NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Benefits

Community Care
OF NORTH CAROLINA

NORTH CAROLINA
AHEC

COVID-19 Webinar for Medicaid Providers

July 9th, 2020

Shannon Dowler, MD
Chief Medical Officer, NC Medicaid

Tom Wroth, MD, MPH
President and CEO, Community Care of North Carolina

Hugh Tilson, JD, MPH
Director of North Carolina AHEC

Agenda

- Welcome & Logistics
- Medicaid Policy Updates
- Telehealth and Care Alerts Data Trends
- Action Plan for Improving Well Child Visit and Immunization Rates
- Questions & Resources

Logistics for today's COVID-19 Forum

Question during the live webinar

questionsCOVID19webinar@gmail.com

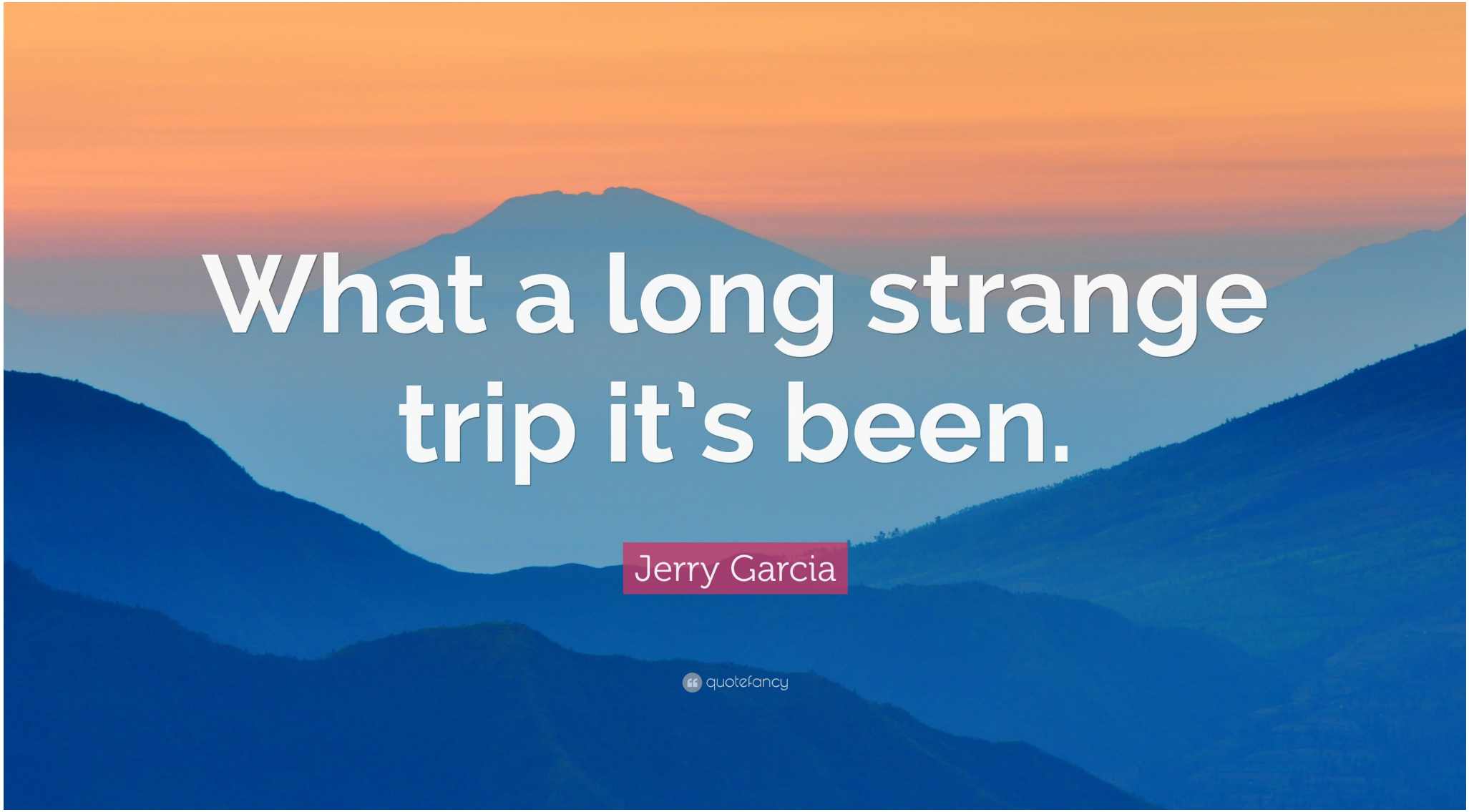
Technical assistance

technicalassistanceCOVID19@gmail.com

NC Medicaid Payment and Policy Updates

Shannon Dowler, MD

Chief Medical Officer NC Medicaid


What a long strange trip it's been.
Jerry Garcia
quotefancy

The Circuit Breaker Process: Summary of Analysis

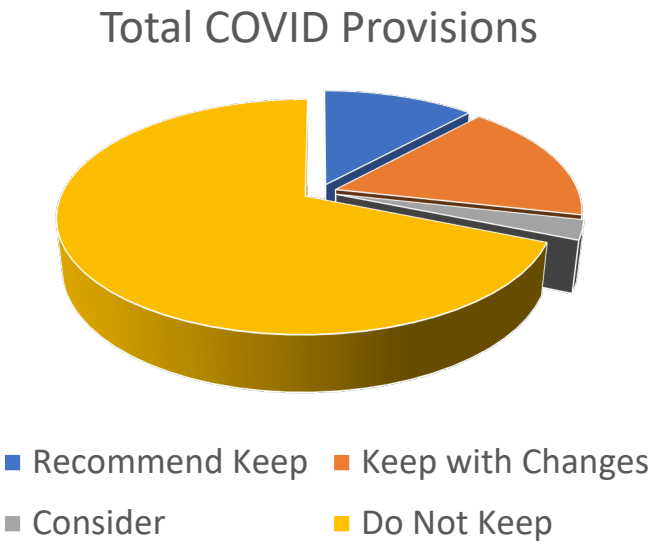
As a result of the Circuit Breaker Process the Department has completed analysis 367 flexibilities across multiple areas. The following summary tables provide insight into determinations made.

Circuit Breaker Recommendations*	#	%
Recommended Keep	44	12.0%
Recommend keep with changes	64	17.4%
Consider Keep	9	2.5%
Recommend to not keep	250	68.1%
Grand Total	**367**	**100.0%**

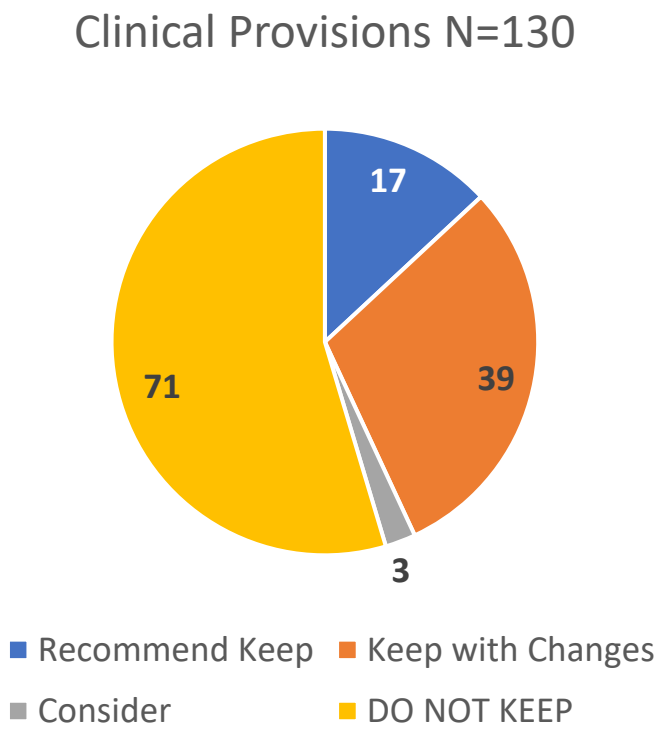
*To date, all recommendations have been approved by leadership except for Command Center and Contact Center Recommendations

Workstream Recommendations	#	%
Benefits	**121**	**33.0%**
Recommended Keep	14	3.8%
Recommend keep with changes	39	10.6%
Consider Keep	3	0.8%
Recommend to not keep	65	17.7%
Finance and Rate Setting	**20**	**5.4%**
Recommended Keep	6	1.6%
Recommend keep with changes	3	0.8%
Recommend to not keep	11	3.0%
LME-MCO	**200**	**54.5%**
Recommended Keep	20	5.4%
Recommend keep with changes	20	5.4%
Consider Keep	6	1.6%
Recommend to not keep	154	42.0%
Member Services	**8**	**2.2%**
Recommend to not keep	8	2.2%
Pharmacy	**9**	**2.5%**
Recommended Keep	3	0.8%
Recommend to not keep	6	1.6%
Provider Operations	**6**	**1.6%**
Recommend to not keep	6	1.6%
Command Center	**2**	**0.5%**
Recommend keep with changes	2	0.5%
Contact Center	**1**	**0.3%**
Recommended Keep	1	0.3%
Grand Total	**367**	**100.0%**

Clinical Provisions in Response to COVID-19



375 Provisions ~500 Codes
NC Medicaid Response
Pubic Health Emergency



Proposed Permanent Changes to Telehealth Clinical Coverage Policy 1-H

IN PUBLIC COMMENT NOW!!!

- Redefines telehealth to include all forms of two-way, real-time audio telecommunications, such as telemedicine, telepsychiatry, teletherapy, etc.
- Adds coverage for virtual patient communications (telephone and online digital evaluation and management, interprofessional consultation) and remote patient monitoring codes.
- Eliminates restriction on "video cell phone interactions;" telehealth can occur over a HIPAA-compliant platform on any device with audio/visual capabilities.
- Eliminates restrictions on originating sites: an originating site can be the patient's home and there are no distance requirements between originating and distant sites.
- Eliminates requirements for referring providers.
- Expands eligible provider types (varies by service).
- Eliminates consulting provider language; medical examinations can occur without oversight from a consulting provider.

Note: Final decisions about which telehealth services will be covered or not covered are subject to change..

Next Steps: Clinical Policy Updates

The Benefits team is following a detailed process to update Clinical Policies and align with flexibilities recommended to keep or keep with changes in the Circuit Breaker.

1 Revise 1H Into Brand New Medicaid Telehealth Policy

- **June**
  - Review and Revise New Telehealth Policy (Complete)
  - Physician Advisory Group (PAG) reviews and provides feedback (Complete)
- **July**
  - New Telehealth Policy Posted For Public Comment (Complete)
  - Include cover letter communication giving context for New Telehealth Policy (Complete)
- **August/Sept**
  - Complete Public Comment and Prepare New Telehealth Policy for Release

Clinical Policy change effective dates TBD due to pending extension of the Public Health Emergency

https://medicaid.ncdhhs.gov/meetings-and-notices/proposed-medicaid-and-nc-health-choice-policies

2 Revise service-specific CCPs for telehealth and non-telehealth circuit breaker recommendations

- **June**
  - NC Clinical SMEs draft changes for applicable CCP changes (Complete)
  - NC Clinical SMEs present revised CCPs to Manatt and Leadership Team (Complete)
- **July**
  - NC Clinical SMEs and Leadership finalize CCP revisions based on feedback gathered during the team meetings
  - CCP revisions are sent to PAG for review and feedback
  - CCPs are posted for Public Comment
- **August/Sept**
  - Submit SPA requests for applicable CCPs
  - Complete Public Comment, Receive applicable SPA approval, Prepare Updated CCPs for Release
- **October**
  - Coordinated release of updated CCPs and communications associated with changes

Telehealth and Virtual Patient Communication Claims Analysis

Based on the last 30 days of processing Telehealth and Virtual Patient Communication claims lines, 91.68% were successfully processed and 8.32%* of claim lines were denied

*Denials may be inflated by claims which were denied and resubmitted under a new TCN

Top 5 Paid Service Categories

- Psychiatric Diagnostic Evaluation and Psychotherapy
- Speech Evaluation and Therapy
- Enhanced Behavioral Health Services
- Office or Other Outpatient Service and Office and Inpatient Consultation
- Telephonic Evaluation and Management

Top 5 Denied Service Categories

- Office or Other Outpatient Service and Office and Inpatient Consultation
- Telephonic Evaluation and Management
- Psychiatric Diagnostic Evaluation and Psychotherapy
- Speech Evaluation and Therapy
- Enhanced Behavioral Health Services

Telehealth and Virtual Communication Billing Guidelines

Based on analysis of denied claims, sharing information on top denial reasons that Providers can review and proactively address to improve successful and timely processing of their claims.

