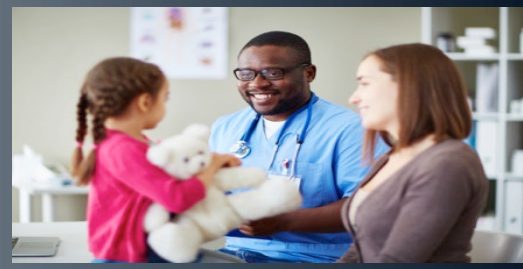






Fireside Chat

NC Medicaid Updates

Ready, Set, Launch!

Tailored Plans

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:

<Enter Link Here>

February 16, 2023

Logistics for Today's Webinar

Question during the live webinar

Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

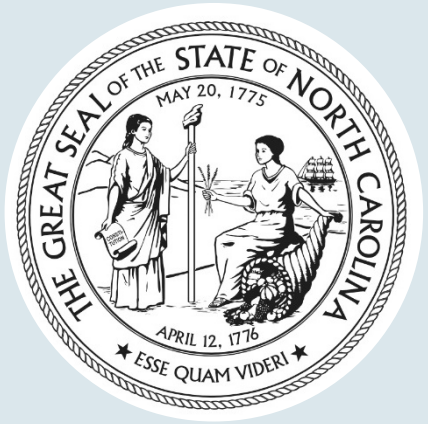
01 Tailored Plan Launch Specifics and Path to Success

02 Claims Payment and Processing

03 Responding to Urgent Member Needs

04 Tailored Care Management

05 Q&A



Tailored Plan Launch Specifics and Path to Success

Key Reminders for Tailored Plan Launch: Maintaining Continuity of Care

- As a provider, it is important that you are aware of the transition of care protections that impact providers.
- The Tailored Plan will honor existing and active prior authorizations on file with NC Medicaid Direct for services covered by the health plan for the first six months after launch (October 31, 2023) or until the end of the authorization period, whichever occurs first.
- For the first six months after launch (October 31, 2023), the Tailored Plan will pay claims and authorize services for Medicaid-enrolled out-of-network providers equal to that of in-network providers until end of episode of care or six months, whichever is less (extended transition periods may apply for circumstances covered in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).).
- If a beneficiary transitions between health plans after April 1, 2023, a prior authorization authorized by their original health plan will be honored for the life of the authorization by their new health plan

Key Reminders for Tailored Plan Launch: Maintaining Continuity of Care

- In addition to transition of care requirements for Members in an ongoing course of treatment, the Department and Tailored Plans will offer the following flexibilities to support providers to reduce administrative burden during the transition.

Policy Level	Duration	Time Frame
Relax Medical PA requirements	90 days	4/1/2023 – 6/30/2023
Relax Pharmacy PA requirements	90 days	4/1/2023 – 6/30/2023
Non-Par Providers Paid at Par Rates	90 days	4/1/2023 – 6/30/2023
Non-Par Providers Follow In-Network Prior Authorization Rules	122 additional days	7/1/2023 – 10/31/2023
Ability to Switch PCP	213 days	4/1/2023 – 10/31/2023

Key Reminders for Tailored Plan Launch: Front Desk Readiness

- Make sure staff know the health plans you are contracted with, including Standard Plans, Tailored Plans and the EBCI Tribal Option.
- Continually review the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- Know where to submit claims.
- For each health plan under contract, be sure enrollment in the Health Plan's Electronic Funds Transfer program is complete.
- Assist beneficiaries with the transition to Tailored Plans
  - Verify eligibility, primary care provider and health plan enrollment using the NCTracks Recipient Eligibility Verification/Response or by calling the NCTracks Call Center for more information at 800-688-6696.
  - Member ID cards will be provided to each Tailored Plan Member, but are not required to provide service including pharmacies. Members **should not** be turned away due to the lack of a Member ID card in their possession.
  - If you are not the assigned Primary Care Practice for the beneficiary but are in-network for the Tailored Plan, you can render and be paid for Primary Care Services. If the beneficiary would like to have you as their assigned Primary Care Practice, they should call their health plan to have them assigned to you.

Top Reasons to Contract

By contracting with Tailored Plans:

- It creates greater choice for Medicaid Beneficiaries.
- It creates better access to care for Medicaid Beneficiaries.
- Beneficiaries will not have to choose between their medical home and critical specialty care.

In-Network Providers will be paid a higher rate compared to out of network providers (Tailored Plans must cap OON payments at 90% of fee schedule – typically the FFS fee schedule).

- NOTE: By contracting, providers avoid or eliminate the risk of getting paid less than the full Medicaid rate.

In-network PCPs will receive additional AMH payments.

- NOTE: These payments are not available for OON providers.

Over the past year DHB has worked closely with the Tailored Plans; Tailored Plans understand NC Medicaid better and have improved on early contracting issues.

  - NOTE: If your early experience was not great, consider trying again.
- Some providers are contracting with all 6 plans, recognizing it is in the best interest of the beneficiaries.

Tailored Plan-Standard Plan Partnering

Tailored Plans are partnering with a Standard Plan to provide an integrated plan with behavioral health and physical health services.

Tailored Plan	Standard Plan Partner*	Leveraging Standard Plan Partner's PH Network
Alliance	WellCare Health Plan	Not at this time
Eastpointe	WellCare Health Plan	Yes, at least partially
Partners	Carolina Complete Health	Yes, at least partially
Sandhills	AmeriHealth Caritas of NC	Yes, at least partially
Trillium	Carolina Complete Health	Yes, at least partially
Vaya	WellCare Health Plan	Not at this time

More information on the Tailored Plan-Standard Plan partnering can be found in the Contracting with Tailored Plans fact sheet

Find contact information for contracting with each Tailored Plan

Claims Payment and Processing

Paying Claims: The Process Across Plans

	Alliance	Eastpointe	Partners	Sandhills	Trillium	Vaya
Submit Claims via:	Electronic: Alliance Claim System (ACS) - Alliance Health (alliancehealthplan.org) EDI Payer ID: 23071 Paper: (only with prior approval) 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560	Electronic: Providers – Welcome to Eastpointe.net EDI file 837 : Payer ID 08044 Paper: Eastpointe will only accept paper claims from Out-of-Network providers (OON). Eastpointe Claims Department PO BOX 14552 Lexington, KY 40512	Electronic: Provider Connect Paper: Electronic submission is preferred, an OON provider may also submit a paper claim by mail. Physical Health: P.O. Box 8002 Farmington, MO 63640-8002 Behavioral Health: 901 S New Hope Road Gastonia, NC 28054 **Payer ID:** Physical Health - Payer ID 68069 Behavioral Health - Payer ID 13141	Electronic: Change Healthcare EDI Payer ID 837I, 837P: SHC00 Submit paper, key in portal or 837's all through Change Healthcare	Electronic: BH electronic claims BH-IDD Provider Portal: https://www.ncinno.org/ PH electronic claims: PH Provider Portal: provider.trilliumhealthresources.org EDI: 837I, 837P (BH 56089 or 43071; PH 68069) Paper: Behavioral health and I/D: Trillium Health Resources PO Box 240909 Apple Valley, MN 55124 Physical health: Carolina Complete Health Attn: Claims PO Box 8040 Farmington, MO 63640-8040	Electronic: Vaya's Provider Portal Login Page - Provider Central at www.vayahealth.com EDI: 837I, 837P: AVS01 Paper: Vaya accepts paper claims for emergency and post-stabilization care Vaya Health, Attn: Claims Processing 200 Ridgefield Ct Suite 218 Asheville, NC 28806
Denials Notified by:	Within **18 calendar days** of receiving a clean claim	Within **18 calendar days** of receiving a clean claim	Within **18 calendar days** of receiving a clean claim	Within **18 calendar days** of receiving a clean claim	Within **18 calendar days** of receiving a clean claim	Within **18 calendar days** of receiving a clean claim
Submit Claims Dispute:	Providers may submit a claims dispute through certified US mail, or through email at Claimsreconsiderations@Alliancehealthplan.org	Provider Appeal Form Mail Eastpointe Director of Grievance and Appeals 450 Country Club Road Lumberton, NC 28360 Email: grievanceappeals@eastpointe.net	https://www.partnersbhm.org/tailoredplan/providers/appeals-submissions/ Mail: Partners Health Management 901 S. New Hope Rd., Gastonia NC 28054	Provider Appeal Form found in the Provider Support Portal Mail: Provider Network Grievance and Appeals Coordinator 3802 Robert Porcher Way Greensboro, NC 27410 Fax: 910-673-6202	Provider Direct Portal Mail: Trillium Health Resources Attn: Appeals Department 201 West First Street Greenville, NC 27858	Electronic: Provider Appeal Form Mail: Vaya Health Attn: Claims Reconsiderations 200 Ridgefield Ct. Suite 218 Asheville, NC 28806 Phone: 1-866-990-9712 or 828-258-3395 ext. 1600 Email: ClaimsReconsideration@vayahealth.com
Dispute Timing:	Submit within **30 days** of denial A decision will be made within **30 calendar days** of receipt of a complete appeal request	Submit within **30 days** of denial Eastpointe will provide a written **resolution l**etter within **30 calendar days** of receipt of the grievance/complaint	Submit within **30 days** of denial Decision will be made within **30 calendar days** of the receipt of the standard appeal request.	Submit within **30 days** of denial Decision will be made within **30 days** from receipt of the Grievance and/or Appeal.	Submit within **30 days** of denial Grievances and complaints are resolved within **30 calendar days** of receipt	Submit within **30 days** of denial Grievances and complaints are resolved within **30 calendar days** of receipt
Prior Auth Services :	Providers will search by procedure code for prior authorization requirements. Details on Prior Authorization Submission Process will be posted here: https://www.alliancehealthplan.org/tp/providers/clinical-resources/	The provider will use the "Look-up Tool" located on our website. The provider enters the service code and the Tool will report if a PA request is needed (as well as a link to where the PA request can be submitted, if required). https://www.eptestitransact.com/HSPHT/iTransact/Provider/AuthorizationLookup.aspx	Providers will consult Benefit Grids outlining service codes, service limits, level of care and documentation requirements needed for service authorization requests (SARs) located at: https://providers.partnersbhm.org/benefit-grids	There is a list of services that require prior authorization in the provider handbook and on the website. Right now we use a “master grid,” which tells the PA requirements, but that will be re-worked for TP. https://www.sandhillscenter.org/for-providers/provider-forms	Trillium Health Resources Benefit Plan will include all services and which services need a prior authorization. The Benefit Plan will be available on Trillium's website at www.trilliumhealthresources.org under For Providers, Benefit Plans | Service Definitions	Providers can determine the services that require prior authorization by reviewing Vaya’s authorization guidelines, available at the following link: https://providers.vayahealth.com/authorization-billing/authorization-info/authorization-guidelines/

PA/Claims Processing for Contracted Providers

Service	Primary UM Entity	Initial Prior Authorization	Claims Payment & Processing	Member PA Appeals	2nd Level Member PA Appeals
BH UM	Alliance	Alliance	Alliance	Alliance (or IRO)	Alliance
Specialty PH UM • Complex labs • Cardiac imaging • Radiation oncology • Musculoskeletal/ orthopedics imaging procedures	WellCare	WellCare	Alliance	WellCare	Alliance
Durable Medical Equipment (DME)	Northwood	Northwood	Northwood	Alliance	Alliance

PA/Claims Processing for Contracted Providers

Service	Primary UM Entity	Initial Prior Authorization	Claims Payment & Processing	Member PA Appeals	2nd Level Member PA Appeals
Vision	Avesis	Avesis	Avesis	Alliance	Alliance
NEMT	ModivCare	ModivCare	ModivCare	Alliance	Alliance
Pharmacy Benefit Management	Navitus	Navitus	Navitus	Alliance	Alliance
Physician Drug Program (PDP)	Alliance	Alliance No PA Required	Alliance	Alliance No PA Required	Alliance No PA Required

EASTPOINTE

Claims Submission

Electronic, Paper, and Direct Entry

- Claims are processed by Eastpointe for physical and behavioral health and state-funded claim
- Electronic claims should be submitted in the standard 837 claim format, Payer ID 08044.
- Paper claims can be submitted to :

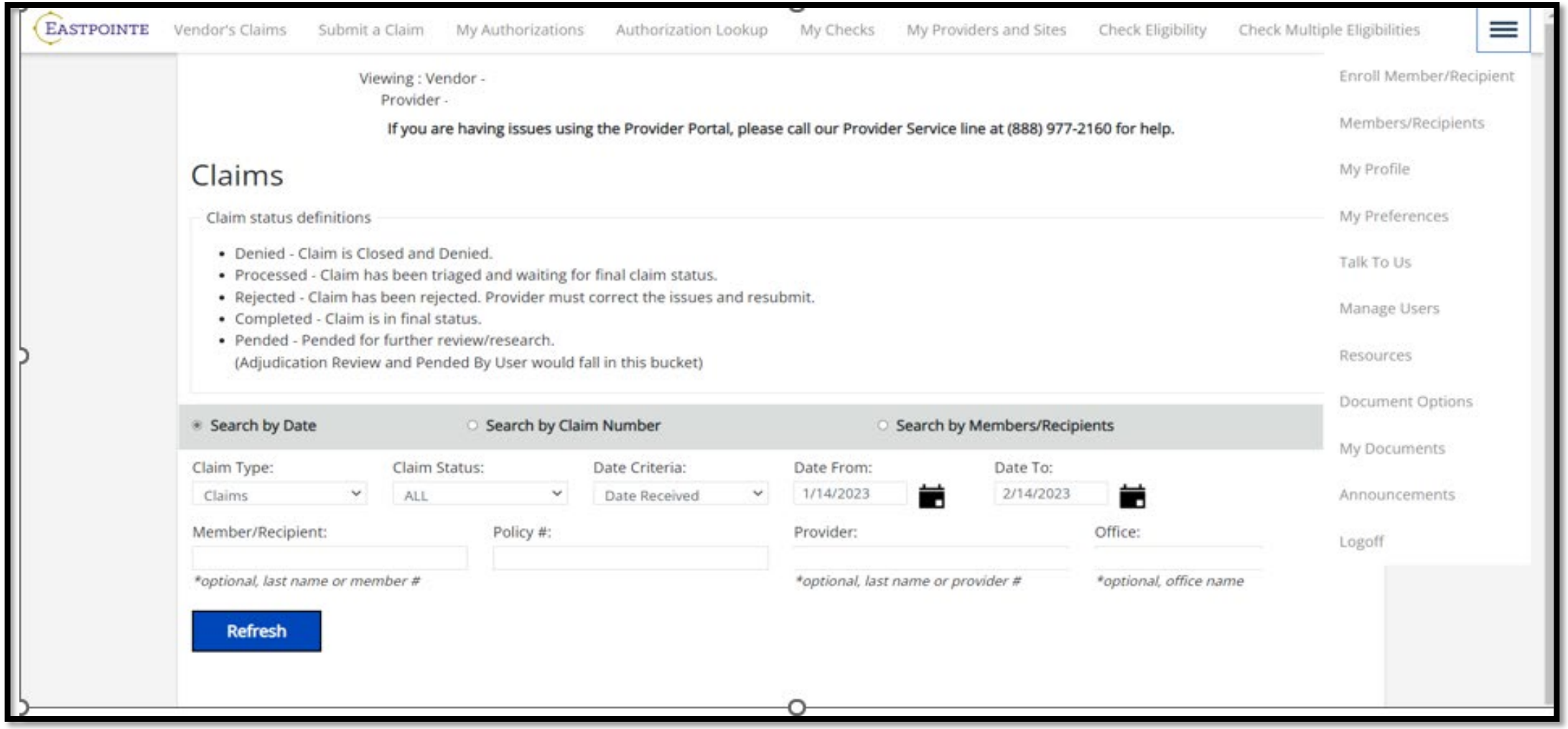
  Eastpointe Claims Department
  PO BOX 14552
  Lexington, KY 40512

