



NC Department of Health and Human Services

Better With Time: Managed Medicaid Update

With your Hosts:

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And Special PHP CMO Guests:

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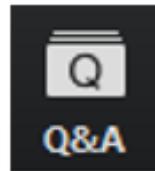
George Cheely

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1554&CustomerID=324](https://www.captionedtext.com/client/event.aspx?EventID=4601554&CustomerID=324)

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

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Video Settings

How We Will Spend Our Time Together

1. *Introduction to the Series*
2. *Better With Time: Transformation*
3. *Get to Know Your CMOs*
4. *What to do NOW for LATER*
5. *Medicaid Hot Topics*
6. *Open Questions and Answers with PHP & Medicaid CMOs*





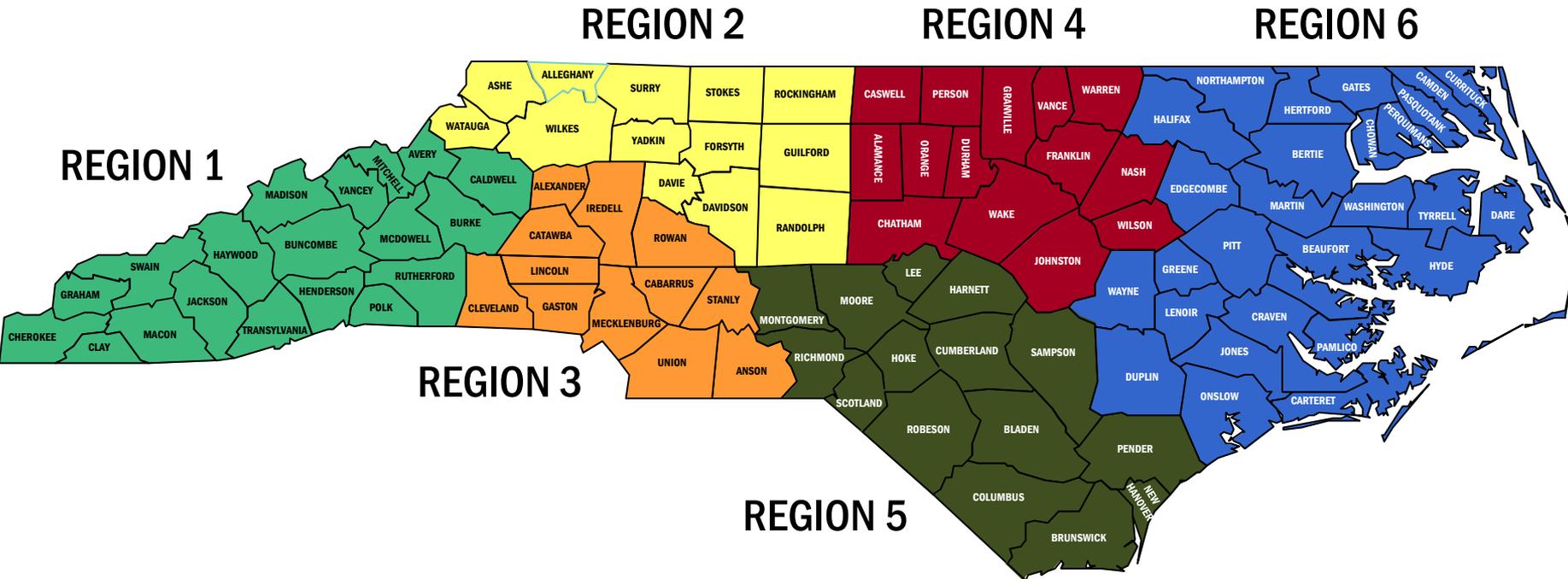
North Carolina's Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

