Back Porch Chat
NC Medicaid Updates

March 16, 2023

CELEBRATING NATIONAL SOCIAL WORK MONTH

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
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Logistics for Today's Webinar

Question during the live webinar

Q&A
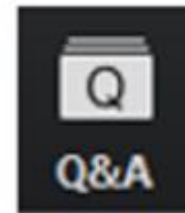
Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01 Tailored Plan Launch Update

02 Care Management & Foster Care

03 EPSDT Update

04 Medicaid Reminders

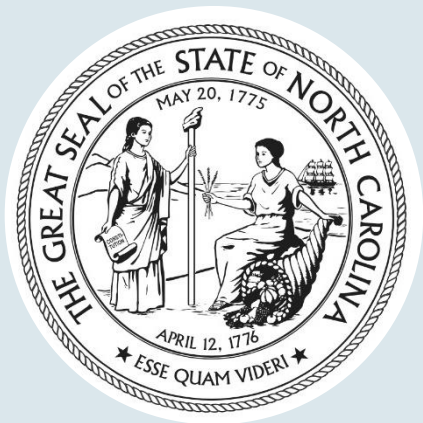**05** Healthy Opportunities Pilot

06 Congenital Syphilis Update

07 Q&A

Audience Response

Audience Response #2

Tailored Plan Launch Update

Audience Response #3

Tailored Plan Launch Update

Tailored Plans will now go live on **October 1, 2023**.

- To make sure that people can seamlessly receive care on day 1, we are delaying the launch of Tailored Plans until October 1. Our highest priority is making sure that the transition to Tailored Plans is as smooth as possible for the beneficiaries they will serve.

- The delayed start will **allow Tailored Plans more time to contract with additional providers** to support member choice.

- DHHS is still committed to rolling out 1915(i) option services upon CMS approval

- Additional populations will be covered under the LME/MCO beginning April. 1, 2023

  - 0-3
  - Legal aliens

**Nothing changes for members today—except for the new populations that will be served.**

- Beneficiaries eligible for Tailored Plan will receive Notices about the delay **at the end of March.**

- Members still receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid, just as they do today.

Integrating Physical Health and Behavioral Health

Traditional Care Management for TP Eligible Member

PCP Care Management

BH Care Coordination

Hospital Care Management
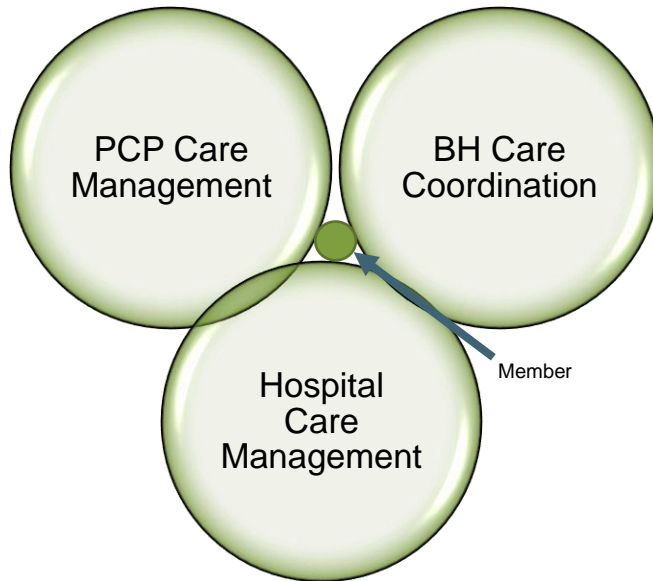
Member

Goal of Tailored Care Management for TP Eligible Member

TCM Provider

Member

Physical Health Care

Behavioral Health Care
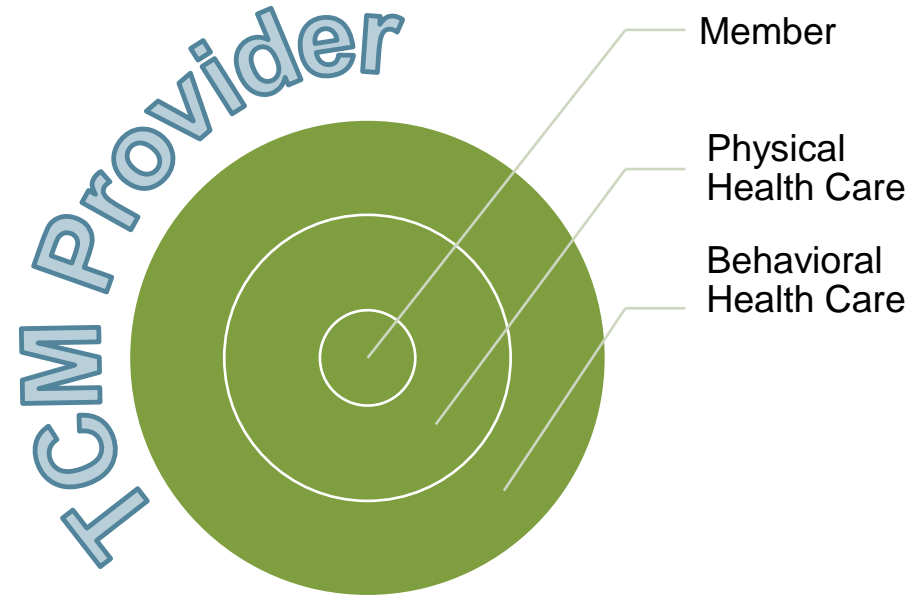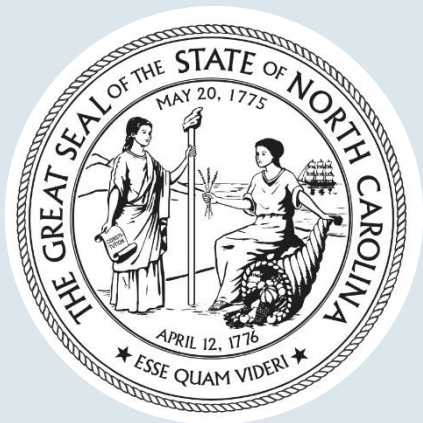
Tailored Care Management