For claims requiring documents, forms can be submitted directly to the claims department, through the iTransact portal during claims entry, via secure email to **Claimsfunding@eastpointe.net**, or faxed to the attention of Eastpointe's Claims Department at **1-910-272-1299.**

Providers are loaded from the Provider Eligibility Files from NC Tracks, for information on submitting required forms to receive EFT and 835s, providers should contact the Provider Service Line at 1-888-977-2160.

iTransact: Provider portal

Behavioral Health, Physical Health, and State-Funded Claims



Vision claims

Eastpointe is partnering with Envolve, Providers can use the Eye Health Manager Portal at https://visionbenefits.envolvehealth.com/logon.aspx to:

- **Verify member eligibility**
- **Manage Claims**
- **Check the status of a claim**
- **Review past claim submissions**
- **Reprint EOPs**
- **View office manual and plan specifications**
- **View Envolve Vision's policies and Procedures**

NEMT claims

Each Transportation Provider will have access to the MTM claims online portal. In the claim's portal, once the Transportation Providers submits a claim, they will be able to follow it Realtime through the different statuses. Transportation Providers can submit claims, view statuses, appeal denials and search within claims portal 24/7. If a claim is denied, the Transportation Provider will be able to appeal the denial directly in the portal, which also allows the Transportation Provider to submit additional documentation in support of the appeal, if necessary. Claimsanalysis@mtm-inc.net

Pharmacy claims

Eastpointe's Pharmacy Benefit Manager (PBM) is Express Scripts. Pharmacy claims should be submitted via the NCPDP HIPAA-approved format. Pharmacy Call Line 1-866-240-9487.

EASTPOINTE

- Providers may submit an **“Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit" form with official bank letter or voided check**
  - Form is on our website: https://mco.eastpointe.net/DocumentBrowser/file/CAPFSContracting/Electronic%20Funds%20Transfer%20Form.pdf

- **Providers must complete an Enrollment Application and send in the EFT Form, W9 Form, and Trading Partner Agreement to** networkoperations@eastpointe.net
  - Providers must be enrolled and active in NCTracks to be enrolled with Eastpointe

Partners Health Management Claims Submission

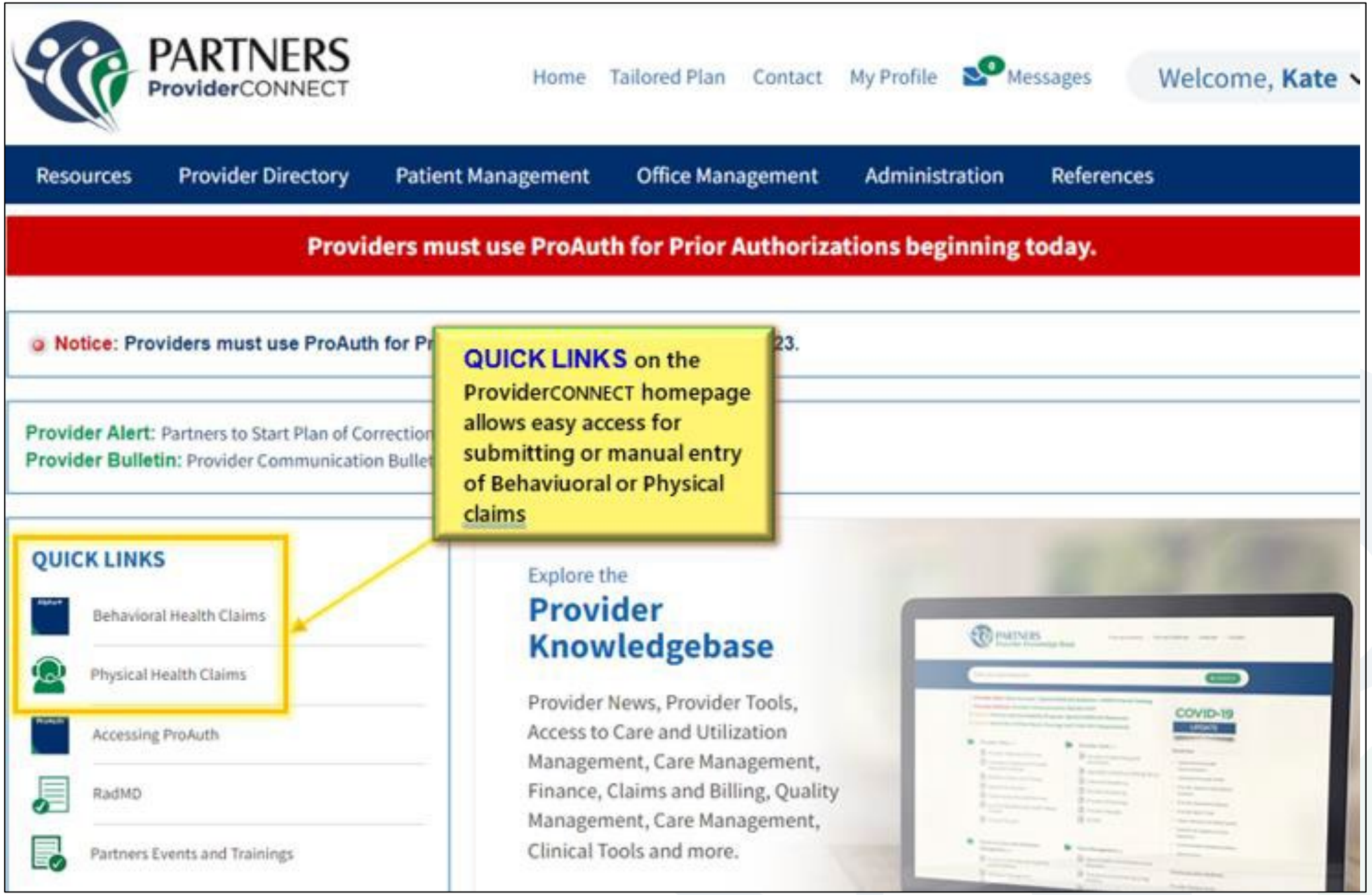
- **Providers may submit claims electronically or by mail.**
- **Electronic Claims Submission**
- Providers will access Provider Connect for claim submission at:
- https://id.partnersbhm.org/
  - Alpha+ - Medicaid Tailored Plan Behavioral Health and State Benefit
  - Availity - Medicaid Tailored Plan Physical Health

Payer ID
Physical Health – Payer ID is 68069
Behavioral Health – Payer ID is 13141

- Claims may be submitted via clearinghouse or SFTP as per usual business practice.
  - Behavioral Health claims will be submitted to Alpha+
  - Physical Health claims will be submitted to Availity

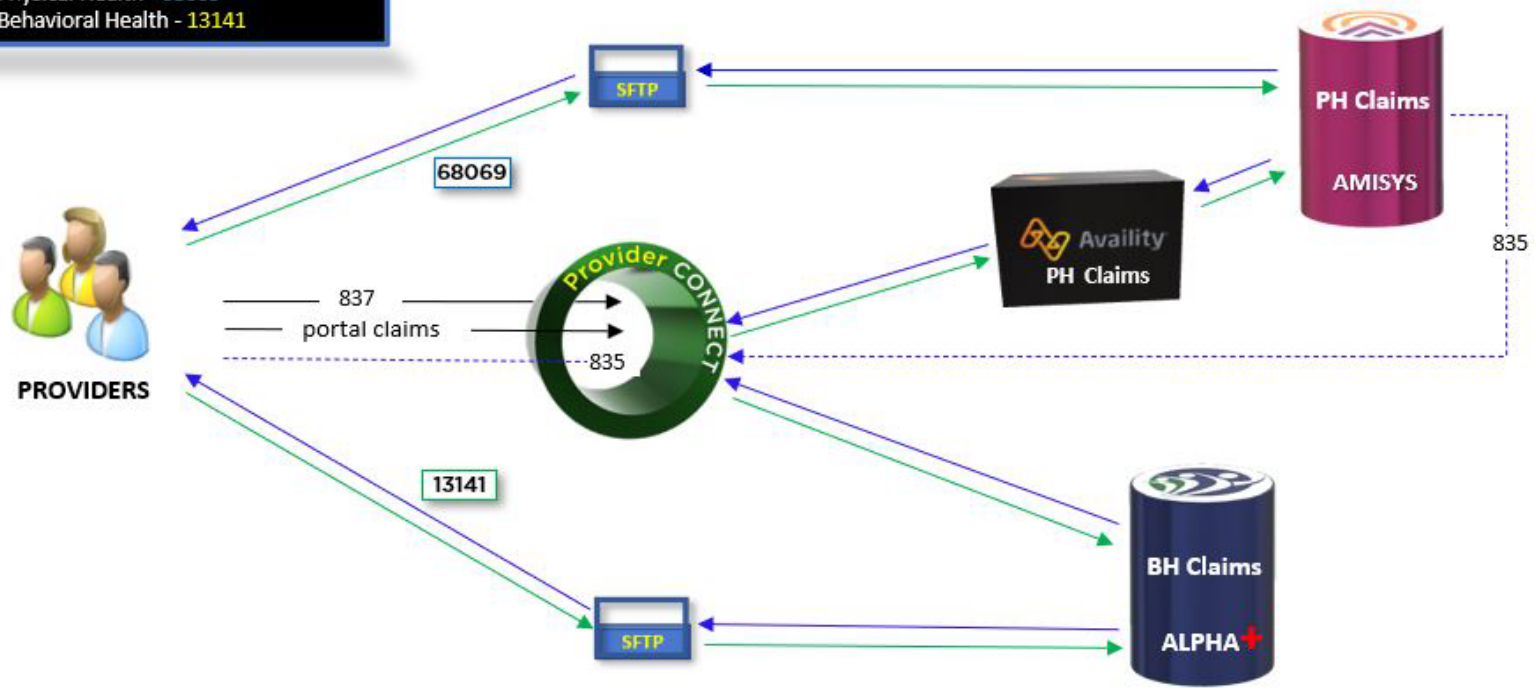
- **Paper Claims** - Electronic submission is preferred; an Out Of Network provider may also submit a paper claim by mail.
- Medicaid Tailored Plan Physical Health should be mailed to:
  P.O. Box 8002
  Farmington, MO 63640-8002

- Medicaid Tailored Plan Behavioral Health and State Benefit should be mailed to:
  901 S New Hope Road
  Gastonia, NC 28054


PARTNERS
ProviderCONNECT
Home
Tailored Plan
Contact
My Profile
Messages
Welcome, Kate
Resources
Provider Directory
Patient Management
Office Management
Administration
References
Providers must use ProAuth for Prior Authorizations beginning today.
Notice: Providers must use ProAuth for Pr
23.
Provider Alert: Partners to Start Plan of Correction
Provider Bulletin: Provider Communication Bulle
QUICK LINKS on the ProviderCONNECT homepage allows easy access for submitting or manual entry of Behaviuoral or Physical claims
QUICK LINKS
Behavioral Health Claims
Physical Health Claims
Accessing ProAuth
RadMD
Partners Events and Trainings
Explore the
Provider Knowledgebase
Provider News, Provider Tools, Access to Care and Utilization Management, Care Management, Finance, Claims and Billing, Quality Management, Care Management, Clinical Tools and more.
COVID-19

CLAIMS PROCESSING

Providers to send 2 separate claim files by payer id :
- Physical Health - 68069
- Behavioral Health - 13141



Providers can submit or manually enter claims via the Provider*CONNECT portal*

837 Claims
835 Remittance
Viewable

LEGEND

PARTNERS
Improving Lives.
Strengthening Communities.®

TAILORED PLAN

Sandhills Center – Claims Submission

Tailored Plan Providers are contractually required to submit billing electronically

- Connection to Change Healthcare (CH), our claims clearinghouse, is required. Provider enrollments are based on TIN
- If already established with CH, add **Sandhills Center Payer ID SHC00 AND 14816** to your list
- Logins for Change Healthcare Portal will be available to download 835s or remittances
  - BH Claims will *come back* on the 835 from SHC00
  - PH Claims will *come back* on 835 from 14816
- Beginning April 1, 2023, providers will use Change Healthcare's "Connect Center" portal to key in Tailored Plan claims – No fees for providers who register