Bill using valid Place of Service (POS), refer to Telehealth and Virtual Patient Communication billing guide for details

Overall we have seen a strong adherence to Telehealth and Virtual Patient Communication Billing Guidelines, but we are seeing some claims billed with the incorrect place of service. Please refer to the Telehealth and Virtual Patient Communication billing guide available to NC Medicaid Portal for POS billing requirements.

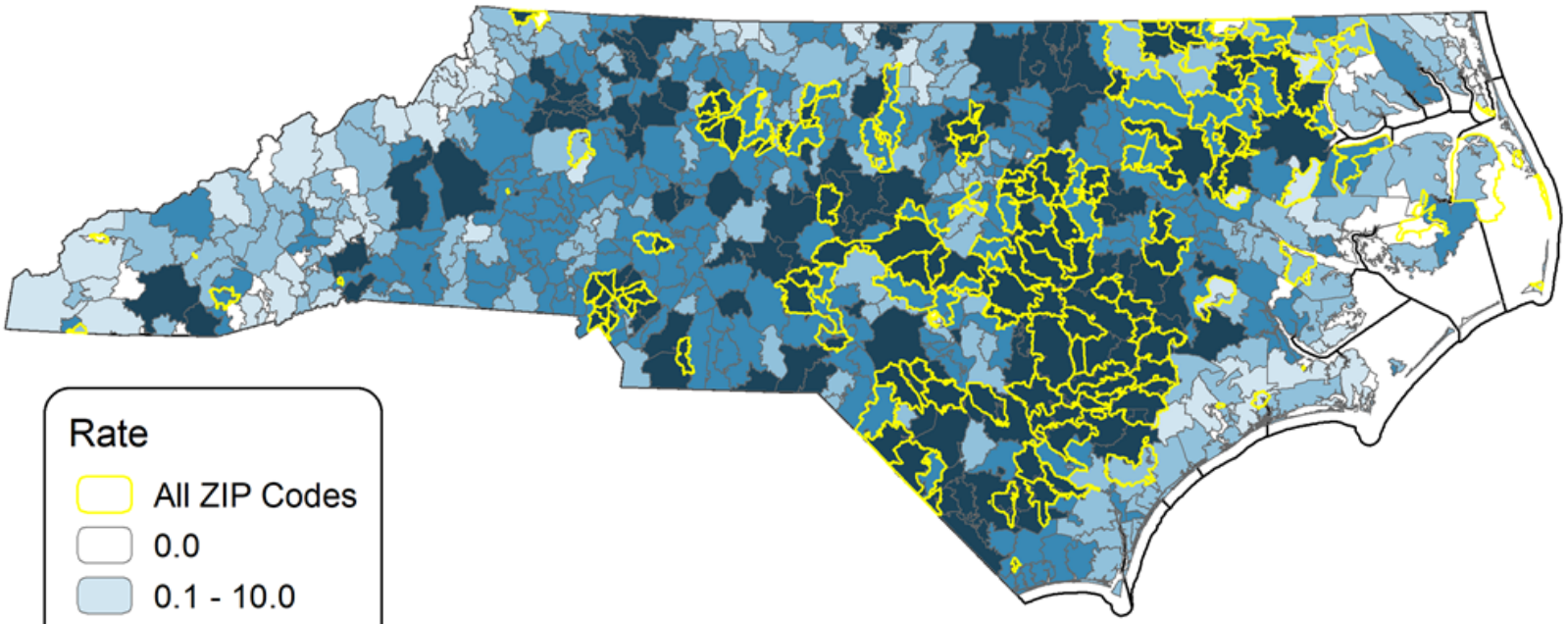
Ensure your Service Location is on File and Address is Valid

This denial reason is not unique to Telehealth and Virtual Patient Communication billing rules. The service location provided on the claim must be on file with NC Medicaid.

Ensure active and valid Taxonomy is included

This denial reason is not unique to Telehealth and Virtual Patient Communication billing rules. Crossover claims are getting denied due to invalid or missing taxonomies. Crossover claims are claims for beneficiaries with both Medicaid and Medicare. These claims can be corrected and resubmitted to Medicaid as a secondary filing.

CHAMP: Community (testing in) High-priority And Marginalized Populations



State Center for Health Statistics

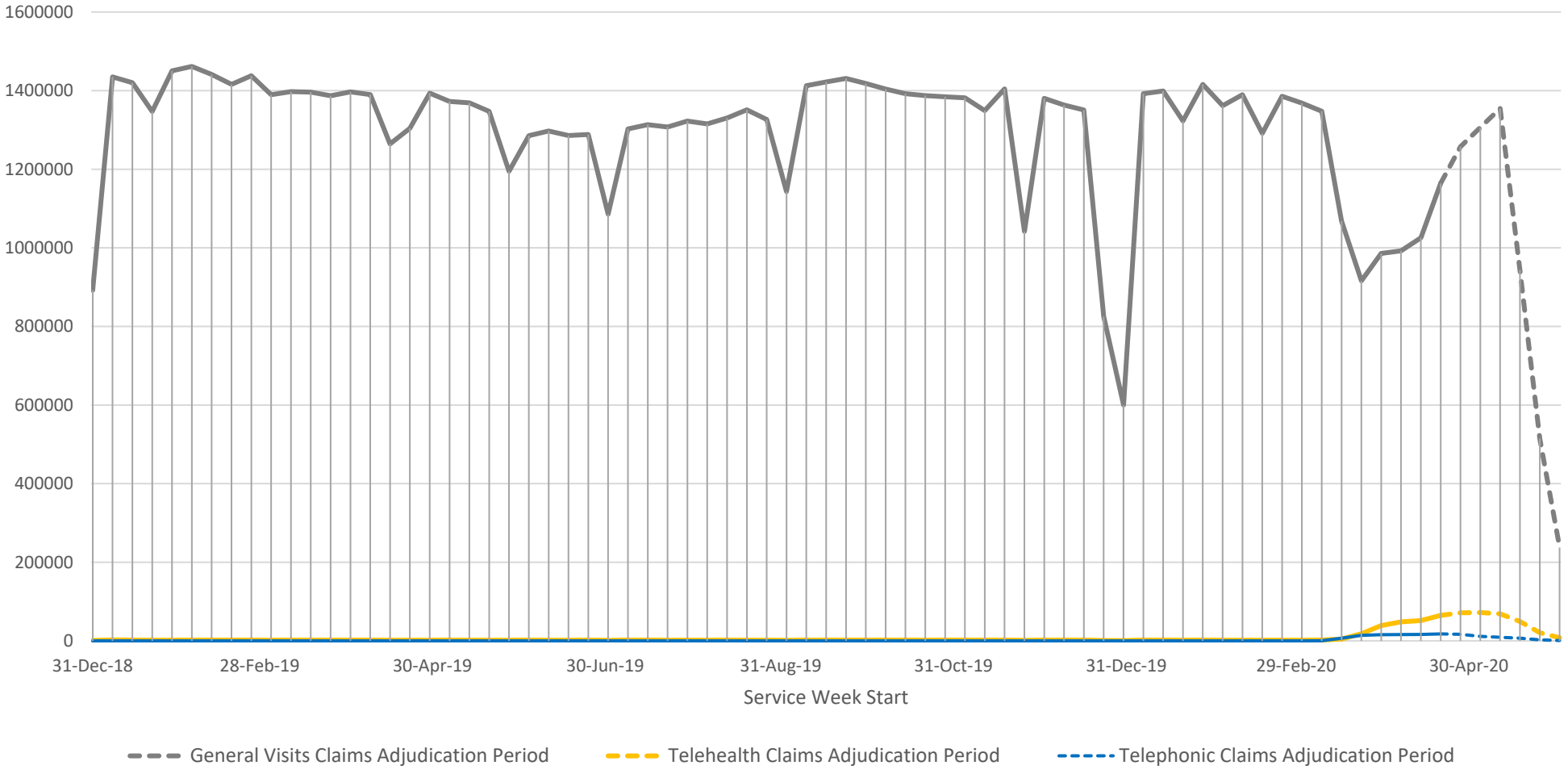
https://covid19.ncdhhs.gov/about-covid-19/testing

Medicaid Telehealth/Telephonic Uptake Analysis

DHB Telehealth, Telephonic and In-Person Claims Volume | 12/31/18 – 06/07/20

A note on data source (DHB/CCNC)

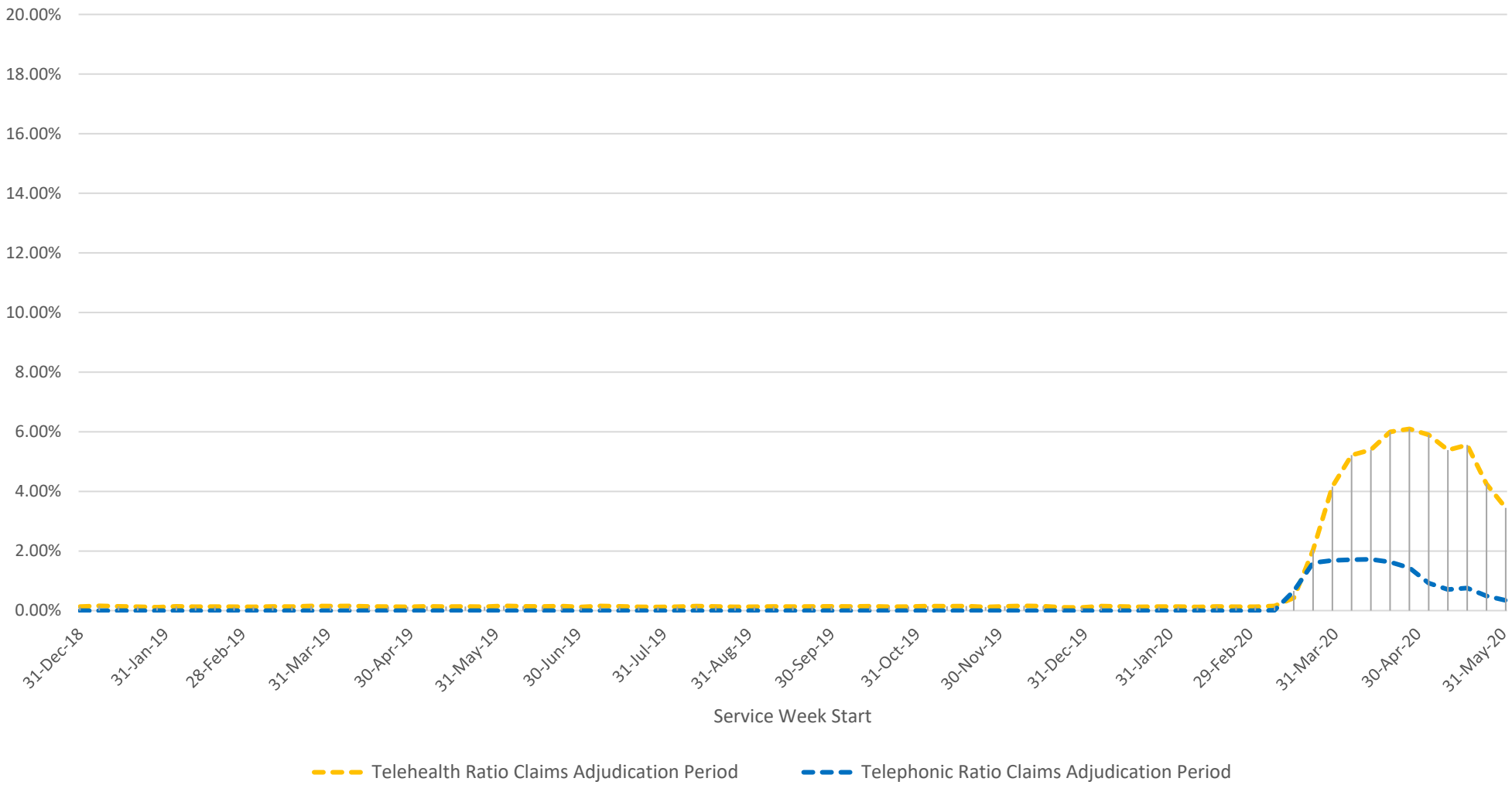
- Steep increases in telehealth and telephonic visits and an even steeper decrease in-person visits combined to produce dramatic increases in telehealth and telephonic visit ratios.
- General visits appear to be rebounding since mid-April.
- All visit types decrease with claims adjudication (dotted line).