Moving to Managed Care

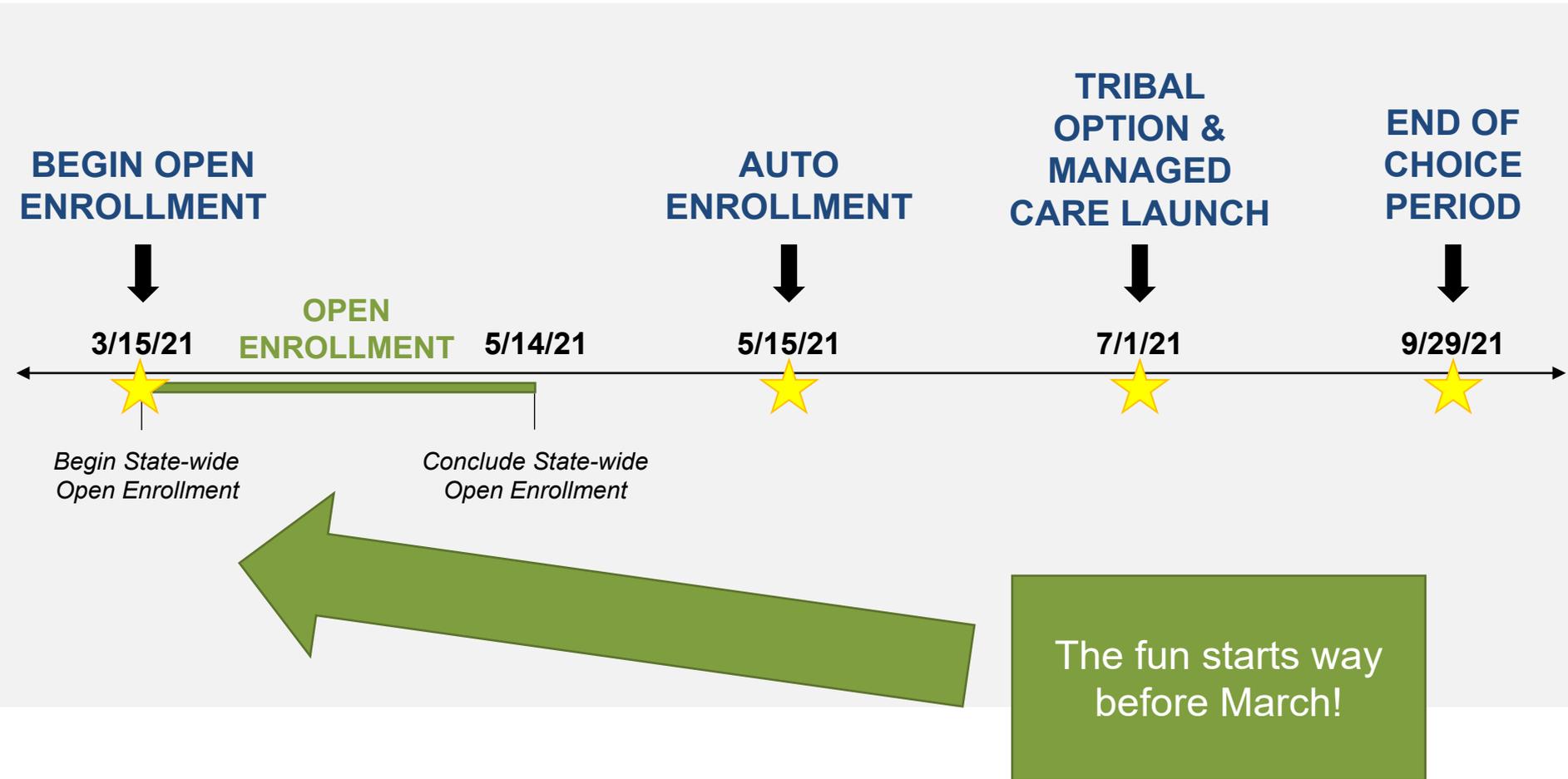
- **1.6 - 1.8 million Medicaid beneficiaries will enroll in Standard Plans.**
- **Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs)**
 - **AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)**
- **All health plans, all regions will go live on July 1, 2021.**
- **Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs, or they have limited benefits. This will be called NC Medicaid Direct.**

