



Licensed Independent Practitioner Collaborative Webinar

August 18, 2021



Welcome

Michelle Stroebel MA, NCC LCMHC

Provider Network Trainer

- Visit the Partners Provider Knowledge Base link to view documents related to the LIP Collaborative:
<https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>
- Subscribe to receive Partners' provider communications at
www.partnersbhm.org/subscribe.
 - Subscribe to receive Provider Communication Bulletins and Provider Alerts



Agenda

Welcome

Program Integrity – Compliance Toolbox

Medicaid Transformation

Additional Information





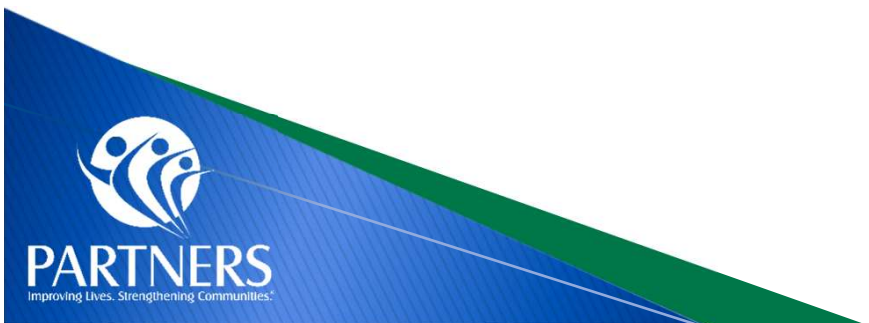
What's in Your Compliance Toolbox?

Miccah Duckett, Department of Integrity

OUR MISSION

Ensure compliance, efficiency, and accountability to stakeholders and members by:

- Detecting and preventing fraud, waste and program abuse.
- Ensuring that Medicaid and State dollars are paid appropriately by pursuing recoupment of provider overpayments and identifying avenues for overpayment cost avoidance.



Program Integrity Actions



Combat Medicaid Provider
Fraud and Abuse



Eliminate and Recover
Improper Payments



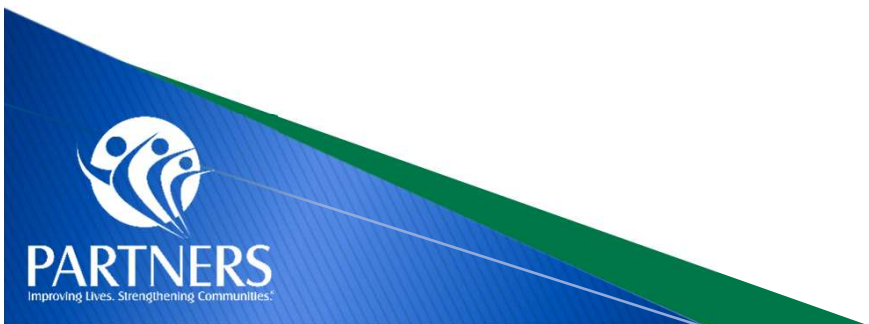
Educate Providers on Medicaid
Program Integrity Issues



PARTNERS
Improving Lives. Strengthening Communities.

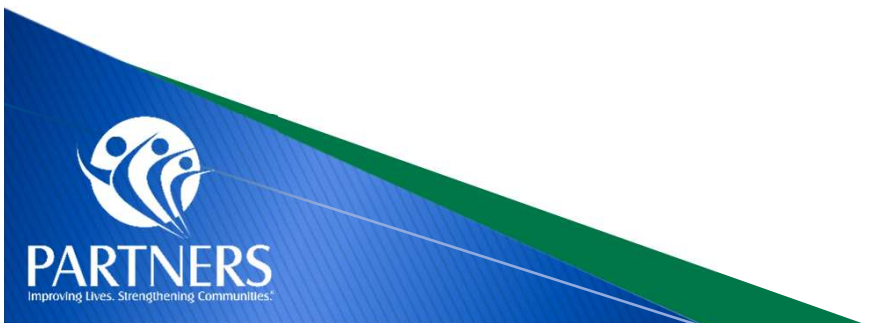
Provider Bulletins

- Provide timely information.
- Adjustments in definitions forthcoming.
- Trainings (Partners Training Academy).
- Reminders i.e., Documentation, Claims Submission.