- NC Medicaid and LME/MCOs are working closely with TCM providers to ensure a successful start of the service. LMEs are currently contracting with Tailored Care Management providers (CMAs and AMH+s).

- AHEC coaches are continuing to provide support to TCM providers and hosting webinar series.

- NC Medicaid has published a list of certified TCM providers.
https://medicaid.ncdhhs.gov/media/11975/download?attachment

- LMEs are currently contracting with Tailored Care Management providers (CMAs and AMH+s).

- **You can find out if your beneficiary is eligible for TCM by checking in NCTracks**.

- Want more information?
https://medicaid.ncdhhs.gov/tailored-care-management

CMA and AMH+ Provider Organizations by Zipcode (as of 3/7)

🟠 CMA Providers
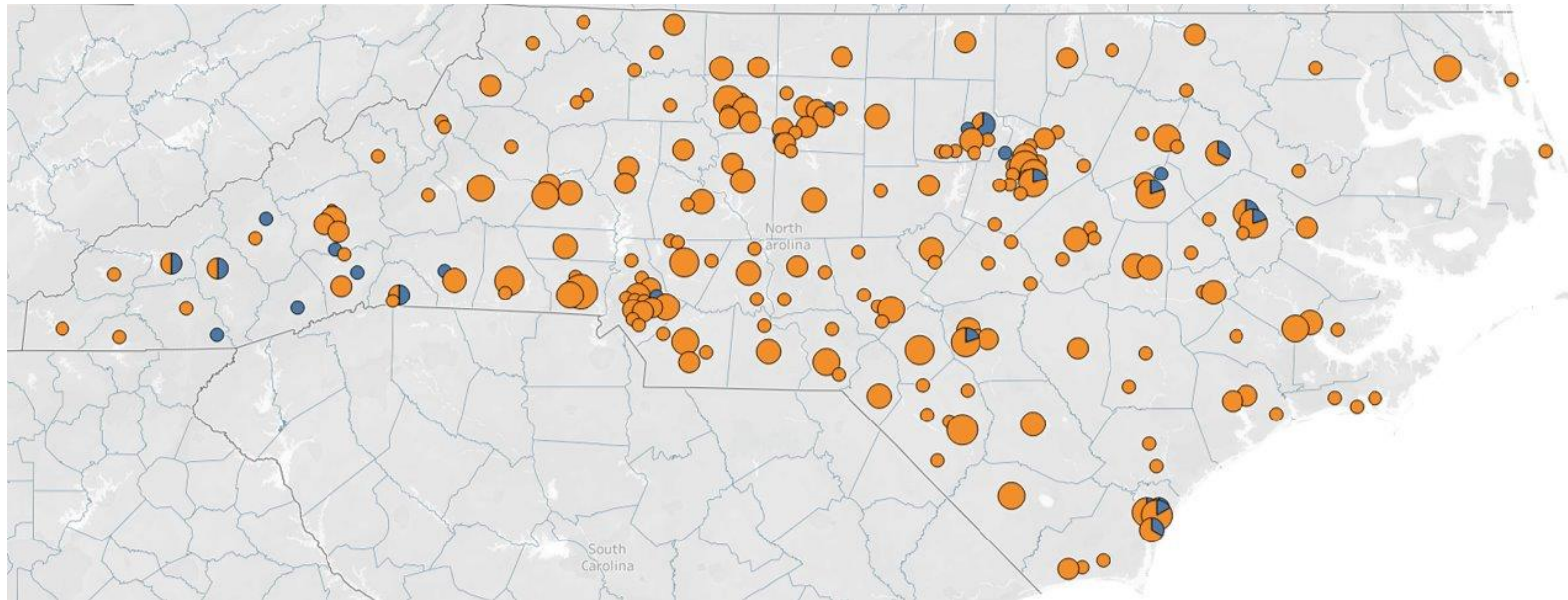
🔵 AMH+ Providers

Map contains providers who have passed their readiness review and all locations for those providers. Providers may not be contracted with any/all LME/MCOs. If an organization has multiple addresses, each location will appear on the map.
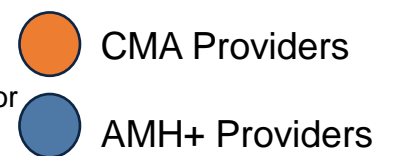
Care Management & Foster Care