NC Medicaid Managed Care Regions



Challenges

- **COVID-19**
 - **Uncertainty about provider's prioritizing contracting**
 - **Complexity in project planning – rapid evolving conditions**
- **Other Program Changes**
 - **Tailored Plan Request for Application (RFA) and operational transition in preparation for July 2022 launch**
 - **DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM “Tribal Option” to go live in Region 1**

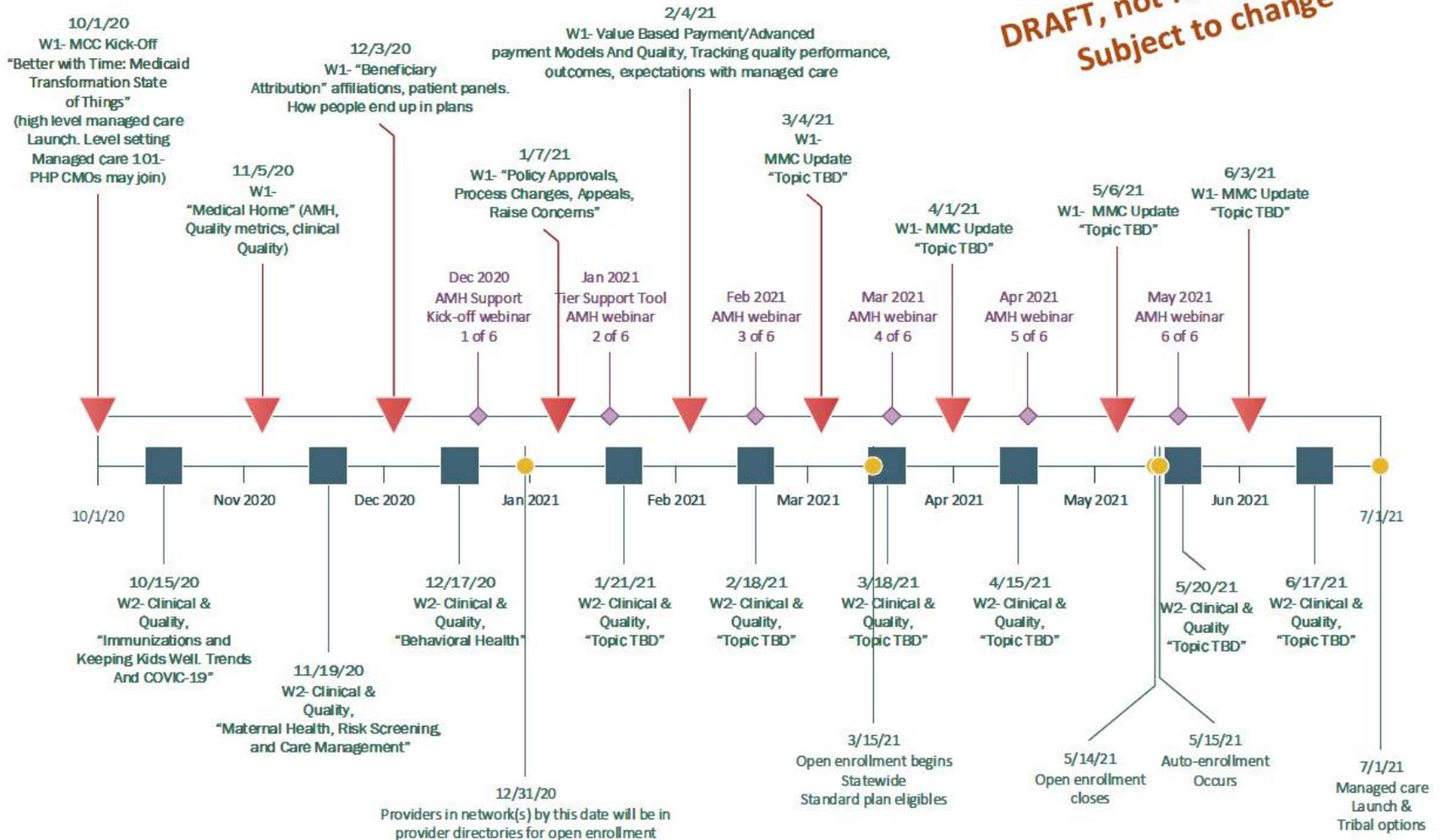


Restarting Managed Care Implementation – Highlight of Activities

- **Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTracks)**
- **Formulate capitation rates beginning in November '20 and submit to CMS for approval**
- **Re-review and resubmit to CMS for approval several health plans' contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)**
- **Update the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)**
- **Test Primary Care Provider Auto Assignment**
- **Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NCTracks, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse**