NC Clinical Policy Definitions

- Change from year to year.
- Coincide with other statutes/regulations (cited) - Not always all inclusive of what is required.
- Be familiar with the particular definition of services you provide.
- Give your input!

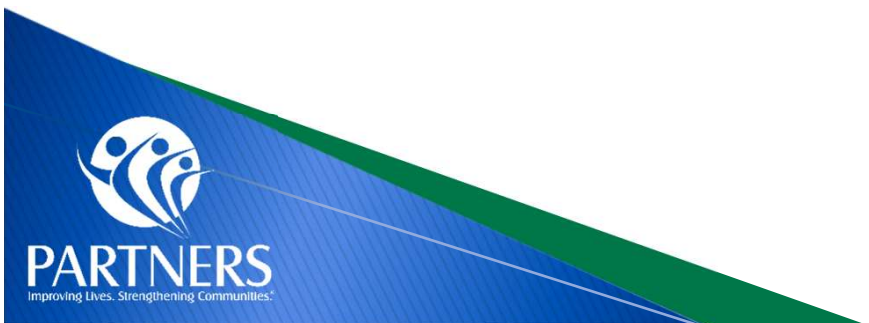


Records and Documentation Manual (i.e., APSM 45-2)

- Descriptive of the required components of clinical records.
- Detailed lists of components of a clinical note for respective services.
- Often overlaps and/or referred to within several Clinical Coverage policies.

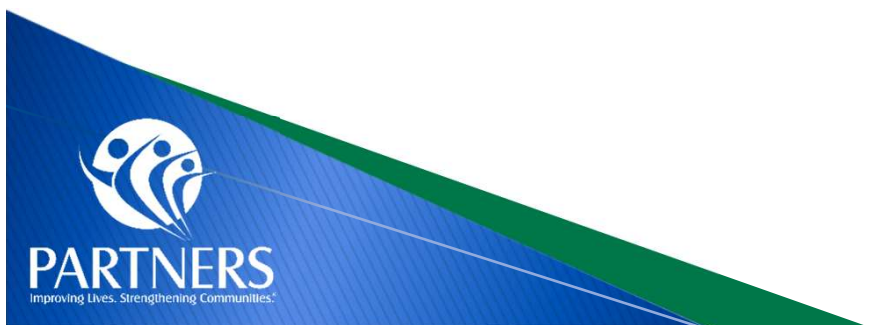
Other Tools

- Provider Manual.
- Develop Internal Compliance Plan/Program.
- Regular Self Audits.
- Utilize Provider Network Specialists!
- Sign up for alerts via email with NC DHHS.



Other Tools

- Provider Manual.
- Develop Internal Compliance Plan/Program.
- Regular Self Audits.
- Utilize Provider Network Specialists!
- Sign up for alerts via email with NC DHHS.



Slide 11

KC1

This slide is identical to slide #10. Recommend that you delete.

Karen Cimino, 8/17/2021



Medicaid Transformation



Moving to NC Managed Care

Approximately 1.6 million Medicaid beneficiaries have enrolled in a Standard Plan.

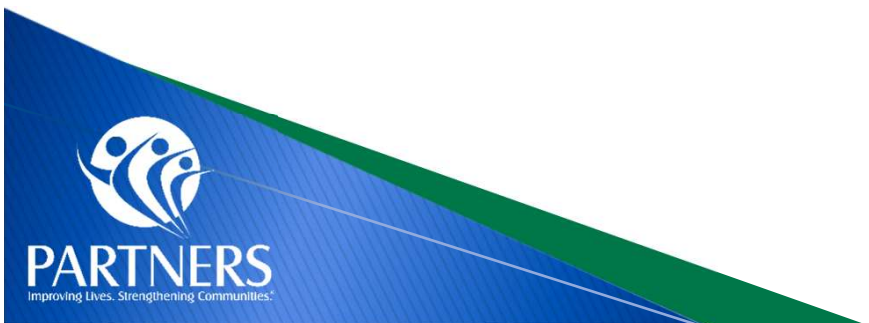
Most Medicaid beneficiaries have enrolled in NC Medicaid Managed Care.