Audience Response #4

Medicaid Enrollment for Children & Youth Served by the Child Welfare

Most children and youth served by the child welfare system* will continue to receive their Medicaid services as they do today.
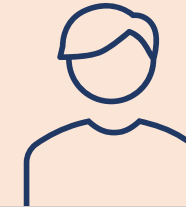
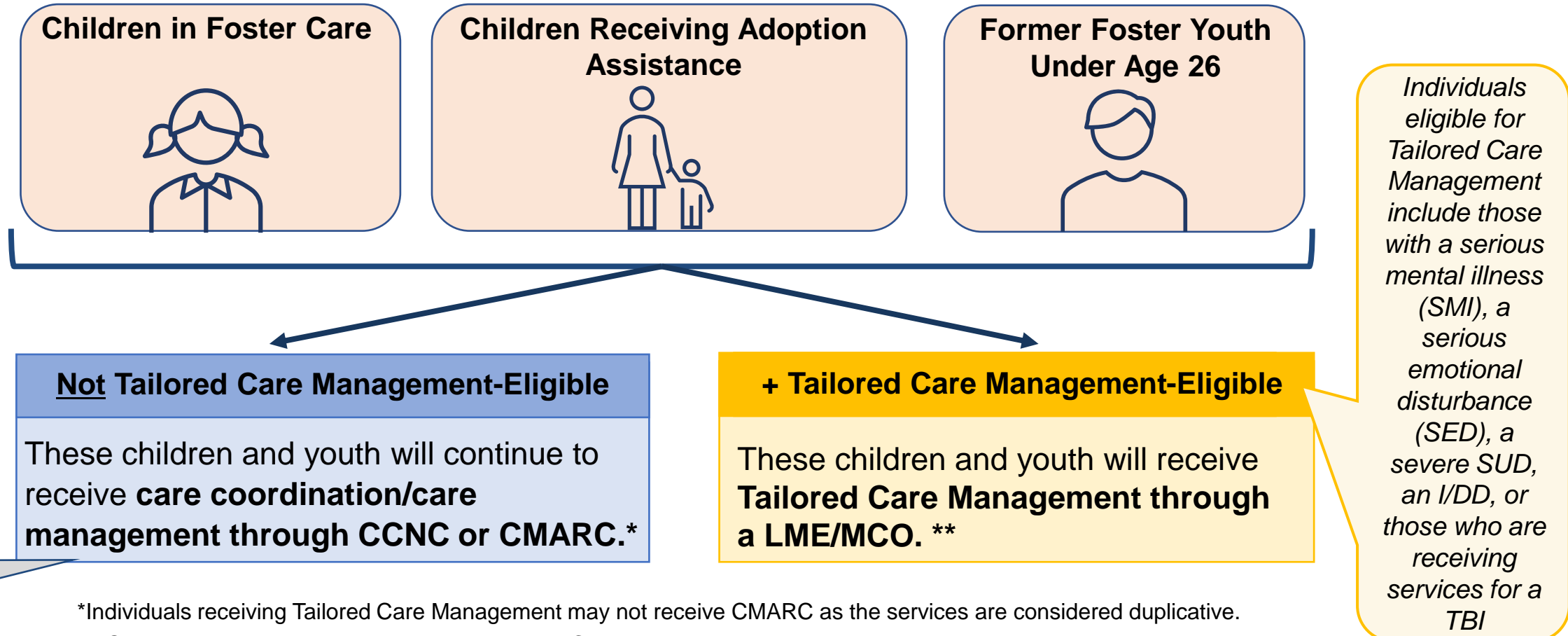| Children in Foster Care	Children Receiving Adoption Assistance	Former Foster Youth Under Age 26

will continue to be enrolled in NC Medicaid Direct

- NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in a Standard Plan or EBCI Tribal Option.

- NC Medicaid Direct provides beneficiaries with physical health, pharmacy, long term services and supports, and behavioral health services (including for mental health disorder, substance use disorder (SUD), intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)).

* This presentation does not address Medicaid enrollment and care management for children/youth receiving Child Protective Services (CPS) preventive services.

Most children and youth served by the child welfare system will continue to receive care management as they do today; children ages 0 – 3 will be eligible to receive Tailored Care Management as of 4/1.

Children in Foster Care

Children Receiving Adoption Assistance

Former Foster Youth Under Age 26

Individuals eligible for Tailored Care Management include those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe SUD, an I/DD, or those who are receiving services for a TBI

Not Tailored Care Management-Eligible

These children and youth will continue to receive **care coordination/care management through CCNC or CMARC.***

+ Tailored Care Management-Eligible

These children and youth will receive **Tailored Care Management through a LME/MCO. ****

See slide 15 for more detail

*Individuals receiving Tailored Care Management may not receive CMARC as the services are considered duplicative.

** Some children and youth may receive Tailored Care Management through provider-based care management.

Medicaid Coverage & Care Management for Children & Youth in Foster Care, Receiving Adoption Assistance and Former Foster Youth < 26

	Is the child/youth diagnosed with a SMI, SED, a severe SUD, an I/DD, or receiving services for a TBI?*	Child/youth will receive Medicaid Services through:	Child/youth will receive Care Management through:
Children/youth in foster care, receiving adoption assistance and former foster youth < 26	Yes	NC Medicaid Direct	Tailored Care Management
	No	NC Medicaid Direct	CCNC or CMARC (see slide 15 for more detail)

* Full diagnosis list for Tailored Care Management Eligibility can be found here: BH-IDD-TP-EligibilityUpdate-AppendixB-REVFINAL-20190802.pdf (nc.gov)