- **Re-validate Enrollment Broker readiness including call center staff and scripting once rehired**
- **Re-evaluate internal Division of Health Benefit staff readiness**
- **For network adequacy – monitor progress of provider contracting (health plans and providers)**
- **Moving forward with managed care related procurements including Member Ombudsman, EQRO, Health Opportunities Pilots**

Medicaid Transformation Provider Outreach and Education Timeline

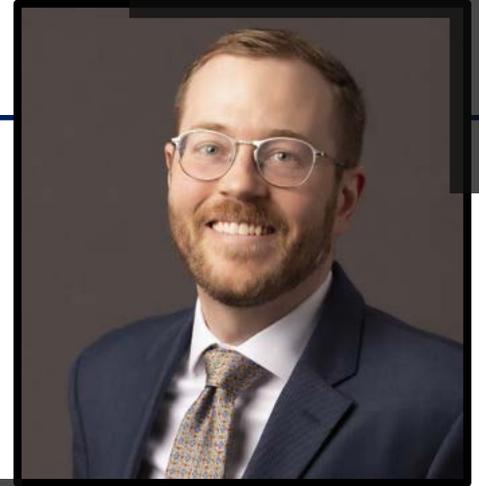
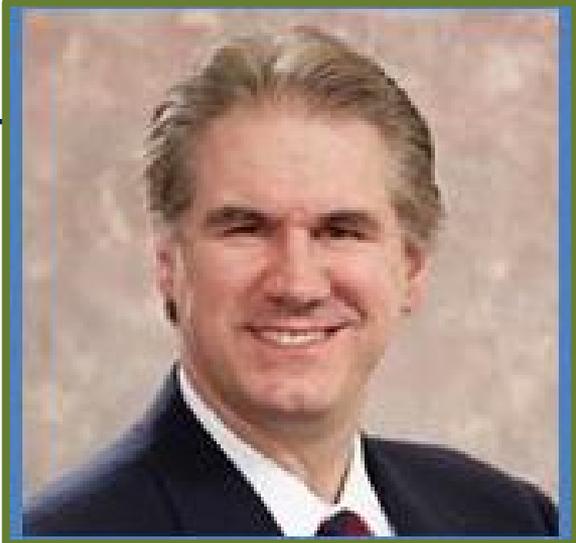
Medicaid transformation – MMC milestones, webinars, and VOH



DRAFT, not for distribution
Subject to change

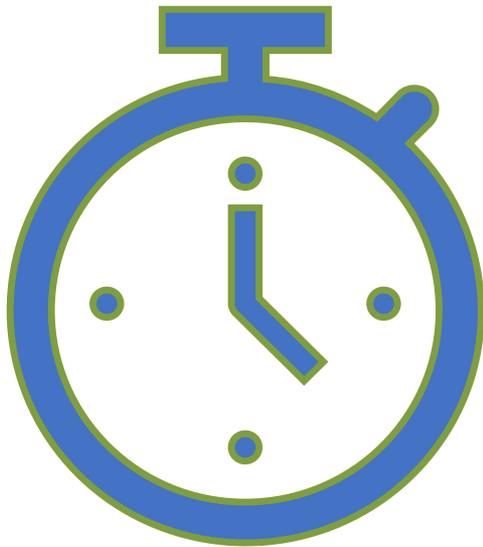
Advanced Medical Home MCL Timeline

- **October**: Launch AMH Technical Advisory Group and Data Sub-Committee; AMH Modifications released
- **November**: Launch AHEC AMH Tier 3 Coaching Program
- **June 2021**: AMHs receive first data: historical claims information and beneficiary files on assigned patients
- **July 2021**: AMH Tier 3s launch