Some beneficiaries remain in fee-for-service (NC Medicaid Direct) because it provides services that meet specific needs, or they have limited benefits.



Health Plan Enrollment

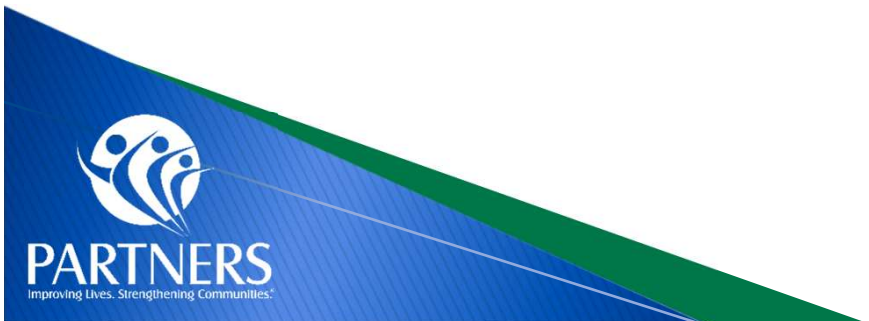
- Beneficiaries had the option to select one of the 5 health plans or the EBCI Tribal Option during Open enrollment.
- Those who did not select a plan were automatically enrolled in on based certain factors.
- Beneficiaries have through September 30, to change their health plan for **any reason**.



Disenrollment

The **Request to Move to NC Medicaid Direct Process** is to be used for beneficiaries currently enrolled in a health plan with NC Medicaid Managed Care who need services only available through NC Medicaid Direct and/or through Local Management Entity/Managed Care Organizations (LME/MCOs).

If a beneficiary was enrolled in a Prepaid Health Plan (PHP) and then transitions to NC Medicaid Direct, the beneficiary's PHP will transfer the prior authorizations and they will remain in effect until the end of the authorization.

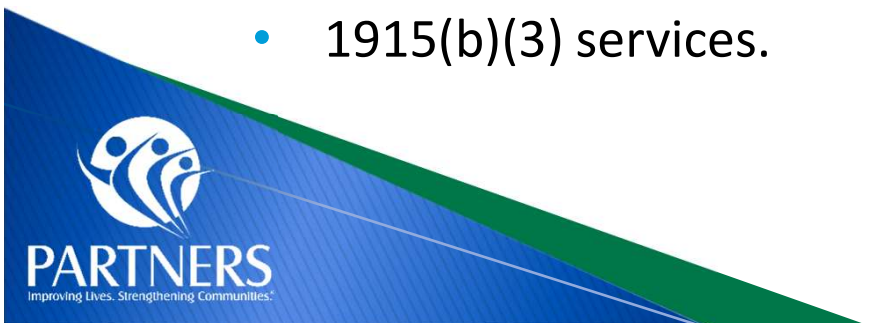


Medicaid Direct – LME/MCO

- NC Medicaid Direct offers behavioral health, Intellectual or Developmental Disabilities (I/DD) and Traumatic Brain Injury (TBI) services not available through NC Medicaid Managed Care, including:
 - Residential treatment facility services for children and adolescents.
 - Child and adolescent day treatment services.
 - Intensive in-home services.
 - Multi-systemic therapy services.
 - Psychiatric residential treatment facilities.
 - Assertive community treatment.
 - Community support team.
 - Psychosocial rehabilitation.