	Payor ID:	Remittance Information will include:	EFT Agreement with:	Correspondence (payment, recoup, other) from:
BH Claims	SHC00	SHC00	Sandhills Center	Sandhills Center
PH Claims		14816	AmeriHealth Caritas NC	
Providers will need to be registered for both the SHC00 and 14816 Payer ID's				

SANDHILLS CENTER

Sandhills Center – Claims Submission Guidance and Resources

Guidance:

- Although not required, providers are encouraged to produce routine billings on at least a weekly or bi-monthly schedule
- Sandhills Center will load daily updates into our system via the Provider Eligibility File from NC Tracks, providers are encouraged to review NC Tracks record on a regular basis

Resources:

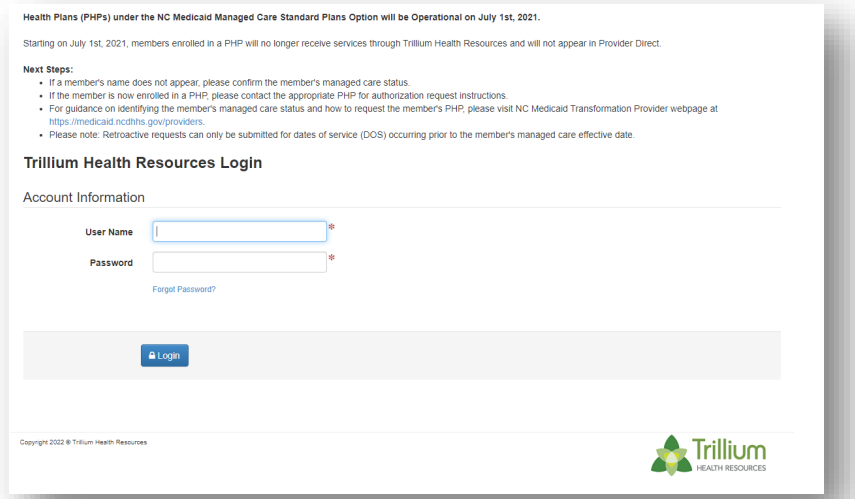
- Detailed instructions are provided in the EDI Companion Guides
  - The Companion Guides (a user manual for electronic 837 submissions) gives very specific instructions on what is required to submit claims electronically to Sandhills Center (https://www.sandhillscenter.org/uploads/shc837pcompanionguideversion1.pdf)
- Sandhills Center is developing a Claims Submission Guide (available by March 15, 2023)
- Sandhills Center will be holding a claims training in March 2023

SANDHILLS CENTER

Trillium Health Resources – Tailored Plan Behavioral Health I/DD and State Funded Claims

- Claims for Behavioral Health I/DD fall into three groups:
  - Mental Health/Substance Use (MH/SU)
  - Traumatic Brain Injury (TBI)
  - Intellectual Developmental Disabilities (IDD)
    - These include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD), Innovations Waiver services and other home and community-based services.
- Billing
  - MH/SU/IDD services will be billed with the appropriate primary ICD-10-CM diagnosis code to the highest level of specificity that meets medical necessity in the range of F10-F99
  - Exceptions are noted in the Claims Submission Protocol table available in Trillium's Tailored Plan Provider Manual
- Submission
  - Claims described here may be submitted to Trillium using HIPAA Standard Electronic Transaction set via one of the following:
    - Secure Behavioral Health I/DD web portal
    - Secure FTP
    - Via claims clearinghouse:
      - Change Healthcare (previously Emdeon) via Medical Payer ID 56089
      - The SSI Group via Medical Payer ID 43071

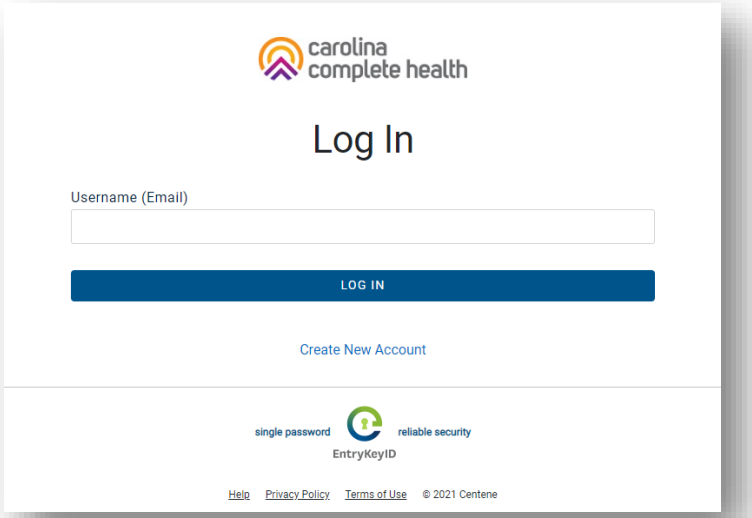
Secure Behavioral Health I/DD Portal



Trillium Health Resources – Tailored Plan - Physical Health Claims

- Claims for Physical Health include:
  - Physical health
  - Long-Term Services and Supports
    - Inclusive of nursing facility, home health, private duty nursing, personal care, and hospice services.
- Billing
  - Primary medical ICD-10 diagnosis code to the highest level of specificity meeting medical necessity excluding the range of F10-F99
  - Exceptions are noted in the Claims Submission Protocol table available in Trillium's Tailored Plan Provider Manual
- Submission
  - Physical health claims described here and physician-administered (professional) drug claims may be submitted to Carolina Complete Health (CCH) using HIPAA Standard Electronic Transaction set via one of the following:
    - Secure web-based Physical Health Portal
    - Secure FTP
    - Via claims clearinghouse:
      - Availity via Medical Payer ID 68069

Secure Physical Health Portal



Trillium Health Resources – Tailored Plan - Pharmacy, NEMT and Vision Claims

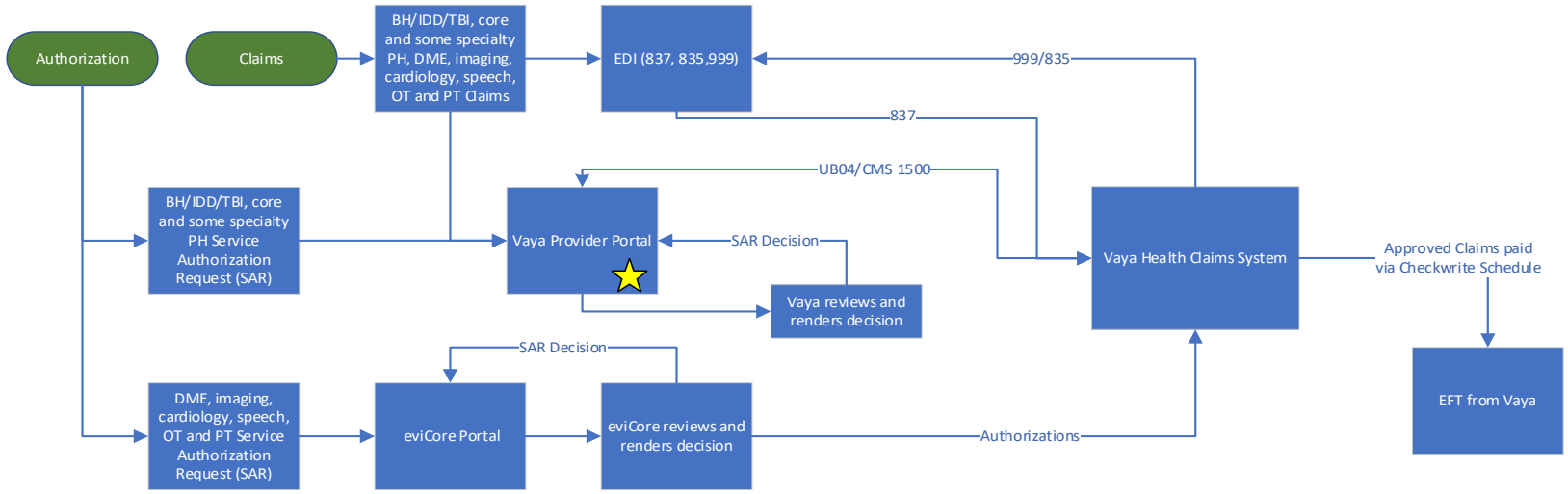
- Pharmacy Claims
  - Pharmacy claims for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy, point-of-sale claims may be submitted to PerformRx using the most current NCPDP HIPAA-approved format with Rx BIN Number 019595 and PCN – PRX10811.
- Non-Emergent Transportation to Medical Care
  - Claims for Non Emergency Medical Transportation (NEMT) and Non Emergent Ambulance Transportation (NEAT) services are processed through Trillium's contractor Modivcare
  - Modivcare responsibilities also include booking of reservations/rides
  - Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims.
- Vision
  - Claims for Vision services are processed through Envolve, a subsidiary of CCH
  - Claims may be submitted using HIPAA Standard Electronic Transaction set or via a secure web-based portal linked here.

Trillium Health Resources – Tailored Plan – Provider Portals & Training Resources

- To access the secure provider portals, please visit trillium's website at www.trilliumhealthresources.org and select "For Providers"
- The Behavioral Health I/DD Portal and Physical Health Portal are web-based systems available to Trillium partners upon completion of a Trading Partner Agreement (TPA)
  - Both portals provide access to behavioral health and physical health claim entry screens
- Billing through these portals is Direct Data Entry (DDE) where an electronic CMS1500 or UB04 form is accessed and billing information is entered and submitted for reimbursement
  - Trillium Provider Direct Webinars are available in the secure Behavioral Health IDD - Provider Direct Module to assist with completing CMS1500 and UB04 claim forms
  - Secure Physical Health Portal training resources may be found Carolina Complete Health Network's Education and Training Page.
- For Additional Training information on How to Submit Claims to the Provider Portal
  - Behavioral Health I/DD Portal
    - Trainings available within the Behavioral Health I/DD Secure Provider Portal – Provider Direct
    - Trainings available on My Learning Campus from the Trillium's website
      - www.trilliumhealthresources.org
  - Physical Health Portal
    - Trainings available at Carolina Complete Health Network's Education and Training Page
      - https://network.carolinacompletehealth.com/resources/education-and-training.html

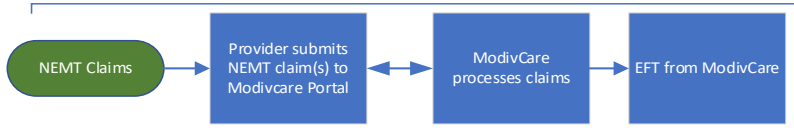
Vaya Health Claims and Payment Processing

BH and PH SARs and Claims Process



Vision and Pharmacy SARs and Claims Process

NEMT Claims Process



★ All portal links are available within Vaya's Provider Portal

More information at www.providers.vayahealth.com

Vaya Health Claims and Payment Processing

Utilization Management Process Flow

Service	Initial Prior Authorization (PA) *Where to submit PA requests and receive PA notification*	Member Appeal	2nd Level Member Appeal	Claims
MH/SU/IDD/TBI	Vaya	Vaya	Vaya	Vaya
Core and some specialty physical health (PH)	Vaya	Vaya	Vaya	Vaya
Specialty PH and DME	eviCore	eviCore	Vaya	Vaya
Vision	Avesis	Vaya	Vaya	Avesis
NEMT	Vaya	Vaya	Vaya	ModivCare
Pharmacy Benefit Management	Navitus	Navitus	Vaya	Navitus
Physician Administered Drug Program (PADP)	Vaya (no prior auth required)	Vaya	Vaya	Vaya

Specialty physical health UM breakdown:

1) eviCore: imaging, speech, OT/PT, cardiology, and durable medical equipment (DME)

2) **NMR:** acute inpatient, home health and CAR-T cell therapy (initial review), all non-eviCore MD peer review

3) Vaya: all other specialty physical health

VAYAHEALTH

More information at www.providers.vayahealth.com

Vaya Health Claims and Payment Processing

Behavioral and Physical Claims

(including physician administered medications (PADP) & durable medical equipment (DME)

- Network Providers
  - Submit all claims using Vaya's Provider Portal or HIPAA-compliance 837 Electronic Data Interchange (EDI) file
- Out of Network Providers
  - Submit emergency and non-emergency service claims using Vaya's Provider Portal for faster claims adjudication and payment processing
  - For paper claims, Vaya will only accept emergency service claims via paper. Paper claims should be submitted to:

    Vaya Health
    Attn: Claims & Reimbursement
    200 Ridgefield Ct. Suite 218
    Asheville, NC 28806
- All providers must submit a completed IRS W-9 and Electronic Funds Transfer (EFT) form
- For more information or to establish access for electronic claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Pharmacy Claims
  - Vaya is partnered with Navitus Health Solutions for pharmacy claims
  - In-network pharmacies
    - Point-of-sale claims routed to Navitus for processing
  - Out-of-network pharmacies
    - Submit claims for Direct Member Reimbursement to
      Navitus Health Solutions, LLC
      PO Box 999
      Appleton, WI 54912-0999

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Vision Claims
  - Vaya is partnered with Avesis for Medicaid members vision benefits
  - Vision claims can be submitted one of three methods
    - Avesis Provider Portal accessed through Vaya's Provider Portal or direct at https://www.avesis.com/Commercial3/Providers/Index.aspx
    - Clearinghouse (EDI) vendors include
    - Change Healthcare (615-932-3000 or www.changehealthcare.com)
      - Trizetto (800-869-1222 or www.trizetto.com)
      - Avesis Payer ID AV501
    - Paper
      - Avesis Third Party Administrators, LLC
        Attn: Eye Care Claims
        PO Box 38300
        Phoenix, AZ 85069-8300

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Non-emergency Medical Transportation (NEMT) Claims
  - Vaya is partnered with Modivcare, LLC for Medicaid NEMT benefits
  - NEMT claims are processed through Modivcare's Transportation Provider Portal
    - To establish access and submit claims visit https://www.modivcare.com/login

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Responding to Urgent Member Needs

Ombudsman Resources

Member Resources:

