



Provider Touchpoint

Friday, September 23, 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.



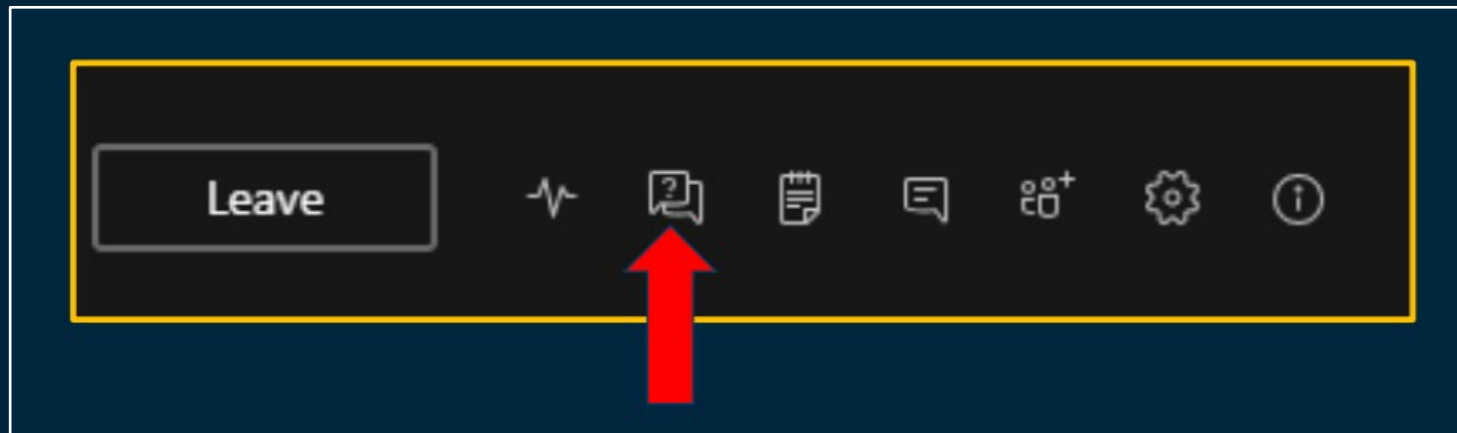
How the live broadcast works

- 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.



REMINDER 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. 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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Vaya participants

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

George Ingram, Provider Network Operations- Physical Health

David Boyd, Provider Network Operations- Behavioral Health

Jessica Belt, Claims

Leah Spare, Complex Care Management

Tina Bare, Complex Care Management

Christy Pruess, Complex Care Management



Vaya participants

Julie Dollar, Member and Recipient Services

Stephanie Hopfinger, Member and Recipient Services

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



Good morning and welcome

National Day



Chicken Pot Pie



Innergize Day





LEGISLATIVE AND POLICY UPDATE



PHE EXTENSION

10/16/2022. . . FOR NOW

WAIVERS & POLICY FLEXIBILITIES

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.

REMINDER!

See NC Medicaid Special Bulletin
COVID-19 #237 for the
Policy Flexibilities Sunsetting Schedule

[Microsoft Word -
COVID Bulletin Jun 2022 Winddown Table \(ncdhhs.gov\)](#)

- Flexibilities that have been incorporated into policy
- Flexibilities that ended on June 30, 2022
- Flexibilities that will end with the federal PHE or 6 months after the end of the PHE

Preparing for PHE Flexibilities to Sunset

MH-SUD Updates

SAIOP AND SACOT DRAFT POLICY STAKEHOLDER WEBINARS

NC DHHS 2021-2025 SUICIDE PREVENTION ACTION PLAN

Proposed SAIOP and SACOT Clinical Coverage Policy Amendments

Substance Abuse Intensive Outpatient Program (SAIOP)

- ▶ Free-standing policy proposed; currently in CCP 8A, *Enhanced Mental Health and Substance Abuse Services*
- ▶ Significant changes to staffing and staff training requirements
- ▶ Comments due to howard.anthony@dhhs.nc.gov by COB October 3, 2022
- ▶ Anticipated spring 2023 eff. date

Substance Abuse Comprehensive Outpatient Treatment (SACOT)

- ▶ Free-standing policy proposed; currently in CCP 8A, *Enhanced Mental Health and Substance Abuse Services*
- ▶ Significant changes to staffing and staff training requirements
- ▶ Next DHHS webinar: 9/30, 2-3 p.m.