Brayden is 3-years-old and in foster care. Brayden has a traumatic brain injury.
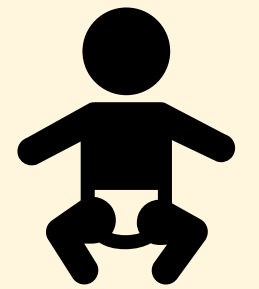
3-year-old in Foster Care
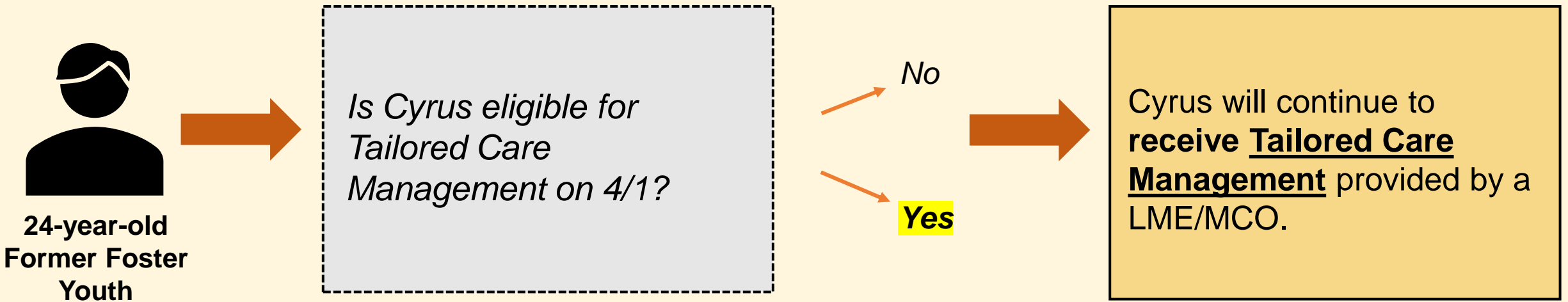
Is Brayden eligible for Tailored Care Management on 4/1?

No

Yes

Brayden will **receive Tailored Care Management**.

Cyrus is 24-years-old and a former foster care youth. Cyrus has a serious mental illness (SMI).

24-year-old Former Foster Youth

Is Cyrus eligible for Tailored Care Management on 4/1?

No

Yes

Cyrus will continue to **receive Tailored Care Management** provided by a LME/MCO.

Ruth is 2-years-old and in foster care. Ruth is showing signs of developmental delays.
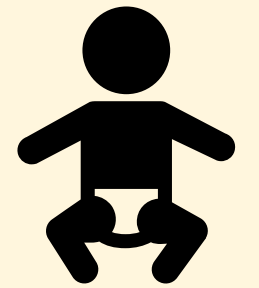
2-year-old in Foster Care

Is Ruth eligible for Tailored Care Management on 4/1?

No

Yes

Ruth will continue to **receive Care Management for At-Risk Children (CMARC)** through the local health department.

David is 7-years-old and in foster care; he has no known behavioral health concerns.
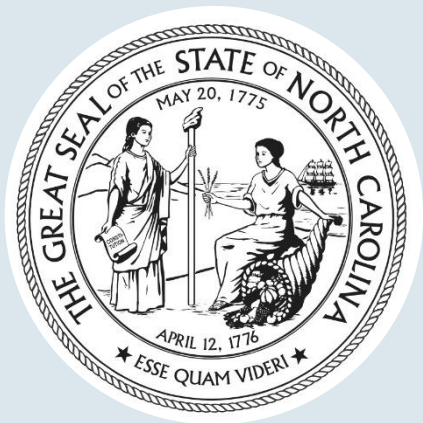
7-year-old in Foster Care

Is David eligible for Tailored Care Management on 4/1?

No

Yes

David will continue to **receive care coordination through Community Care of North Carolina (CCNC)** in partnership with a LME/MCO.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services Update

Audience Response #5

Early and Periodic Screening, Diagnostic and Treatment Services

- **What is the benefit?**

Comprehensive, Flexible and Individualized Healthcare Focused on Prevention and Early Intervention

- **When should you think about it?**

When a beneficiary under the age of 21 requires a medically necessary health care service even if the service is not covered under the NC Medicaid State Plan

Just What is an "EPSDT" Service?

Early, Preventive Screening

Early and Periodic Screening (Wellness Visits)

Health problems detected and diagnosed early may lead to more effective care and remediation.

- complete physical,
- detailed history,
- hearing, vision and developmental screens,
- immunizations, and;
- caregiver guidance.

Individualized Treatment

Any treatment or service covered by the Medicaid Act

- even when the service isn't contained in a State's Plan, or;
- when the service is necessary at frequencies, amounts or in locations not covered by clinical policy, or;
- when the service request fails policy criteria established by state Medicaid agency or its contracted agents.

Early and Periodic Screening, Diagnostic and Treatment Services

EPSDT is:

- A comprehensive healthcare plan focused on prevention and early, best-practice treatment.

- A flexible and seamless plan with a broad menu of medical treatments, products and services available to be tailored to children's individual and developmental needs, not to private insurer benchmarks.

EPSDT is not:

- A special funding program.

- A stand-alone coverage with a special application process.

- A freestanding funding source for a limited class of services.

Pathways to an EPSDT Medical Necessity Review

Remember!

- A required component of a properly requested service is the *requestor's rationale for medical necessity* by EPSDT standards. Documentation that the service is standard of medical care, safe and evidence-based treatment for the child and his/her unique medical conditions must accompany the request.

