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Vaya Partners Merger Updates

Vaya Health and Partners Health Management are preparing to merge effective Oct. 1, 2026, to form Vaya Partners. Please note the following merger-related updates.

Provider Merger Information Sessions

Stay informed throughout the merger transition by attending our weekly Provider Merger Information Sessions, held 2-3 p.m. on Mondays. Join subject matter experts for important updates and answers to common questions. Registration is not required, and recordings of previous sessions are [available online](#).

Join the next session from 2-3 p.m. Sept. 21, 2026, [on Microsoft Teams](#).

View the [full session schedule, meeting links and recordings](#) on the Vaya Partners website.

Provider Portal Training

Vaya is offering training to help providers navigate our [Provider Portal](#), which will be known as Vaya Partners ProviderCONNECT starting Oct. 1, 2026. Subject matter experts will be available to answer questions, and registration is not required. Provider Portal job aids are also available on the [Resources](#) page of our Provider Central website. Upcoming training opportunities include:

General Provider Portal Overview and Navigation

Tuesdays, 1-2 p.m., Sept. 22 and 29 – [Join on Microsoft Teams](#)

Thursdays, 10-11 a.m., Sept. 24 – [Join on Microsoft Teams](#)

Utilization Management Provider Portal Authorizations

Tuesdays, 10-11 a.m., Sept. 22 and 29 – [Join on Microsoft Teams](#)

Thursdays, 1-2 p.m., Sept. 24 – [Join on Microsoft Teams](#)

Provider Portal Claims Overview

Mondays, 10-11 a.m., Sept. 21 and 28 – [Join on Microsoft Teams](#)

Wednesdays, 1-2 p.m., Sept. 23 and 30 – [Join on Microsoft Teams](#)

Member Notifications

Member communication about the merger has included mailed welcome packets from Vaya Partners and health plan assignment notices from NCDHHS. We have received reports that some letters have caused confusion. Please direct any members with questions to call Member Services at 1-888-235-4673.

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Website, Provider FAQ Form Available

Vaya and Partners have launched a new website in advance of the two organizations merging on Oct. 1, 2026. To learn more, visit the [Vaya Partners webpage](#) and [Provider FAQ](#). To get answers to your questions, submit our [Provider FAQ form](#).

Continuation of Services

Any member previously enrolled with Partners will continue to be eligible for services from any provider contracted with Vaya or newly contracted with Vaya Partners. Our focus is to ensure continuity of care for members, and member eligibility for NC Medicaid and/or State-funded services is not affected by the merger. Individuals who currently receive services through Vaya or Partners (and remain eligible for services) will be automatically enrolled with Vaya Partners when the merger is complete. Members will receive additional direct communication on or around Sept. 3-17, 2026. Information is also available on the [Vaya Partners](#) website. Members with questions should be directed to Member Services at 1-888-235-4673.

Provider Contracting

All network providers contracted with Partners but not Vaya, and who are in good standing with both organizations, should have received contracts by July 31, 2026. If you have not received a contract, email Contracts@PartnersBHM.org and include the provider's legal name, National Provider Identifier (NPI) number, legal signatory full name, title, email address and phone number. We previously communicated that providers who are currently contracted with Vaya will receive contract amendments by the end of August; however, this process has taken longer than expected. We will continue working with providers throughout September. If you have questions or concerns, reach out to your assigned Provider Network Contract Manager.

Claims Information

- Vaya Partners Claims: Dates of Service on or After Oct. 1, 2026
Providers will use Payor ID 13010. Beginning on this date, claims for Vaya Partners should be mailed to:
Vaya Partners
Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218
Asheville, NC 28806
- Vaya Health Claims: Dates of Service Prior to Oct. 1, 2026
Providers will use Payor ID 13010. Claims for Vaya Health with dates of service prior to the merger should continue to be mailed to:
Vaya Health
Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218
Asheville, NC 28806
- Partners Health Management Claims: Dates of Service Prior to Oct. 1, 2026
Claims for Partners Health Management with dates of service prior to the merger should continue to be mailed to the appropriate address based on claim type:
Behavioral Health: Providers will use Payor ID 13141. Mail claims to:
Partners Health Management
901 S. New Hope Road
Gastonia, NC 28054
Physical Health – Carolina Complete Health (CCH): Providers will use Payor ID 68069. Mail claims to:
Partners Health Management (CCH) Attn: Claims
PO Box 8002
Farmington, MO 63640-8002

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Updated Vaya Partners Standard Rate Schedules Available

Vaya Partners' standard rate schedules will go into effect Oct. 1, 2026, for the entire Vaya Partners network. Rate schedules and procedure codes crosswalk are posted to the new Vaya Partners website at [VayaPartners.org](https://vayapartners.org).