[Click here to join the meeting](#)

Meeting ID: 243 883 417 938

Passcode: UoomKj

Suicide Prevention Action Plan

- ▶ 10-pg. [Plan](#) Developed by the Suicide Prevention Team, Injury and Violence Prevention Branch, DPH, DHHS with a CDC suicide prevention grant
- ▶ There were 1,436 suicide deaths among NC residents in 2020 (*NC Violent Death Reporting System*). – firearms 61%; hanging/suffocation 22%; poisoning 12%
- ▶ Suicide is among the top five leading causes of death for people ages 10 to 65 (*NC State Center for Health Statistics, 2019*).
- ▶ Suicide is the second leading cause of death for youth ages 10-18 in NC, and the third leading cause of death for those ages 19-34 (*NC SCHS, 2019*).
- ▶ Military veteran residents are disproportionally impacted by suicide; the average suicide rate from 2016-2020 was 2.5 times higher among NC veterans than non-veterans (38.7 and 15.3 per 100,000, respectively) (*NC-VDRS*).

Suicide Prevention Action Plan

Comprehensive strategy focus areas to reduce injury and death by suicide:

- ▶ Create a coordinated infrastructure
- ▶ Reduce access to lethal means
- ▶ Increase community awareness and prevention
- ▶ Identify populations at risk
- ▶ Provide crisis intervention with a specific focus on people with increased risk
- ▶ Provide access to and delivery of suicide care
- ▶ Measure our impact and revise strategies based on results

I/DD Updates

SEPTEMBER DHHS I/DD STAKEHOLDER MEETING
DHB 1915(I) STATE PLAN AMENDMENT POSTING

9/22 DHHS I/DD Stakeholder Meeting

- ▶ Innovations Waiver Services Models
 - ▶ Employer of Record (client or representative + financial support agency)
 - ▶ Agency with Choice (provider as employer + client or representative as managing employer)
- ▶ Clinical Coverage Policy for RB-BHT
- ▶ Additional Innovations Slots
- ▶ 1915(i) review of draft service definitions for: Community Transition; Community Living and Support; Respite; and Supported Employment
- ▶ Final 2022 meeting scheduled for **11/17, 3:00 – 5:00 p.m.**

To be added to the emailed meeting notifications and connectivity info, email:
Badia.Henderson@dhhs.nc.gov

1915(i) State Plan Amendment

- ▶ Access the 10-day, pre-CMS Submission [Posting](#) of the 53-pg. document

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

- This state plan change is to add services through the 1915(i) benefit. These services include Community, Transition, Respite, Supported Employment, Individual Placement Supports, Community Living and Supports, and Individual and Transitional Supports. These services will be replacing services that are currently being provided under a 1915(b)(3) authority which will end 11/30/22. These services are not available under the 1115 demonstration waiver, so after Tailored Plan launch in December of 2022 individuals receiving these services through the (b)(3) waiver would lose access to them.
- The proposed effective date is December 01, 2022

DHB Managed Care Provider Update

PLAYBOOK UPDATES AND FACT SHEETS

Tailored Plan Go-Live Countdown...

Sept. 30, 2022	Last day for Tailored Care Management providers to have fully executed contracts with Tailored Plans for inclusion in Tailored Care Management Auto-Assignment
Oct. 14, 2022	Last day for beneficiaries to choose a PCP and Tailored Care Management provider before auto-assignment
Post-Oct. 14, 2022	PCP and Tailored Care Management Provider Auto-Assignment (by NC Medicaid) for beneficiaries who have not chosen a PCP or Tailored Care Management provider.
Oct. 22, 2022	Tailored Plans begin mailing Welcome Packets to beneficiaries
Nov. 1, 2022	Tailored Plan Pharmacy, Nurse and Behavioral Health Crisis lines go live
Dec. 1, 2022	Tailored Plans launch

Sept. 16 Medicaid Managed Care Provider Update

[NC Medicaid Managed Care Provider Update – Sept. 16, 2022 | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/ncdhhs/medicaid-managed-care-provider-update-sept-16-2022)

- ▶ Provider playbook updates
- ▶ Provider Fact Sheets: verifying beneficiary program eligibility
- ▶ Provider reverification requirements
 - ▶ [NOTE](#): PCG site visit results to begin posting in real time in late Oct.
- ▶ Reminder to use manage change requests to ensure NCTracks accuracy
- ▶ Provider Ombudsman resource
- ▶ NC Medicaid provider help center
- ▶ Quick link to archived AHEC Medicaid managed care webinars

Medicaid Expansion Update

2022 SHORT SESSION BILLS IN PLAY
RECENT NEGOTIATIONS



Close, but no cigar. . .