Get to Know Your CMO's





Three Things
To Do NOW
To Be Ready
LATER

1. Update the Provider Directory

- A new, redesigned, Provider Directory will be available **January 1, 2021**.
- In advance, **you should review NCTracks** with attention to the following sections:
 - Basic Information
 - Health Benefit Plan Selection (i.e. Medicaid and NC Health Choice)
 - Addresses and the associated Taxonomy Classification
 - Accreditation
 - Hours of Operation
 - Services (i.e. Accepting New Patients, Siblings, and Physically Handicapped indicator, Languages Supported, Ages Served)
 - Affiliation Provider Information
 - Confirm that individual providers are correctly affiliated to organizations billing on their behalf and to each appropriate location within that organization.
 - When a beneficiary searches for an individual doctor at a specific organization's location, the affiliated information from NCTracks is used in the search. Therefore, all individual providers should check their affiliations not only to the group NPI, but also to the specific location(s) where services are rendered.
- **Both Individual and Organization records should be reviewed.**
- The NCTracks Manage Change Request (MCR) process is used to view and update record information:
 - NCTracks User Guide & Fact Sheets webpage or call the CSRA Call Center at 800-688-6696.

2. FINALIZE YOUR CONTRACTS

Don't Delay!

- Amendments may occur; if so, you will have the opportunity to review any changes.
- Once you are contracted, there is a process that follows before your information is populated to DHB and to the provider directory.
- Getting it right NOW will minimize disruption to your patients and practice later.

3. Ready, Set, AMH!

- **Don't put off making changes to perform as an AMH Tier 3 practice!**
 - **Look for updates coming soon to the AMH program that provides a “glidepath” for Tier 3 practices.**
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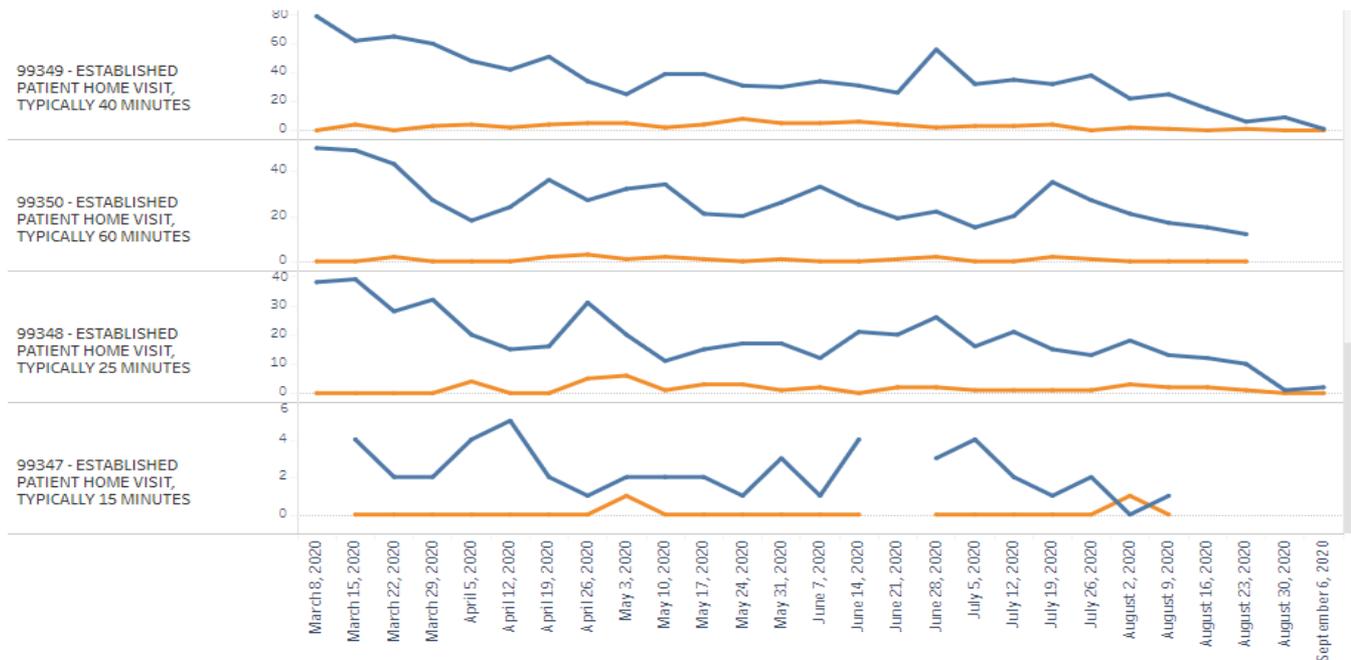
**Medicaid
Hot Topics**