Medicaid Direct – LME/MCO (cont'd)

- NC Medicaid Direct offers behavioral health, I/DD and TBI services not available through NC Medicaid Managed Care, including:
 - Substance abuse non-medical community residential treatment.
 - Substance abuse medically monitored residential treatment.
 - Intermediate care facilities for individuals with intellectual disabilities (ICF/IID).
 - Substance Abuse Comprehensive Outpatient Treatment (SACOT).
 - Substance Abuse Intensive Outpatient Treatment (SAIOT).
 - Innovations waiver services.
 - TBI waiver services (available in the Alliance Health region).
 - 1915(b)(3) services.



Transition of Care Between Health Plans

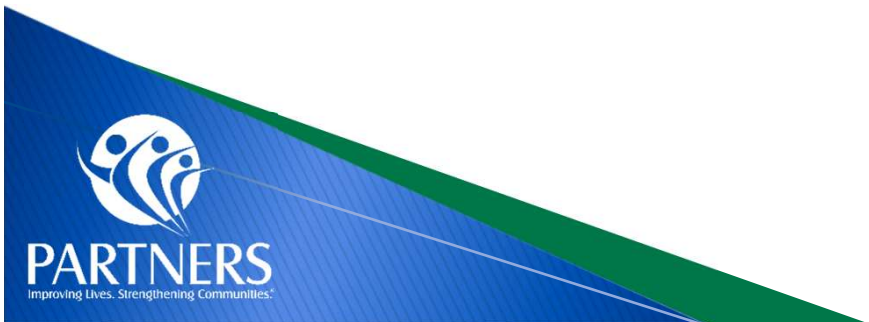
Tailored Plan eligible members who chose a Standard Plan prior to Managed Care Launch on July 1, 2021, were sent letters informing them they were being moved back to Medicaid Direct with the LME/MCOs.

Members receiving enhanced services can ***only*** receive those in Medicaid Direct and must remain or move to the LME/MCOs.

Providers can fill out the **Request to Move to NC Medicaid Direct (Fee for Service) or LME/MCO: Provider Form** or the member can **fill out the Beneficiary form** on NC DHHS website (**also found on Partners website under Medicaid Transformation Provider FAQs*).

Verification of Member Enrollment

- Providers should always verify eligibility prior to serving member at each session.
- Providers should always verify eligibility prior to submitting claims.
- Claims denial reason – ***Member active in Standard Plan for Date Of Service (DOS).***



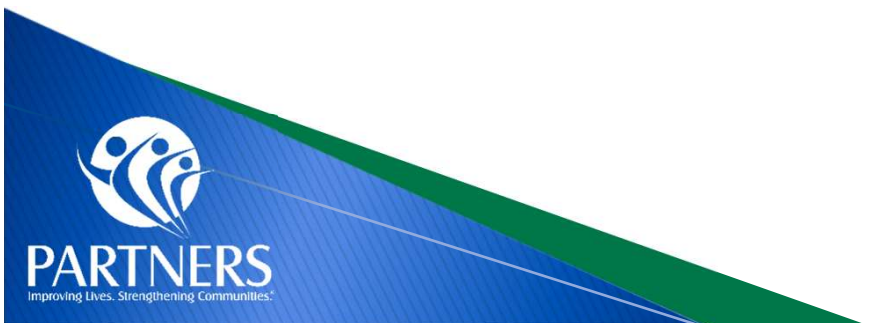
Transitions of Care

- On August 4, 2021, approximately 7,500 beneficiaries were mailed an exempt notice with an enrollment packet that includes information on their option to choose NC Medicaid Direct or an NC Medicaid Managed Care Health Plan.
- On August 4, 2021, the Enrollment Broker, began an auto-dialer campaign to inform these beneficiaries of their choices and directing them to call the Enrollment Broker if they would like to change to a health plan.



Transitions of Care

- If a potential BH I/DD Tailored Plan beneficiary chooses to enroll in a Standard Plan, the Informed Consent process below will be executed:
 - The beneficiary can fax an enrollment form (included in the August 4 mailing) to the **Enrollment Broker**.
 - If the beneficiary calls the Enrollment Broker (1-833-870-5500) directly, the same process will be followed to provide counseling by phone.