Please note the following schedules have been updated: Medicaid Clinician Services, Medicaid 1915(c) NC Innovations Waiver, and Non-Medicaid (State-funded) Clinician Services. Updated rates are listed in bold and include the following changes:

Medicaid and non-Medicaid Clinician services:

- Behavioral health licensed clinicians (110/129) revised blended rate
- In-home and Specialty Therapy Services updated with consistent rate enhancement
- Addition of missing alcohol/substance use structured screening rates

Innovations Waiver: blended rate added for H2011YZ – Crisis Intervention and Stabilization Supports

Please remember to make necessary changes to provider billing systems, including in the HHAeXchange system for all Electronic Visit Verification (EVV) services, and to bill charges at or above the posted rates to receive the full unit reimbursement. If you have questions, email provider.info@vayahealth.com.

For more information about Vaya Partners rates and the rate request process, refer to [Provider Communication Bulletin 2026-27 Issue 13](#) (Aug. 26, 2026).

EVV for CLS Authorization Update

Effective Oct. 1, 2026, Vaya Partners will implement changes to Community Living and Supports (CLS) authorizations by combining EVV and non-EVV service codes into a single authorization. This includes Innovations Waiver and 1915(i) CLS authorizations.

For current Vaya members, new authorizations with an effective date of Oct. 1, 2026, will combine previously authorized T2012 and T2013 services into one authorization. For current Partners members, we will issue new authorizations that separate individual and group service codes.

Updated authorizations will be loaded into HHAeXchange prior to implementation. Vaya Partners utilization management staff will update all affected authorizations prior to Oct. 1, 2026, on behalf of provider organizations. Providers may notice an increase in authorized units within HHAeXchange for members who previously had both T2012 and T2013 services, reflecting the combined authorization. Providers remain responsible for monitoring and managing the utilization of these service codes outside of the HHAeXchange system.

Billing processes will remain unchanged. Providers should continue to: Submit T2013 TF claims through HHAeXchange.

Submit T2012 claims directly to Vaya Partners through the ProviderCONNECT portal or clearinghouse.

If you have questions about these changes, please contact your Provider Network Contract Manager or email provider.info@vayahealth.com.

Provider Training Updates

New IRIS Incident Reporting Training

Partners' Consumer Rights Officer (CRO) Team has developed an on-demand Incident Response Improvement System (IRIS) Demonstration Training to assist providers in completing accurate and timely incident reports in IRIS.

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As a reminder, Category A and B providers are responsible for completing all incident reports in IRIS.

How to Access the Training:

- Visit the [Partners Provider Training page](#)
- Scroll to On-Demand Behavioral Health Provider Training
- Locate Incident Response Improvement System Demonstration Training
- Click the blue Register link, enter your information, and you'll gain immediate access to the webinar

For questions, email IRIS@PartnersBHM.org.

Select Trainings Indefinitely Postponed

After Sept. 24, 2026, the following on-demand provider trainings will no longer be available through Partners:

- Peer Support Specialist
- CST Service Definition
- Crisis Response

Provider agencies may train their own staff by providing three hours of training that meets all components of the applicable service definition, evidence-based treatment modalities, and relevant roles and responsibilities of staff to ensure competent service delivery in compliance with state requirements. We encourage you to carefully review the most recent service definitions/clinical coverage policies on the NCDHHS website to ensure all training requirements are met.

Providers should document completion of relevant training by recording the name of the service definition, a summary of the information reviewed, the number of hours of training completed, the name of the staff person, the date the training was completed, and the signature of the person who completed the training. Providers may also create their own certificates of completion, if desired.

As a substitute for the three-hour crisis response training, providers may document completion of any three hours of relevant crisis training, which does not have to be a single three-hour training session. There is currently a one-hour Comprehensive Behavioral Health Crisis Services System Provider Training on the [Vaya Learn Portal](#), which can be combined with other crisis trainings to achieve the full three hours.

Certificates for the trainings will be emailed Sept. 25, 2026. For questions, email Partners_Training@PartnersBHM.org.

NC-TOPPS Updates

Merger Preparation: Review Open Episodes by Sept. 30

Provider agencies should review all open episodes in NC-TOPPS and submit an episode completion by Sept. 30, 2026, for any episodes that need to be closed.

In preparation for the upcoming Vaya Partners merger, the provider agency list in NC-TOPPS is being verified and updated. These updates may change the name of the provider agency in NC-TOPPS. For example, an agency is listed under a site name, such as "Carolina Treatment Center," may instead appear under its actual provider agency name, such as "North Carolina Behavioral Services LLC," with the corresponding location address.

For questions, contact NCTOPPSQuestions@PartnersBHM.org.

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Initial Interview Submission Deadline Update

Effective July 1, 2026, initial NC-TOPPS interviews are due within 30 days of the member's start date. This change will also be reflected in fiscal year 2026-27 reporting, including the information shared in the Kudos Corner and performance improvement projects.

New and Updated Service Codes Requiring NC-TOPPS

The following service codes are new or updated for fiscal year 2026-27:

- Community Based Services:
 - H0040 HA - Child ACTT
 - H0040 HK – Forensic Assertive Community Treatment Team (FACTT)
 - H0032 UF – High Fidelity Wraparound
- Facility Based Day Services:
 - H2017 - Psychosocial Rehabilitation (PSR)
- Residential Services:
 - H2034 - Clinically Managed Low-Intensity Residential Treatment Services
 - H0047 - Clinically Managed Population Specific High-Intensity Residential Program
 - H0012 HA – Clinically Managed Residential Services (Adolescent)
 - H0012 HD – Clinically Managed Residential Services-Pregnant & Parenting

NC-TOPPS Resources

[NC-TOPPS Resources Page](#): Find service codes in Appendix A of the NC-TOPPS Guidelines.

