

Key COVID-19 Support for Vaya Network Providers



Vaya prioritized network stabilization efforts to address the most at-risk areas first. These efforts focused on supporting:

1. Providers delivering a required crisis service to Vaya members;
2. Providers delivering emergency walk-in services in the Vaya catchment area; and/or
3. Providers unable to provide their contracted services via Telemedicine due to the nature of the service (e.g. direct care, clubhouse, day treatment).

To offer immediate financial support to eligible providers, Vaya:

- Released the last FY20 quarter of non-Medicaid funding to Comprehensive Care Centers to ease cash flow needs;
- Obtained funding to ensure that members currently receiving Medication Assisted Treatment through the State Opioid Response Grant who were no longer covered by grant funding were covered for treatment;
- Authorized hardship funding to support providers who experienced an immediate loss of Medicaid revenue – eligible providers can request funding to stabilize their workforce and transition to telehealth service delivery;
- Identified \$300,000 in child mental health funding and requested funding flexibility from DMH/DD/SAS that allows Vaya to use non-Medicaid funds to support child MH service needs in unique emergency cases;
- Purchased 500 cell phones for high priority members to ensure they can access services via Telemedicine;
- Assisted child and I/DD residential providers who are experiencing rising costs related to costs of supplies and staff overtime and, in some cases, staff retention. We gathered provider input directly and from hardship requests and aligned with Attachment K guidance (for IDD providers). As a result, Vaya enacted a 10% targeted rate increase retroactive to March 13 through April 30, 2020 for:
 - Child Residential providers including TFC, Levels II, and III
 - I/DD Residential levels of care including AFLs, Group Homes and Community ICFs.

In addition, to offer providers maximum flexibility during the State of Emergency while still maintaining quality standards, Vaya:

- Obtained approval from DHHS for a Telemedicine policy that is less restrictive than the revised NC Medicaid Clinical Coverage Policy 1H, and which allows both clinical (licensed) and non-licensed service providers to utilize telehealth options for Medicaid and non-Medicaid services;
- Identified and requested specific waivers for existing contract requirements and Clinical Coverage Policies/ Service Definitions to enable clinical and support service flexibility. This included allowing many services to be delivered via Telemedicine instead of face-to-face and waiving or suspending certain staffing and training requirements;

- Suspended all non-essential provider monitoring and investigations. Vaya will continue to log and track all complaints we receive but will only investigate allegations of serious health and safety issues, as determined by our Chief Medical Officer;
- Transitioned provider on-site reviews to desk reviews and streamlined the provider credentialing process to expedite requests from providers already enrolled in NCTracks;
- Continued collaboration with other LME/MCOs and statewide Provider Councils to maximize standardization of services, policies and procedures while meeting the unique service needs of Vaya members and providers in our rural catchment area;
- Quickly established and set up new codes, modifiers and contract amendments across the majority of the Vaya Provider Network;
- Aligned and streamlined administrative processes within Vaya to minimize service disruption and stabilize provider infrastructure.

To help keep members out of Emergency Departments and inpatient settings, Vaya:

- Continued working with hospital systems and counties to support sanctuary sites for Behavioral Health overflow;
- Developed emergency services tracking tool to provide bi-weekly updates to CEO about status of crisis system and ED utilization;
- Continued working with county government, departments of Public Health and local AHEC to ensure a regional approach (whenever possible) to establish clear line of sight for members and providers about resources and emergency management options, including quarantine and well housing options for homeless members.

To help bridge communication barriers and ensure timely and accurate information for our Network Providers, Vaya:

- Created a provider-focused COVID-19 webpage for providers where helpful guidance is stored in one convenient location;
- Disseminates regular COVID-19 Provider Bulletins to consistently inform providers of new information and resources to support providers and member care;
- Established and implemented a weekly (or more often) Provider Network Question and Answer (Q&A) Teams Live event that includes representation from both Benchmarks and NC Providers Council;
- Developed a Q&A process to receive provider questions, vet cross-departmentally for accurate responses and post for internal and external use;
- Moved staff into the rotation for the Provider Services Line so calls are being answered in real time, instead of rolling to voicemail, to provide as much immediate support as possible;
- Developed and implemented a proactive communication strategy to ensure a cohesive approach in notifying providers of funding options and process for requesting hardship funds;
- In partnership with MAHEC and the Western Carolina Medical Society, launched the WNC COVID-19 Regional Report, a weekly update that provides the regional medical community with timely information on regional trends, needs, resources and training opportunities.

While awaiting final guidance about the Appendix K Emergency Preparedness and Response Waiver Request submitted by DHHS on March 13, 2020, Vaya:

- Set aside necessary funding to ensure Innovations Waiver participants have access to medically necessary services during the COVID-19 State of Emergency;
- Ensured funding for acute placement “emergency” options (e.g. death of caregiver);
- Designed streamlined provider authorization request, plan, budget updates and UM approval process to minimize impact on families;
- Worked within Vaya’s medical and clinical teams to design standard questions for Complex Care Managers/Care Coordinators to ask members during meetings to ensure service, basic care and safety needs are met to greatest degree possible;
- Developed a process, forms and provider communication tools for Innovations Provider Retention payments.

If the COVID-19 State of Emergency continues beyond April 30, Vaya will re-evaluate and address ongoing provider needs.