



Provider Forum

Sept. 8, 2021

Agenda

Provider Council Update

Compliance Update

Quality Management Update

Medicaid Transformation

County Realignment

Long-Term Community Supports

Website Updates

Training

Additional Information

EVV



Provider Council Update

- Serves as a professional representative and advocate for all service providers in the Partners' service area.
- Council facilitates an open exchange of ideas.
 - Brings forward concerns and solutions.
 - Promotes collaboration and mutual accountability among providers.
- Open meeting for Providers.
- Meets the fourth Friday of each month at 9:30 a.m.
- Next Meeting: Sept. 24, 2021 at 9:30 a.m.
<https://partnersbhm.zoom.us/meeting/register/tJMof-CprDooG9Mv3jvIRSQqhgTi5t-bs0fw>.
- Partners staff joins at 10:30 a.m.



I/DD Subcommittee meeting

- Partners will host the I/DD Subcommittee Meeting this month after the Provider Council.
- Please join us to discuss topics for the I/DD or Innovations providers.
- This meeting will be held via zoom.
- When: Sept. 24, 2021, 1 to 2 p.m.
- Please register here:
<https://partnersbhm.zoom.us/j/95630034892?pwd=WC82cmE1dEFEMk1Bdis4RkxIK3Eydz09.>





What's in Your Compliance Toolbox?

Department of Program Integrity
Joy Chestnut, MHA, NCIT-B

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



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 statues/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 North Carolina Department of Health and Human Services.





Quality Management Update

QM and Provider Interactions

- NC-TOPPS.
- Back-Up Staffing.
- Performance Improvement Projects (PIPs).
- Global Continuous Quality Improvement Committee (GCQI).
- Monitoring.



QM and Provider Interactions

- Consumer Rights and Incident Reporting.
- Employer of Record (EOR).
- Relative as Direct Support Employee (RADSE).
- Block Grant Provider Monitoring.



NC-TOPPS

The QM department reviews and analyzes NC-TOPPS data:

- Monitors compliance of provider data submissions.
- Evaluates for trends.
- Provides technical assistance.
- Manages the superuser directory for providers.
- Provides feedback of compliance status.
- Provides webinar training and discussions for applicable users.
- Partners' staff contact:
 - Veronica Somerville, vsomerville@partnersbhm.org.



PIPs

Partners maintains internal quality performance improvement projects (PIPs), monitors initiatives of providers, and monitors PIP effectiveness.

- Projects may involve provider data and/or participation.
- Technical assistance with PIPs is available to providers upon request.
- Partners requires providers to submit three PIPs annually in August through a Sharefile site.
- Partners staff contact:
 - Tamikka Woods, twoods@partnersbhm.org.



GCQI

- QM staff work as liaisons to the provider led and facilitated Global Continuous Quality Improvement Committee (GCQI)
- GCQI Committee meets quarterly on the first Friday of March, June, September and December.
- GCQI meetings are open meetings. Contact a Partners' liaison to be added to the distribution list.
- Partners' staff contact:
 - Terry Arndt, tarndt@partnersbhm.org.