[Partners Provider Knowledge Base - NC-TOPPS](#): Access provider guidance and resources.

[NC-TOPPS Kudos Corner](#): View the updated provider recognition spotlight and feature topic.

EPSDT Services Reminder

Supporting Preventive Care for Children and Adolescents

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services support access to comprehensive, preventative care for Medicaid members under the age of 21, including age-appropriate screenings and medically necessary diagnostic and treatment services.

Timely EPSDT screenings and services can help close gaps in care, identify health needs early, and connect children with appropriate care and follow-up.

Visit the [Partners EPSDT webpage](#) for more information on EPSDT screenings, services, [training](#), and provider resources.

Increased Choking Episodes

Increased Reporting of Choking Episodes: Reinforcing Safe Eating Practices and Monitoring

Partners Health Management is notifying providers of an increase in reported choking episodes among members receiving services that include eating and feeding support.

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Choking episodes can result in serious injury or medical emergencies. Providers and care teams are reminded to maintain appropriate safeguards and ensure that staff responsible for supporting members during meals are adequately trained and qualified for the member's identified needs.

Provider Expectations

Providers should review and reinforce the following practices:

- **Ensure qualified staff availability:** Confirm that appropriately trained and qualified staff are available to provide mealtime supervision and assistance based on each member's needs and care plan.
- **Follow individualized safe eating plans:** Ensure that all staff consistently follow the member's prescribed diet texture, liquid consistency, positioning, pacing, bite size, supervision, and other identified precautions.
- **Adhere to speech therapy recommendations:** Implement current recommendations from speech-language pathologists and other qualified clinicians involved in evaluating swallowing and feeding needs.
- **Maintain appropriate monitoring:** Members identified as having swallowing, feeding, or choking risks should receive the level of supervision and monitoring specified in their individualized plans.
- **Communicate changes promptly:** Any change in swallowing ability, eating behavior, tolerance, weight, respiratory status, or frequency of choking/coughing during meals should be communicated to the appropriate clinical team for evaluation.
- **Review staff competency:** Ensure staff understand each member's specific safe eating plan and have demonstrated competency in following required precautions and responding appropriately to an emergency.
- **Document and report episodes:** Choking episodes and other significant eating-related incidents should be documented and reported according to applicable regulatory, contractual, and organizational requirements.

Care Plan Review

Following a choking episode, providers should consider whether the member's current support remains appropriate. Coordination with the member's medical team, speech-language pathologist, dietitian, nursing staff, and other care team members may be necessary to determine whether reassessment or changes to the safe eating plan are indicated.

Immediate Safety

If a member experiences a choking episode or other medical emergency, staff should follow the organization's emergency response procedures and seek emergency medical assistance when indicated.

Key Reminder

Consistent implementation of individualized safe eating plans, qualified staff supervision, appropriate monitoring, and adherence to speech therapy recommendations are essential components of preventing choking episodes and protecting member safety. Providers are encouraged to review this bulletin with all staff involved in meal preparation, feeding assistance, supervision, and member care.

Questions: Contact the member's assigned Tailored Care Manager or primary care physician.

Clinical Coverage Policies

Utilization Management uses clinical coverage policies to administer benefits and determine medical necessity. Service definitions and clinical policies guide when and how services are covered for physical health, behavioral health, substance use disorders (SUD) and intellectual/developmental disabilities (I/DD). Read more on the [Service Definitions](#) page on the Partners Provider Knowledge Base. For questions, email UMQuestions@PartnersBHM.org.

Recent Provider Alerts

- **Sept. 15, 2026:** [Peer Support Services \(CCP 8G\) Clinical Coverage Policy Update](#)
- **Sept. 14, 2026:** [Authorization Requests for Dates of Service Beginning Oct. 1](#)
- **Sept. 10, 2026:** [Changes in Copays](#)
- **Sept. 10, 2026:** [Updated Vaya Partners Standard Rate Schedules Available](#)
- **Sept. 3, 2026:** [Reminder: 2026 Perception of Care Survey Closes Sept. 18](#)
- **Sept. 2, 2026:** [Vaya Partners will implement prior authorization flexibilities beginning on Oct. 1, 2026](#)
- **Sept. 1, 2026:** [Vaya Partners NC Innovations Individual & Family Directed Supports \(IFDS\) Employer of Record \(EOR\) Model Updates](#)
- **Aug. 27, 2026:** [Important ILOS Program Updates Effective Oct. 1, 2026](#)
- **Aug. 26, 2026:** [Vaya Partners Provider Rates](#)
- **Aug. 21, 2026:** [Vaya Partners Merger: EVV Guidance](#)