Data pulled from DHB dashboard, contains ALL professional claims

Ratio of Telehealth Visits to General Visits | 12/31/18 – 6/7/20

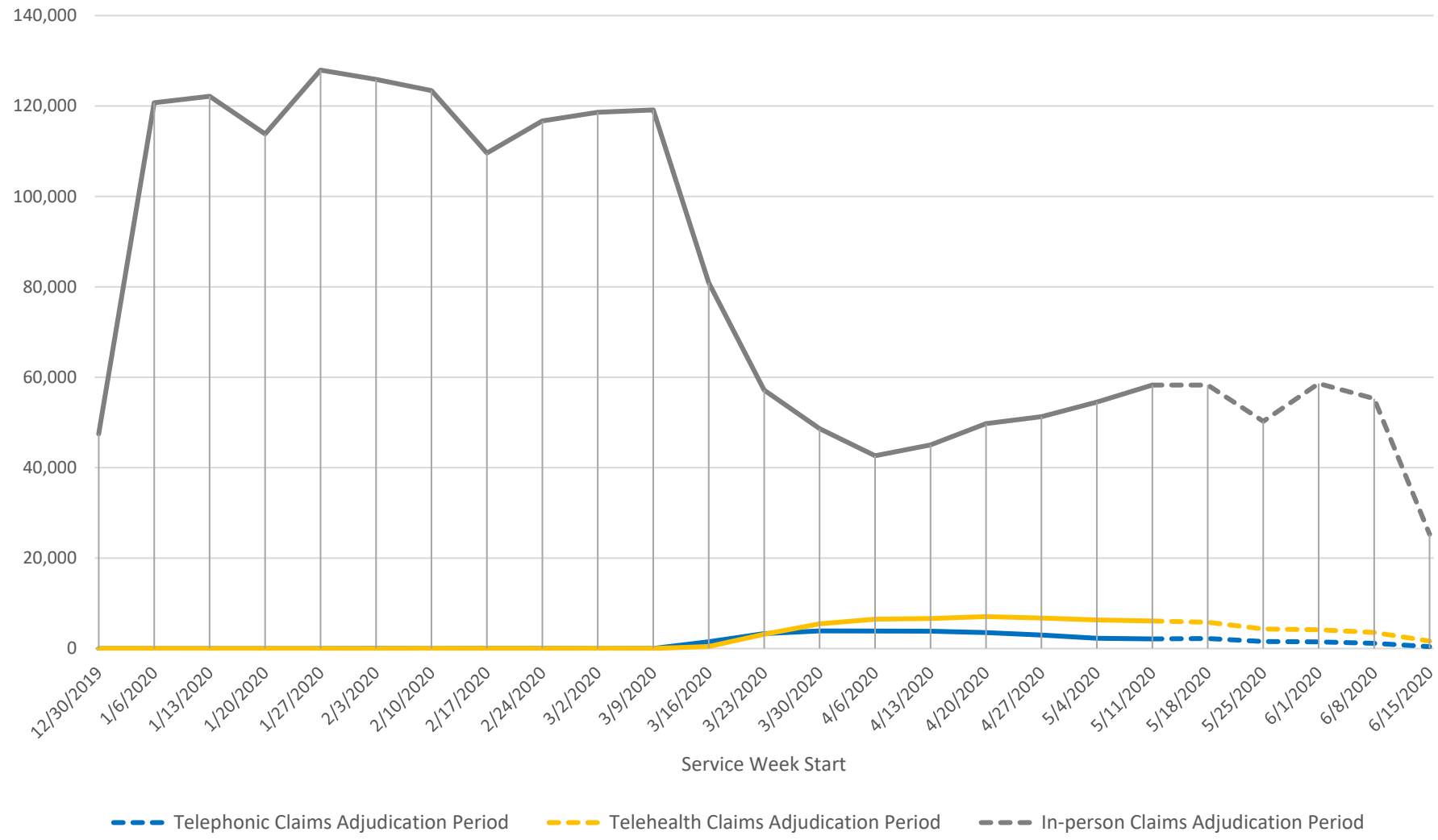
- Telephonic and telehealth visit ratios jump after DHB's March 10th implementation telehealth/telephonic policy changes.
- Since this data contains all professional claims, the telehealth ratio is low. Later charts focus on specific provider types.



Data pulled from DHB dashboard, contains ALL professional claims

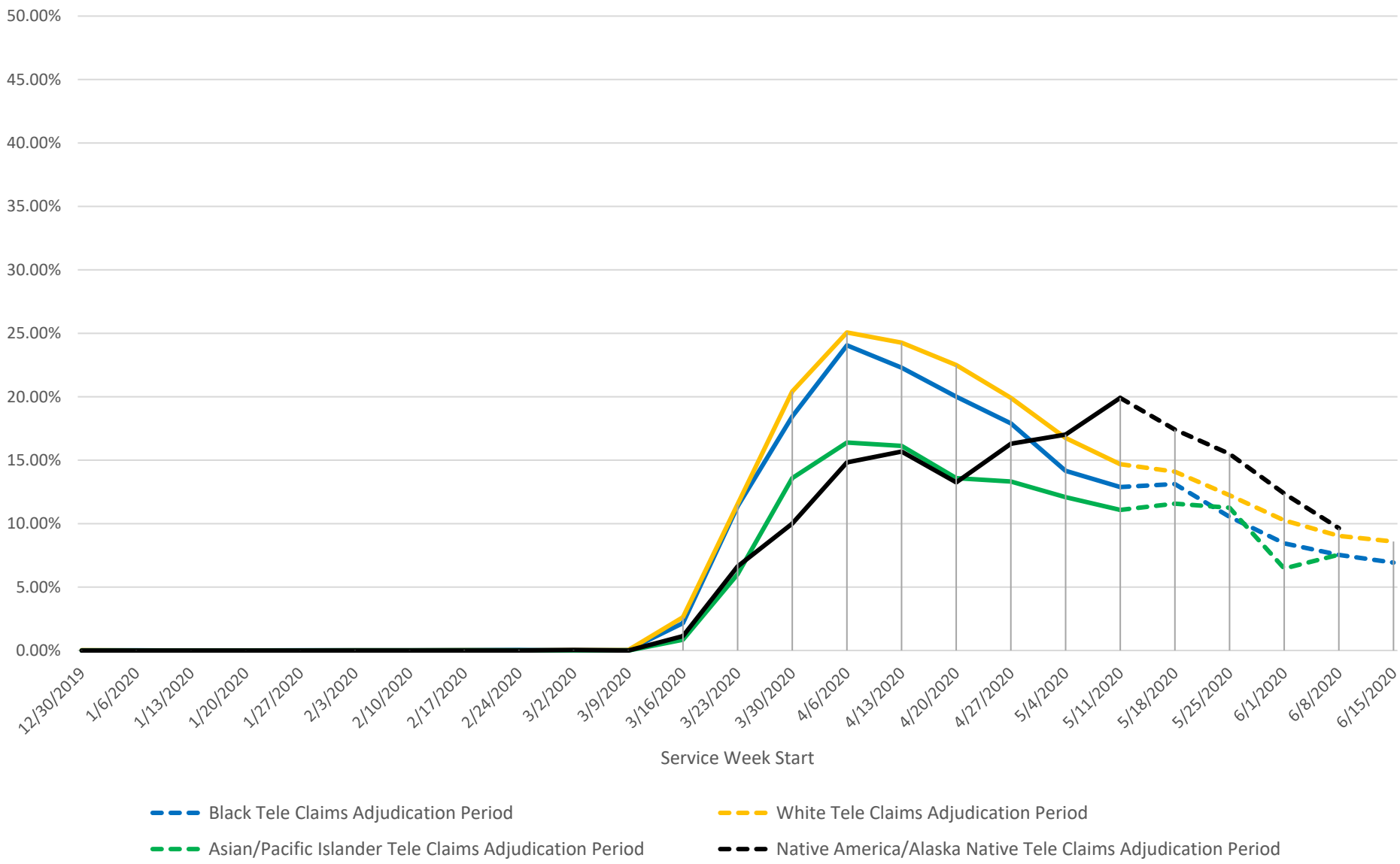
Primary Care/OB Telehealth, Telephonic and In-Person Claims Volume | 12/30/19 – 06/21/20

Volume for all modalities decreases with claims adjudication



Data pulled from CCNC dashboard

Primary Care/OB Telehealth/Telephonic to In-Person Ratios by Race | 12/30/19 – 6/21/20