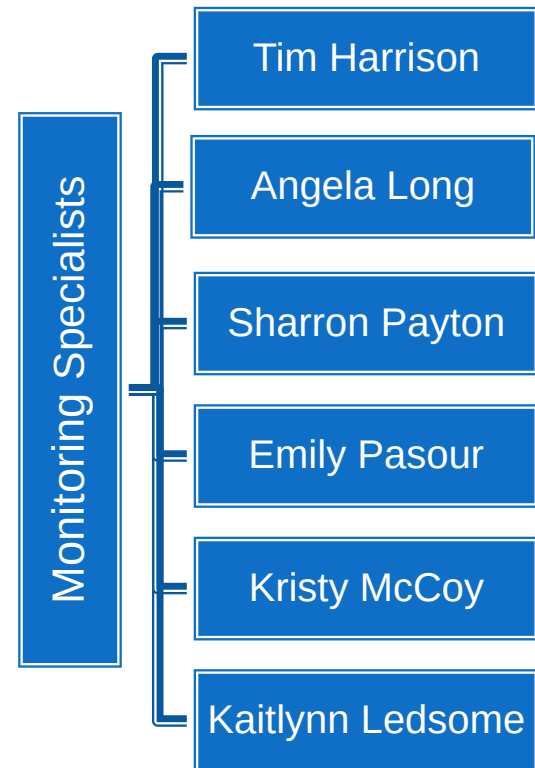


Monitoring Specialist Roles

Larry Holcombe

Monitoring Manager

- Oversees monitoring duties.
- Reviews Relative as Direct Support requests
- Performs following duties:
 - Completes initial health and safety reviews for new providers that submit credentialing applications and for providers adding a new site to their contracts.

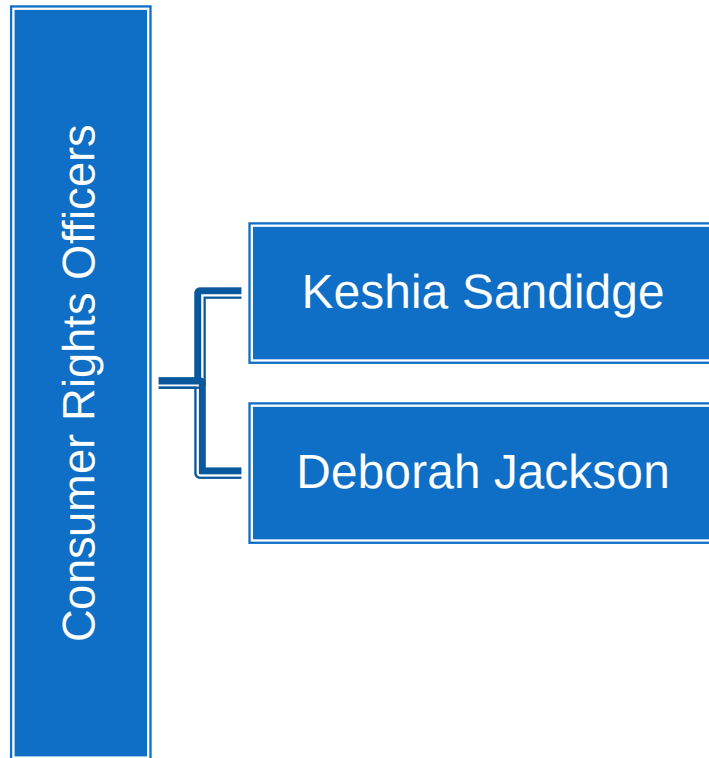


Monitoring Specialist Roles

- Duties (contd.)
 - Completes health and safety reviews for all new unlicensed Alternative Family Living (AFL) provider sites and annually thereafter.
 - Schedules and performs targeted monitoring reviews as needed/requested.
 - Participates and/or assists with complaint investigations/grievances when appropriate.
 - Participates and/or assists with Program Integrity audits.
 - Conducts Employer of Record (EOR) reviews annually.



Consumer Rights Officer Roles



- Reviews Level II and III Incident Reports in IRIS.
- Monitors statistical reporting and trends.
- Performs targeted health and safety reviews and assists with grievances.
- Serves as the Human Rights Committee (HRC) liaison.
- Participates as members of the Quality of Care Committee (QoCC).
- Offers education and trainings for providers.
- Assists with Employer of Record reviews.



EOR

- Employer of Record (COR) review conducted annually by a team of Monitoring Specialists and a Consumer Rights Officer.
- Utilizes a modified NC DHHS Post Payment Tool for Innovations Waiver (removed items not applicable and included Incident Reporting).
- Extensive technical assistance is given with recommendations to correct any out of compliance findings, including additional trainings as needed.
- Summary of reviews is provided to Partners' I/DD team.



RADSE

- The Relative as Direct Support Employee (RADSE) process applies only to relatives/legal guardians living in the home of adult (age 18 or older) recipients of NC Innovations services.
- Providers must submit requests for approval to Partners' QM Department using the appropriate state form, *Verification of Relative/Legal Guardian as Direct Support Application*.
 - Providers no longer have to receive approval from Partners for requests of 40 hours or less.
 - Providers must report the employment of the relative/legal guardian through the RADSE process (this applies to new and existing relatives/legal guardians providing direct support).



