

To: All Providers of State and Medicaid Funded Services

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Subject: Medicaid Managed Care Provider Update, Permanent Supportive Housing Training Requirements and the Transitions to Community Living Initiative (JCB #380), Global Quality Improvement Committee, Holiday Guidance for Residents, Staff, and Visitors of Residential Care Settings, Trillium's Disaster Response Unit Update, Important NC TOPPS Reminders, Important NC SNAP Reminders

MEDICAID MANAGED CARE PROVIDER UPDATE

On July 1, 2021, an estimated 1.6 to 1.8 million Medicaid and NC Health Choice beneficiaries will transition to Medicaid Managed Care. Beneficiaries will be able to choose from five Prepaid Health Plans (PHPs) or the Eastern Band of Cherokee Indians (EBCI) Tribal Option. Some beneficiaries will stay in fee-for-service known as NC Medicaid Direct.

Key Dates for Transitioning to Medicaid Managed Care

-  March 15, 2021 – Open Enrollment begins
-  May 14, 2021 – Open Enrollment ends
-  May 15, 2021 – Auto Enrollment for beneficiaries who have not selected a health plan
-  May 22, 2021 (approximate) – Transition of Care information is sent to each health plan for beneficiaries assigned to that health plan
-  July 1, 2021 – Medicaid Managed Care launch

WEBINAR SERIES FOR MEDICAID PROVIDERS AND PRACTICE LEADERS

The North Carolina Department of Health and Human Services (NCDHHS) and North Carolina Area Health Education Centers (AHEC) are offering two monthly evening webinar series to increase engagement with providers, practice managers and quality managers. One series is specifically focused on the transition to Medicaid Managed Care, and the second is focused on Quality and Performance on clinical criteria. More information is available [here](#).

ENSURE YOUR INFORMATION DISPLAYS CORRECTLY IN NC'S PROVIDER DIRECTORY TOOL – MEDICAID AND NC HEALTH CHOICE PROVIDER AND HEALTH PLAN LOOK-UP

As NC Medicaid moves forward with the implementation of Medicaid Managed Care, it is important for enrolled providers to act now to thoroughly review their individual and organization provider enrollment record in NCTracks. Take the time now to review your provider records in NCTracks, now, and submit changes.

Not only is ensuring accuracy a requirement in the legal and binding NCDHHS Provider Administrative Participation Agreement, but correct information on the NCTracks provider record will assist beneficiaries with the search for primary care providers in the new Medicaid and NC Health Choice Provider and Health Plan Look-Up tool.

Every page of the NCTracks provider record should be assessed for accuracy. More information is available [here](#).

PROVIDER OMBUDSMAN






As part of NC Medicaid's continued move forward with the implementation of Medicaid Managed Care, the Division of Health Benefits (DHB) has created a Provider Ombudsman who will represent the interests of the provider community by receiving and responding to inquiries and complaints regarding PHPs. The Ombudsman will provide resources and assist providers with issues through resolution.

Additionally, the Ombudsman will assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be directed to the Medicaid.ProviderOmbudsman@dhhs.nc.gov email distribution listserv address, or providers may utilize the Medicaid Manage Care Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information will also be published in each PHP provider manual.

PHP PROVIDER MANUALS UPDATED

NC Medicaid's Managed Care PHPs have finalized and the Department has approved all 5 PHP provider manuals to include the most current and comprehensive information for providers. Each manual covers, in part:

-  Clinical practice standards and utilization management programs;
-  Covered services, additional benefits and carved-out services (services that will remain fee for service, or Medicaid Direct);
-  Provider responsibilities;
-  Primary care provider responsibilities;
-  Network requirements, including nondiscrimination, on-call coverage, credentialing, re-credentialing, access requirements, no-reject requirements, notification of changes in address, licensure requirements, insurance requirements, and required availability;

- 🌱 Telemedicine guidelines;
- 🌱 Network adequacy and access standards;
- 🌱 Billing, claim editing, Strategic National Implementation Process (SNIP) editing and clearinghouse requirements;
- 🌱 Cultural competency and accessibility requirements;
- 🌱 Authorization, utilization review and care management requirements;
- 🌱 Care coordination and discharge planning requirements;
- 🌱 Department-required documentation requirements;
- 🌱 Provider appeals and grievance processes;
- 🌱 Complaint or grievance investigation and resolution procedures;
- 🌱 Notification of the availability of the NCDHHS's Provider Ombudsman where a provider may submit a complaint about a PHP. The manual shall include instructions on how to submit the complaint;
- 🌱 Performance improvement procedures including member satisfaction surveys, clinical studies, incident reporting, and outcomes requirements;
- 🌱 Compensation and claims processing requirements, including required electronic formats, mandated timelines, transition of care obligations, and coordination of benefits requirements;
- 🌱 Interest and penalty provisions for late or under-payment by the PHP;
- 🌱 NC Medicaid payer of last resort requirements;
- 🌱 Member rights and responsibilities;
- 🌱 Member cost sharing requirements; and
- 🌱 Provider program integrity requirements that address how to report suspected fraud, waste and abuse, and other federal and state requirements.