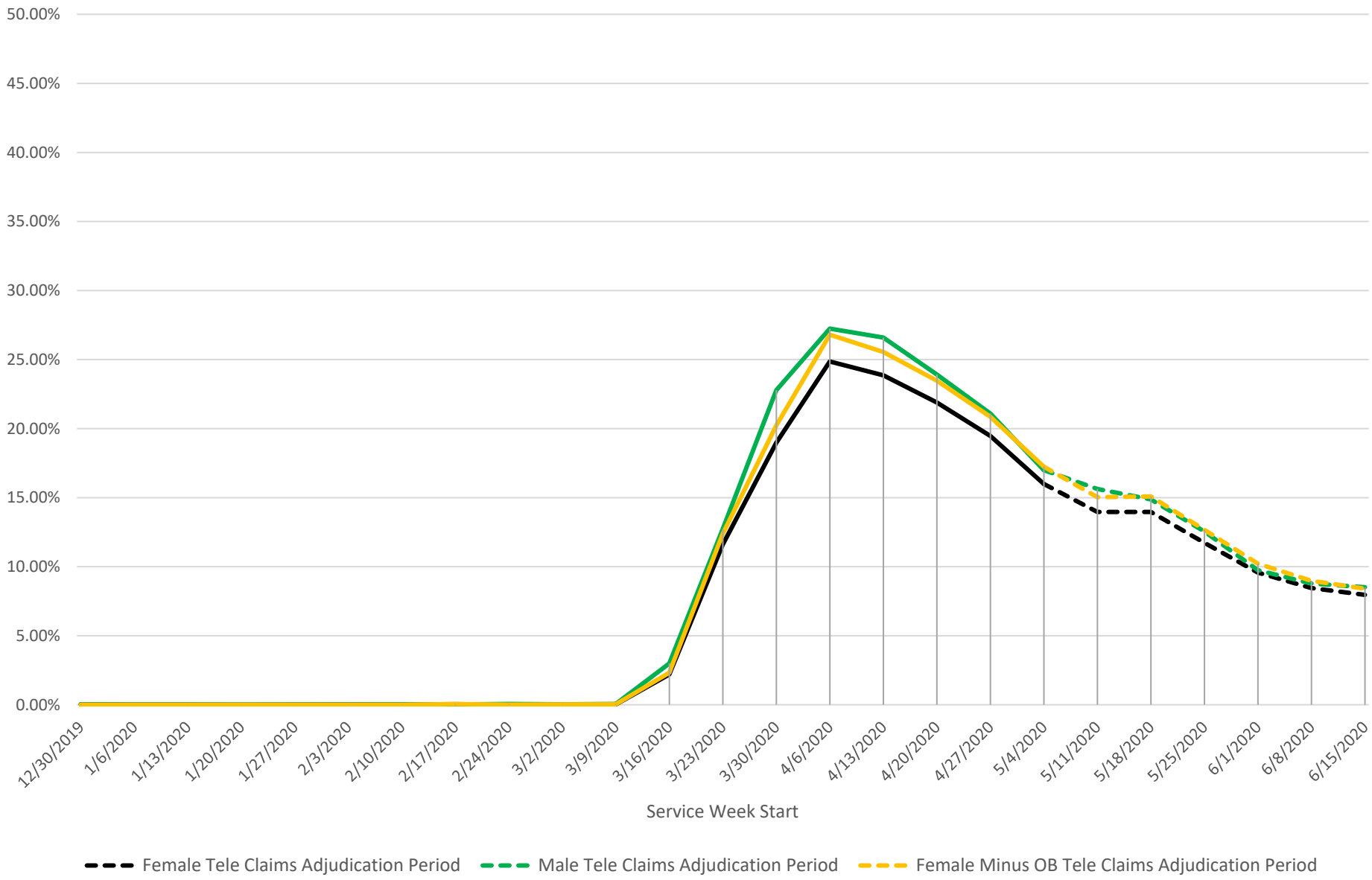


In this chart, values for the Asian/Pacific Islander and Native American/Alaska Native subgroups for service week starting 06/15/2020 have been suppressed due to the small number of claims submitted to-date
Data pulled from CCNC dashboard

Combined Telehealth/Telephonic to In-Person Ratios by Ethnicity| 12/30/19 – 6/21/20

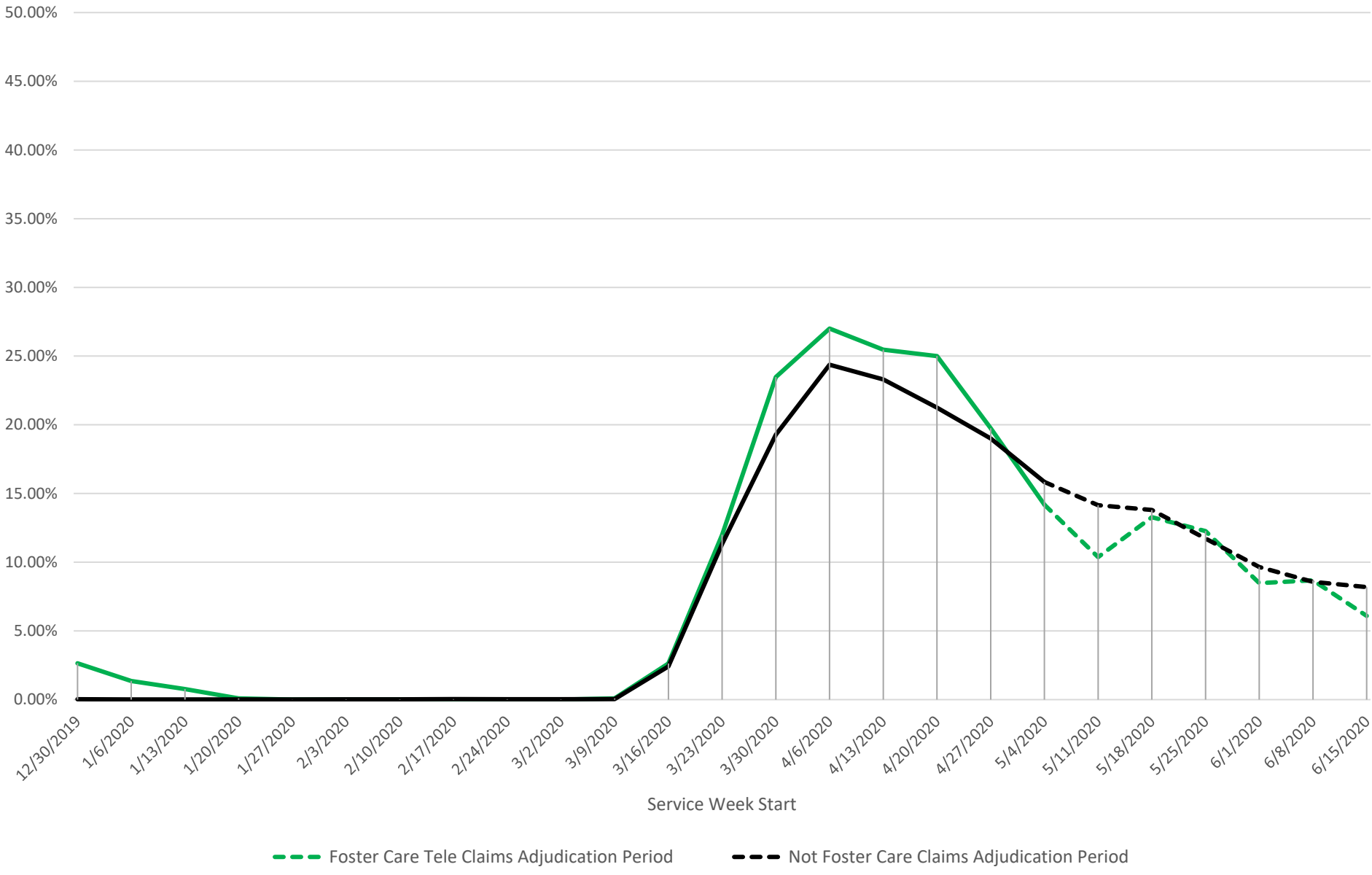
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Combined Telehealth/Telephonic to In-Person Ratios by Gender| 12/30/19 – 6/21/20



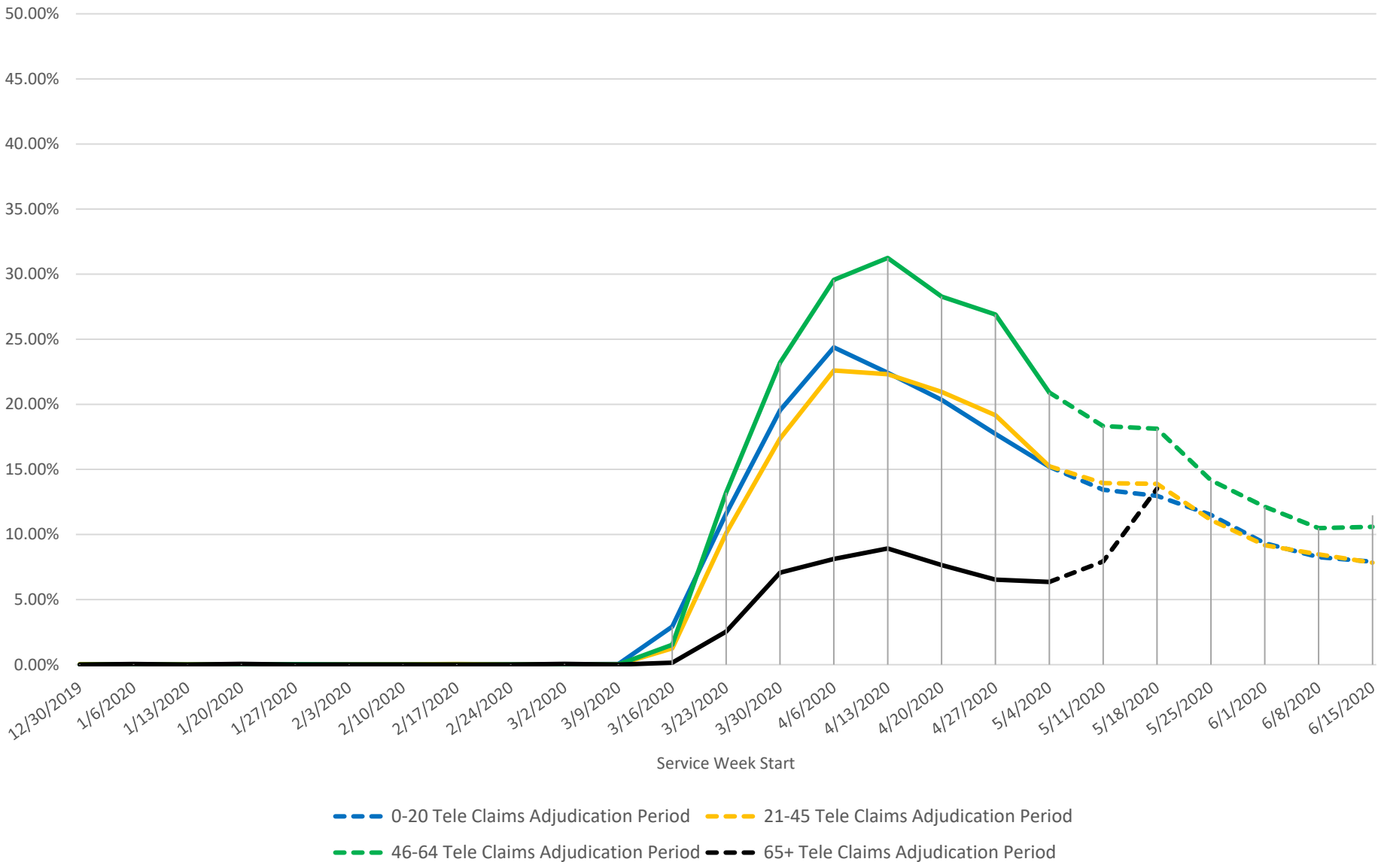
Under NC Medicaid's global billing policy, many providers do not bill for OB services until delivery, this lag artificially deflates claims-based rates of OB/Gyn care.
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Combined Telehealth/Telephonic to In-Person Ratios by Foster Care | 12/30/19 – 6/21/20