RADSE

- Report the relative/legal guardian's employment by completing the RADSE Reporting Verification Form.
 - Complete the RADSE Application Form for requests of 41-56 hours and submit to RADSE@partnersbhm.org.
 - You will receive email confirmation of your submission.
 - Complete form for new/existing relatives/legal guardians providing direct support who wish to request more than 40 hours.
 - Print form, sign, scan and email to RADSE@partnersbhm.org
- Questions: email lholcombe@partnersbhm.org (Larry Hholcombe) or go to the RADSE page on Partners' website:
<https://providers.partnersbhm.org/relative-direct-support-employee/>.





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 five 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 Sept. 30, 2021, 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.



NC 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.



NC Medicaid Direct – LME/MCO

- 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).
- NC Innovations waiver services.
- TBI waiver services (available in the Alliance Health region).
- 1915(b)(3) services.



Verification of 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).***



Transition of Care

- On Aug. 4, 2021, a letter was mailed to approximately 7,500 beneficiaries who were eligible for a BH I/DD Tailored Plan but who signed up for a Standard Plan prior to the July 1, 2021, launch of NC Medicaid Managed Care.
 - These beneficiaries were told they were being transitioned back to NC Medicaid Direct with the LMEs/MCOs.
 - Members receiving enhanced services must remain in or move to NC Medicaid Direct (LME/MCO) for services.
 - 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*).



Transition of Care

- Enrollment Brokers began an auto-dialer campaign to inform these beneficiaries of their choices.
- If a potential BH I/DD Tailored Plan member chooses to enroll in a Standard Plan, the following consent process will be executed:
 - An Enrollment Broker will call the beneficiary to provide counseling, including information on the coverage of BH I/DD and TBI services only available in NC Medicaid Direct and LME/MCOs.
 - The Enrollment Broker will confirm the individual's understanding of the differences between the plans and affirm their choice.
 - If the beneficiary still chooses a Standard Plan, the Enrollment Broker specialist will document the acknowledgement in the call center system, MAXeb.



Transition of Care

- Aligned with ***NC Medicaid Transition of Care Policy*** requirements, potential BH I/DD Tailored Plan beneficiaries who choose a NC Medicaid Managed Care Health Plan will be under Transition of Care protections during the transition and will be designated as a **Priority Population** for care management.
- If the Enrollment Broker 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.



Impact of I/DD Providers

Provider submitted question

- Impact should be minimal.
- I/DD services will continue to be offered through the LME/MCOs as part of NC Medicaid Direct and eventually the BH I/DD Tailored Plan.
- If a provider is aware that a member mistakenly enrolled in a Standard Plan, the provider should refer the member to an Enrollment Broker for consultation, education and support in decision making for services.



NC DHHS Response to Issues

Member Ombudsman

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

Provider Ombudsman

- Call 866-304-7062 or email
Medicaid.ProviderOmbudsman@dhhs.nc.gov

NC Medicaid Help Center

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



DHHS Response to Issues

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



Provider Resources

NC Medicaid managed Care Website

- [Medicaid.ncdhhs.gov](https://www.Medicaid.ncdhhs.gov)
- Includes County and Provider Playbooks
- Fact Sheets
- Day One Quick Reference Guide

NC Medicaid Help Center

- [Medicaid.ncdhhs.gov/helpcenter](https://www.Medicaid.ncdhhs.gov/helpcenter)



Provider Resources

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

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



Resolving Provider Issues

Check in

- Check in NCTracks for the beneficiary's enrollment.
- 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





County Realignment Update

Cabarrus, Union and Stanly

- Partners is excited to welcome Cabarrus, Union and Stanly counties.
- Official transition date was Sept. 1, 2021.
- Welcome letters and information for new members from Cabarrus, Union and Stanly counties will be mailed the first week of September.