- **NC Medicaid Enrollment Broker**
  - Website ncmedicaidplans.gov
  - Call Center 1-833–870–5500 TTY: 711 or RelayNC.com
    (Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
  - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services

- **NC Medicaid Behavioral Health I/DD Tailored Plan webpage**
  medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans

- **NC Medicaid Ombudsman**
  - Website: ncmedicaidombudsman.org
  - Phone: 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Provider Resources:

- **Provider Ombudsman**
  - Email: Medicaid.ProviderOmbudsman@dhhs.nc.gov
  - Phone: 866-304-7062

Vaya Health Member Issue Resolution

FOR MEMBERS

- 24/7 Access via our Behavioral Health Crisis Line at 1-800-849-6127
- Seamless transfer to Nursing Triage/Advice Line (via Wellcare) for medical issues or directly at 1-800-290-1623
- Member and Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p)

FOR PROVIDERS

- Provider Support Line 1-866-990-9712
- Email provider.info@vayahealth.com

ESCALATION PATH

- Access to Chief Medical Officer, Deputy Chief Medical Officer, Chief Population Health Officer, and Pharmacy Operations for consult and assistance
- Member/Recipient and Provider issues identified by the Call Center will be triaged by the Command Center to ensure follow-up and issue resolution
- No wrong door for bringing issues for escalation

VAYAHEALTH

Vaya Health Issue Resolution

- **No Wrong Door for submitting concerns, complaints, or grievances.**
- **Call the Member and Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p)**
- **Vaya Call Center can transfer to Nursing Triage/Advice Line for medical issues or members can call them directly at 1-800-290-1623**
- **24/7 Access to Crisis Help via our Behavioral Health Crisis Line at 1-800-849-6127**
- **Providers can call the Provider Support Line at 1-866-990-9712 or email us at provider.info@vayahealth.com**

ESCALATION PATH

- **Vaya works with NC Medicaid Ombudsman to achieve rapid resolution and has a dedicated point of contact for the Ombudsman**
- **Vaya will have a dedicated Command Center for at least 90 days post go-live to ensure follow-up and issue resolution**
- **Call Center and Command Center have direct access to Chief Medical Officer, Deputy CMO, and Pharmacy Operations for consult and assistance**

VAYAHEALTH

Vaya Health Member Issue Resolution Scenarios

- **Pharmacy Urgent Needs**
  - If a member is out of medication, a 72-hour supply can be issued to cover needs until an appointment can be made with their provider
  - Pharmacy Customer Care Line 1-800-540-6083 (live 3/1/23)
    - All calls (prescribers, members, pharmacies) handled by PBM Customer Care reps dedicated to work with NC Medicaid
    - The PBM has broad authority to allow one time overrides to prevent member harm
    - Vaya Pharmacy Operations team has direct access to PBM systems to ensure timely resolution of problems
- **Accessing out-of-network care**
  - Call Vaya Member & Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p), they will gather information as a first step and will coordinate with medical team, Utilization Management and Provider Network to ensure rapid access to care
  - Emergency and post-stabilization care will be reimbursed without prior authorization or contract
- **Accessing transportation for necessary medical appointments**
  - MODIVCARE will schedule trips for eligible members utilizing in-network transportation providers or out-of-network providers if MODIVCARE's network providers are unavailable
  - Family members can also transport members and submit for reimbursement of costs

VAYAHEALTH

Member Harm Issue Resolution

- Trillium works with the Ombudsman for both member and provider questions and concerns to achieve rapid resolution.
- Trillium has one designated point of contact for the Member Ombudsman
- Trillium also has a team of staff dedicated to quick resolution of Help Center tickets.
- Trillium has a no wrong door policy for accepting grievances. If you have a grievance please call the appropriate service line. Members may call 1-877-685-2415 and providers may call 1-855-250-1539, or use the online portal to submit this. You may also fax or mail your grievance.

Sandhills Center – Supporting Members Through the Transition

The mission of Sandhills Center, BH I/IDD Tailored Plan, is to develop, manage and assure that persons in need have access to quality mental health, developmental disabilities, and substance abuse services.
Sandhills Center is committed to improving your health and well-being. We aim for this goal by helping you get the right treatment that meets all your needs.

Customer Service Agents and Tailored Care Managers can assist you with:

- Finding a provider
- Making appointments
- Arranging transportation
- Getting /replacing your insurance card
- Changing your PCP
- Filing a grievance or complaint
- Requesting an appeal
- Updating your contact information
- Requesting a change of TCM Provider
- Questions about your benefits

Call the Sandhills Center Member Service Line at 1-800-256-2452 for assistance.
Our licensed behavioral heath clinicians are available 24/7 to offer support if you feel you are in crisis. Call 1-833-600-2054

SANDHILLS CENTER

Sandhills Center – Supporting Members Through the Transition

Sandhills Center has been working with community providers to educate and support their knowledge of the transition to the BH I/DD Tailored Plan.
Sandhills Center has:

- Delivered Quarterly Provider Forums that are recorded and available on the website
- Met with large groups (CCPN) and hospital systems reviewing expectations
- Distributed Provider Updates via email with contracted providers
- Educated department heads and specialist groups on Tailored Plan implementation
- Coordinated Joint Operating Committees with hospital systems
- Participated in training session for the NC Hospital Association
- Updated website information on Tailored Plan for providers and members

Sandhills Center is committed to ensuring continuity of care. Sandhills Center will continue contracting efforts to ensure a robust network and offer single-case agreements when needed so that our members remain connected to care and our providers are paid without delay.

SANDHILLS CENTER

Sandhills Center – Supporting Members Through the Transition

Non-Emergency Medical Transportation (NEMT)

- As the NEMT broker, ModivCare confirms that Members are eligible for transport, coordinates reservations, contracts with independent transportation providers, investigates complaints performs quality assurance, and pays providers according to their contracts for the full range of covered transportation services.
- Sandhills Center Customer Service Agents work closely with the ModivCare team to ensure timely access to transportation and will coordinate your urgent and routine transportation needs.

Pharmacy Benefits

- Sandhills Center's pharmacy partner, PerformRx, will assist members to get early refills for vacation supply, lost/stolen supply, leave of absence supply, national disaster supply, delayed mail-order supply, and spilled medication supply.
- Sandhills Center has worked with our Pharmacy Benefit Manager (PBM), PerformRx, on a readiness stabilization plan to ensure continuous services with minimal disruption to members, providers and pharmacies participating with Sandhills Center.

Call Member & Recipient Services if you have questions: 1-800-256-2452
(TTY: 1-866-518-6778)

SANDHILLS CENTER

Partners Health Management

PartnersACCESS Call Center

Provider Services Line

- 877-398-4145

Members and Recipient Line

- 888-235-4673 (HOPE)
- Hours: 7 a.m. to 6 p.m. Monday - Saturday

Behavioral Health Crisis Line

- 833-353-2093 (24/7/365)
- Live answered by licensed clinicians

Command Center Response Approach

- Dedicated Member email
- Dedicated PCP management email
- Proactive strategy
- Rapid response
- No wrong door access
- Continuous communications across departments and with external partners
- Weekly community Member Managed Care series
- **Grievances/Complaints** 1-888-235-4673
  - grievances@partnersbhm.org

EASTPOINTE

Proactive engagement and education

+ Member Education:
    - Tailored Plan benefits
    - Tailored Care Management
    - Value Added Services and Member Incentives
    - How to stay healthy

+ Eastpointe uses multiple communications channels to proactively address questions and concerns:
    - Email
    - Voicemail
    - Welcome Packet mailing
    - Community meetings and webinars

EASTPOINTE

Provide multiple ways to efficiently address Members' and Recipients' questions and issues

+ Provide accessible, mobile-friendly resources:
    - Website (including provider directory)
    - Member and Recipient Portal
    - Benefits videos

+ Multiple support/service lines operational with launch of the Tailored Plan

EASTPOINTE

Member and Recipient educational resources

Member and Recipient Website: Members and Recipients may find information on how to access services, use Eastpointe benefits, and search the provider directory and drug formulary.

Provider Directory: Members and Recipients can find local providers or agency locations.

Benefits Videos: Eastpointe created short educational videos designed to answer questions about Member and Recipient benefits.

Member and Recipient Portal: Members and Recipients can access their information and manage their benefits, including changing their TCM provider or PCP. They can also request a replacement ID Card, submit complaints/grievances, and view their claims history.

Member harm resolution

+ **Eastpointe Ombudsman:** Shashonda Alford Ombudsman@eastpointe.net. Eastpointe's Ombudsman is available to help Members and Recipients with accessing health care and understanding their rights and responsibilities.

+ **Eastpointe has a no wrong door approach for reporting grievances and complaints.** Submission via:
    - **Member and Recipient Services line** at 1-800-913-6109/TTY 711
    - **Eastpointe website** and **member portal**
    - **Mail**
    - **Fax**

Alliance Provider Support

- **Call 855-759-9700 Monday-Saturday from 7am to 6pm** with questions about authorization, billing, claims, enrollment, ACS or other issues
- Subscribe to our Provider Update Feed and follow us on Facebook, Twitter and Instagram

Alliance Member Support

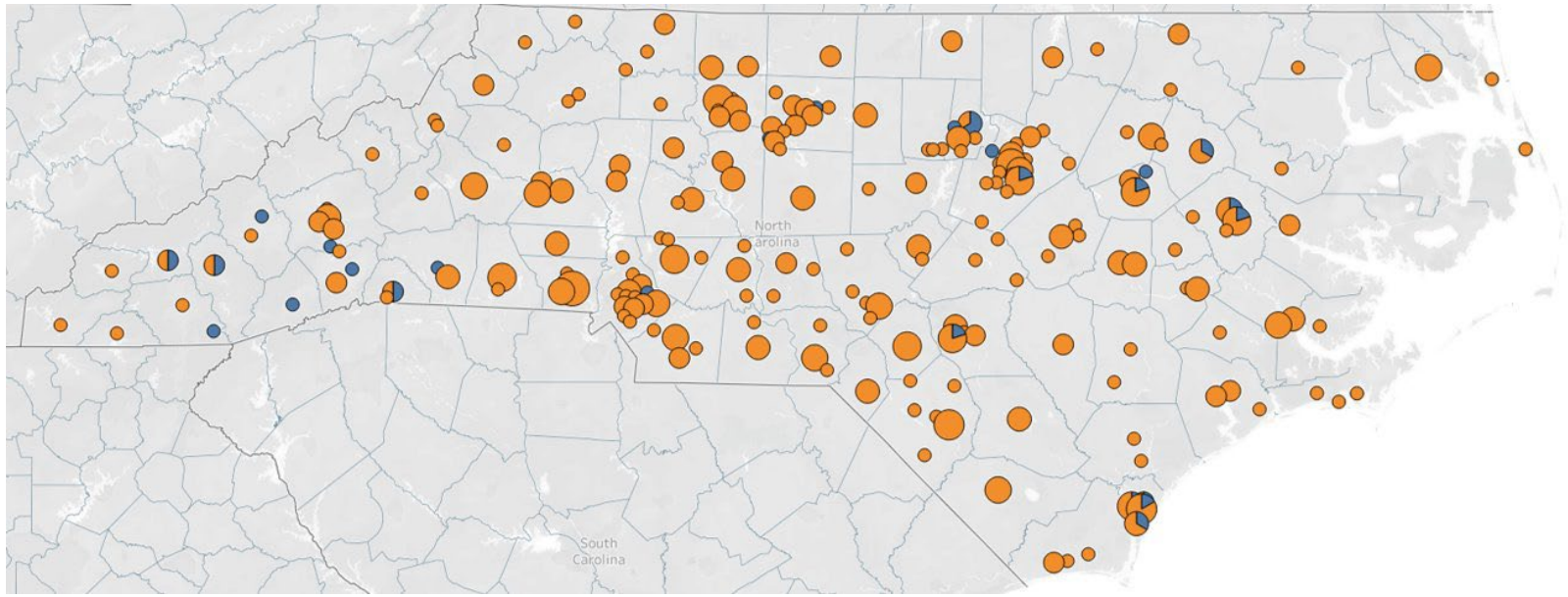
- **Member and Recipient Services**
  800-510-9132 Monday-Saturday, 7am to 6pm
- **Behavioral Health Crisis Line**
  877-223-4617, 24 hours a day, 7 days a week

Tailored Care Management Insights

Tailored Care Management

- NC Medicaid and LME/MCOs are working closely with TCM providers to ensure a successful start of the service. LMEs are currently contracting with Tailored Care Management providers (CMAs and AMH+s).
- AHEC coaches are continuing to provide support to TCM providers and hosting webinar series
- NC Medicaid has published a list of certified TCM providers. https://medicaid.ncdhhs.gov/media/11975/download?attachment
- LMEs are currently contracting with Tailored Care Management providers (CMAs and AMH+s)
- **You can find out if your beneficiary is eligible for TCM by checking in NCTracks**.
- Want to more? https://medicaid.ncdhhs.gov/tailored-care-management

CMA and AMH+ Provider Organizations by Zipcode (as of 2/14)



Map contains providers who have passed their readiness review and all locations for those providers. Providers may not be contracted with any/all LME/MCOs. If an organization has multiple addresses, each location will appear on the map.

Sandhills Center – Provider Based Care Management

- Goal is to help ensure provider success with the delivery of Tailored Care Management.
- Several departments work together to provide support and oversite of AMH+ and CMAs. Support can come from Network Management, External Care Management and Information Technology Departments.
- Support and education provided has shifted and evolved during the various stages of TCM implementation. Support will continue to evolve as providers shift from implementation to day-to-day care management.

Sandhills Center – Provider Based Care Management

Interactions and work with Provider Based Care Management Agencies can range from:

- Monthly TCM provider meetings
- Providing training and technical assistance
- Education regarding Capacity Building Funds
- Oversite and monitoring
- Support with determining agency panel sizes
- Responding to questions regarding Tailored Care Management assignments
- Data integration and support

Sandhills Center - Situations and Solutions

- **Situation:** Acuity tier information was not immediately available to providers for the initial TCM Assignment and providers at times need additional member information.
- **Solution:** Sandhills Center provided TCM agencies with an “additional information” file. The additional information file had information about authorized services, diagnostic categories and several other fields. Ongoing and on an as needed basis, if a provider has questions regarding a member's diagnostic information, Sandhills Center will research and provide available information.