The PHP provider manual must also include the provider's obligations to:

- 🌱 Monitor and audit the provider's own activities to ensure compliance and prevent and detect fraud, waste and abuse;
- 🌱 Monitor and report on provider preventable conditions;
- 🌱 Retain patient records for the mandated period;
- 🌱 Ensure that all documentation regarding services provided is timely, accurate, and complete;
- 🌱 Ensure PHP is the payer of last resort; and
- 🌱 To report and promptly return overpayments within sixty (60) days of identifying the overpayment.

PHPs are contractually obligated to maintain the content of the manual to offer providers the tools and resources necessary for the delivery of quality care and services to Medicaid and NC Health Choice beneficiaries. Likewise, providers must use the manual for each contracted PHP as a means of remaining current on PHP policies which will reflect any changes in state and federal regulations.

The Department-approved PHP provider manuals are available on the [Medicaid Health Plan Contacts and Resources webpage](#).

Each update will illustrate what has changed from the previous version. Manuals will be updated annually on July 1. Quarterly updates will be made for time sensitive changes.

Stay tuned to the [Medicaid Bulletin](#) for additional updates on Medicaid Managed Care.

For questions regarding this information, please call: NC Medicaid Contact Center, 888-245-0179

PERMANENT SUPPORTIVE HOUSING TRAINING REQUIREMENTS AND THE TRANSITIONS TO COMMUNITY LIVING INITIATIVE

North Carolina, entering the sixth year of the Transitions to Community Living Initiative (TCLI), coordinates with the Technical Assistance Collaborative (TAC) on the development of comprehensive Permanent Supportive Housing (PSH) training. The PSH training is based on the Substance Abuse Mental Health Services Administration (SAMHSA) Evidence-Based Practices Toolkit and supports the use of best practices in supporting individuals with mental illness in independent, community housing. Effective July 1, 2020, the DHHS Approved Tenancy Supports Training is the PSH training.

The PSH training is required for Community Support Team (CST) staff. Both Assertive Community Treatment (ACT) teams and Transition Management Services (TMS) teams also provide critical housing support to individuals participating in TCLI.

- 🌱 Per the current ACT policy and the attached TMS service definition, staff must complete the DHHS Approved Tenancy Supports training.
- 🌱 To support North Carolina in successfully placing and supporting individuals in independent, community housing, DHHS is requiring all ACT Housing Specialists and TMS Team Leads to complete the PSH training. All ACT teams and TMS teams must meet this requirement no later than March 1, 2021.

The training must be facilitated by approved trainers to meet the requirements. Qualified trainers include:

- 🌱 The UNC Institute for Best Practices and Peer Voice NC (Point of Contact- Stacy L. Smith at stacy_smith@med.unc.edu)
- 🌱 Alliance Health (Point of Contact- providernetwork@alliancbhc.org)
- 🌱 Cardinal Innovations Healthcare Solutions (Point of Contact- Beth Pfister at Beth.Pfister@cardinalinnovations.org)
- 🌱 Partners Behavioral Health Management (Point of Contact- Training@partnersbhm.org)
- 🌱 Vaya Health (Points of Contact- Melissa Ledbetter at Melissa.Ledbetter@vayahealth.com and Tommy Duncan at Tommy.Duncan@vayahealth.com)

If you have questions, please contact Saarah Waleed at 984-236-5060 or saarah.waleed@dhhs.nc.gov.

- 🌱 [Transition Management Services Policy](#)

HOLIDAY GUIDANCE FOR RESIDENTS, STAFF, AND VISITORS OF RESIDENTIAL CARE SETTINGS

November 19, 2020

This guidance applies to residents, staff, residents' families, and visitors of nursing homes, adult care homes, behavioral health and intellectual/developmental disability facilities, intermediate care facilities, and psychiatric residential treatment facilities.