Transitions of Care

- If a potential BH I/DD Tailored Plan beneficiary chooses to enroll in a Standard Plan, the Informed Consent process below will be executed:
 - An Enrollment Broker specialist will call the beneficiary to provide choice counseling that includes information on the coverage of Behavioral Health I/DD and TBI services only available in NC Medicaid Direct and LME/MCOs.
 - The specialist will confirm their acknowledgement of the differences between the plans and affirm their plan choice. If the beneficiary still chooses a Standard Plan, the Enrollment Broker specialist will document the acknowledgement in the call center system, MAXeb.



Transitions of Care

- If a potential BH I/DD Tailored Plan beneficiary chooses to enroll in a Standard Plan, the Informed Consent process below will be executed:
 - Aligned with ***NC Medicaid Transition of Care Policy*** requirements, potential Tailored Plan beneficiaries who elect to transition to a NC Medicaid Managed Care Health Plan will be under Transition of Care protections during this transition and will be designated as a **Priority Population** for care management.
 - If the Enrollment Broke specialist is not able to reach a beneficiary who faxed or mailed an enrollment form, after three documented outreach attempts, a notice will be mailed to the beneficiary that highlights the enrollment denial and their appeal rights.

DHHS Response to Issues in Managed Care

Member Ombudsman

- Legal Aid of NC – 877-201-3750 M-F 8 a.m. to 5 p.m.

Provider Ombudsman

NC Medicaid Help Center

- Internal Team
- Knowledge Center [Medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/helpcenter)
- Member Harm Process

DHHS Response to Issues in Managed Care (cont'd)

Health Plan Oversight

- Daily meetings with Health Plans and Transportation Brokers re: NEMT
- Contract Remedies
- Routine Touch Base

Communications & Engagement with Stakeholders

Provider Claims & Payment Support



PARTNERS
Improving Lives. Strengthening Communities.

DHHS Response to Issues in Managed Care

Member Ombudsman

- Legal Aid of NC – 877-201-3750 M-F 8 a.m. to 5 p.m.

Provider Ombudsman

NC Medicaid Help Center

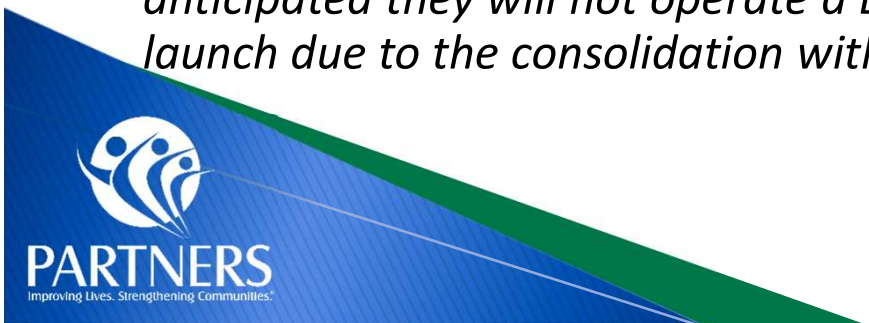
- Internal Team
- Knowledge Center [Medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/medicaid/helpcenter)
- Member Harm Process

Behavioral Health I/DD Tailored Plans

Contracts awarded on July 26, 2021, to seven organizations.

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health
- Cardinal Innovations Health

** While Cardinal Innovations Healthcare was awarded a contract, it is anticipated they will not operate a Behavioral Health I/DD Tailored Plan at launch due to the consolidation with Vaya Health.*



Provider Resources

NC Medicaid managed Care Website

- Medicaid.ncdhhs.gov
- Includes County and Provider Playbooks
- Fact Sheets
- Day One Quick Reference Guide

NC Medicaid Help Center

- Medicaid.ncdhhs.gov/helpcenter

Provider Resources (cont'd)

Practice Support

- ncahec.net/medicaid-managed-care
- NC Managed Care Hot Topics Webinar Series, hosted by Dr. Dowler on the first and third Thursday of the month.