Vaya Health - Tailored Care Management (TCM)

- Vaya has 25 contracted TCM providers operating across Vaya's 31 counties, with 18 more anticipated by July 1, 2023

- To support a successful implementation, Vaya is providing technical assistance and training to TCM providers by:
  - Assigning a dedicated Provider Network Contract Manager
  - Hosting bi-monthly technical assistance calls
  - Facilitating monthly AMH+/CMA Learning Community sessions
  - Offering technical assistance from a dedicated TCM team within Vaya's Quality Management department

VAYAHEALTH

Alliance Health Care Management

- Each provider has an assigned Alliance Practice Transformation who will be a single point of contact for questions and technical assistance
- Continue monthly TCM learning collaboratives which provide a mix of training, technical assistance and Q&A time
- Continue monthly supervisor collaborative as an avenue to discuss implementation issues and ongoing challenges
- Continued technical assistance to care management entities using Alliance platform

Insights to Tailored Care Management

- The model is an opt out model but is treated more like an opt in model because we are asking for the member to consent on the front end- we think engagement will improve with clarity about the approaches providers use to engage members.
- Trillium has assigned Tailored CM consultants to every Tailored CM provider entity to assist 1:1 with navigation and management of issues that providers encounter.
- Trillium has designated Claims specialist focused on Tailored CM to assist with billing issues.
- Trillium holds a monthly touch base meeting with all Tailored CM entities to identify issues and barriers and work toward resolutions.
- Trillium offers 1:1 meetings with the entire Trillium Implementation team as needed for providers.
- Trillium is scheduled to launch Value-Added Services for member engagement March 1, 2023 to support providers by offering incentives for member engagement in Tailored plan and Medicaid Direct Tailored CM programs.
  - $30 gift card for completing Care Needs Screening within first 30 days of enrollment with Trillium.
  - $50 gift care for completing Comprehensive Care Management Assessment within 60 days of enrollment with Trillium.

CONTACT US: Provider Support Service Line: 1-855-250-1539

EASTPOINTE

Eastpointe is committed to supporting this new health home model to promote better outcomes for our members

+ Began **monthly TCM meeting** with Round 1 and 2 TCM providers in Feb. 2022; now includes Round 3 providers
+ **Hired Practice Transformation Specialists** to work exclusively with TCM providers
+ Unique Distribution of Community Capacity Funds:
    - **Linked funds to TCM staff hired and local service capacity offered.** We understood funding needed to offset unbillable time staff would have for agency certification, training, and initial member outreach.
        - So far over **13 providers have received $3.6 million**
    - Eastpointe exceeded the first-year threshold to have 30% of members served by providers

EASTPOINTE

+ **Offer free use of our Care Management software**
    - Providers who use our CM platform receive training and sit on advisory group providing input on enhancements
    - We currently have 9 providers using our CM Platform
    - Use of this technology solution eliminates separate PRL reporting

+ **Biweekly individual meetings with our contracted TCM providers began in December 2022** after soft launch; more individualized approach to check in and facilitate broad discussions and provider-specific solutions

+ **Shifted file configuration in January** to populate more member phone numbers on the BAF as a solution to more than 85% being missing on 834 from state

+ **Ad hoc reports, ticketing, and meetings with state analytics team** to mitigate issues with auto-assignment process and new eligibility file

+ **Extensive work and collaboration with providers and state on panel size and member assignments** to maximize provider referrals based on staff capability

Partners Health Management TCM Insights

- Partners currently contracts with 32 Tailored Care Management Providers.
- We remain committed to supporting our TCM network.
  - To promote open and frequent communication with our TCM network, we host bi-weekly virtual collaboratives.
  - We have also implemented a team of Clinical Support Specialists to act as designated liaisons specifically for Tailored Care Management for our TCM providers.
    - Initially, these liaisons have focused on trouble shooting issues, fielding questions, gathering panel data, etc.
    - Long term, this team will support the successful provision of external TCM by sharing performance data, staffing clinically complex cases, and troubleshooting issues as they arise.
- We continue to work daily on ensuring our TCM providers are receiving the required data and are submitting claims successfully.

Medicaid Reminders

Public Health Emergency (PHE) & Continuous Coverage Unwinding

- The 2023 Consolidated Appropriations Act (Omnibus Bill) delinked the continuous coverage requirement from the Federal Public Health Emergency
- NC Medicaid will begin redeterminations (Continuous Coverage Unwinding) on April 1, 2023
  - Beneficiaries who lose coverage due to redetermination will lose coverage on July 1, 2023
- The federal Public Health Emergency will end on May 11, 2023

- DHB Continuous Coverage Unwinding priorities:
  - Beneficiary communications focus on 2 key messages
    - Update your address via county DSS or create an enhanced ePASS account
    - Check your mail
  - CMS reporting starts in February 2023

NC Health Choice Move to Medicaid - Overview

Per Session Law 2022-74 (HB 103), **effective April 1, 2023**

~47,000 children (aged 6 – 18) enrolled in NC Health Choice will move to Medicaid

Provides access to more services for NC Health Choice beneficiaries, including:

- Enhanced behavioral health services
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and well-child visits
- Non-emergency transportation
- No copayments or enrollment fees

Beneficiaries will be mailed a notice by March 2023 informing them of the change

Beneficiaries' Medicaid ID (Recipient ID) will NOT change

The move will NOT impact beneficiaries' health plan enrollment

NC Health Choice Move to Medicaid – Provider Impacts

Providers currently enrolled only with NC Health Choice will update to terminated status in NC Tracks as of 4/1/2023, unless they choose to enroll with Medicaid

Communications from NC Medicaid and Health Plans forthcoming with information on claims processing timeline and Prior Authorizations related to NC Health Choice move to Medicaid

As of April 1, 2023, no beneficiaries will be enrolled with NC Health Choice but may present with an NC Health Choice ID card while they await their replacement Medicaid ID card

Providers must confirm Medicaid eligibility via the **Recipient Eligibility Verification function of NCTracks.**

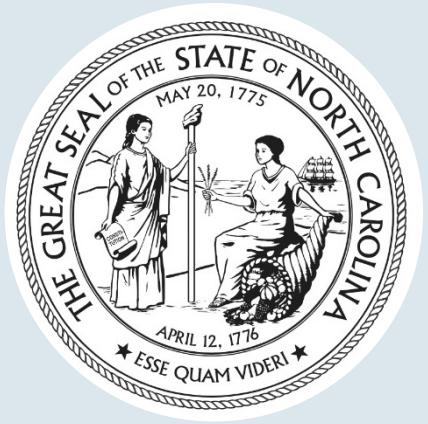
Provider Reverification – Voluntary Program Began January 2023

- Provider reverifications are suspended during the PHE, since March 2020
- When PHE ends on May 11, 2023, provider reverifications will begin again
- Failure to reverify in NCTracks will result in suspension and possible termination

- DHB has begun a **voluntary** submission of reverification applications which includes:
  - Optional submission of reverification application IF provider was due for reverification during the PHE
    - A special NCTracks notification will be sent to Office Administration of eligible providers
    - NPI will display in the Reverification section of the NCTracks Status and Management page
  - Under voluntary process, there is no adverse action for failing to submit reverification application
    - If the reverification application is submitted, any requested credentialing activities must be completed
  - Allows providers to complete reverification before it becomes required at the end of the PHE **and** take advantage of the NC Application Fee waiver (expires June 30, 2023)
  - **Time-limited** opportunity during the first quarter of 2023 only


QUESTIONS?

APPENDIX



Alliance Slides

PA/Claims Processing for Contracted Providers

Service	Primary UM Entity	Initial Prior Authorization	Claims Payment & Processing	Member PA Appeals	2nd Level Member PA Appeals
BH UM	Alliance	Alliance	Alliance	Alliance (or IRO)	Alliance
Specialty PH UM • Complex labs • Cardiac imaging • Radiation oncology • Musculoskeletal/ orthopedics imaging procedures	WellCare	WellCare	Alliance	WellCare	Alliance
Durable Medical Equipment (DME)	Northwood	Northwood	Northwood	Alliance	Alliance

PA/Claims Processing for Contracted Providers

Service	Primary UM Entity	Initial Prior Authorization	Claims Payment & Processing	Member PA Appeals	2nd Level Member PA Appeals
Vision	Avesis	Avesis	Avesis	Alliance	Alliance
NEMT	ModivCare	ModivCare	ModivCare	Alliance	Alliance
Pharmacy Benefit Management	Navitus	Navitus	Navitus	Alliance	Alliance
Physician Drug Program (PDP)	Alliance	Alliance No PA Required	Alliance	Alliance No PA Required	Alliance No PA Required

Alliance Provider Support

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- Continue monthly supervisor collaborative as an avenue to discuss implementation issues and ongoing challenges
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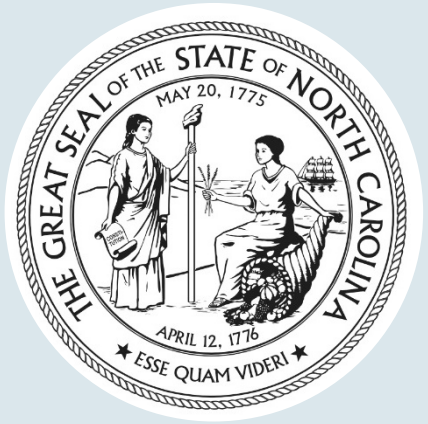
Alliance Appendix – Additional Resources

Fireside Chat 2-16-2023 ALLIANCE APPENDICES.pdf

Please click to download appendix of additional resources for your reference



Eastpointe Slides

EASTPOINTE

Claims Submission

Electronic, Paper, and Direct Entry

- Claims are processed by Eastpointe for physical and behavioral health and state-funded claim
- Electronic claims should be submitted in the standard 837 claim format, Payer ID 08044.
- Paper claims can be submitted to :

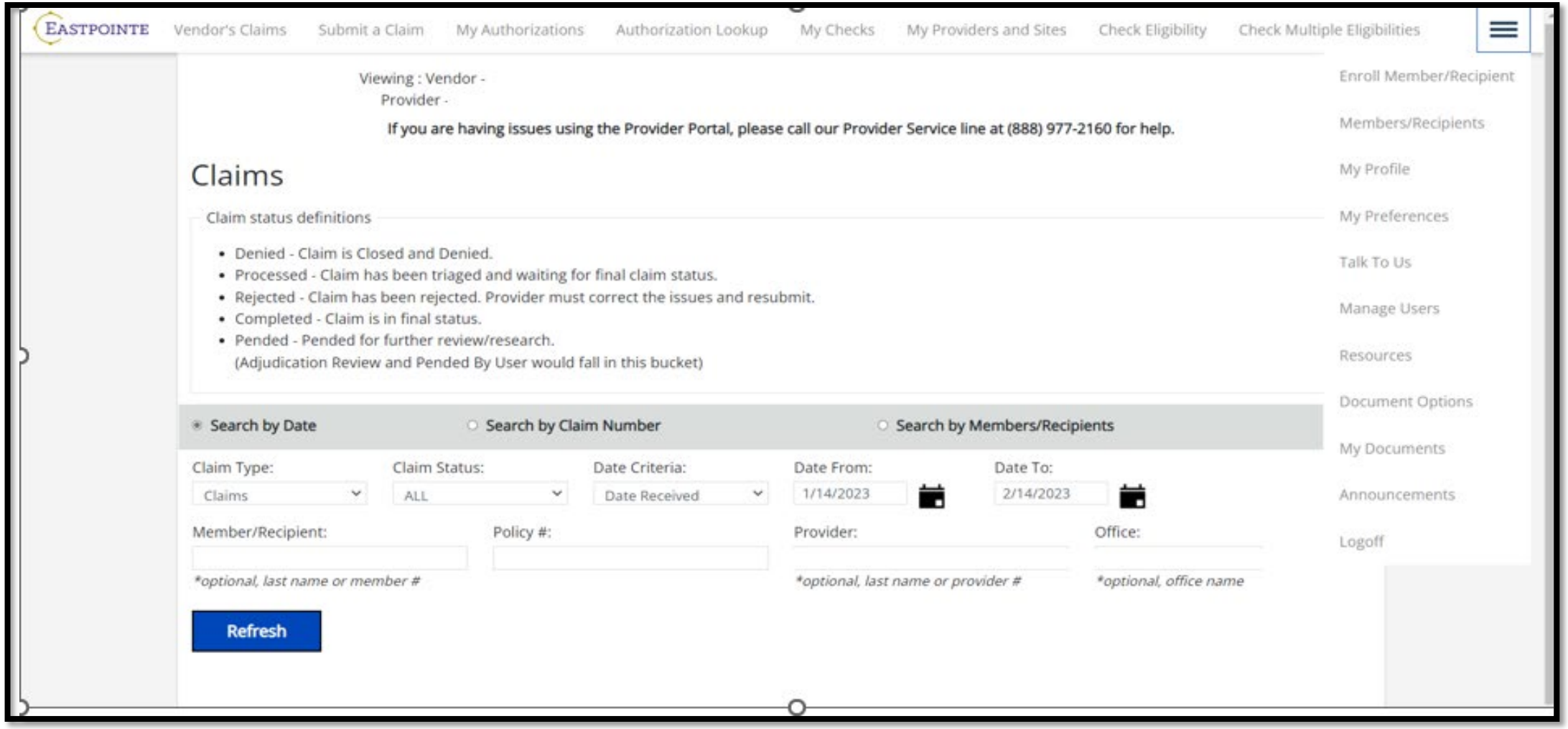
  Eastpointe Claims Department
  PO BOX 14552
  Lexington, KY 40512

For claims requiring documents, forms can be submitted directly to the claims department, through the iTransact portal during claims entry, via secure email to **Claimsfunding@eastpointe.net**, or faxed to the attention of Eastpointe's Claims Department at **1-910-272-1299.**

Providers are loaded from the Provider Eligibility Files from NC Tracks, for information on submitting required forms to receive EFT and 835s, providers should contact the Provider Service Line at 1-888-977-2160.

iTransact: Provider portal

Behavioral Health, Physical Health, and State-Funded Claims



EASTPOINTE

Vision claims

Eastpointe is partnering with Envolve, Providers can use the Eye Health Manager Portal at https://visionbenefits.envolvehealth.com/logon.aspx to:

- **Verify member eligibility**
- **Manage Claims**
- **Check the status of a claim**
- **Review past claim submissions**
- **Reprint EOPs**
- **View office manual and plan specifications**
- **View Envolve Vision's policies and Procedures**

NEMT claims

Each Transportation Provider will have access to the MTM claims online portal. In the claim's portal, once the Transportation Providers submits a claim, they will be able to follow it Realtime through the different statuses. Transportation Providers can submit claims, view statuses, appeal denials and search within claims portal 24/7. If a claim is denied, the Transportation Provider will be able to appeal the denial directly in the portal, which also allows the Transportation Provider to submit additional documentation in support of the appeal, if necessary. Claimsanalysis@mtm-inc.net

Pharmacy claims

Eastpointe's Pharmacy Benefit Manager (PBM) is Express Scripts. Pharmacy claims should be submitted via the NCPDP HIPAA-approved format. Pharmacy Call Line 1-866-240-9487.

