



PROVIDER COMMUNICATION BULLETIN

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IN THIS ISSUE: Provider Touchpoint | Non-UCR Invoice Template Update | New Accreditation Verification for Non-Endorsed Services | EVV Reminders | Provider Advisory Council Monthly Meeting | CPT® Category II Codes: Improving Quality Reporting and Reducing Administrative Burden Overview | Helping You Heal Referrals: First Episode Psychosis-ACT | Are You CCBHC-Ready? Preparing for the 2026 SAMHSA Funding Cycle

ALL NETWORK PROVIDERS

Provider Touchpoint Feb. 20, 2026, 11 a.m.-12 p.m.

Our Provider Touchpoint webinar is your source for the latest information for Vaya Health network providers. We encourage all network providers to attend. Registration is not required. For past webinar recordings and slide decks, visit our [Provider Touchpoint](#) webpage.

We would love to hear from you! Do you have any questions about network operations? What topics most interest you? Email your thoughts to provider.training@vayahealth.com.

PROVIDER TOUCHPOINT: FEB. 20, 2026

Non-UCR Invoice Template Update

Vaya has updated the [Non-UCR Invoice](#) template available on the [Forms](#) page of our Provider Central website. All providers submitting non-unit cost reimbursement invoices should use the new template and follow the certification and acknowledgement requirements. For assistance, email payables@vayahealth.com.

New Accreditation Verification for Non-Endorsed Services

Effective Feb. 22, 2026, NCTracks will begin verifying national accreditation for specific non-endorsed services according to the Provider Permission Matrix. This requirement will apply during NC Medicaid enrollment, re-enrollment, and reverification and to submission of change requests.

To support a smooth transition, current providers will have a one-year grace period before accreditation verification begins. Providers with missing or outdated accreditation information will

receive notifications. Vaya encourages providers to review their accreditation status in the coming year to prepare for the update.

Electronic Visit Verification Reminders

NC Medicaid requires use of Electronic Visit Verification (EVV) for certain Medicaid-funded in-home services, including Personal Care Services, Home Health Services, 1915(i) services, and NC Innovations Waiver services. Failure to comply with EVV requirements may result in claim denials, delayed reimbursement, audits, or other administrative action.

Vaya reminds all providers who deliver EVV-required services to ensure full compliance with electronic caregiver clock-in and clock-out procedures. Caregivers must document visits by either using the mobile application or calling in from the member's home phone.

Over the next quarter, Vaya will monitor and collaborate with providers to improve EVV compliance rates, with a target of at least 85% compliance. Vaya will offer technical assistance and support to address barriers for providers who fall below this threshold.

We encourage providers to review the EVV Compliance by Caregiver in the [HHAeXchange](#) Provider Portal as part of their internal monitoring and quality improvement efforts. If a provider's compliance rate remains below 85% following informal technical assistance, Vaya will initiate formal technical assistance activities, including formal follow-up by Vaya's Network Quality and Performance Team.

Please visit our [Electronic Visit Verification](#) webpage for a complete list of services requiring EVV. If you have questions, email provider.info@vayahealth.com.

Provider Advisory Council Monthly Meeting Feb. 18, 2026, 10 a.m.-12 p.m.

The Provider Advisory Council (PAC) serves as an advisory body to Vaya on issues affecting network providers. The PAC operates pursuant to a set of bylaws and is a self-governing committee.

Vaya encourages all network providers to participate in monthly PAC meetings. To receive PAC communications or for more information about upcoming meetings, email ProviderAdvisoryCouncil@vayahealth.com.

PHYSICAL HEALTH PROVIDERS

CPT® Category II Codes: Improving Quality Reporting and Reducing Administrative Burden Overview

Using appropriate Current Procedural Terminology (CPT®) Category II codes when submitting claims can streamline administrative processes and support efforts to close gaps in care. These optional, alphanumeric codes document specific clinical actions and outcomes, helping practices improve quality reporting and reduce manual work.

Why do CPT II codes matter?

CPT II codes track and help improve performance on key quality measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance.

What are the benefits for my practice?

Incorporating CPT II codes into routine billing can significantly reduce administrative burden and enhance quality measurement efforts. Key advantages include:

- Reduced administrative workload: Submitting CPT II codes on claims decreases the need for chart abstractions and supplemental medical record requests.
- Improved quality measurement: CPT II codes support accurate data collection for services that contribute to high-quality care.
- Closing gaps in care: CPT II codes help identify and address gaps tied to specific health outcomes.

How do CPT II codes work?

CPT II codes are reported in the procedure code field, like Category I codes, but are typically billed with no charge. They represent clinical components—such as test results or elements of evaluation and management services—and are updated annually by the American Medical Association.

For more information on CPT codes, visit the [NCDHHS Clinical Coding & Billing Resources](#) webpage. If you have questions, call Vaya's Provider Support Service Line at 1-866-990-9712 or email provider.info@vayahealth.com.

BEHAVIORAL HEALTH, I/DD, AND TBI PROVIDERS

Helping You Heal Referrals: First Episode Psychosis-ACT

[Helping You Heal](#) is accepting referrals for First Episode Psychosis-Assertive Community Treatment (FEP-ACT) team services in Buncombe, Haywood, Henderson, Polk, and Transylvania counties.

FEP-ACT is a team-based, comprehensive approach to treating symptoms of an individual's first episode of psychosis. Based on Coordinated Specialty Care, FEP-ACT is a multi-element treatment validated through extensive research and broadly implemented across the nation. This service is appropriate for members who are at risk of hospitalization, homelessness, substance use, victimization, or incarceration and who benefit most from receiving mental health services from a single provider. For more information, see [Helping You Heal FEP-ACT Eligibility Checklist](#).

In contrast to ACT, FEP-ACT does not require members to demonstrate a longstanding established disability. It serves a younger population experiencing onset of symptomology of psychosis between ages 15-30.

To submit a referral, email a completed [Helping You Heal Referral Form](#) to stephanie@helpinguheal.net or fax the form to 828-585-2393. If you have questions, call Helping You Heal at 828-585-2339.

LEARNING AND PARTICIPATION OPPORTUNITIES

Are You CCBHC-Ready? Preparing for the 2026 SAMHSA Funding Cycle March 4, 2026, 1 p.m.

Open Minds will offer a free webinar on pursuing or advancing Comprehensive Community Behavioral Health Center status. Vaya encourages all interested providers to [register](#) and attend.

Why did I receive this email? Vaya Health requires network providers to subscribe to our Provider Communication Bulletin. For more information, reference our [Provider Operations Manual](#).

providers.vayahealth.com



Vaya Health | 200 Ridgefield Court Suite 218 | Asheville, NC 28806 US

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