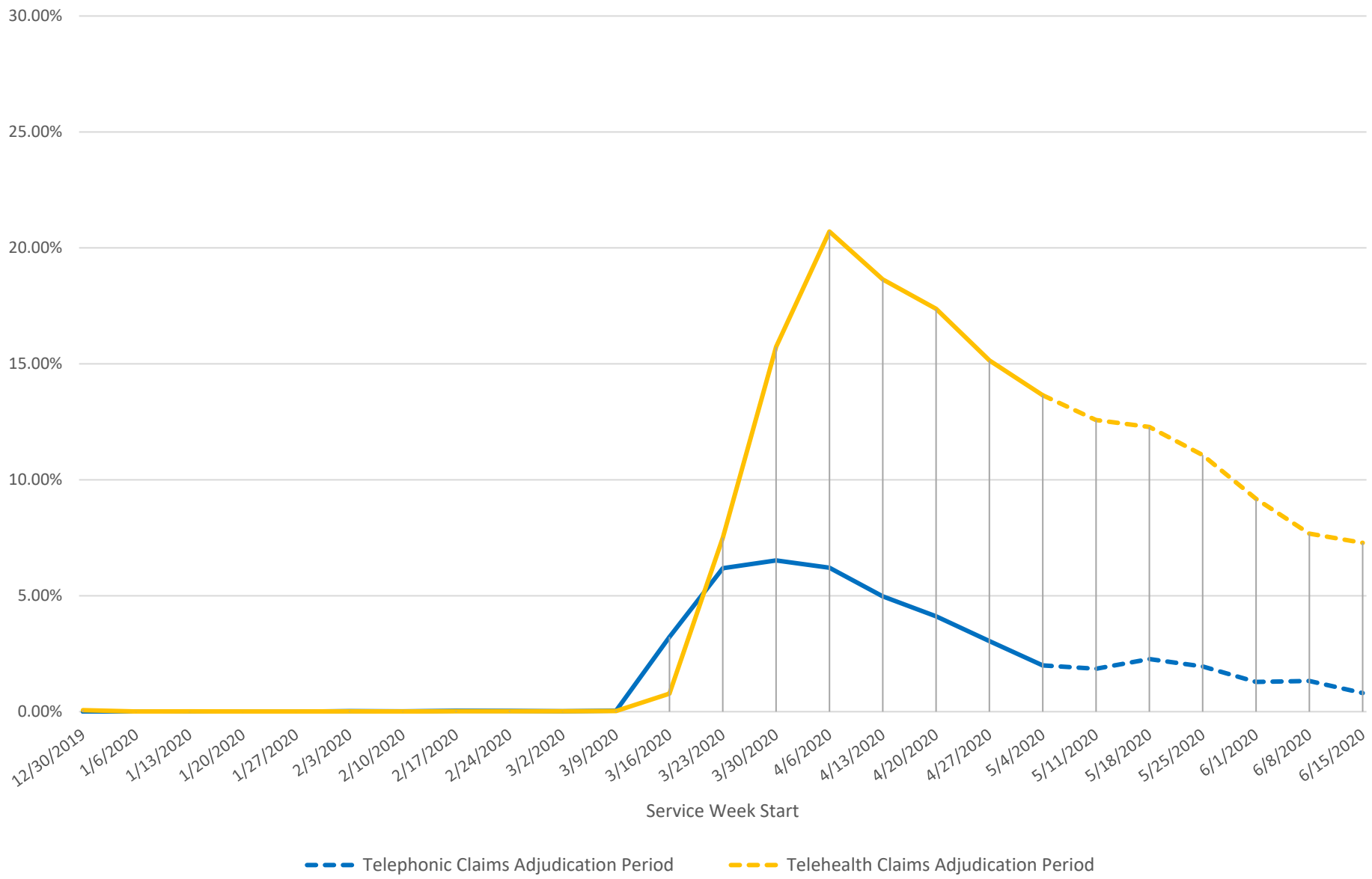
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Combined Telehealth/Telephonic to In-Person Ratios by Age Group | 12/30/19 – 6/21/20



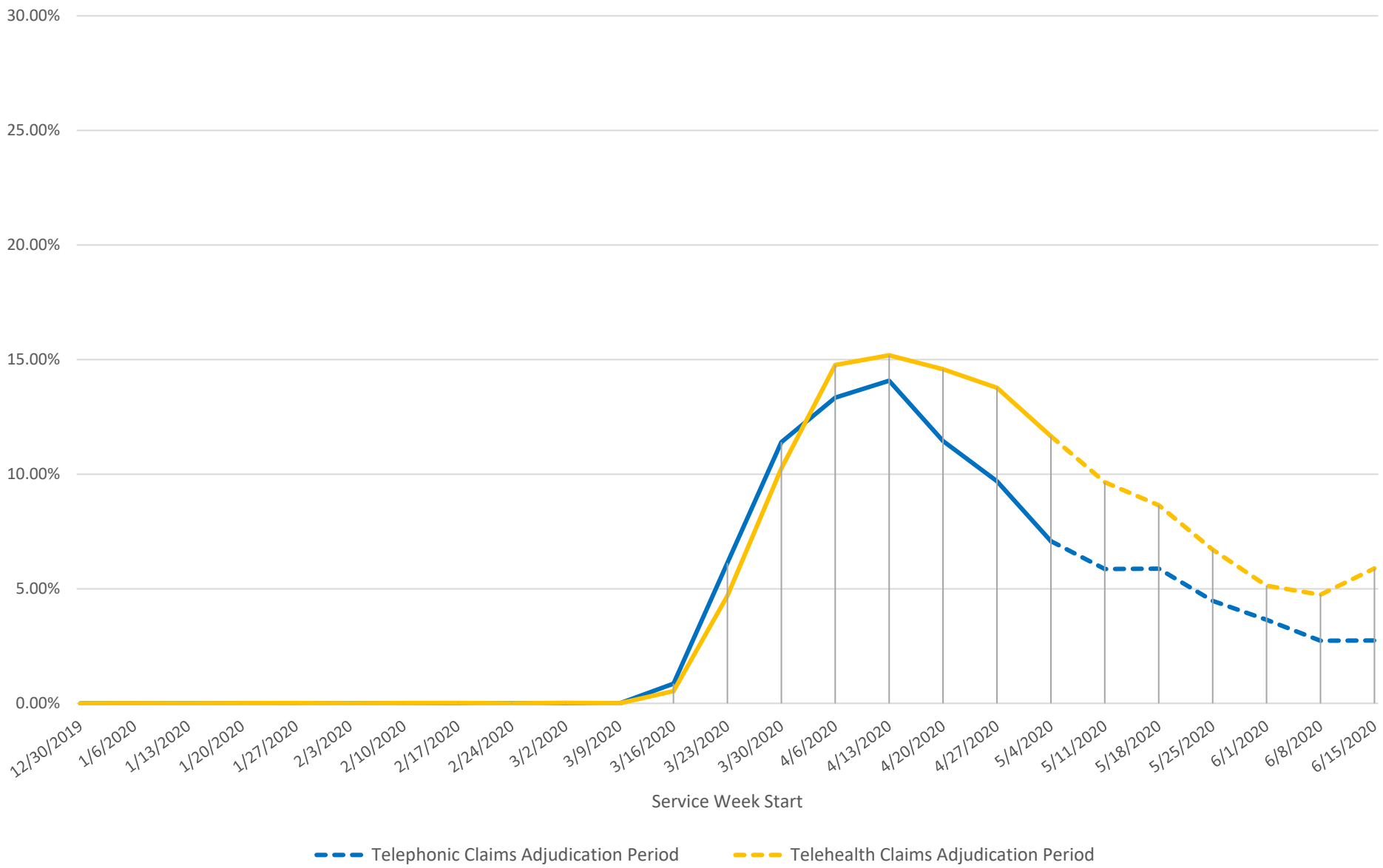
In this chart, the value for the 65+ population for service weeks after 05/18/2020 has been suppressed due to the small number of claims submitted to-date for this subgroup for this time period.
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Telehealth and Telephonic Ratios for Peds | 12/30/19 – 6/21/20



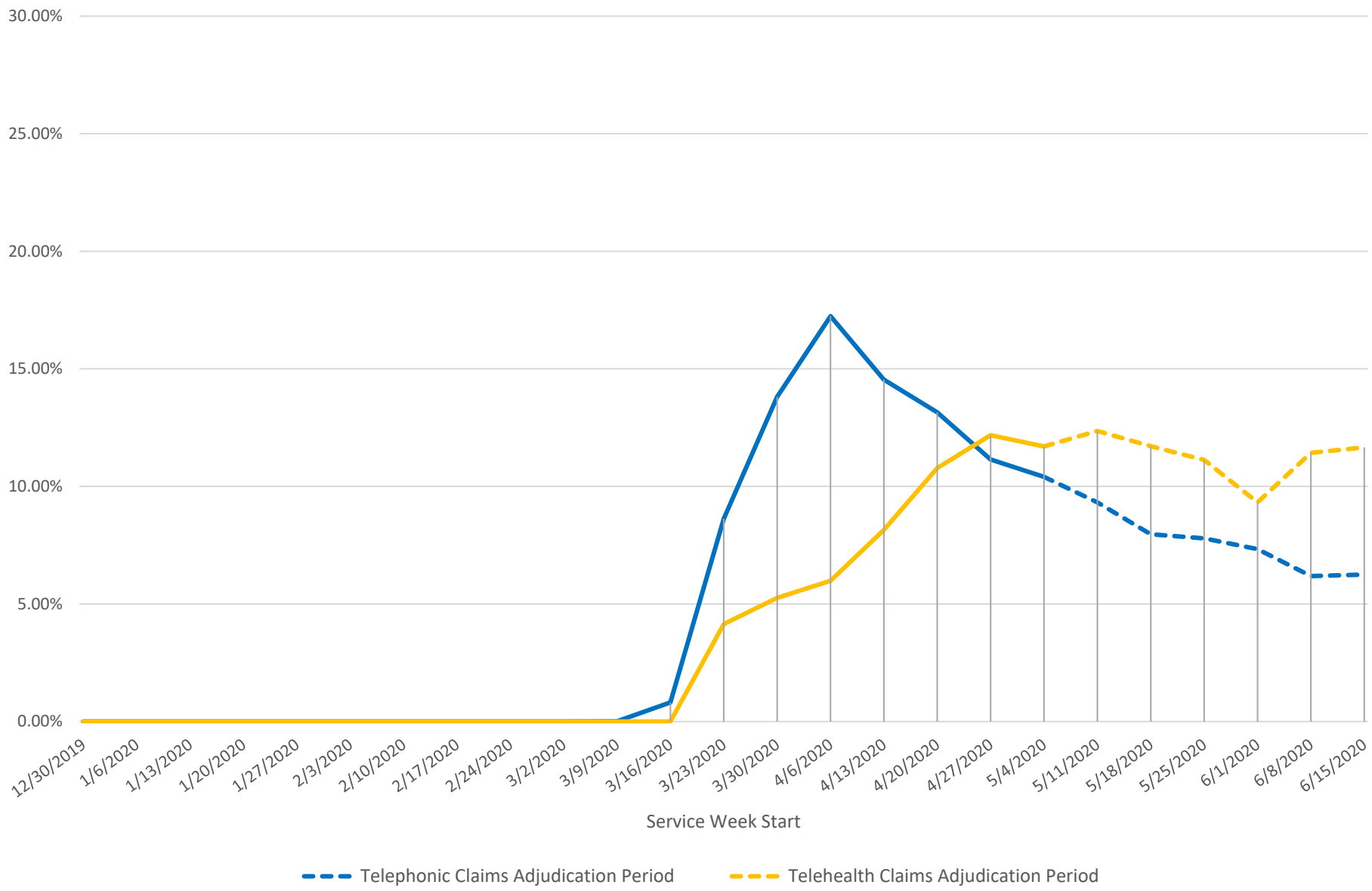
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Telehealth and Telephonic Ratios for Gen/Family | 12/30/19 – 6/21/20



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Telehealth and Telephonic Ratios for FQHCs | 12/30/19 – 6/22/20