EASTPOINTE

- Providers may submit an **“Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit" form with official bank letter or voided check**
  - Form is on our website: https://mco.eastpointe.net/DocumentBrowser/file/CAPFSContracting/Electronic%20Funds%20Transfer%20Form.pdf

- **Providers must complete an Enrollment Application and send in the EFT Form, W9 Form, and Trading Partner Agreement to** networkoperations@eastpointe.net
  - Providers must be enrolled and active in NCTracks to be enrolled with Eastpointe

Proactive engagement and education

+ Member Education:
    - Tailored Plan benefits
    - Tailored Care Management
    - Value Added Services and Member Incentives
    - How to stay healthy

+ Eastpointe uses multiple communications channels to proactively address questions and concerns:
    - Email
    - Voicemail
    - Welcome Packet mailing
    - Community meetings and webinars

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Provide multiple ways to efficiently address Members' and Recipients' questions and issues

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    - Website (including provider directory)
    - Member and Recipient Portal
    - Benefits videos

+ Multiple support/service lines operational with launch of the Tailored Plan

EASTPOINTE

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    - **Fax**

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+ **Extensive work and collaboration with providers and state on panel size and member assignments** to maximize provider referrals based on staff capability

Provider resources

Provider Service Line: 1-888-977-2160

- Open 7am-6pm, Monday through Saturday
- Having your agency Tax ID available will facilitate validation of contract and/or eligibility

You can also submit questions via the **Network Operations email** at networkoperations@eastpointe.net

Visit the Eastpointe Provider page for additional claims submission information including:

- Claims Submission- Billing Manual
- Provider Manual
- Known System Issues
- Training Materials
- Provider related Policies
- Forms
- Checkwrite schedule
- Links to important information and portals.

EASTPOINTE

Provider resources (cont.)

Each contracted provider in our provider network is assigned a Provider Relations Account Representative (PRAR) to be the first point of contact for any questions and to provide technical assistance on our processes. A letter of introduction is sent to each provider who is joining our network from your assigned PRAR providing their phone number and email address. Please feel free to reach out to your assigned PRAR with any questions.

If your staff are unsure who is the assigned PRAR you can go to our website, www.eastpointe.net. From there, click on:

- Provider, then
- Information, Manuals and Forms, then
- Manuals and Forms

On this page, you will see the Provider Relations Account Representative Provider Assignment List.

EASTPOINTE

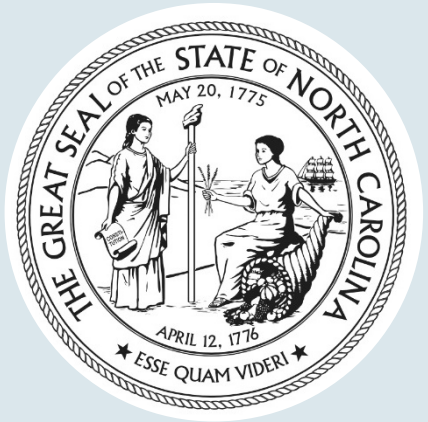
Member-related service lines

+ **Member and Recipient Services**:**1-800-913-6109/TTY 711 (Monday-Saturday 7am-6pm).** Members can call for information on supports and resources, to find a provider, to make a complaint, or speak with their care manager.

+ **Behavioral Health Crisis Line: 1-866-218-1328 (24/7/365).** Members may call if they have thoughts of hurting themselves or others, emotional or mental pain, or distress. If they need to speak with someone who will listen and help.

+ **Nurse Line (Medicaid Only): 1-866-248-9512 (24/7/365).** Members may call to ask questions if they have concerns about their health or medications or for advice on when to go to their provider.

+ **Non-Emergency Medical Transportation:** Tailored Plan Members can access transportation by calling MTM (NEMT Vendor) at 1-866-201-5623, accessing the MTM Portal Link: https://www.mtm-inc.net/mtm-link/, or calling Member and Recipient Services.



Partners Slides

Partners Health Management Claims Submission

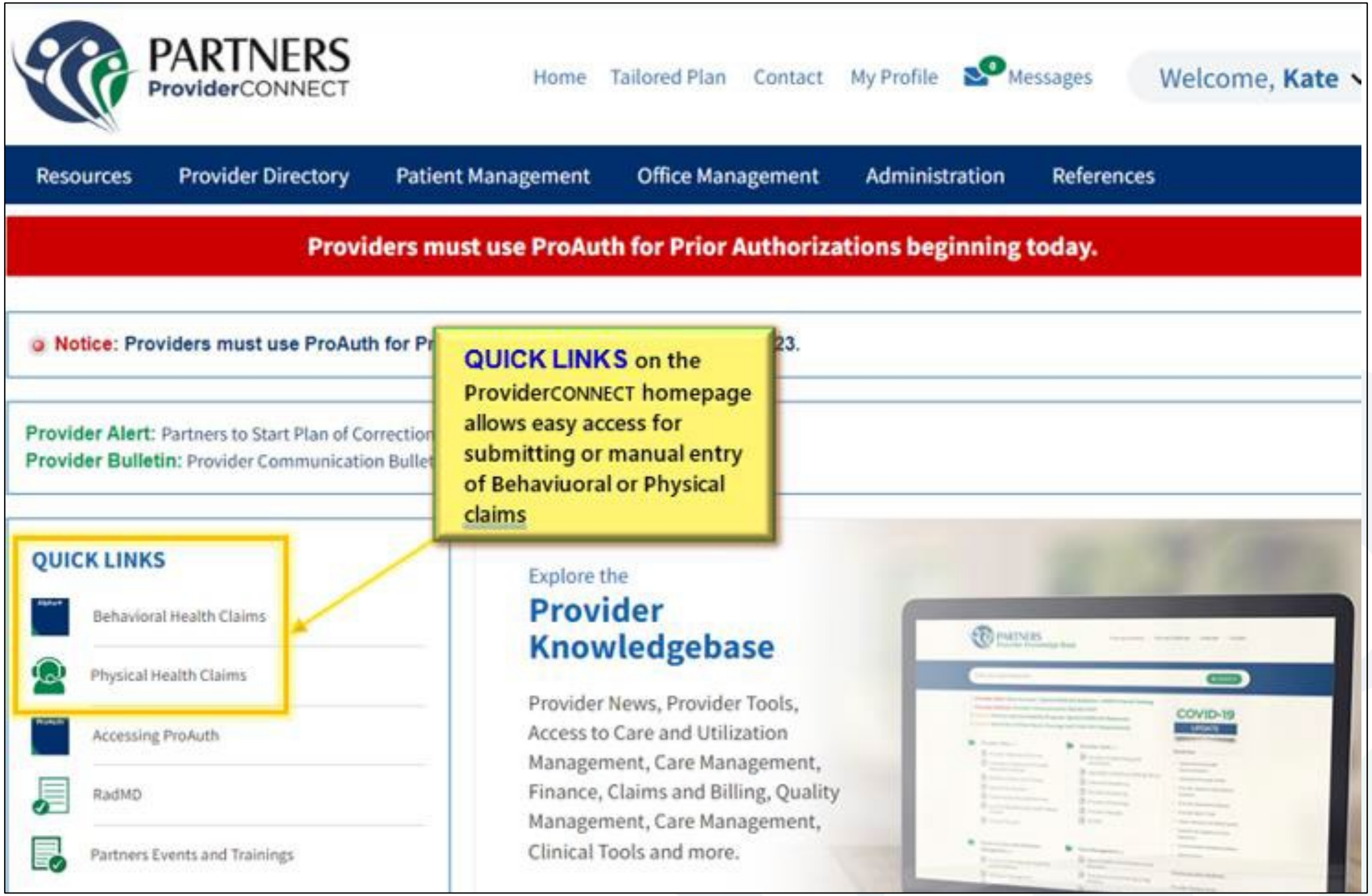
- **Providers may submit claims electronically or by mail.**
- **Electronic Claims Submission**
- Providers will access Provider Connect for claim submission at:
- https://id.partnersbhm.org/
- Alpha+ - Medicaid Tailored Plan Behavioral Health and State Benefit
- Availity - Medicaid Tailored Plan Physical Health

Payer ID
Physical Health – Payer ID is 68069
Behavioral Health – Payer ID is 13141

- Claims may be submitted via clearinghouse or SFTP as per usual business practice.
- Behavioral Health claims will be submitted to Alpha+
- Physical Health claims will be submitted to Availity

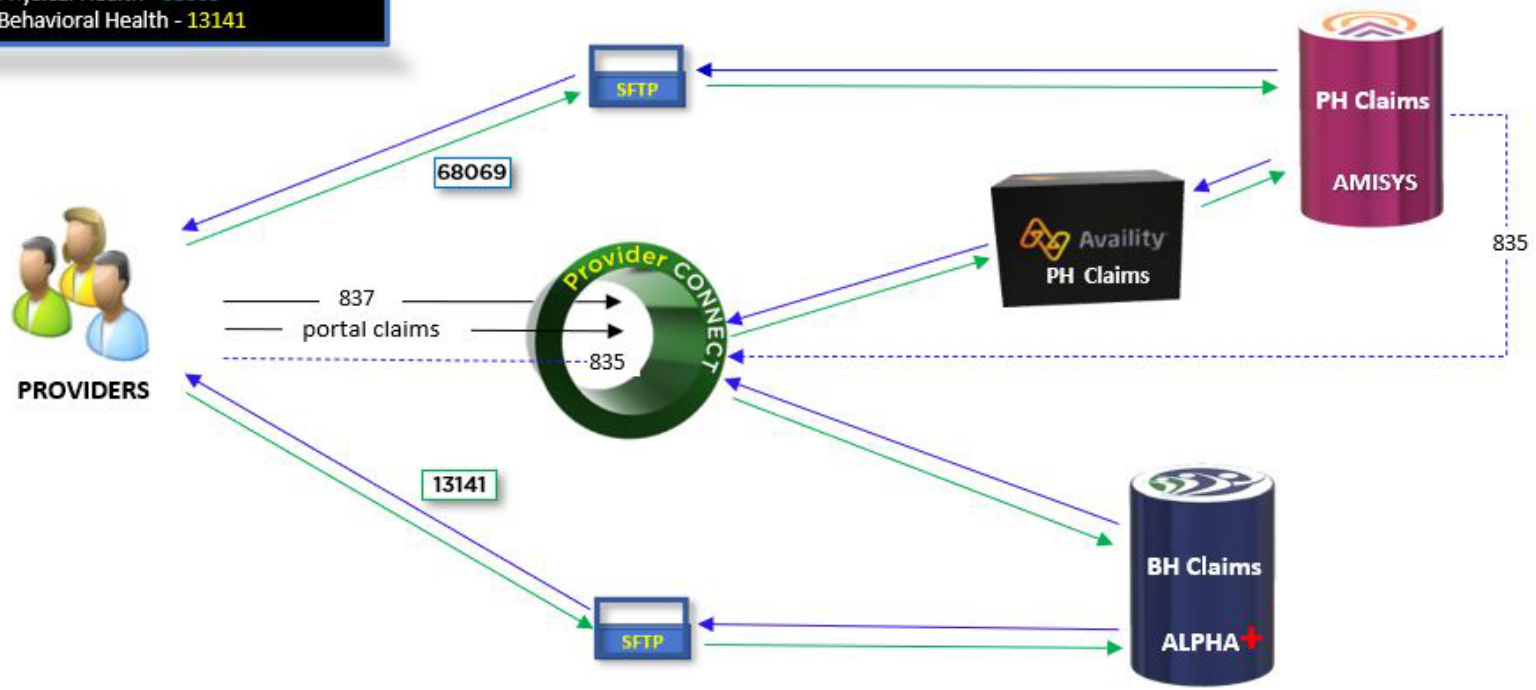
- **Paper Claims** - Electronic submission is preferred; an Out Of Network provider may also submit a paper claim by mail.
- Medicaid Tailored Plan Physical Health should be mailed to:
- P.O. Box 8002
- Farmington, MO 63640-8002

- Medicaid Tailored Plan Behavioral Health and State Benefit should be mailed to:
- 901 S New Hope Road
- Gastonia, NC 28054


PARTNERS
ProviderCONNECT
Home
Tailored Plan
Contact
My Profile
Messages
Welcome, Kate
Resources
Provider Directory
Patient Management
Office Management
Administration
References
Providers must use ProAuth for Prior Authorizations beginning today.
Notice: Providers must use ProAuth for Pr
23.
Provider Alert: Partners to Start Plan of Correction
Provider Bulletin: Provider Communication Bulle
QUICK LINKS on the ProviderCONNECT homepage allows easy access for submitting or manual entry of Behaviuoral or Physical claims
QUICK LINKS
Behavioral Health Claims
Physical Health Claims
Accessing ProAuth
RadMD
Partners Events and Trainings
Explore the
Provider Knowledgebase
Provider News, Provider Tools, Access to Care and Utilization Management, Care Management, Finance, Claims and Billing, Quality Management, Care Management, Clinical Tools and more.
COVID-19