As we move into the holiday season, we wanted to remind staff, families, and visitors of residents in residential care settings of the importance of protecting this vulnerable population.

CDC states on their [Holiday Celebrations and Small Gatherings](#) webpage, "if you are an older person... you should avoid in-person gatherings with people who are not in your household." For people who live in a residential care setting, their "household" is composed of the residents and staff within their facility. Leaving the facility to spend time with a different group of people can put the health of the resident and others in the facility at risk.

For this reason, we recommend that **residents do not leave the facility to attend holiday events with individuals outside of their household. We also recommend that staff do not attend holiday events or gatherings with individuals outside of their household.**

Residential care facilities are at a very high risk for COVID-19 transmission and activities that residents and staff engage in outside of the facility may impact the health of the entire facility.

North Carolina strongly encourages that facilities, families and staff plan lower-risk activities such as those listed in the [NC Holiday Guidance](#) such as delivering holiday meals to higher risk individuals, having a virtual meal, or doing an outdoor visit at the facility. Families bear responsibility to assure the health and safety of their loved ones, since additional risk is incurred in activities conducted outside the facility. If a resident or staff engage in events or gatherings with those outside of their household, the following guidelines are recommended:

Residents:

- Residents and families should be educated and encouraged to follow masking, social distancing and hand hygiene practices. They must notify the facility if anyone who attended the holiday gathering tests positive for COVID-19 or exhibits symptoms of COVID-19 within 48 hours of the resident visit/stay outside the facility.
- Residents who leave the facility for holiday visits or gatherings should follow [CMS guidance](#). (Note: While CMS guidance is directed to nursing homes and their residents and families, the guidance is appropriate for other residential care settings as well. NC DHHS urges all residential care facilities to follow the CMS guidance.) Quarantine may be considered based on identified risks.
- Develop a plan with families for residents who leave the facility in advance.
- Consider testing residents upon return to the facility.
 1. A person with a positive test should be placed on isolation.

2. A person with a negative test should remain in quarantine for the full 14 days

- Consider increased testing intervals for residents throughout the holidays and in the following 14 days.

Family / Visitors:

- Consider getting a screening test ahead of your visit/gathering.
 - If you test positive, cancel any holiday plans, stay home, and isolate.
 - Even if you test negative, it's important to continue to follow the prevention measures and practice the [3Ws](#).
- Limit the number of guests and households at holiday visits/gatherings.
- Follow the North Carolina holiday guidance

Staff:

- Instruct staff to follow the [North Carolina holiday guidance](#) to prevent the introduction of COVID-19 into the facility.
 - Follow masking, social distancing and hand hygiene practices.
 - Since you will have to return to work and not be able to quarantine after family gatherings, introduction of COVID-19 into the facility may occur if guidelines are not followed.
- Maintain consistency in staffing patterns – assign the same staff to the same residents to minimize exposures. Consider cohorting residents and staff who participated in holiday events/gatherings outside of the facility.
- Consider increased testing intervals for staff throughout the holidays and in the following 14 days.

FACILITIES SHOULD COMMUNICATE THEIR PLAN WITH RESIDENTS, FAMILIES, AND STAFF.

GLOBAL QUALITY IMPROVEMENT COMMITTEE (GQIC)

We are here for you! The Trillium Global Quality Improvement Committee (GQIC) serves as a fair impartial committee comprised of contracted practitioners and providers **representing the Trillium Provider Network**. Using an open forum, the GQIC discusses and explores opportunities for improvement related to **Quality Improvement issues** among the provider network, such as member experience data. The goal of the committee is to work to assure the best possible network which achieves and maintains best practices that in turn helps members reach their goals. Another activity of the GQIC is blinded peer reviews of network providers' Quality Improvement Projects, when requested. If you have an interest in assisting Trillium with accomplishing these goals, are interested in volunteering to **serve on the GQIC**, or if you have a **concern to discuss**, need for quality related training, or **any quality related questions**, please contact us at QMinfo@trilliumnc.org

You can find more information about GQIC here: <https://www.trilliumhealthresources.org/about-us/committees/>

Or on the Learning Campus module: <https://staff.mylearningcampus.org/>

TRILLIUM'S DISASTER RESPONSE UNIT UPDATE

Roadmap2Ready Hurricane Preparedness Tip #5

North Carolina Emergency Officials want you to know that shelters will look different this year due to COVID-19. Check out the [ReadyNC website](#) to learn how to prepare for hurricane season during COVID-19 pandemic and what to add to your hurricane kits. Also, learn more about the steps to follow when including pets and service animals in your emergency plan [here](#).