Medicaid Coverage of Antigen Testing

- NC Medicaid is adding this CPT code to NCTracks for medically necessary laboratory testing effective Sept. 1, 2020. More information is included in [SPECIAL BULLETIN COVID-19 #132: Laboratory Codes for Coronavirus \(COVID-19\) Testing](#)

Hybrid Telemedicine w/Supporting Home Visit

- **Physicians/APPs may be reimbursed for a telemedicine visit conducted with a simultaneous home visit made by an appropriately-trained delegated staff person.**
- [Special Bulletin #78](#) (Hybrid Telemedicine with Supporting Home Visit)
- [Special Bulletin #49](#) (Interim Perinatal Care Guidance)(specific to perinatal providers)



Interprofessional Consultation

- **Interprofessional consultation between a consultative physician and a treating/requesting physician or other qualified health care professional may occur via telemedicine.**
 - **Primary Care to Specialty**
 - **APP to Supervising Physician**
 - **Specialty to Specialty**
- **[Special Bulletin # 34](#) (Telehealth-Definitions, Eligible Providers, Service and Codes) (all Medicaid providers)**

Portal Communication

- **Communication between a physician/APP and a patient through secure EHR portal.**
- **[Special Bulletin # 34](#) (Telehealth-Definitions, Eligible Providers, Service and Codes) (all Medicaid providers)**
- **<https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-%E2%80%93-definitions>**

Pandemic Clinical Policy

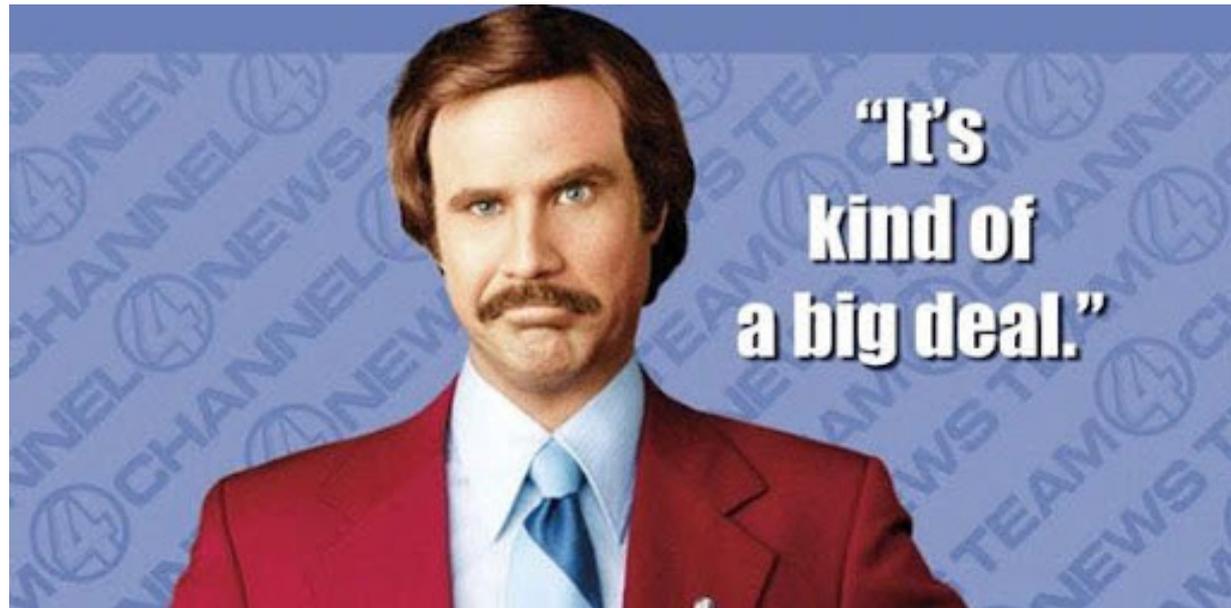
- **Dependent on Federal Public Health Emergency**