CLAIMS PROCESSING

Providers to send 2 separate claim files by payer id :
- Physical Health - 68069
- Behavioral Health - 13141



Providers can submit or manually enter claims via the Provider*CONNECT portal*

837 Claims
835 Remittance
Viewable

LEGEND

PARTNERS
Improving Lives.
Strengthening Communities.®

TAILORED PLAN

Partners Health Management

PartnersACCESS Call Center

Provider Services Line

- 877-398-4145

Members and Recipient Line

- 888-235-4673 (HOPE)
- Hours: 7 a.m. to 6 p.m. Monday - Saturday

Behavioral Health Crisis Line

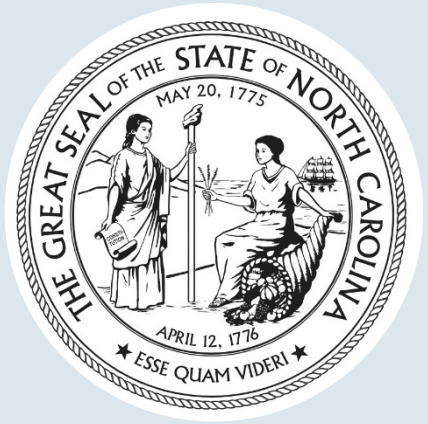
- 833-353-2093 (24/7/365)
- Live answered by licensed clinicians

Command Center Response Approach

- Dedicated Member email
- Dedicated PCP management email
- Proactive strategy
- Rapid response
- No wrong door access
- Continuous communications across departments and with external partners
- Weekly community Member Managed Care series
- **Grievances/Complaints** 1-888-235-4673
  - grievances@partnersbhm.org

Partners Health Management TCM Insights

- Partners currently contracts with 32 Tailored Care Management Providers.
- We remain committed to supporting our TCM network.
  - To promote open and frequent communication with our TCM network, we host bi-weekly virtual collaboratives.
  - We have also implemented a team of Clinical Support Specialists to act as designated liaisons specifically for Tailored Care Management for our TCM providers.
    - Initially, these liaisons have focused on trouble shooting issues, fielding questions, gathering panel data, etc.
    - Long term, this team will support the successful provision of external TCM by sharing performance data, staffing clinically complex cases, and troubleshooting issues as they arise.
- We continue to work daily on ensuring our TCM providers are receiving the required data and are submitting claims successfully.



Sandhills Slides

Sandhills Center – Claims Submission

Tailored Plan Providers are contractually required to submit billing electronically

- Connection to Change Healthcare (CH), our claims clearinghouse, is required. Provider enrollments are based on TIN
- If already established with CH, add **Sandhills Center Payer ID SHC00 AND 14816** to your list
- Logins for Change Healthcare Portal will be available to download 835s or remittances
  - BH Claims will *come back* on the 835 from SHC00
  - PH Claims will *come back* on 835 from 14816
- Beginning April 1, 2023, providers will use Change Healthcare's "Connect Center" portal to key in Tailored Plan claims – No fees for providers who register

	Payor ID:	Remittance Information will include:	EFT Agreement with:	Correspondence (payment, recoup, other) from:
BH Claims	SHC00	SHC00	Sandhills Center	Sandhills Center
PH Claims		14816	AmeriHealth Caritas NC	
Providers will need to be registered for both the SHC00 and 14816 Payer ID's				

SANDHILLS CENTER

Sandhills Center – Claims Submission Guidance and Resources

Guidance:

- Although not required, providers are encouraged to produce routine billings on at least a weekly or bi-monthly schedule
- Sandhills Center will load daily updates into our system via the Provider Eligibility File from NC Tracks, providers are encouraged to review NC Tracks record on a regular basis

Resources:

- Detailed instructions are provided in the EDI Companion Guides
  - The Companion Guides (a user manual for electronic 837 submissions) gives very specific instructions on what is required to submit claims electronically to Sandhills Center (https://www.sandhillscenter.org/uploads/shc837pcompanionguideversion1.pdf)
- Sandhills Center is developing a Claims Submission Guide (available by March 15, 2023)
- Sandhills Center will be holding a claims training in March 2023

SANDHILLS CENTER

Sandhills Center – Supporting Members Through the Transition

The mission of Sandhills Center, BH I/IDD Tailored Plan, is to develop, manage and assure that persons in need have access to quality mental health, developmental disabilities, and substance abuse services.
Sandhills Center is committed to improving your health and well-being. We aim for this goal by helping you get the right treatment that meets all your needs.

Customer Service Agents and Tailored Care Managers can assist you with:

- Finding a provider
- Making appointments
- Arranging transportation
- Getting /replacing your insurance card
- Changing your PCP
- Filing a grievance or complaint
- Requesting an appeal
- Updating your contact information
- Requesting a change of TCM Provider
- Questions about your benefits

Call the Sandhills Center Member Service Line at 1-800-256-2452 for assistance.
Our licensed behavioral heath clinicians are available 24/7 to offer support if you feel you are in crisis. Call 1-833-600-2054

SANDHILLS CENTER

Sandhills Center – Supporting Members Through the Transition

Sandhills Center has been working with community providers to educate and support their knowledge of the transition to the BH I/DD Tailored Plan.
Sandhills Center has:

- Delivered Quarterly Provider Forums that are recorded and available on the website
- Met with large groups (CCPN) and hospital systems reviewing expectations
- Distributed Provider Updates via email with contracted providers
- Educated department heads and specialist groups on Tailored Plan implementation
- Coordinated Joint Operating Committees with hospital systems
- Participated in training session for the NC Hospital Association
- Updated website information on Tailored Plan for providers and members

Sandhills Center is committed to ensuring continuity of care. Sandhills Center will continue contracting efforts to ensure a robust network and offer single-case agreements when needed so that our members remain connected to care and our providers are paid without delay.

SANDHILLS CENTER

Sandhills Center – Supporting Members Through the Transition

Non-Emergency Medical Transportation (NEMT)

- As the NEMT broker, ModivCare confirms that Members are eligible for transport, coordinates reservations, contracts with independent transportation providers, investigates complaints performs quality assurance, and pays providers according to their contracts for the full range of covered transportation services.
- Sandhills Center Customer Service Agents work closely with the ModivCare team to ensure timely access to transportation and will coordinate your urgent and routine transportation needs.

Pharmacy Benefits

- Sandhills Center's pharmacy partner, PerformRx, will assist members to get early refills for vacation supply, lost/stolen supply, leave of absence supply, national disaster supply, delayed mail-order supply, and spilled medication supply.
- Sandhills Center has worked with our Pharmacy Benefit Manager (PBM), PerformRx, on a readiness stabilization plan to ensure continuous services with minimal disruption to members, providers and pharmacies participating with Sandhills Center.

Call Member & Recipient Services if you have questions: 1-800-256-2452
(TTY: 1-866-518-6778)

SANDHILLS CENTER

Sandhills Center – Provider Based Care Management

- Goal is to help ensure provider success with the delivery of Tailored Care Management.
- Several departments work together to provide support and oversite of AMH+ and CMAs. Support can come from Network Management, External Care Management and Information Technology Departments.
- Support and education provided has shifted and evolved during the various stages of TCM implementation. Support will continue to evolve as providers shift from implementation to day-to-day care management.

Sandhills Center – Provider Based Care Management

Interactions and work with Provider Based Care Management Agencies can range from:

- Monthly TCM provider meetings
- Providing training and technical assistance
- Education regarding Capacity Building Funds
- Oversite and monitoring
- Support with determining agency panel sizes
- Responding to questions regarding Tailored Care Management assignments
- Data integration and support

Sandhills Center - Situations and Solutions

- **Situation:** Acuity tier information was not immediately available to providers for the initial TCM Assignment and providers at times need additional member information.
- **Solution:** Sandhills Center provided TCM agencies with an “additional information” file. The additional information file had information about authorized services, diagnostic categories and several other fields. Ongoing and on an as needed basis, if a provider has questions regarding a member's diagnostic information, Sandhills Center will research and provide available information.

CONTACT US!

Should you have questions or concerns during this transition, please reach out to Sandhills Center staff for assistance!

SANDHILLS CENTER

Member & Recipient Services:
1-800-256-2452
TTY:
1-866-518-6778

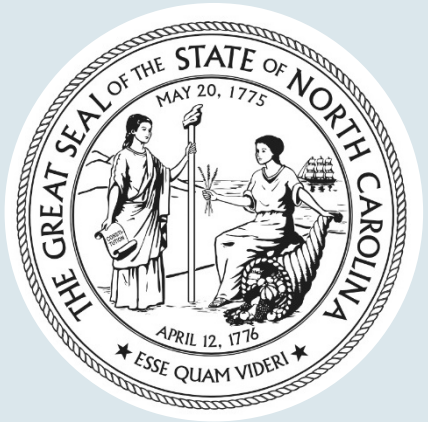
Behavioral Health Crisis Line:
1-833-600-2054
Nurse Line:
1-888-846-1058

Provider Pharmacy Line:
1-888-846-1062

Provider Help Desk:
1-855-777-4652

Provider Support Portal
https://support.sandhillscenter.org/support/login

Quick Reference Guide

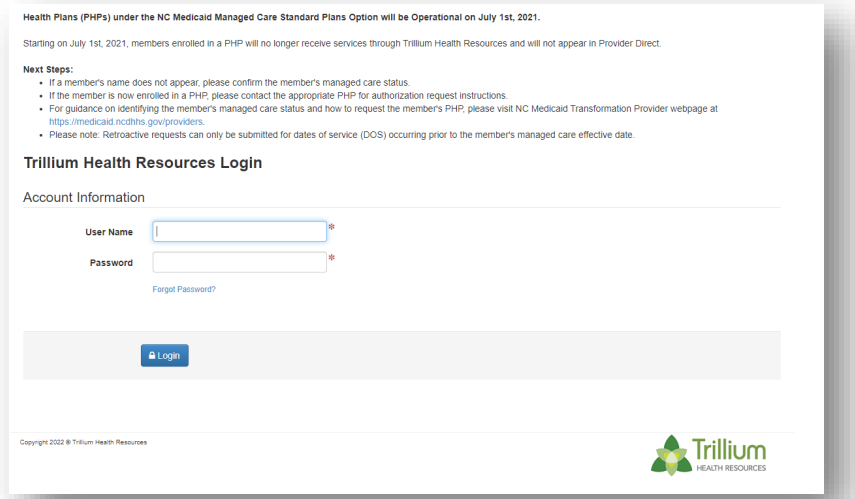


Trillium Slides

Trillium Health Resources – Tailored Plan Behavioral Health I/DD and State Funded Claims

- Claims for Behavioral Health I/DD fall into three groups:
  - Mental Health/Substance Use (MH/SU)
  - Traumatic Brain Injury (TBI)
  - Intellectual Developmental Disabilities (IDD)
    - These include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD), Innovations Waiver services and other home and community-based services.
- Billing
  - MH/SU/IDD services will be billed with the appropriate primary ICD-10-CM diagnosis code to the highest level of specificity that meets medical necessity in the range of F10-F99
  - Exceptions are noted in the Claims Submission Protocol table available in Trillium's Tailored Plan Provider Manual
- Submission
  - Claims described here may be submitted to Trillium using HIPAA Standard Electronic Transaction set via one of the following:
    - Secure Behavioral Health I/DD web portal
    - Secure FTP
    - Via claims clearinghouse:
      - Change Healthcare (previously Emdeon) via Medical Payer ID 56089
      - The SSI Group via Medical Payer ID 43071

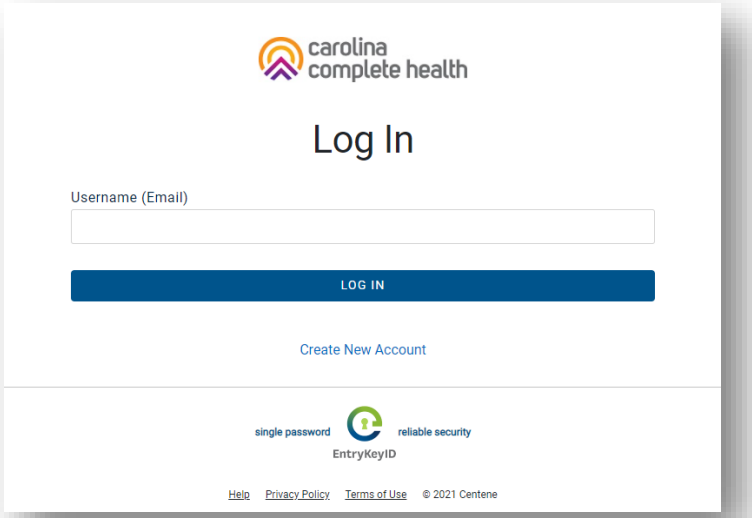
Secure Behavioral Health I/DD Portal



Trillium Health Resources – Tailored Plan - Physical Health Claims

- Claims for Physical Health include:
  - Physical health
  - Long-Term Services and Supports
    - Inclusive of nursing facility, home health, private duty nursing, personal care, and hospice services.
- Billing
  - Primary medical ICD-10 diagnosis code to the highest level of specificity meeting medical necessity excluding the range of F10-F99
  - Exceptions are noted in the Claims Submission Protocol table available in Trillium's Tailored Plan Provider Manual
- Submission
  - Physical health claims described here and physician-administered (professional) drug claims may be submitted to Carolina Complete Health (CCH) using HIPAA Standard Electronic Transaction set via one of the following:
    - Secure web-based Physical Health Portal
    - Secure FTP
    - Via claims clearinghouse:
      - Availity via Medical Payer ID 68069

Secure Physical Health Portal



Trillium Health Resources – Tailored Plan - Pharmacy, NEMT and Vision Claims

- Pharmacy Claims
  - Pharmacy claims for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy, point-of-sale claims may be submitted to PerformRx using the most current NCPDP HIPAA-approved format with Rx BIN Number 019595 and PCN – PRX10811.
- Non-Emergent Transportation to Medical Care
  - Claims for Non Emergency Medical Transportation (NEMT) and Non Emergent Ambulance Transportation (NEAT) services are processed through Trillium's contractor Modivcare
  - Modivcare responsibilities also include booking of reservations/rides
  - Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims.
- Vision
  - Claims for Vision services are processed through Envolve, a subsidiary of CCH
  - Claims may be submitted using HIPAA Standard Electronic Transaction set or via a secure web-based portal linked here.