Regular Medicaid Bulletins

- Medicadi.ncdhhs.gov/providers/Medicaid-bulletin

What should providers do if the have issues?

Check in

- Check in NCTRACKS for the Beneficiaries enrollment (Standard Plan or Medicaid Direct) and Health Plan.
- If you still have questions, call the NCTracks Call Center 800-688-6696

Connect

- Connect with the Health Plan (PHP) for coverage, benefits, and payment questions.
- You can find a list of health plan contact information at <https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources>

Consult

- Consult with the Provider ombudsman on unsolved problems or concerns.
- Call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov



Additional Information

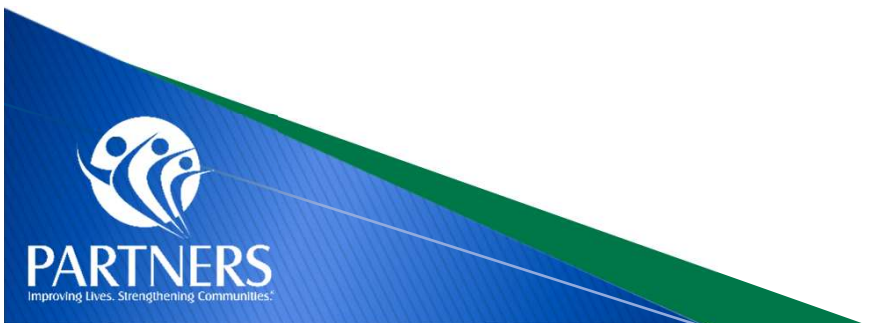
Standard Meetings

- Monthly Provider Council – Virtual Open Meeting, Hickory Multipurpose Room/Basement, for Friday each month at 9:30 a.m. (**Aug. 27**). To register, email: Training@partnesbhm.org.
- Provider Forum – Quarterly Webinar, 1-3 pm (**Sept. 8**). Link to register : <https://attendee.gotowebinar.com/register/2543411600062860045>.
- Provider Open House – First Thursday of each month, 9-11 a.m. (**Sept. 2**). Link to register: https://partnersbhm.zoom.us/meeting/register/tJYvcO6tpj4pH9L-eXnMZYGb1zgj_oXPKLte.



Marketing & Communications

Partners' Marketing & Communications department has created two webpages to help members, families, stakeholders, providers and community members understand and remain updated on both County Realignment and Medicaid Transformation.



Slide 33

KC5

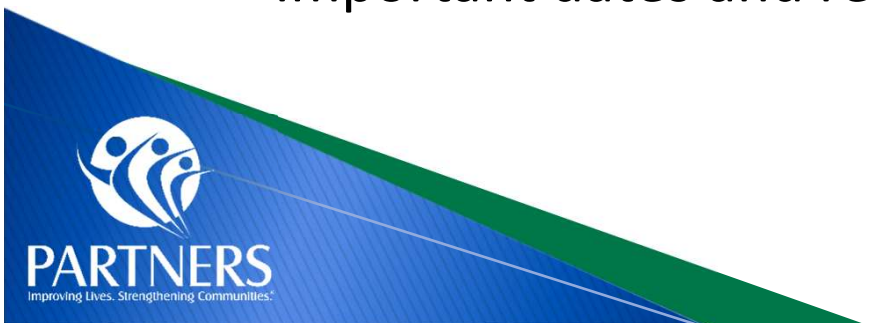
We follow AP Style, which states that webpage, website, etc. are all one word with no hyphen.

Karen Cimino, 8/17/2021

Medicaid Transformation

Medicaid Transformation Webpage

- You can access this page through a drop-down on the Partners website homepage.
- You can also access it through this direct link:
<https://www.partnersbhm.org/county-realignment/>.
- This page provides:
 - General information about Medicaid Transformation.
 - Information specific to members and providers.
 - Important dates and resources.