- It is the responsibility of the ordering practitioner to *provide documentation* for medical necessity per EPSDT Criteria.

- EPSDT does NOT eliminate the need for prior approval if prior approval is required.

An EPSDT Medical Necessity Review is required whenever:

A properly requested service, **product or treatment**:

- Is not included in Medicaid's State Plan/Covered by State Clinical Policies;

- Is requested at frequencies, amounts quantity or in durations that exceed a state policy limit; and

- Would be denied should State Policy limits, exclusions or definitions be applied.

Early and Periodic Screening, Diagnostic and Treatment Services

The EPSDT Medical Necessity Review is the Heartbeat of Medicaid's Benefit for Children

Decisions on medical necessity of a treatment, product or service requested for Medicaid enrolled children are based on:

- *Traditional evidence* (patient-centered or scientific evidence for children) *grading* with a hierarchy or algorithm of standards should be applied.

- In the absence of available traditional evidence or algorithms, *professional standards of care* for children must be considered.

- Finally, consensus *expert pediatric opinion* may serve as references for defining essential pediatric care when other, more rigorous standards are not available.
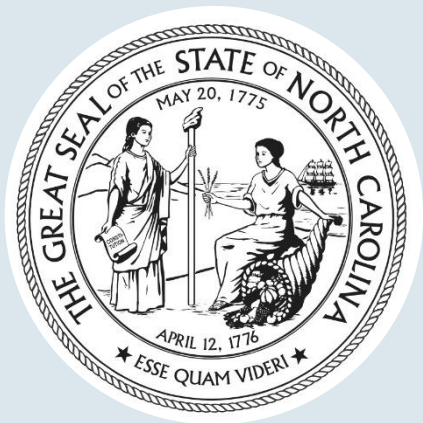

Source: http://pediatrics.aappublications.org/content/pediatrics/132/2/398.full.pdf

The Medical Necessity Review and EPSDT

When an EPSDT Medical Necessity Review Results in a Denial or Modification of a Service Request:

A Clear, Easy to Read and Detailed Rationale
Is Essential in Notices of Adverse Benefit Determination.

Medicaid Reminders

Audience Response #6

Public Health Emergency (PHE) & Continuous Coverage Unwinding

- The **2023 Consolidated Appropriations Act (Omnibus Bill)** delinked the continuous coverage requirement from the Federal Public Health Emergency

- NC Medicaid will begin redeterminations (Continuous Coverage Unwinding) on April 1, 2023
  - Redetermination process takes 90 days, so the first date someone may lose coverage is July 1, 2023

- The federal Public Health Emergency will end on May 11, 2023
  - COVID-19 Testing and Treatment group
  - Clinical policies

- DHB Continuous Coverage Unwinding priorities:
  - Beneficiary communications focus on 2 key messages
    - Update your address via county DSS or create an enhanced ePASS account
    - Check your mail

Changes to Increase Success Rates

Flexibility or Upcoming Change	How it can help
• Straight through processing on redeterminations	Should decrease number of cases counties have to touch
• Medicaid renewals based on SNAP (FNS) or TANF eligibility	Reduces need for contact with the beneficiary to complete processing. Decreases processing time.
• Implement straight-through application process	Decreases processing time. Reduces need for caseworker interaction.
• County assessments	Determines staffing ratios, details county pain points to which we can allocate resources
• Proactive communication	Automates texts, emails, and calls to beneficiaries when more information is needed

Provider Verification to be Reinstated at End of Federal Health Emergency

- CMS requires that all Medicaid providers are recredentialed, a process also referred to as reverification.

- Since March 2020, CMS has allowed for the suspension of reverification due to the Public Health Emergency (PHE), brought on by COVID-19.

- With the end of the Federal PHE, reverification notices will resume to providers with approaching reverification due dates, as well as those whose reverification was suspended during the PHE.

- **Once the Federal PHE ends on May 11, 2023, reverification is not optional**

- Providers who do not complete the process within the designated timeframe will receive a Notice of Suspension via postal mail and in their NCTracks Message Center Inbox.

For more information, please see Medicaid bulletin article Provider Reverification to be Reinstated at End of Federal Health Emergency.

NC Health Choice Move to Medicaid - Overview

Per Session Law 2022-74 (HB 103), **effective April 1, 2023**

~47,000 children (aged 6 – 18) enrolled in NC Health Choice will move to Medicaid

Provides access to more services for NC Health Choice beneficiaries, including:
- Enhanced behavioral health services
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and well-child visits
- Non-emergency transportation
- No copayments or enrollment fees

Beneficiaries will be mailed a notice by March 2023 informing them of the change

Beneficiaries' Medicaid ID (Recipient ID) will NOT change

The move will NOT impact beneficiaries' health plan enrollment

NC Health Choice Move to Medicaid – Provider Impacts

Providers currently enrolled only with NC Health Choice will update to terminated status in NC Tracks as of 4/1/2023, unless they choose to enroll with Medicaid.

Communications from NC Medicaid and Health Plans are forthcoming with information on claims processing timeline and Prior Authorizations related to NC Health Choice move to Medicaid.

As of April 1, 2023, no beneficiaries will be enrolled with NC Health Choice but may present with an NC Health Choice ID card while they await their replacement Medicaid ID card.