Waiver Document	Expiration	Implementation Requirement (e.g., State <u>may</u> vs. State <u>must</u> implement)	Authority to End Early (e.g., State may end early vs. must remain through end of Waiver period)
1115 Waiver	Expires at end of PHE + 60 days (evaluation due 1 year after end of demonstration completion)	State may implement granted flexibilities	State may end early
1135 Waiver	Expires at end of PHE	State may implement granted flexibilities	State may end early
Medicaid Disaster SPAs	Expires at end of PHE	State <u>must</u> implement granted flexibilities	State may end early
CHIP Disaster SPA	Expires at end of PHE or state-declared emergency	State <u>must</u> implement granted flexibilities	State may end early
CMS Blanket Waivers	Expires at the end of the PHE	State <u>must</u> implement granted flexibilities for Medicare*	Flexibilities remain through PHE**
Concurrence Letter	Expires at the end of the PHE	State may implement granted flexibilities	State may end early
Appendix Ks	Expires on March 12, 2021	State <u>must</u> implement granted flexibilities	State may end early

- **Open Comment on 1-H: <https://medicaid.ncdhhs.gov/meetings-and-notices/proposed-medicaid-and-nc-health-choice-policies>**
- **Rate Extensions to 10/31/20 (at a minimum)**

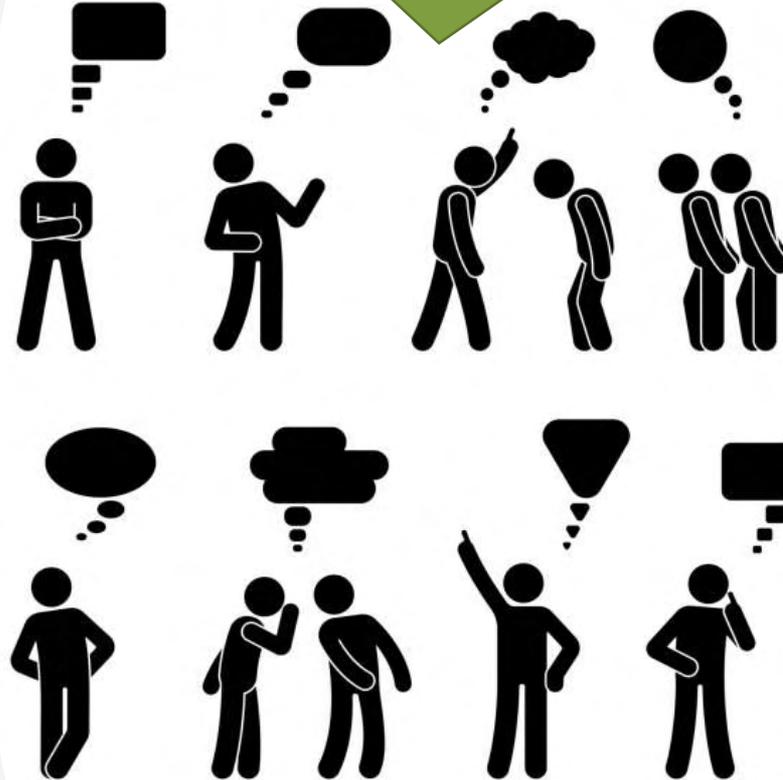
Breast Cancer and Cervical Cancer Prevention

- <https://medicaid.ncdhhs.gov/blog/2020/09/29/updated-breast-and-cervical-cancer-control-program-criteria>



Equity Lens in Clinical Policy

Where and when does Medicaid policy and/or process inadvertently contribute to health inequities?