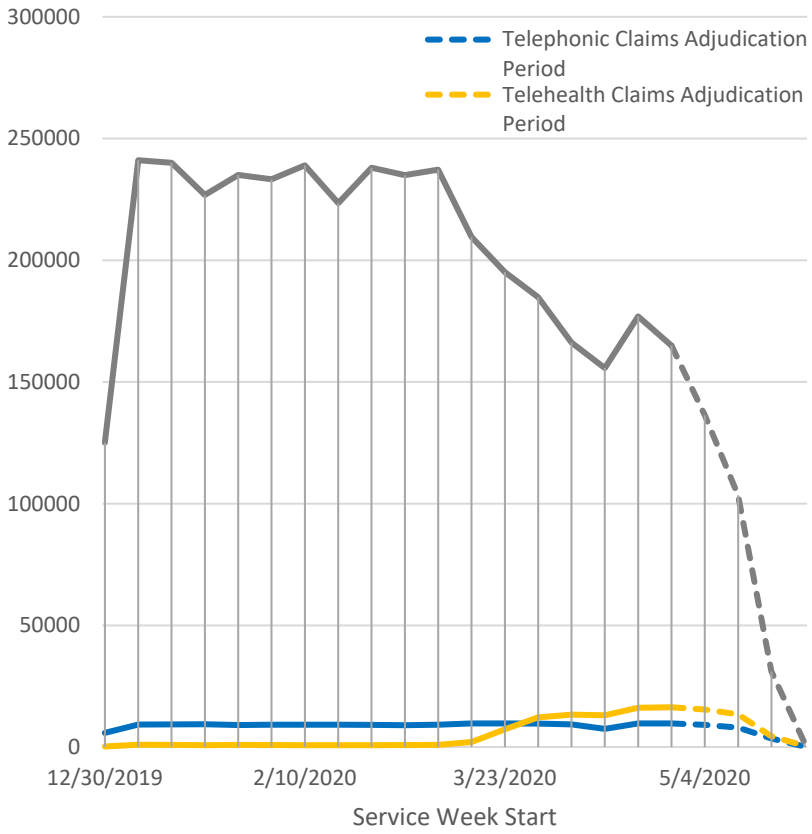


Data pulled from CCNC dashboard, containing mainly primary care and OB claims

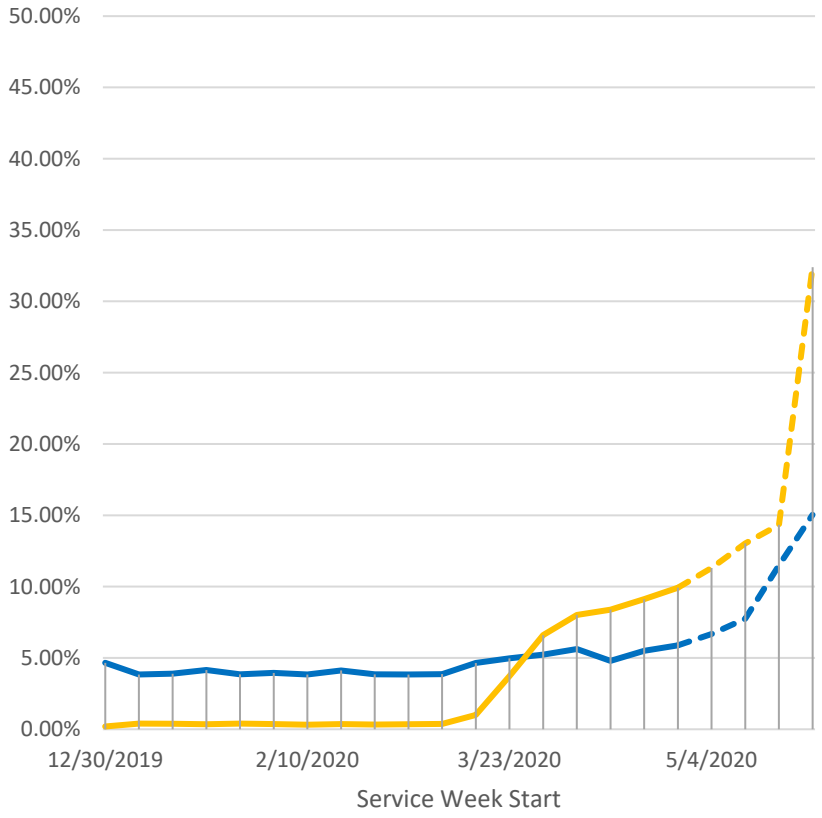
Behavioral Health Telehealth, Telephonic Uptake | 12/30/19 – 6/03/20

- While in-person behavioral health (BH) claims (grey line, left chart) have decreased, telehealth claims (yellow line, left chart) have jumped. ***This relationship produces the spike in the ratio of telehealth to in-person services represented by the yellow line in the chart on the right.***
- **BH telehealth ratios for the two most recent weeks are higher than the ratios for any other service type in this analysis.**

Telehealth, Telephonic and In-person Claims Volume

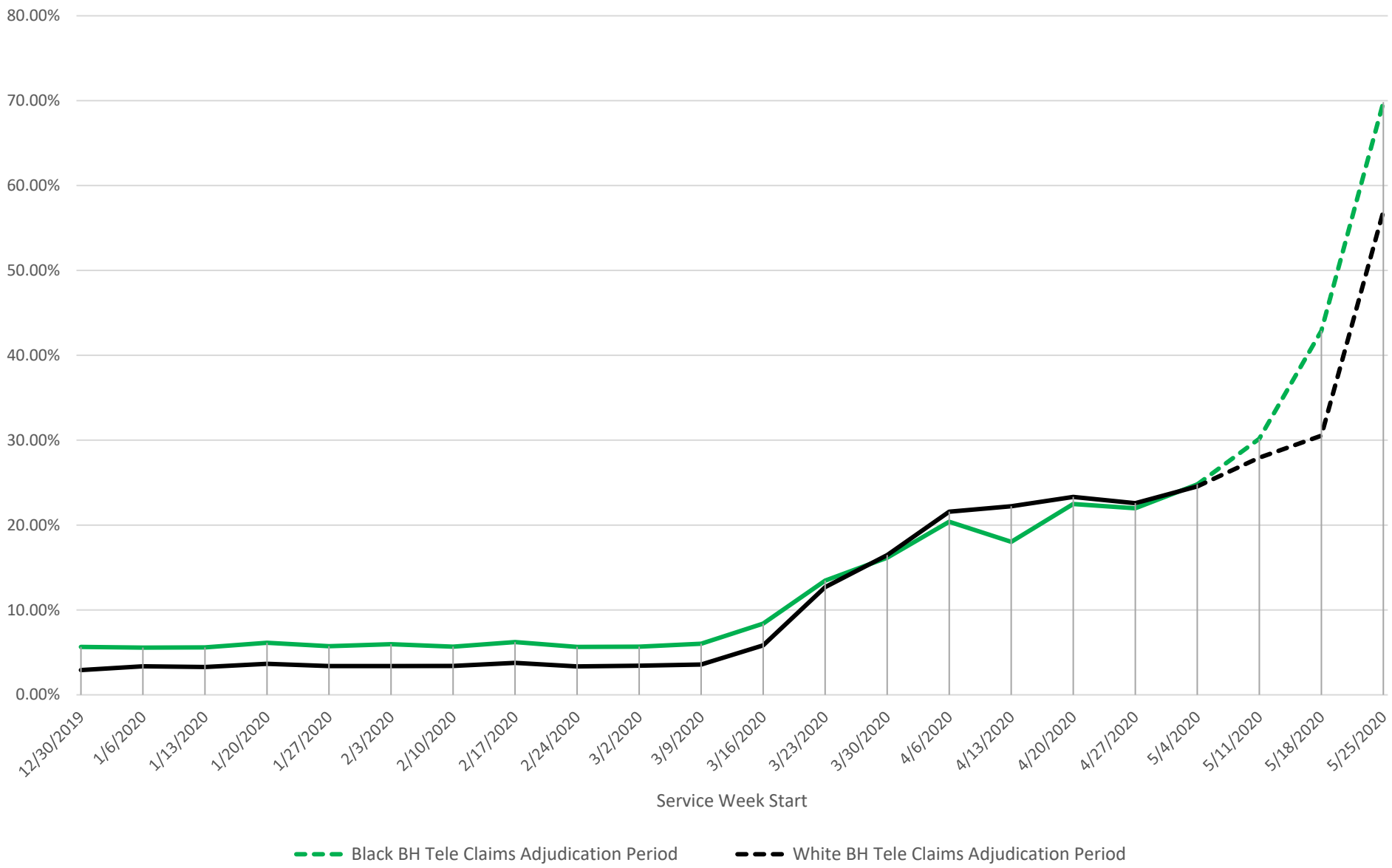


Telehealth and Telephonic to In-Person Service Ratios



Data pulled from CCNC dashboard

Behavioral Health Telehealth/Telephonic to In-Person Ratios by Race | 12/30/19 – 6/03/20

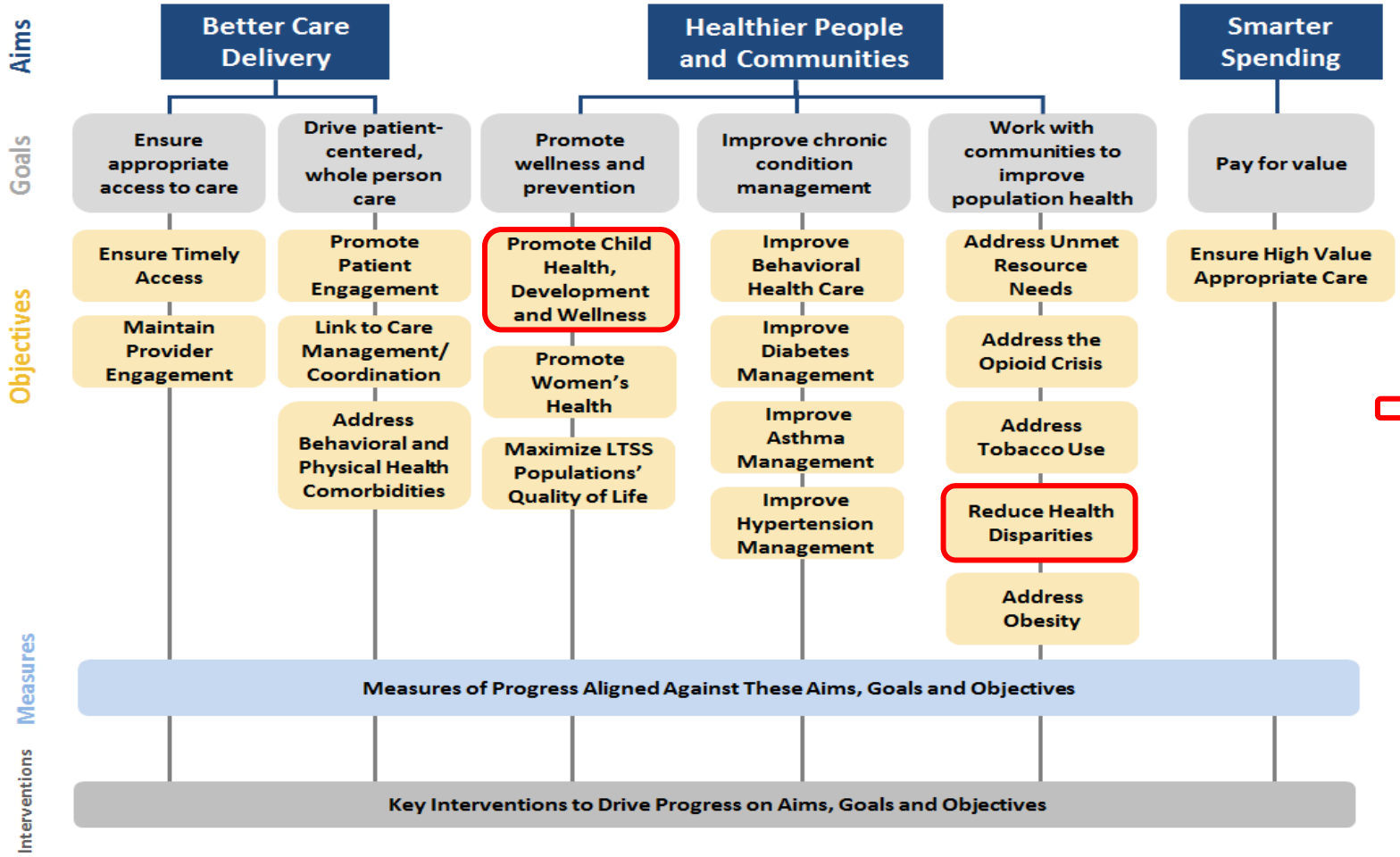


Data pulled from CCNC dashboard

Closing Care Gaps: QI Action Planning

North Carolina Medicaid Quality Framework

The Quality Framework defines and drives the overall vision for advancing the quality of care provided to Medicaid beneficiaries in North Carolina.