Providers must confirm Medicaid eligibility via the **Recipient Eligibility Verification function of NCTracks.**

Audience Response #7

Telehealth Update

NC Medicaid put permanent policy into place in October 2022 to incorporate many telehealth provisions that were temporary in the pandemic.

Current clinical policy DOES NOT allow providers who are virtual only; the option must exist for a member to have an in-person visit if required or desired based on the clinical need.

NC Medicaid enrolls providers who have a physical address in state.

Out-of-State providers may apply retroactively for emergency care or enroll but must have a prior authorization for services to be considered for reimbursement.
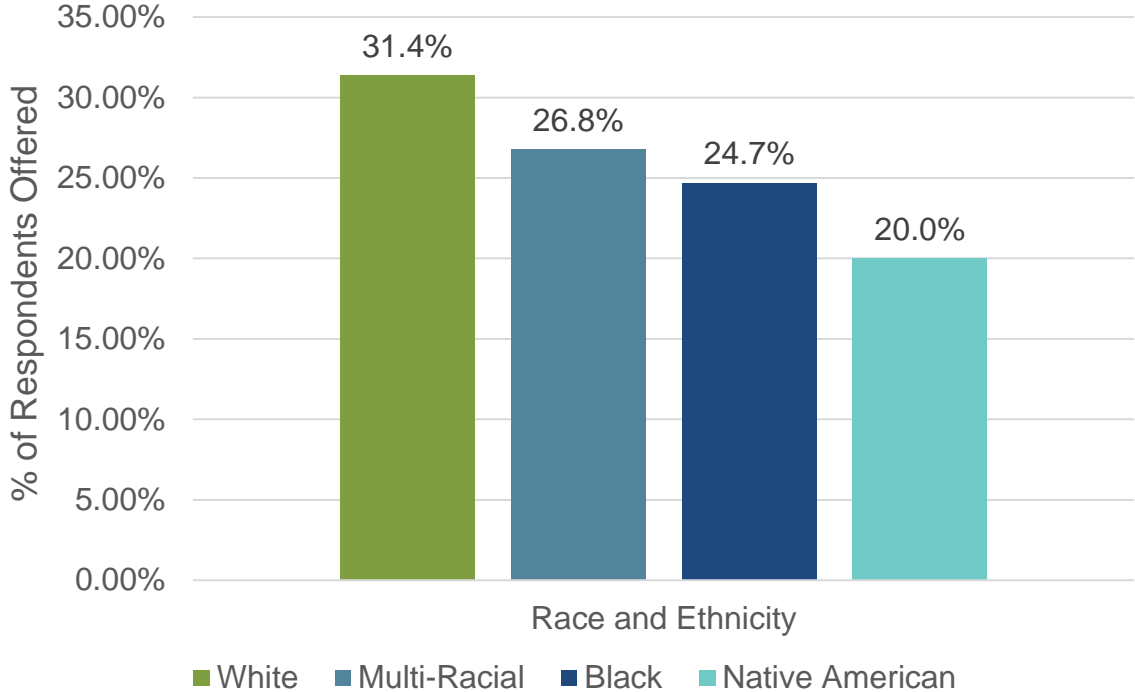
https://medicaid.ncdhhs.gov/blog/2023/03/13/special-bulletin-covid-19-265-ending-clinical-policy-flexibilities-associated-federal-public-health

CAHPS Responses on Telehealth Offered in the Last Six Months Instead of an In-Person Appointment, by Race and Ethnicity
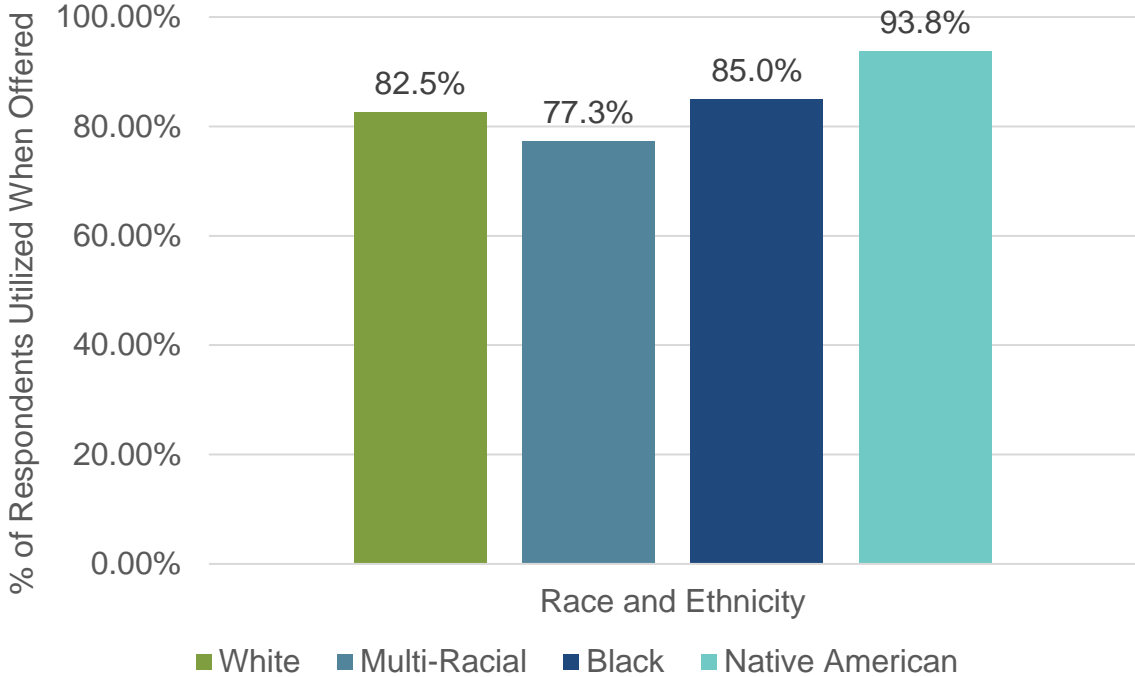
Audience Response #8