Payments for COVID-19 Related Services for Uninsured North Carolina Residents

Many North Carolina residents have lost their health insurance due to the COVID-19 pandemic and still require healthcare

Program Overview



North Carolina developed a program to support uninsured North Carolina residents get access to healthcare for COVID-19 related needs



The program is aimed to quickly distribute reimbursement funds to primary care providers (PCP) who are providing COVID-19 related services to uninsured North Carolina residents



The program provides \$150 for each eligible claim to PCPs while the fund lasts or until 12/30/2020, whichever comes first

Provider Process



Provides COVID-19 related services (e.g. follow-up appointments)



Confirms resident has no health care coverage (e.g. Medicaid, Medicare, or other health insurance) and completes the attestation form in NCTracks



Files reimbursement claim through NCTracks portal



Receives \$150 payment/encounter not per service

Key Information



Portal will go live in late October on NCTracks



Providers should hold claims from 9/1/2020, and submit when portal is live in October

COVID-19 Vaccination Plan

In anticipation of vaccine doses becoming available, perhaps as early as November, North Carolina must submit COVID-19 Vaccination Plan by October 16th and then implement the plan

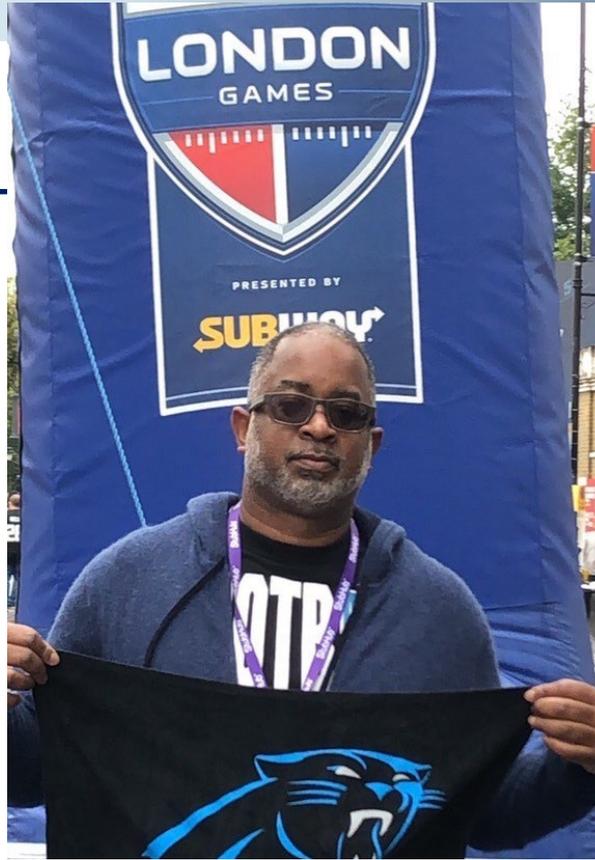
Key Planning Activities

- Determine organizational structure and partner involvement*
- Identify gaps in preparedness
- Review requirements and assess capacity of Immunization Information System or other reporting system
- Identify critical populations
- Plan for early COVID-19 vaccine administration
- Plan for expansion of COVID-19 vaccination provider outreach and enrollment
- Propose COVID-19 vaccine allocations
- Develop communications plan

*NCIOM has convened a COVID-19 Vaccine Planning with key stakeholders and partners to enhance development of COVID vaccine plans, refine prioritization of critical populations, expand reach of activities, communication, and implementation



- Four current US-funded Phase 3 trials (Pfizer, Moderna, AstraZeneca, Johnson & Johnson)
- Different scenario planning depending on which vaccine(s) are approved, when, for what populations, and how much supply
- Prioritization will be important in beginning when limited supply of vaccine – health care workers at high risk of exposure, staff at Long Term care, staff at congregate living, critical infrastructure workers, people at high risk of complications in priority groups
- Expect relatively high vaccine hesitancy, linch pin of communication is trust
- **Providers will need to enroll as a COVID-19 vaccinating provider. Details coming!!!!**



BURNING QUESTIONS?
