized tools and instruments

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**2020 RFI stakeholders:** states, managed care plans, consumer advocates, quality measurement experts, researchers, and other federal agencies

# Sub-regulatory Guidance Components

list of measures in the measure set

purpose of the measure set  
[including identifying disparities  
and ensuring health equity]

measure selection criteria

organization of the measure set  
(by waiver assurances & sub-  
assurances for service plan and  
health & welfare categories)

considerations for  
implementation

data collection method for  
each measure

whether each measure  
addresses section 1915(c)  
waiver assurances or can be  
used to assess access, LTSS  
rebalancing, and/or  
community integration and  
HCBS settings requirements, as  
defined in the Final Rule

**Measures:**  
Some are  
claims-based,  
but most  
leverage  
beneficiary  
“experience of  
care” surveys

**The Measure Set Includes:**

- ▶ measures derived from experience of care surveys (HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS)®)
- ▶ National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD)
- ▶ National Core Indicators-Aging and Disability (NCI-AD)™
- ▶ Personal Outcome Measures (POM)® which assess the experience of care of one or more population groups included in HCBS programs
- ▶ other nationally standardized and tested measures related to access, LTSS rebalancing, community integration, health and safety, and person-centered practices



# CMS Proposed Rule

*Further clarifies and amends regulations authorized in the ACA*

- 8/4/2022 CMS [Proposed Rule](#): **Nondiscrimination in Health Programs and Activities**  
Office for Civil Rights, Office of the Secretary, HHS
  - ▶ Public Comment Period closes on 10/03/2022
- Proposed effective date is 60 days after posting of *Final* Rule.
  - ▶ Exception: Health Plans will have until the first Plan Year immediately following the effective date so they have time to amend policies and procedures as needed.

# CMS Proposed Rule

*Further clarifies and amends regulations authorized in the ACA*

- Section 1557 of the Affordable Care Act of 2010 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities.
  - *“Section 1557 provides an independent basis for regulation of discrimination in covered health programs and activities that is distinct from Title VI [of the Civil Rights Act], Title IX [of the Education Amendments of 1972], the Age Act, and Section 504 [of the Rehabilitation Act of 1973].”*
- **Entities affected by the proposed rule:**
  - Health programs and activities that receive U.S. HHS federal financial assistance (e.g., Medicaid, CHIP, and Medicare)
  - Health plans
  - State Exchanges and Federally Facilitated Marketplaces
  - *The Proposed Rule does NOT apply to the employment context & employee health benefits.*
- CMS regs affected by the proposed rule include 42 C.F.R. Part 438 [*Medicaid managed care*]



**ON YOUR  
RADAR**





# Pharmacy Point-of-Sale Process at Tailored Plan Launch

- NCDHHS will temporarily manage pharmacy point-of-sale (POS) claims in NCTracks for members enrolled in Behavioral Health and I/DD Tailored Plans Dec. 1, 2022 – Mar. 31, 2023.
- Beginning April 1, 2023, Tailored Plans will begin managing these claims.
- This change is due to a key pharmacy benefit manager (PBM) unexpectedly leaving the NC Medicaid market in late 2021.



# Pharmacy Point-of-Sale Process at Tailored Plan Launch

- This change will not impact member pharmacy benefits during this transition period.
- Initial Tailored Plan member ID cards will not include pharmacy information.
- New cards will be issued effective April 1, 2023, that indicate the new Tailored Plan RxBin and PCN numbers.
- NC Medicaid will provide additional information about this transition to members, pharmacists, and providers in the coming months.

[NC Medicaid | Pharmacy Point of Sale Process at Tailored Plan Launch](#)





# Care Management



# **BH I/DD TAILORED PLAN**

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# Tailored Plan Contracting

- TP mailing of contract stats as of August 11, 2022 :
  - Total number of TP contracts mailed=1,564 (**100%**)
  - Total number of TP contracts counter-executed= 1,228 (**78.52%**)
    - BH = 919
    - PH = 308
    - Hospital = 1
  - Total number of contracts unsigned = 336 (**21.48%**)





# LEARNING AND PARTICIPATION OPPORTUNITIES

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# Question, Persuade, Refer (QPR) Suicide Prevention Training

- Presented by the Vaya Health Learning and Development Community Education Team
- QPR Suicide Prevention Training teaches participants to help someone who may be suicidal, including how to ask the right questions, persuade a person to get help, and refer them to the right resource.

Registration:

NOV. 16, 2022, 10 A.M.–12 P.M.

NOV. 16, 2022, 2-4 P.M.



# Vaya Health Provider Advisory Council Monthly Meeting

Wednesday, August 17, 2022, 10 a.m. – 12 p.m.

- All Vaya network providers are encouraged to attend and participate in the monthly Provider Advisory Council (PAC) meetings. The PAC serves as an advisory body to Vaya on provider-related issues. The PAC operates pursuant to a set of bylaws and is a self-governing committee.
- To join on your computer or mobile Microsoft Teams app: [Vaya PAC Monthly Meeting](#)
- To call in (audio only): 828-552-4129, conference ID: 457 108 977#
- For more information or to receive PAC communications, email [provideradvisorycouncil@vayahealth.com](mailto:provideradvisorycouncil@vayahealth.com).





# Vaya Health PAC Systemic Barriers Survey

- The PAC is working to identify systemic barriers to providing quality services and to propose solutions to help providers and increase desired outcomes among members and recipients.
- We encourage all Vaya network providers to complete the PAC's ongoing [Systemic Barriers Survey](#). The survey takes approximately five minutes to complete.



# Vaya Health PAC Systemic Barriers Survey

- As needed, the PAC's Barriers Subcommittee convenes to review patterns of concerns and proposed solutions with Vaya leadership and subject matter experts.
- The status and results of this process will be a standing agenda item at monthly PAC meetings.
- Please note: To submit a provider-specific grievance or complaint, contact Vaya's Grievance Resolution & Incidents Team at 1-800-893-6246, ext. 1600, or email [ResolutionTeam@vayahealth.com](mailto:ResolutionTeam@vayahealth.com).





# Q&A SESSION

Questions? Thoughts? Ideas?



# **Our next Provider Touchpoint**

**Friday, Aug. 26, 2022**

**11 a.m. – 12 p.m.**