Medicaid Expansion Overview

- Covers adults aged 19 – 64 with incomes up to 138% FPL who are legally residing in the US (5-year bar applies to some groups)
- More than 600,000 individuals expected to enroll
  - 300,000 currently enrolled in Family Planning Program (limited benefits)
  - 100,000 currently receiving full Medicaid benefits but expected to be terminated as part of continuous coverage unwinding
- 90% federally funded (~$5b); non-federal share to be covered by hospitals and premium tax generated by PHPs
- 5% FMAP bonus on current populations for eight quarters under American Rescue Plan Act (ARPA) = $1.8b additional benefit to NC
- Same comprehensive benefits and copays as other non-disabled adults in Medicaid
- Same managed care delivery systems as others in Medicaid: Standard Plan, Tailored Plan (Medicaid Direct/PIHP prior to TP launch), EBCI Tribal Option
- [House Bill 76: Access to Healthcare Options](#) proposes:
  - Coverage proposed to start after 2023-2024 NC budget becomes law and CMS approval is granted
  - Healthcare Access Stabilization Program (HASP)
  - Certificate of Need reform

Audience Response #9

AMH Tier 3 Care Management Rates

- Standard Plans must delegate certain care management functions and responsibilities to AMH 3s

- Plans are expected to pay care management fees sufficient to support the delegated activities and cannot put these payments at risk

- The Department has not established minimum care management fees but it has released guidance on the assumptions used to develop components of the capitation payments to plans

- [Updated assumptions](#) for State Fiscal Year 2023 (July 1, 2022-June 30, 2023) released this week
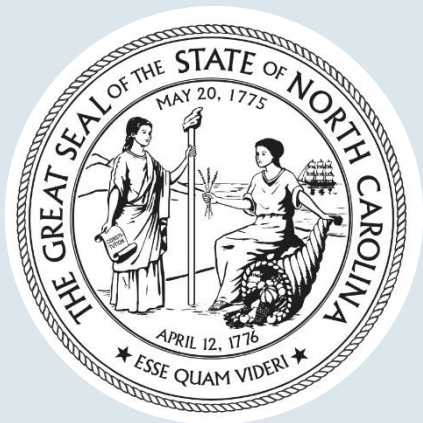
$9.63 PMPM

is the assumed cost of delivering care management in accordance with the Department's requirements

Community Health Worker (CHW) Strategy

The Department of Health and Human Services through NC Medicaid has developed a proposed Community Health Worker (CHW) Strategy to leverage the growing number of CHWs in North Carolina to help achieve the goals of NC Medicaid Managed Care. The Department values and encourages stakeholder input and is requesting feedback on all components of this proposed strategy. Comments can be submitted by emailing **Medicaid.NCEngagement@dhhs.nc.gov by March 15, 2023.** Please type **"CHW Feedback"** in the subject line.

The Department encourages health plans, providers, community-based organizations and other entities exploring or already leveraging CHWs to pursue components of this proposed strategy now in advancement of community-centered, equitable care for Medicaid members. Certain components of the strategy are already supported through existing funding; others are contingent on additional funding appropriations.

For more information, refer to the Medicaid bulletin article NC Medicaid's Community Health Worker Strategy Guidance Paper.

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Healthy Opportunities Pilot Program