- HB149: **Expanding Access to Healthcare**
 - Medicaid Expansion w/ hospital assessments, increased hospital reimbursement, work requirements (if federally approved)
 - SAVE Act
 - CON Regulatory Reform
- SB408: **Rural Healthcare Access & Savings Plan Act**
 - Medicaid Expansion w/ hospital assessments, ARPA funding for Opioid treatment; rural healthcare access plan; work requirements (if federally approved)
 - Vote on special Committee plan on or after 12/16/2022

Negotiation Development: NC Healthcare Association 9/16 letter to Senator Berger and Speaker Moore with proposed CON Reform compromise



**ON YOUR
RADAR**



Current Network Needs

• Adolescent Substance Use Services	All counties
• Child and Adolescent Day Treatment	School system based
• Emergency Respite (child and adolescent)	All counties
• Emergency Respite (adult I/DD overnight)	All counties
• Financial Support Agency	All counties
• Psychological/Psychiatric Services Specific to I/DD testing	All counties
• Psychosocial Rehabilitation (PSR)	Rural counties
• Research Based - Behavioral Health Treatment	Rural counties
• Therapeutic Foster Care	All counties

For more information, please contact your Provider Network Manager,
or provider.info@vayahealth.com



Sunsetting COVID-19 Rates



Vaya Health COVID PHE Rate Supplements sunset
November 30, 2022



Sunseting COVID-19 Rates

- All Vaya Health COVID/ Public Health Emergency (PHE) Rate Supplements in place currently will end date November 30, 2022 (date of service).
- Standard Rates Schedules for each Benefit Plan (Medicaid 1915 (b) and (b-3); Medicaid 1915(c) and Non-Medicaid) are maintained and are available on the Vaya website.
 - Vaya expects to post updated Standard Rate Schedules for Tailored Plan on or about November 1, 2022.



Sunsetting COVID Flexibilities

- Although NC Medicaid has already discontinued PHE-related funding to Vaya, Vaya has extended the rate supplements through November to give providers a minimum 30 days' notice of any significant rate changes and to better support providers and Vaya members.
- This change does not affect the electronic visit verification (EVV) and direct care worker (DCW) rate supplements that went into effect earlier this year. The EVV and DCW rate supplements are independent of the COVID-19/PHE rates and are incorporated into Vaya's permanent rates.



Sunseting COVID Flexibilities (SB#251)

On or before Nov. 1, 2022, Vaya will publish updated rate schedules that will take effect on Dec. 1, 2022. To view current rate schedules, visit our [Rate and Checkwrite Schedules](#) webpage.

Please remember to make any necessary changes to billing systems, including in HHAeXchange for all EVV services, and to bill charges at or above the posted rates to receive the full unit reimbursement. For more information, please email provider.info@vayahealth.com.





Following Up



Credentialing in Tailored Plan

- Will current consultant providers for Innovations Waiver with Vaya need to credential with the new Tailored Plan Care Management agencies if families elect to sign on with them?
 - Vaya's currently credentialing policies does not include a review for consultants. We currently only contract/reimburse the agency in the network.
 - We encourage you to contact the agency directly for any enrollment requirements for consultants they may choose to use/hire.



Tailored Plan Claims Information

- Are there any updates about how billing may change with Tailored Plan?
 - We will be moving to a new Claims system on Dec. 1, 2022, otherwise billing will remain the same. Vaya will assume responsibility for both BH and PH Claims as of Dec. 1.
- How will the Tailored Plan effect day programs billing Innovations and state-funded services?
 - The billing for these will remain the same, only through the new Claims system.



Tailored Plan Insurance information

- If a person has Medicaid and private insurance through a family member will they be with Tailored Plan or Medicaid Direct?
 - NC DHB enrolls members into Tailored Plan and Medicaid Direct. Vaya receives notice of these enrollments through the 834 report. Vaya does not separate these out.
- Can you elaborate on an Innovations Waiver recipient that has private insurance and Medicaid. Enrollment Brokers do not have a clue.
 - Innovations members may have a COB, however, Innovations are not subject to COB.