County Realignment

County Realignment Webpage

You can access this page from a sliding banner on the homepage.

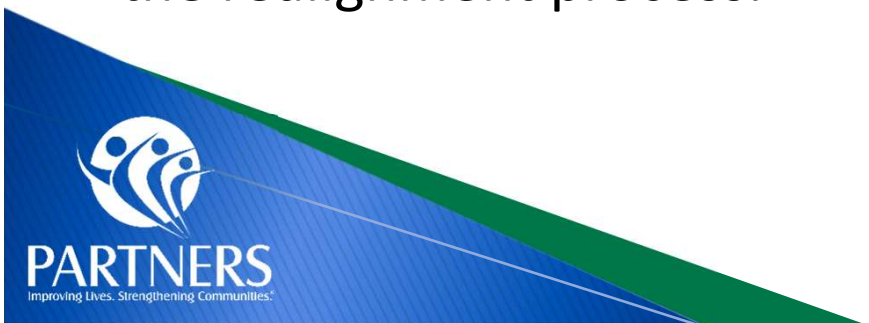
You can also access it through this direct link:

<https://www.partnersbhm.org/county-realignment/>.

This page provides:

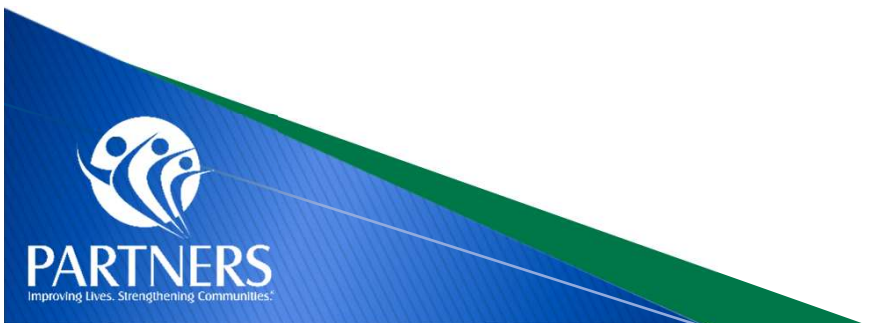
- General and county-specific information, including timelines.
- Frequently Asked Questions for members and providers.

We will continue to update and buildout pages as we go through the realignment process.



ASAM Trainings

- On August 16, DHHS released Joint Communication Bulletin #J399.
- There are 4 American Society of Addiction Medicine (ASAM) training resources that can be used to meet the training requirements. This includes providers operating under Clinical Coverage Policy 8C.
- If you have further questions, please contact Howard Anthony howard.anthony@dhhs.nc.gov.



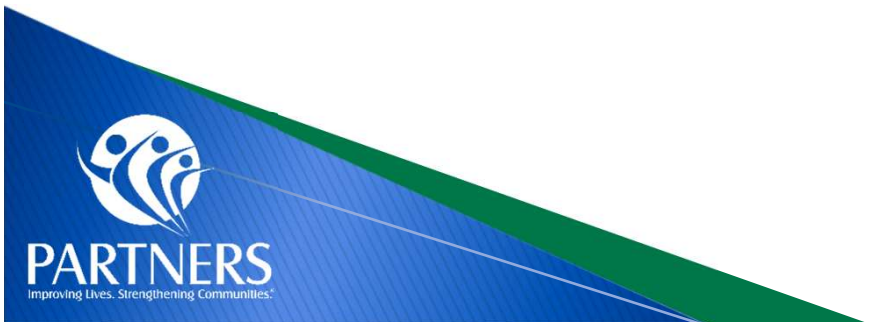
Partners Training Academy

Find scheduled provider trainings on the Partners Training Academy (PTA) website.

<https://www.partnerstraining.org/>

Email questions and comments for PTA and provider trainings at

training@partnersbhm.org



Thank You!

The next LIP Webinar is scheduled for November 17, 2021, at noon. Please look for a registration link in the September Provider Bulletin.