Trillium Health Resources – Tailored Plan – Provider Portals & Training Resources

- To access the secure provider portals, please visit trillium's website at www.trilliumhealthresources.org and select "For Providers"
- The Behavioral Health I/DD Portal and Physical Health Portal are web-based systems available to Trillium partners upon completion of a Trading Partner Agreement (TPA)
  - Both portals provide access to behavioral health and physical health claim entry screens
- Billing through these portals is Direct Data Entry (DDE) where an electronic CMS1500 or UB04 form is accessed and billing information is entered and submitted for reimbursement
  - Trillium Provider Direct Webinars are available in the secure Behavioral Health IDD - Provider Direct Module to assist with completing CMS1500 and UB04 claim forms
  - Secure Physical Health Portal training resources may be found Carolina Complete Health Network's Education and Training Page.
- For Additional Training information on How to Submit Claims to the Provider Portal
  - Behavioral Health I/DD Portal
    - Trainings available within the Behavioral Health I/DD Secure Provider Portal – Provider Direct
    - Trainings available on My Learning Campus from the Trillium's website
      - www.trilliumhealthresources.org
  - Physical Health Portal
    - Trainings available at Carolina Complete Health Network's Education and Training Page
      - https://network.carolinacompletehealth.com/resources/education-and-training.html

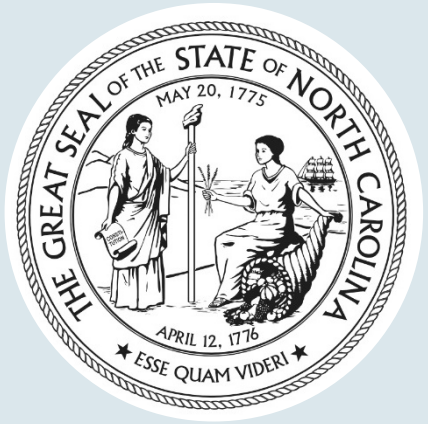
Member Harm Issue Resolution

- Trillium works with the Ombudsman for both member and provider questions and concerns to achieve rapid resolution.
- Trillium has one designated point of contact for the Member Ombudsman
- Trillium also has a team of staff dedicated to quick resolution of Help Center tickets.
- Trillium has a no wrong door policy for accepting grievances. If you have a grievance please call the appropriate service line. Members may call 1-877-685-2415 and providers may call 1-855-250-1539, or use the online portal to submit this. You may also fax or mail your grievance.

Insights to Tailored Care Management

- The model is an opt out model but is treated more like an opt in model because we are asking for the member to consent on the front end- we think engagement will improve with clarity about the approaches providers use to engage members.
- Trillium has assigned Tailored CM consultants to every Tailored CM provider entity to assist 1:1 with navigation and management of issues that providers encounter.
- Trillium has designated Claims specialist focused on Tailored CM to assist with billing issues.
- Trillium holds a monthly touch base meeting with all Tailored CM entities to identify issues and barriers and work toward resolutions.
- Trillium offers 1:1 meetings with the entire Trillium Implementation team as needed for providers.
- Trillium is scheduled to launch Value-Added Services for member engagement March 1, 2023 to support providers by offering incentives for member engagement in Tailored plan and Medicaid Direct Tailored CM programs.
  - $30 gift card for completing Care Needs Screening within first 30 days of enrollment with Trillium.
  - $50 gift care for completing Comprehensive Care Management Assessment within 60 days of enrollment with Trillium.

CONTACT US: Provider Support Service Line: 1-855-250-1539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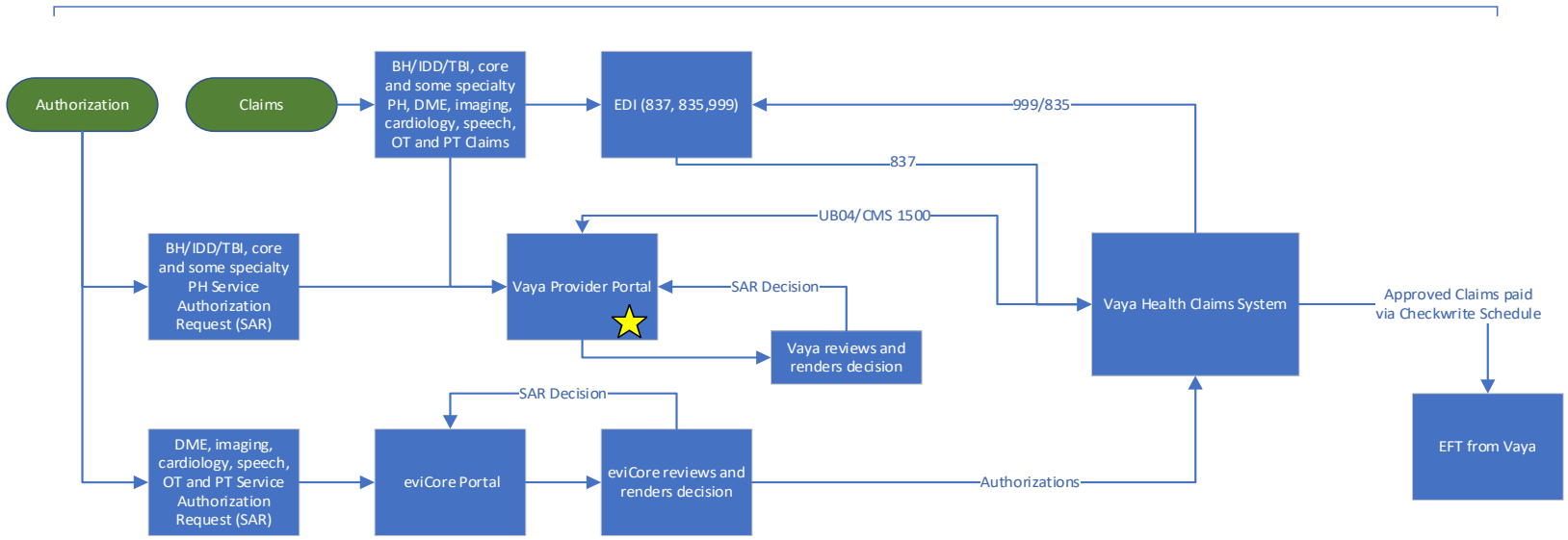
Vaya Slides

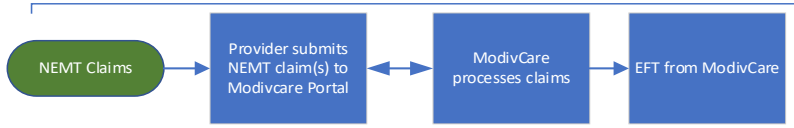
Vaya Health Claims and Payment Processing

BH and PH SARs and Claims Process



Vision and Pharmacy SARs and Claims Process

NEMT Claims Process



★ All portal links are available within Vaya's Provider Portal

VAYAHEALTH

More information at www.providers.vayahealth.com

Vaya Health Claims and Payment Processing

Utilization Management Process Flow

Service	Initial Prior Authorization (PA) *Where to submit PA requests and receive PA notification*	Member Appeal	2nd Level Member Appeal	Claims
MH/SU/IDD/TBI	Vaya	Vaya	Vaya	Vaya
Core and some specialty physical health (PH)	Vaya	Vaya	Vaya	Vaya
Specialty PH and DME	eviCore	eviCore	Vaya	Vaya
Vision	Avesis	Vaya	Vaya	Avesis
NEMT	Vaya	Vaya	Vaya	ModivCare
Pharmacy Benefit Management	Navitus	Navitus	Vaya	Navitus
Physician Administered Drug Program (PADP)	Vaya (no prior auth required)	Vaya	Vaya	Vaya

Specialty physical health UM breakdown:

1) eviCore: imaging, speech, OT/PT, cardiology, and durable medical equipment (DME)

2) **NMR:** acute inpatient, home health and CAR-T cell therapy (initial review), all non-eviCore MD peer review

3) Vaya: all other specialty physical health

VAYAHEALTH

More information at www.providers.vayahealth.com

Vaya Health Claims and Payment Processing

Behavioral and Physical Claims

(including physician administered medications (PADP) & durable medical equipment (DME)

- Network Providers
  - Submit all claims using Vaya's Provider Portal or HIPAA-compliance 837 Electronic Data Interchange (EDI) file
- Out of Network Providers
  - Submit emergency and non-emergency service claims using Vaya's Provider Portal for faster claims adjudication and payment processing
  - For paper claims, Vaya will only accept emergency service claims via paper. Paper claims should be submitted to:

    Vaya Health
    Attn: Claims & Reimbursement
    200 Ridgefield Ct. Suite 218
    Asheville, NC 28806
- All providers must submit a completed IRS W-9 and Electronic Funds Transfer (EFT) form
- For more information or to establish access for electronic claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Pharmacy Claims
  - Vaya is partnered with Navitus Health Solutions for pharmacy claims
  - In-network pharmacies
    - Point-of-sale claims routed to Navitus for processing
  - Out-of-network pharmacies
    - Submit claims for Direct Member Reimbursement to
      Navitus Health Solutions, LLC
      PO Box 999
      Appleton, WI 54912-0999

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Vision Claims
  - Vaya is partnered with Avesis for Medicaid members vision benefits
  - Vision claims can be submitted one of three methods
    - Avesis Provider Portal accessed through Vaya's Provider Portal or direct at https://www.avesis.com/Commercial3/Providers/Index.aspx
    - Clearinghouse (EDI) vendors include
    - Change Healthcare (615-932-3000 or www.changehealthcare.com)
      - Trizetto (800-869-1222 or www.trizetto.com)
      - Avesis Payer ID AV501
    - Paper
      - Avesis Third Party Administrators, LLC
        Attn: Eye Care Claims
        PO Box 38300
        Phoenix, AZ 85069-8300

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Claims and Payment Processing

- Non-emergency Medical Transportation (NEMT) Claims
  - Vaya is partnered with Modivcare, LLC for Medicaid NEMT benefits
  - NEMT claims are processed through Modivcare's Transportation Provider Portal
    - To establish access and submit claims visit https://www.modivcare.com/login

For more information on claims submission visit Vaya's Claims Submission website at https://providers.vayahealth.com/authorization-billing/claims/claims-submission/

VAYAHEALTH

Vaya Health Member Issue Resolution

FOR MEMBERS

- 24/7 Access via our Behavioral Health Crisis Line at 1-800-849-6127
- Seamless transfer to Nursing Triage/Advice Line (via Wellcare) for medical issues or directly at 1-800-290-1623
- Member and Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p)

FOR PROVIDERS

- Provider Support Line 1-866-990-9712
- Email provider.info@vayahealth.com

ESCALATION PATH

- Access to Chief Medical Officer, Deputy Chief Medical Officer, Chief Population Health Officer, and Pharmacy Operations for consult and assistance
- Member/Recipient and Provider issues identified by the Call Center will be triaged by the Command Center to ensure follow-up and issue resolution
- No wrong door for bringing issues for escalation

VAYAHEALTH

Vaya Health Issue Resolution

- **No Wrong Door for submitting concerns, complaints, or grievances.**
- **Call the Member and Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p)**
- **Vaya Call Center can transfer to Nursing Triage/Advice Line for medical issues or members can call them directly at 1-800-290-1623**
- **24/7 Access to Crisis Help via our Behavioral Health Crisis Line at 1-800-849-6127**
- **Providers can call the Provider Support Line at 1-866-990-9712 or email us at provider.info@vayahealth.com**

ESCALATION PATH

- **Vaya works with NC Medicaid Ombudsman to achieve rapid resolution and has a dedicated point of contact for the Ombudsman**
- **Vaya will have a dedicated Command Center for at least 90 days post go-live to ensure follow-up and issue resolution**
- **Call Center and Command Center have direct access to Chief Medical Officer, Deputy CMO, and Pharmacy Operations for consult and assistance**

VAYAHEALTH

Vaya Health Member Issue Resolution Scenarios

- **Pharmacy Urgent Needs**
  - If a member is out of medication, a 72-hour supply can be issued to cover needs until an appointment can be made with their provider
  - Pharmacy Customer Care Line 1-800-540-6083 (live 3/1/23)
    - All calls (prescribers, members, pharmacies) handled by PBM Customer Care reps dedicated to work with NC Medicaid
    - The PBM has broad authority to allow one time overrides to prevent member harm
    - Vaya Pharmacy Operations team has direct access to PBM systems to ensure timely resolution of problems
- **Accessing out-of-network care**
  - Call Vaya Member & Recipient Service Line 1-800-962-9003 (Mon-Sat 7a-6p), they will gather information as a first step and will coordinate with medical team, Utilization Management and Provider Network to ensure rapid access to care
  - Emergency and post-stabilization care will be reimbursed without prior authorization or contract
- **Accessing transportation for necessary medical appointments**
  - MODIVCARE will schedule trips for eligible members utilizing in-network transportation providers or out-of-network providers if MODIVCARE's network providers are unavailable
  - Family members can also transport members and submit for reimbursement of costs

VAYAHEALTH

Vaya Health - Tailored Care Management (TCM)

- Vaya has 25 contracted TCM providers operating across Vaya's 31 counties

- To support a successful implementation, Vaya is providing technical assistance and training to TCM providers by
  - Assigning a dedicated Provider Network Contract Manager
  - Hosting bi-monthly technical assistance calls
  - Facilitating monthly AMH+/CMA Learning Community sessions
  - Offering technical assistance from a dedicated TCM team within Vaya's Quality Management department

VAYAHEALTH