Tailored Plan Enrollment

- How do families learn their options for care management and PCP's? The link provided in DHHS letter is not proving to be effective and we are already 3 weeks into the choice period.
 - Beginning Aug. 15, 2022, beneficiaries who qualify for Tailored Plans were auto-enrolled in a Tailored Plan based on their NC Medicaid Managed Care status and administrative county.
 - Some beneficiaries will have the choice to enroll in a Tailored Plan and will not be auto-enrolled. These beneficiaries may have other health care options like a Standard Plan, Eastern Band of Cherokee Indians (EBCI) Tribal Option, or NC Medicaid Direct.



Tailored Plan Enrollment

- **Continued:** How do families learn their options for care management and PCP's? The link provided in DHHS letter is not proving to be effective and we are already 3 weeks into the choice period.
 - If these beneficiaries do not select a Tailored Plan, they will remain in their current health care option. Beneficiaries who qualify for a Tailored Plan will receive a notice in the mail letting them know their choices and should contact the NC Medicaid Enrollment Broker.



Tailored Plan Enrollment

- **Continued:** How do families learn their options for care management and PCP's? The link provided in DHHS letter is not proving to be effective and we are already 3 weeks into the choice period.
 - Tailored Plan members can choose a PCP or Tailored Care Management provider by calling the Tailored Plan's phone number listed in their notice. Members can search for providers at <https://ncmedicaidplans.gov/find>.
 - Members and families can contact Vaya Member and Recipient services at: 800-962-9003
 - Ombudsman at: 877-201-3750
 - Enrollment Broker: 833-870-5500



Tailored Plan Enrollment

- If families do not respond to their tailored plan letters, where will they be assigned?
 - A one-time reminder notice will be mailed to Tailored Plan members by the Enrollment Broker beginning Sept. 27, 2022.
 - The reminder notice will inform Tailored Plan members to select their PCP and Tailored Care Management provider by Oct. 14, 2022. If Tailored Plan members do not actively select a PCP or Tailored Care Management provider, NCDHB will assign providers to them.



Tailored Plan Enrollment

- Do innovations family have an option to select a CMA or will the automatically be assigned to Vaya?
 - They do have a choice and do not have to stay with Vaya.
- If the families don't respond to the letter they received from DHHS with a choice will they lose innovations spot?
 - No, a choice will be made for them, but their Innovations spot will not change.



Tailored Plan Enrollment

- Many doctors that are on private insurance are not willing to enroll in Tailored Plans so that means that Innovations Waiver recipients that have both private and Medicaid will have to pay the co-pays and those doctors cannot provide prescriptions because they will not be paid for.
 - If a physician or physician group is not enrolled in the Tailored Plan, they can get paid as a non-participating provider that will reimburse up to 90% of the Medicaid Fee (reduced by the amount paid by primary insurance).
 - A physician may not bill the unreimbursed balance to a Medicaid member unless the patient is notified in writing that they will be personally responsible for the remaining co-pays. The signed notification must be retained in the patient record.
 - Prescriptions are billed by the pharmacy to Medicaid or PHP when filled for the Medicaid member. The physician would not receive payment for prescriptions, only the pharmacy would. Unless this is related to restricted meds that require special enrollment of physician for controlled substance to be filled.



Tailored Plan Enrollment

- When you call the Enrollment Broker number, it is hours waits on the phone.
 - We have heard about the long wait times. Unfortunately, there is nothing that Vaya can do about this.
 - There is a complaint hotline for Medicaid that members can call and file a complaint: 800-624-3004.
 - You can contact your Ombudsman at: 877-201-3750. They will be able to help answer any questions.



Tailored Plan Provider Network

- How many CMA's are currently in Vaya's provider network?
 - PQA Healthcare
 - Freedom House
 - Genesis Project 1
 - The ARC of NC
 - The Crossnore School
 - Daymark
 - Alexander Youth Network
 - Triangle Comprehensive
 - Monarch
 - RHA Behavioral Health NC, LLC
 - B and D Integrated Health Services
 - Family Preservation Services of NC
 - Pathways Human Services of NC dba Access Family Services
 - Optimal Behavioral, PLLC
 - Pinnacle Family Services of NC, LLC (pending)
 - NCG Acquisition, LLC dba Appalachian Community Services (pending)



Tailored Plan Provider Network

- Does Vaya have plans to add UNC to their network? How about Duke?
 - We are currently in contract negotiations to add both hospital systems to the Vaya network



Tailored Plan Provider Network

- What hospitals are signed up to be part of Vaya's Tailored Plan provider network?
 - CaroMont Health
 - Granville Health
 - Duke LifePoint (Contract was signed on Sept. 13, 2022 which brings us 10 hospitals and approximately 668 providers)
 - The Mission Hospital System is part of Mission Health Partners (MHP). We are in active contract negotiations with MHP.