Source: North Carolina Medicaid Quality Strategy

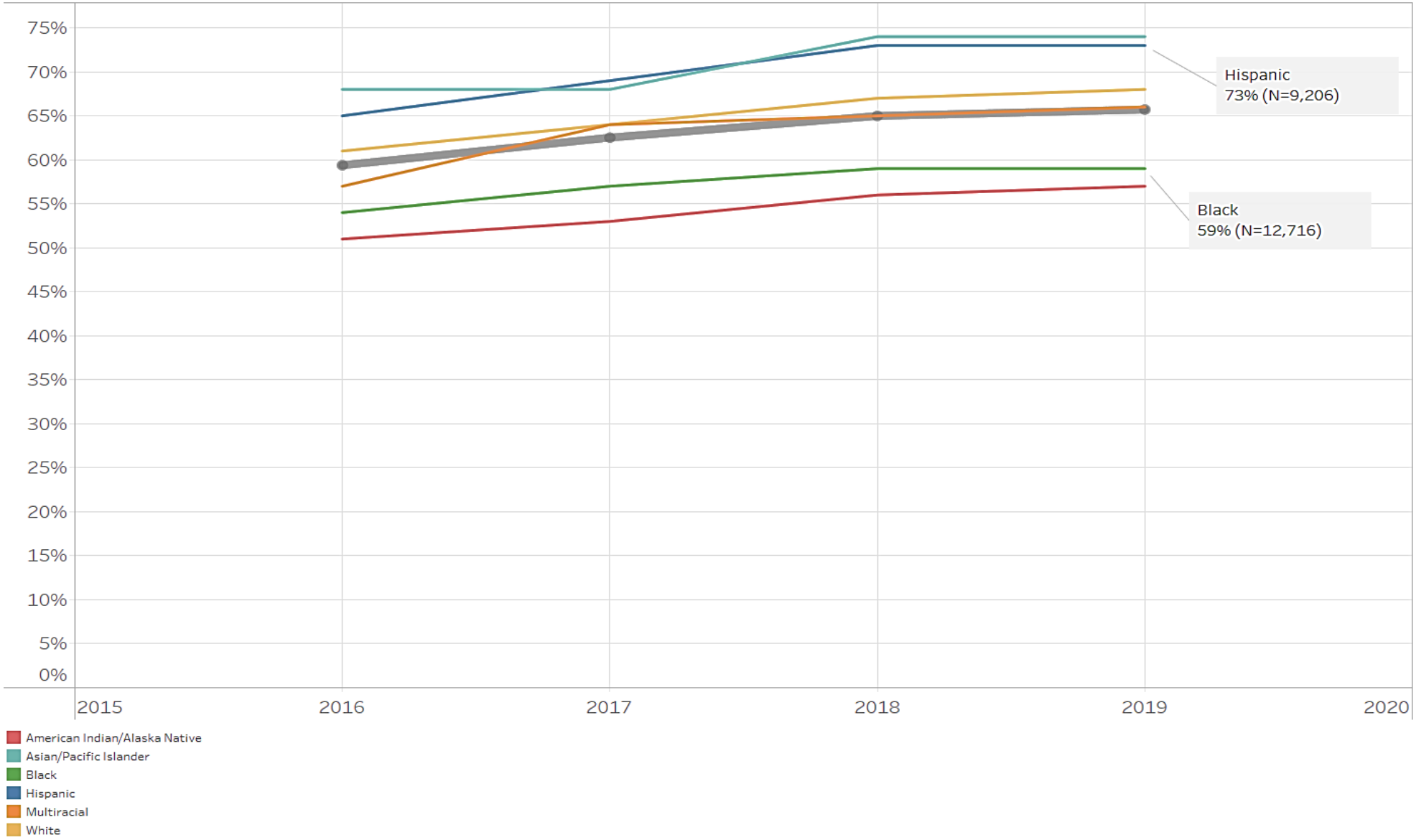
Annual Medicaid Quality Management Cycle

- **Quality Measure Monitoring & Reporting**
  - Annual Measures
    - Stratifications—race/ethnicity, gender, geography, age, disability status
  - Track against national benchmarks; set targets
  - Quarterly tracking of select priority measures (child, maternal, adult)*

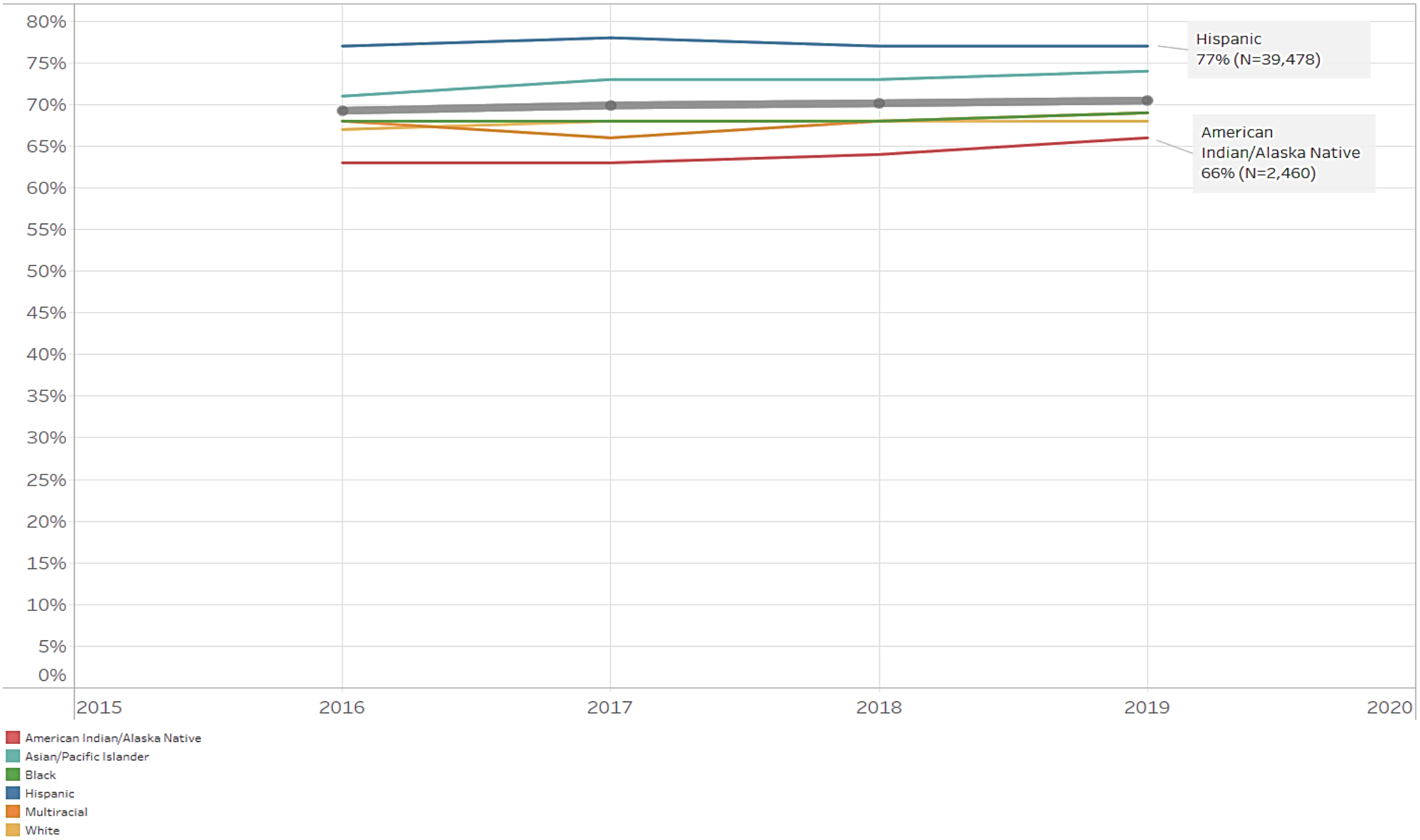
- **Quality Improvement**
  - Choose Annual Priorities (2020)
    - **Well-Child Visits in the First 15 Months of Life**
    - **Well Child Visits 3-6 Years of Life**
    - **Childhood Immunization Status**
    - **Promote Health Equity**
  - Mobilize DHB, CCNC, AHEC, other partners on QI action planning

*following slides demonstrate quarterly tracking

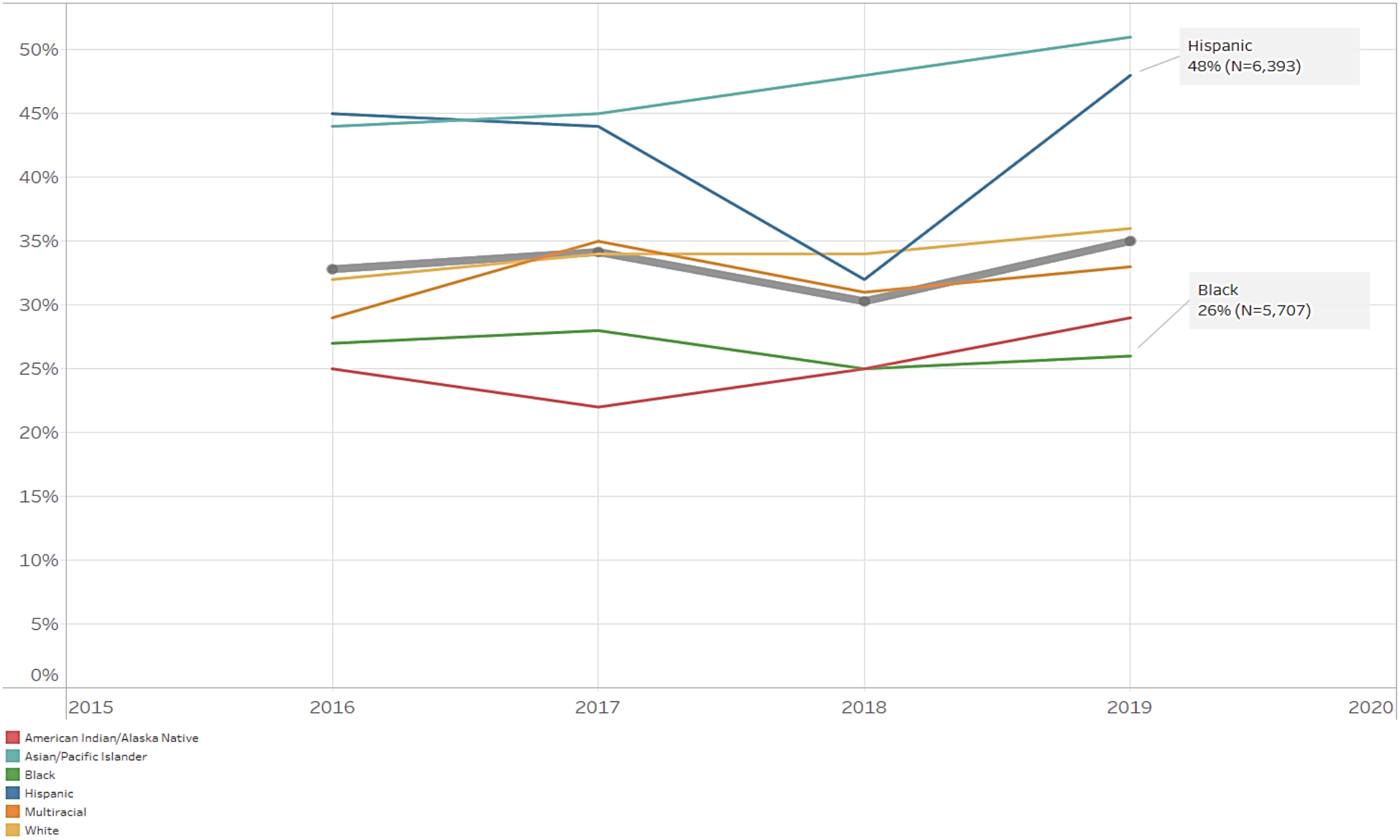
Well-Child Visits in the First 15 Months of Life | 2016-2019 | Race/Ethnicity