**Roadmap
2 Ready**



Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season during the COVID-19 pandemic. Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our new webpage [here](#). Our Roadmap2Ready campaign was developed by our Community Crisis and Disaster Response team with the intention of connecting members and providers to reliable resources that assist with preparing for a hurricane. Our team collaborates with state, county, and community programs within our 26 county catchment area to identify gaps and needs related to inclusive disaster response.

IMPORTANT NC TOPPS REMINDERS

Every NC TOPPS provider site account must have at least one Superuser. (It is highly recommended each site have 2 Superusers for backup purposes.)

- 🌱 [Superuser Request Form](#) can be found on Trillium's website and should be submitted to the NC TOPPS Help Desk, nctopps@ncsu.edu.

NEW SITE REQUESTS

- 🌱 New site requests will only be approved for Trillium contracted sites; if a site is not in your Trillium contract, the site request will be denied.
- 🌱 Wait until you receive the email from Trillium's Contracting Unit that the site and codes have been added before you request an NC TOPPS site addition in the system
- 🌱 Once the site has been approved, contact the NC TOPPS Help Desk, nctopps@ncsu.edu, to establish a Superuser

APPROVING NEW USERS AT PROVIDER AGENCIES

- 🌱 Agency Superusers are responsible for approving and deleting users on the agency account. (Trillium staff have no way of knowing when agencies hire or terminate staff.)

NC TOPPS submissions are required for adults and children ages six years and above who are receiving publicly-funded services for mental health and/or substance use disorders. A list of qualifying service codes can be found on the Trillium website on the [NC TOPPS Services page](#).

- 🌱 All updates should be completed online through the [NC TOPPS Database](#).

- 🌱 Initial updates must be completed at the first visit but no later than the second visit. **Trillium highly recommends providers complete the Initial update during the first visit.**
- 🌱 Updates must be completed at initial visit, 3 months, 6 months, annual, 18 months, and Bi-annually after the initial submission. Updates can be done up to 2 weeks prior to or after the initial submission date.
- 🌱 Episode Completion Submissions must be completed when a member completes or terminates services.
- 🌱 If a member states they are transferring to a new provider and you have not been contacted to by the new providers within 2 weeks to release and share information, complete an Episode Completion.
- 🌱 NC TOPPS submissions **are not required** for Health Choice members and Medicare-only members.
- 🌱 NC TOPPS submissions **are not required** for members that are only receiving: Unmanaged outpatient therapy and/or medication management, Crisis Services, Inpatient hospitalization psychiatric services, IDD services and supports.

Unable to Access Member's NC TOPPS Record?

1. Check Name Format
 - a. NC TOPPS requires First Initial of the first name and the first 3 initials of the last name
2. Check Trillium Record Number
 - b. NC TOPPS uses the Trillium record number and must be 6 digits, if Trillium record number is less than 6 digits try a zero at the beginning.
3. Check the CNDS Number
 - c. The CNDS number should be the same as the member's Medicaid number.
4. If you are still unable to access the record, send a secure email to: NCTOPPS@TrilliumNC.org
 - d. Include: Member's name, Trillium Record Number, and Date of Birth. State that you are unable to access member's record.
 - e. If you get a message that the member has an open episode with another provider, see below for NC TOPPS Transfer Procedure.

NC TOPPS TRANSFER PROCEDURE

1. For dual service members, check the hierarchy of services to determine which provider is responsible for the NC TOPPS. The service hierarchy can be found in Section II, Provider Agency Responsibilities, in the NC TOPPS Guidelines.
2. Submit request via zixmail to: NCTOPPS@TrilliumNC.org
3. Include in the body of the email:
 - a. Member's name, Trillium record number, date of birth
 - b. Name and address of the provider location will member will be served

c. Name of QP/Clinician that will be responsible for the NC TOPPS

4. Attach a copy of a Release of Information signed by the member or their legal guardian.

NC TOPPS INITIALS REPORT

- 🌱 Sent weekly includes 3 months of newly authorized members for NC TOPPS services based on claims report (Includes 3 months due to claims lag) ***If you have not billed a new NC TOPPS authorized service you will not receive a report***
- 🌱 The report is a provider tool to ensure that members that should have an NC TOPPS record have one
- 🌱 No response back to the NC TOPPS staff is required, unless you are unable to access the member's record or need to request a transfer, or did not complete the initial because the member did not follow up with a second visit ***(A claims check will be done to ensure that the member did not have a second visit)***
- 🌱 A random sample of members from the weekly Initial reports will be reviewed each quarter to ensure compliance. If your agency is found to be out of compliance; action will be taken including technical assistance or a Plan of Correction.