Tailored Care Management

- Will Vaya Care Managers who are LPs be providing assessments & doing PCPS?
 - Care Managers will only be doing Health Risk Assessments (HRA)
- Will providers still be responsible for plans of care if a member opts out of TCM?
 - The provider will still be responsible for the comprehensive assessment, as well as their own care plans.
- How many families do you think will stay in self-direct once TP goes into effect?
 - There is no way for us to know this at this point



Tobacco Cessation

- How are day program providers going to deal with the no smoking of clients as of December 2022 as a rights issue?
 - We will be inviting a representative from the Division of Public Health, Tobacco Prevention & Control Branch, NC DHHS to join an upcoming Provider Touchpoint



Tailored Plan Provider Training

- Clozapine
- Community Disaster Recovery
- Comprehensive Crisis Services
- Critical Incident Reporting
- Culturally and Linguistically Competent Care
- EBCI
- Electroconvulsive Therapy
- EPSDT
- First Episode Psychosis
- Fraud, Waste and Abuse
- Infection Control
- Medicaid Managed Care
- Prevention and Population Health
- Provider Orientation
- State Funded Services
- Systems of Care
- Tailored Care Management
- Tobacco Cessation



Tailored Plan Provider Training – Current Status

These trainings have been approved by NC DHB and will be posted to the Provider Central Learning Lab on Oct. 1, 2022:

- Clozapine
- Comprehensive Crisis Services
- Critical Incident Reporting
- Culturally and Linguistically Competent Care
- Electroconvulsive Therapy
- EPSDT
- First Episode Psychosis
- Fraud, Waste and Abuse
- Infection Control
- Systems of Care
- Tobacco Cessation



Tailored Plan Provider Training – Current Status

These trainings are pending final approval from NC DHB:

- Community Disaster Recovery
- Medicaid Managed Care
- Prevention and Population Health
- Provider Orientation
- State Funded Services
- Tailored Care Management



Tailored Plan Provider Training – Vaya Required Trainings

Vaya is requiring that each network provider complete the following trainings within 90-days of Oct. 1, 2022:

- Community Disaster Recovery
- Comprehensive Crisis Services
- Critical Incident Reporting
- Medicaid Managed Care
- Provider Orientation



Tailored Plan Provider Training – Reciprocal Agreement

- All six MCO's have agreed to accept proof of training from any other MCO for these trainings:
 - EPSDT
 - Fraud, Waste and Abuse
 - Prevention and Population Health
 - Infection Prevention and Control
 - Tobacco Cessation
- This recommendation has been sent to NC DHB for approval of the MCO's plan



Tailored Plan Provider Training – Reciprocal Agreement

- In addition, Vaya has chosen to accept proof of training from any other MCO for these trainings:
 - Clozapine
 - Culturally and Linguistically Competent Care
 - Electroconvulsive Therapy
 - First Episode Psychosis
 - State Funded Services
 - Systems of Care
 - Tailored Care Management



For provider training questions:

provider.training@vayahealth.com





BH I/DD TAILORED PLAN



Tailored Plan (TP) Contracting

TP mailing of contract stats as of Sep. 22, 2022:

- Total number of TP contracts mailed=1,767 (**100%**)
- Total number of TP contracts counter-executed= 1,413 (**79.97%**)
 - BH = 1031
 - PH = 371
 - Hospital = 3
 - CIN (Clinically Integrated Network)= 2
- Total number of contracts unsigned = 354 (**20.03%**)





Q&A SESSION

Questions? Thoughts? Ideas?

A faint, light blue graphic in the background of the slide. It consists of a calendar icon on the left, showing a grid of dates, and a clock icon on the right, showing a circular face with hands. The graphic is semi-transparent and serves as a decorative element.

Our next Provider Touchpoint

Friday, September 23, 2022
11 a.m. – 12 p.m.