Forsyth and Davie

- Forsyth and Davie counties will transition to Partners on Nov. 1, 2021.
- Member, stakeholder and provider-specific events are being scheduled in September and October.
- County Realignment webpages continue to be updated.
- <https://www.partnersbhm.org/county-realignment/>
- Providers can send questions to CountyQuestions@partnersbhm.org





Long-Term Community Supports

LTCS

- Long-Term Community Supports (LTCS) is a Medicaid In-Lieu of Service.
- Recent trainings have been hosted by webinar.
- Next Steps for Providers:
 - Providers who missed the training can view the webinar on demand at the Partners Training Library:
<https://www.partnerstraining.org/training-library/>.

Partners intends to fully transition all counties for Levels 1-5 by February 1, 2022.



Level 1	Level 2	Level 3
YM580 – Day Supports	YM700 – Independent Living	YM755 – Family Living High
YP620 – Adult Day Vocational Program	YP710 – Supervised Living Low	YP740 – Family Living Low
YP660 – Day Activity	YP720 – Supervised Living Moderate	YP 750 – Family Living Moderate

Level 4 (3 beds or less)	Level 5 (4-6 beds)
YM813 – Supervised Living 3 person	YM814 – Supervised Living 4 person
YM812 – Supervised Living 2 person	YM760 – Group Living Low
YM 811 – Supervised Living 1 person	YM770 – Group Living Moderate
	YM 780 – Group Living High





Website Updates

Marketing and Communications

- Partners' Marketing and Communications department has created web pages to help members, families, stakeholders, providers and community members understand and remain updated on both Medicaid Transformation and County Realignment:
- Medicaid Transformation:
<https://www.partnersbhm.org/medicaid-transformation/>
- County Realignment: <https://www.partnersbhm.org/county-realignment/>



Medicaid Transformation

Medicaid Transformation Webpage

- Accessible through drop-down on the Partners website home page.
- Direct link: <https://www.partnersbhm.org/county-realignment/>.
- This page provides:
 - General information about Medicaid Transformation.
 - Member and provider-specific information.
 - Important dates and resources.



County Realignment

- County Realignment is accessible from the Partners homepage through top navigation and a sliding banner.
- Contains county realignment information, upcoming events and access to view past, recorded events.
- You can also visit the Welcome to Partners pages for each county that has received approval from the Secretary of the NC DHHS.
- The direct link to county realignment information is:
<https://www.partnersbhm.org/county-realignment/>.
- Visit these pages frequently as we will continue to update and build out pages as we go through the realignment process.





Training

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.



ASAM Trainings

- On Aug. 16, 2021, NC DHHS released Joint Communication Bulletin #J399.
- There are four 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 at howard.anthony@dhhs.nc.gov.



Training Opportunity

The Center for START SERVICES

National Online Training Series

- I/DD and Criminal Justice System
- Integrated Mental Health Treatment guidelines for Prescribers in Intellectual and Developmental Disabilities
- Self-Advocacy and Disability Identity Development
- Foundations of Psychology and Mental Wellness
- Register through NCSTART Website:
<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/nc-start>





Additional Information

EVV Update

- Electronic Visit Verification is now operational
- Refer to Electronic Verification Visitation page of the Provider Knowledgebase for information and FAQ
<https://providers.partnersbhm.org/electronic-visit-verification/>
- Send questions to evvsupport@partnersbhm.org



Standard Meetings

- Monthly Provider Council: Virtual Open Meeting, fourth Friday; 9:30 a.m.; Sept. 24 registration:
<https://partnersbhm.zoom.us/meeting/register/tJMof-CprDooG9Mv3jvIRSQqhGti5tbs0fw>; email for link:
Training@partnersbhm.org
- Provider Forum: Quarterly webinar; 1 to 3 p.m.; Sept. 8 registration:
<https://attendee.gotowebinar.com/register/2543411600062860045>.
- Provider Open House: Monthly on first Thursday, 9 to 11 a.m. Registration link:
https://partnersbhm.zoom.us/meeting/register/tJYvcO6tpj4pH9L-eXnMZYGb1zgj_oXPKLte.



Thank You

Survey!