NC TOPPS UPDATES NEEDED REPORT

- 🌱 Sent twice per month at the middle of the month and the end of the month.
- 🌱 The report is a provider tool to remind providers of updates that are coming due within 2 weeks or are currently due. **(Provider Superusers can also run this report for their agency)**
- 🌱 No response back to the LME is required unless the update is at least one day past due
 - a. Provider should respond back to the NC TOPPS staff, NCTOPPS@TrilliumNC.org, with the date the NC TOPPS was completed for members past due 1-14 days within 3 days of receiving the report.
- 🌱 A quarterly Updates Needed report will be checked at the end of each quarter to ensure compliance. If your agency is found to be out of compliance, action will be taken including technical assistance or a Plan of Correction.

When & How to contact the NC TOPPS Helpdesk

- 🌱 Questions about adding new users to your provider account
- 🌱 Setting up a Superuser account
- 🌱 Technical Issues within the NC TOPPS system including not able to access your user account
- 🌱 NC TOPPS Help Desk: nctopps@ncsu.edu

NC TOPPS CONTACT INFORMATION

- 🌱 Main Email for anything regarding NC TOPPS: NCTOPPS@TrilliumNC.org
- 🌱 NC TOPPS Contact: Stephanie Wilson, Network Coordinator, 1-866-998-2597
- 🌱 NC TOPPS Guidelines, Forms, FAQs and other Documents are available on the Trillium website

Please use zixmail for all secure email contact regarding NC TOPPS; [Trillium Zixmail Account Information](#)

If you feel your agency needs a refresher on NC TOPPS usage please contact NCTOPPS@TrilliumNC.org.

IMPORTANT NCSNAP REMINDERS

All Persons served by the State's Developmental Disabilities (DD) System Require an NC SNAP:

- 🌱 Assessments should be completed and submitted upon initial contact with the I/DD service system (Provider)
- 🌱 Assessments should be updated annually and anytime a significant change has occurred in the individual's needs/level of support

NC SNAPs Must be submitted via Email or Fax:

- 🌱 Email: NCsnap@trilliumnc.org
- 🌱 Fax Number: 252-215-6874; 910-353-4954

Ensure NC SNAPs are Filled-Out Completely Prior to Submission:

- 🌱 Assessments missing pertinent information (Consumer ID Number, Type of Assessment, etc.) will be returned to the provider for correction
- 🌱 Individual's Case Number should be the member's Trillium Case/Record Number
- 🌱 Assessments may be completed "by hand" but should be written in clear/legible handwriting (please do not use cursive handwriting)
- 🌱 Members' social security numbers should not be recorded on NC SNAPs

Each Page of the NC SNAP must be Submitted for Initial and Annual Assessments:

- 🌱 NC SNAP Summary Report & Supplemental Information forms may be sent in isolation for Discharge NC SNAPs only
- 🌱 Incomplete assessments will not be processed, and will be returned to the provider (via email)

Discharge NC SNAPs Should be submitted as promptly as possible:

- 🌱 Please do not wait until the member is due for an annual NC SNAP update to submit discharge NC SNAP
- 🌱 If a member has changed providers, the new provider should be listed on the Summary Report & Supplemental Information page of the NC SNAP

NC SNAPs submitted via email must be sent securely:

- 🌱 Members' names/initials should not be listed within the subject line of the email (this is an electronic HIPAA violation)

The Date of NC SNAP Assessment Should Reflect the Date That Assessments are completed:

- 🌱 Assessments listing a future date cannot be entered into the database
- 🌱 Assessments containing a future date will be returned to the provider for correction

Past-Due NC SNAP Notifications are Sent-Out Weekly:

- ♻️ Please respond to requests for updated NC SNAPs as promptly as possible
- ♻️ A Plan of Correction will be issued for providers that fail to submit assessments after the third request has been sent

Necessary Corrections to a Member's NC SNAP Utilizing the Following Procedures:

- ♻️ Corrections should be made by the individual who completed the assessment
- ♻️ One single line shall be drawn through the error, making sure the original entry is still legible
- ♻️ The corrected information shall be recorded legibly above or near the original entry
- ♻️ An explanation as to the type of documentation error shall be included whenever the reason for the correction is unclear
- ♻️ Correction fluid or tape shall not be used for the correction of errors

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.