

Question

To access/download today's slides, go to: https://www.ncahec.net/wp-content/uploads/2021/03/AHEC-VOH-Health-Equity_20210325.pdf

So how does the practice know if we'll be getting the payment and at what level?

Would lactation IBCLCs count?

Are the payments an aggregate of the practice's attributed patients overall score to determine payments rather than patient by patient on the attribution list?

How does the practice determine the minimum beneficiary poverty score?

Will a practice be required to submit any records of how the payments were used, ie. pay records, invoices, etc.

So if we won't know till 4/1 if we are getting the payment, how long do we have to spend the payment? Will we have to report how it was used?

Would Pediatric be included in this process?

Do the payments come with with monthly PMPM payments we receive on the second week of the month?

An earlier DHHS/AHEC webinar implied that the payments could be "clawed back" if the summer survey isn't returned. Is that accurate?

If a primary care office would like to hire an IBCLC lactation consultant with the funds, would that count (similar to the dietician or health coach suggestion).

The evening call mentioned a survey that had to be completed regarding how the funding was spent or else money could be recouped? Is this the case?

How do we find out what which Poverty Level our Beneficiaries are listed as - for what percentile we fall in for the increased pmpm

So Teir 3 is not included?

Will you make available copy of the survey prior to June 1st so that practices can see in advance what they will be answering?

Is there any scenario in which a practice would have to pay back the funds?

Do we have to do anything to sign up for it? Unlike the glidepath where we had to go in and sign up?

What email address will you use to send the survey?

So if we have 5000 patients and they have an average poverty score for a payment, will we be paid for all 5000 patients or just those that are in the poverty guideline

Answer(s)

Thank you!

Practices that qualify for the payment will be informed through NCTracks. Any questions can be directed to the NCTracks contact center.

Eligible practices are Carolina Access I or II that meet the threshold by having beneficiaries that live in high poverty parts of the state. A practice can chose to use the funds on lactation services if that is something that would improve health equity for the practice.

The poverty score is a weighted average of the assigned beneficiaries. If a practice's average score meets the threshold, they are eligible for either a \$9 or \$18 PMPM for all of the beneficiaries assigned to their practice.

DHHS will determine the poverty score using the address of the beneficiaries assigned to the practice.

No, however consistent with NC Medicaid policy, the payments should not be made for fraudulent purposes and practices should be prepared to account for payments if a fraud investigation is conducted.

Practices will report through a survey that will be distributed in the summer how the funds were spent or plan to be spent. Once the payments are made they are in the practice's account and there are no requirements to spend the money by a certain date.

If a pediatric practice is Carolina Access I or II they may be eligible, so long as they meet the poverty score. In fact many of the practices that will be receiving a large amount of the funds are pediatric practices. This is in part because pediatric practices serve a large amount of beneficiaries.

Yes, the payments will be made through the existing check write process.

Practices receiving enhanced payments must complete a practice survey following this health equity initiative; failure to complete the survey may result in NC DHHS recouping payments.

Yes, if the practice sees that there are health inequities or health improvements that can be made through lactation services that would be a permissible use of funds.

Practices receiving enhanced payments must complete a practice survey following this health equity initiative; failure to complete the survey may result in NC DHHS recouping payments.

Practices will be notified through NCTracks if they are eligible for these payments. Specific questions can be directed to the Provider Contact Center.

Carolina Access II practices are equivalent to AMH Tier 3 practices.

Great idea! We'll work to make the survey available online ahead of the June first date.

Practices receiving enhanced payments must complete a practice survey following this health equity initiative; failure to complete the survey may result in NC DHHS recouping payments.

No, these payments will be made automatically to qualifying practices through the check write process.

The email will be going to the NCTracks contact. This is often the office administrator but the practice may have chosen a different email as their NCTracks contact.

If all 5000 are Medicaid beneficiaries and your average poverty score qualifies you for \$9PMPM you will get \$9x5,000 each month.

Do you anticipate that there will be any practices in the state that will not at least meet the Level 1 poverty level?

Yes, approximately 1/3rd of Carolina Access I and II practices are not going to qualify because they serve beneficiaries from areas with low poverty levels.

Can a practice decline these payments?

We currently do not have a process for practices to deny these payments. Happy to follow up with the questioner if there is a specific concern.

Will it be the OA?

Yes.

Do plans currently exist to provide future Equity payment(s)?

We are hoping to understand if these payments will be effective to reduce health inequities and hope that the survey will provide us with vital information to expand this program.

Our RAs show that we have a little over 9000 patients, NCTracks shows that we have over 10,000. Which number will be used?

The number of assigned beneficiaries is the amount that is consistent with the current PMPM check write.

Do all the provider in the practice need participate?

The payment goes to the practice. The practice may decide to use the payments that involve the providers in the practice or for other things such as staff recruitment or data linkages that might not effect all providers in the practice.

If you sign up can you pick and choose which patients to see?

You do not need to sign up for these payments.

Can you only see medicaid patients you have or will you need to take new patients also

The payments are based on the assigned Medicaid beneficiaries. The funds can be used for system improvements that benefit all people that the practice serves.

Would using the funds toward the connection to the NCHIE be appropriate since that assists with care management and sharing of patient health information?

If the practice needs better data connections in order to address issues of health equity in their practice and the NCHIE connection would assist with that improved data connection, that would be a permissible use of funds.

Quick review had to leave for the phone payment just for having patients that meet a certain poverty level?

Correct, the payments are available to Carolina Access I and II practices that meet a poverty score that is based off of the assigned beneficiaries' addresses.

Did you say the first payment would be on April 1?

The notification will be made through Tracks to eligible practices on April 1 but the payments will be through the Check write process.

Slide review please!

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If a practice needed equipment, for example new refrigerators to store additional vaccine would that meet the requirement for use of funds?

If the purpose of the equipment is part of an effort to reduce disparities in health, this would be a permissible use of funds.

Will the beneficiaries be aware of these payments and poverty scores?

The payments are public on the NC Medicaid website but DHHS does not currently plan to do specific beneficiary outreach.

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Thank you!

Will we have a list of those patients that are determined to be in the poverty census, or is it not at the beneficiary level?

The poverty score is a weighted average of the census track poverty level of the assigned beneficiaries' addresses. If the practice's weighted average qualifies them for the PMPM they will receive either a \$9 or \$18PMPM.

Will the recorded session be available for review at a later date?

Yes, this session will be available at [ncahec.net](https://www.ncahec.net).

If we don't qualify will we be notified of that as well?

Practices that are eligible will be notified.

did you say tracks will notify us on 04/01?

That is the current target date for notification.

after april 1st who can I contact to find out if I qualified

Contact the provider contact center with any additional questions unique to your practices.

will everyone be notified? even practices who don't get the payment?

Practices that qualify will be notified. Practices that do not qualify will not receive a notification from NCTracks.

Will some locations qualify and some not even if we are under one NPI?

Correct. The payment is determined at the practice location level.