Well-Child Visits 3-6 Years of Life | 2016-2019 | Race/Ethnicity

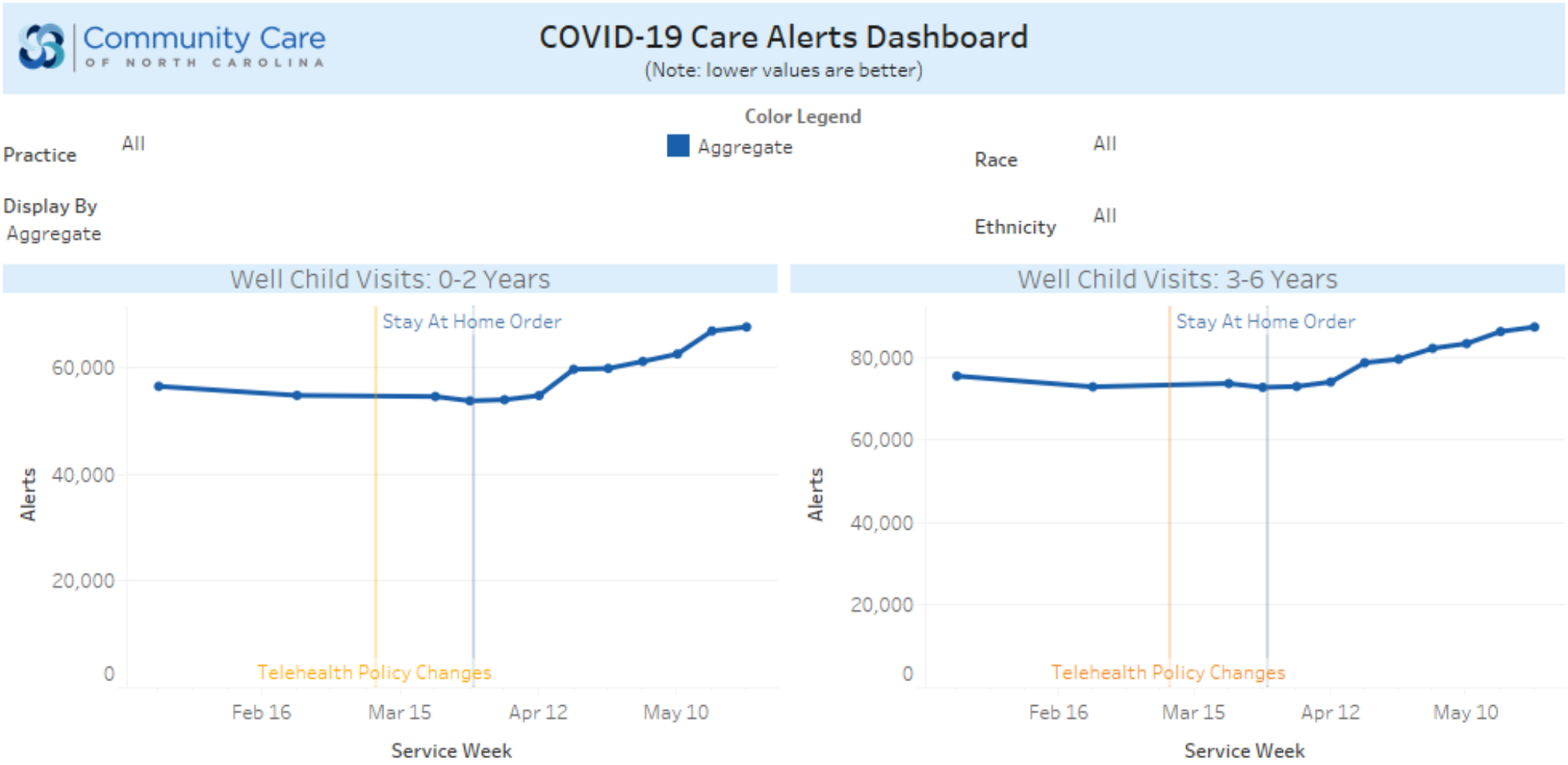


Childhood Immunization Status | 2016-2019 | Race/Ethnicity



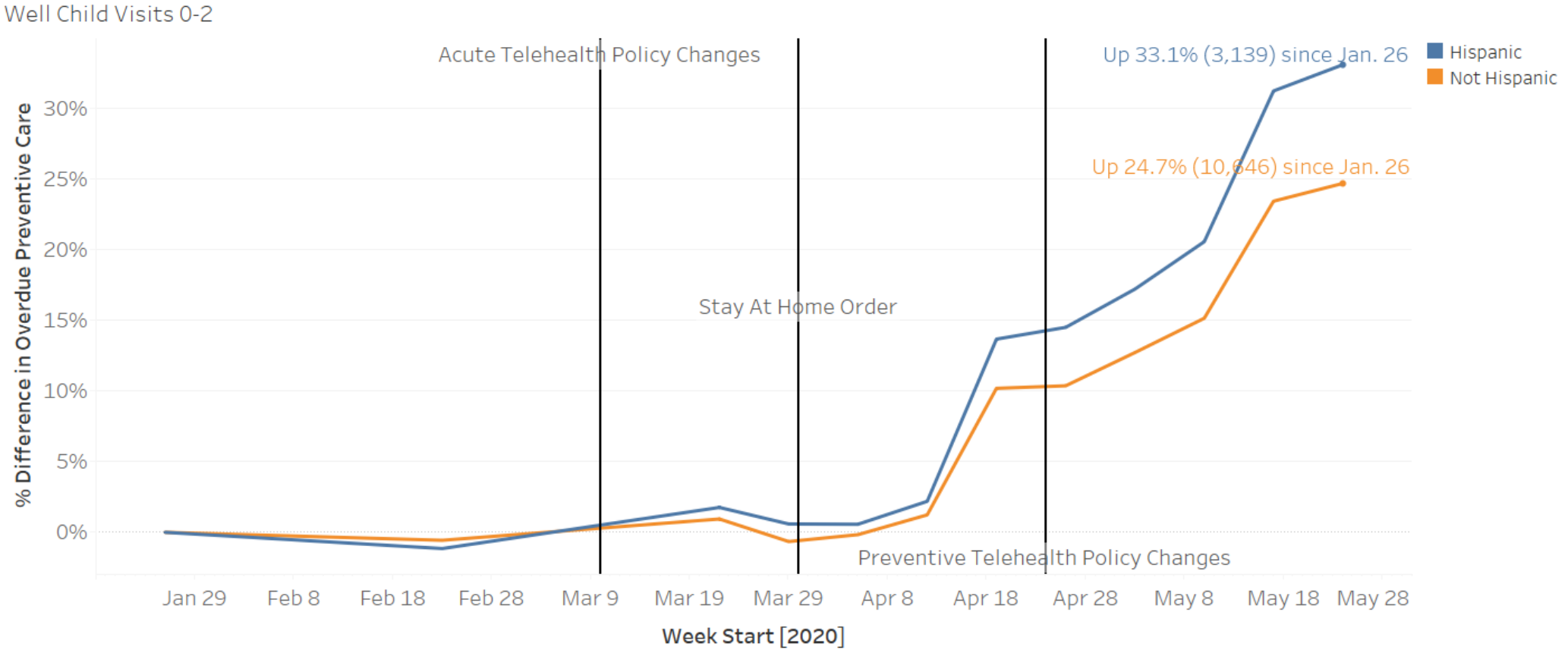
CCNC Care Alert Dashboard

- The data in this presentation are pulled from CCNC's COVID-19 Care Alert Dashboard.
- Each care alert represents indicated preventive care that a beneficiary did not receive.
- Fewer care alerts is better.



Change in Volume of Overdue Preventive Care by Ethnicity - 1/26/20 – 5/30/20

Overdue preventive care has increased more among Hispanic beneficiaries than non-Hispanic beneficiaries across almost all categories.



Closing Care Gaps: Action Planning*

AHEC

- Creation of advisory group
- Develop QI Strategy

AHEC/CCNC

- Practice support to targeted practices

CCNC

- Data analysis to identify and prioritize members and practices for outreach

DPH-LHDs

- Targeted CC4C care management outreach from prioritized lists

DHB

- Member Education & social media marketing
- DHHS community partnership outreach
- Leverage Reach out and Read program

*Launch planned for early August

Questions?

Where To Get Information and Help

How to Contact Practice Support

CCNC Practice Support

Email: CCNCSupport@communitycarenc.org OR

CCPNSupport@communitycarenc.org

Phone: 919-926-3895

Website: https://www.communitycarenc.org/statewide-operations

NC AHEC Practice Support

Email: practicesupport@ncahec.net

Phone: 919-445-3508

Website: https://www.ncahec.net/practice-support/what-we-do/

COVID-19 Triage Plus – Resource for Practices and their Patients

Statewide, Inbound Call Center Providing:

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

COVID-19 Triage Plus Line:
211 or (877) 490-6642

Hours of Operation: 7am – 11pm
7 days a week, including holidays

Please add this number to your practices outbound phone message and your website.

Medicaid Resources

NCDHHS COVID-19 website: https://covid19.ncdhhs.gov/

Medicaid COVID-19 website: medicaid.ncdhhs.gov/coronavirus

Medicaid Special Bulletins: https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid/covid-19-special-medicaid-bulletins

Rates: medicaid.ncdhhs.gov/providers/fee-schedules

Telehealth Billing Code Summary: https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf

Email for Medicaid-specific questions or concerns:
medicaid.covid19@dhhs.nc.gov

Available Telehealth Vendor Support

- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
  - CCNC partnering with DocsInk
  - NC Medical Society partnering with Presence
  - NC Community Health Center Association partnering with Doxy.Me

CCNC/AHEC Website

https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information

Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
- Webinar recordings