Audience Response #10

Audience Response #11

Healthy Opportunities Pilot (HOP) Update

HOP has delivered over 40,000 non-medical services to over 4,100 enrollees since March 2022.
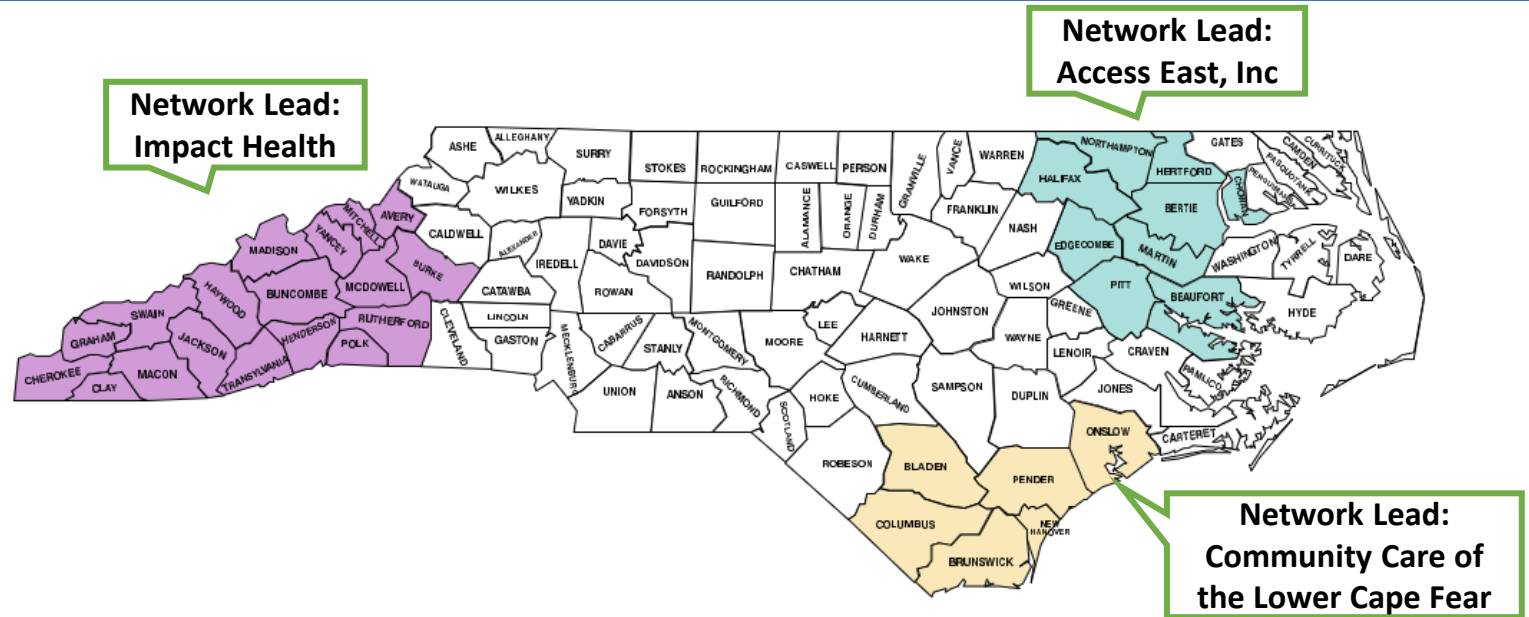
Who's involved?
- NC DHHS, PHPs, AMHs/CINs, Network Leads, Human Service Orgs, NCCARE360, and you!

Services Available
- **Food** (Ex. Food and Nutrition Case Management, Healthy Food Boxes/Meals)
- **Housing** (ex. Housing Navigation, Home Remediation Services, Move-In Support)
- **Transportation** (Ex. Reimbursement for Health-Related Private Transportation)
- **Toxic Stress** (Ex. Evidence-Based Parenting Curriculum and Home Visiting Services)
- **Cross-Domain** (Ex. Medical Respite)

Eligibility Criteria
- Enrolled in Medicaid Managed Care
- Live in a Pilot Region
- Have at least one qualifying physical/behavioral health condition and one qualifying social need
- **Note: There are no age restrictions for eligibility!**

Network Lead: Impact Health

Network Lead: Access East, Inc

Network Lead: Community Care of the Lower Cape Fear

*"I don't have to worry about how I'm going feed my family." -HOP enrollee*

Remember: A whole family can access HOP services through one Medicaid member!

Source: UniteUs Insights Dashboard, Payments Activity Overview, Data as of March 10, 2023. For Additional Information Visit: Healthy Opportunities Pilots | NCDHHS.

Healthy Opportunities Pilot (HOP) Update, Continued

- Services to address interpersonal violence become available 4/1

- HOP-eligible members in CMARC and CMHRP can now enroll in HOP through their Local Health Department

- DHHS Marketing Campaign and Social Media

- NCCARE360 Enhancements:
  - Streamlined HOP enrollment process now live
  - Claims processing now live
 - Streamlined HOP authorization process available end of March
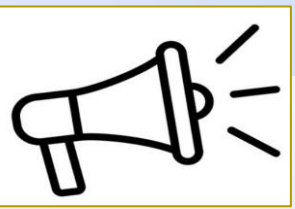
Healthy Opportunities Pilot (HOP) - Call To Action

Health care providers across the state play an important role in connecting Medicaid members to non-medical services. If you identify someone that needs support, take one of the following steps.

- **All providers: Join NCCARE360!**

  o Visit https://nccare360.org/join/ to join the network and make closed-loop referrals for food, housing, transportation, and more on behalf of your patient to a local community-based organization

  o For practices affiliated with a health system, you may be able to get access through the health system

  o NCCARE360 license costs are covered by statewide enterprise licenses paid for by NC Medicaid and other sources of funding

- **Additionally, providers in a HOP region can:**

  o **Connect Medicaid members with both medical and non-medical needs to their health plan or care manager by:**

    o Making a "Benefits Eligibility Screening" referral in NCCARE360

    o Calling the member's PHP Member Services Line or Care Manager: ask for a Healthy Opportunities Pilot eligibility assessment for the member and make a warm handoff

    o Ask the member to reach out to their PHP or care manager to request a HOP assessment

  o **Distribute HOP brochures and flyers to your Medicaid patients (available from DHHS this month!)**
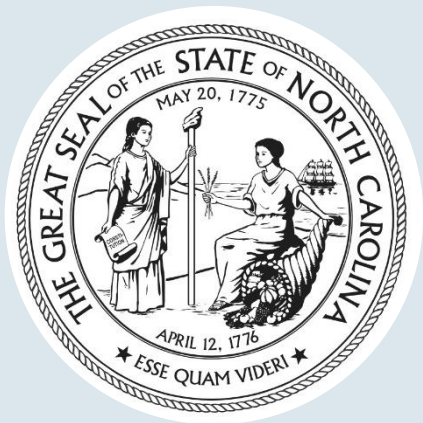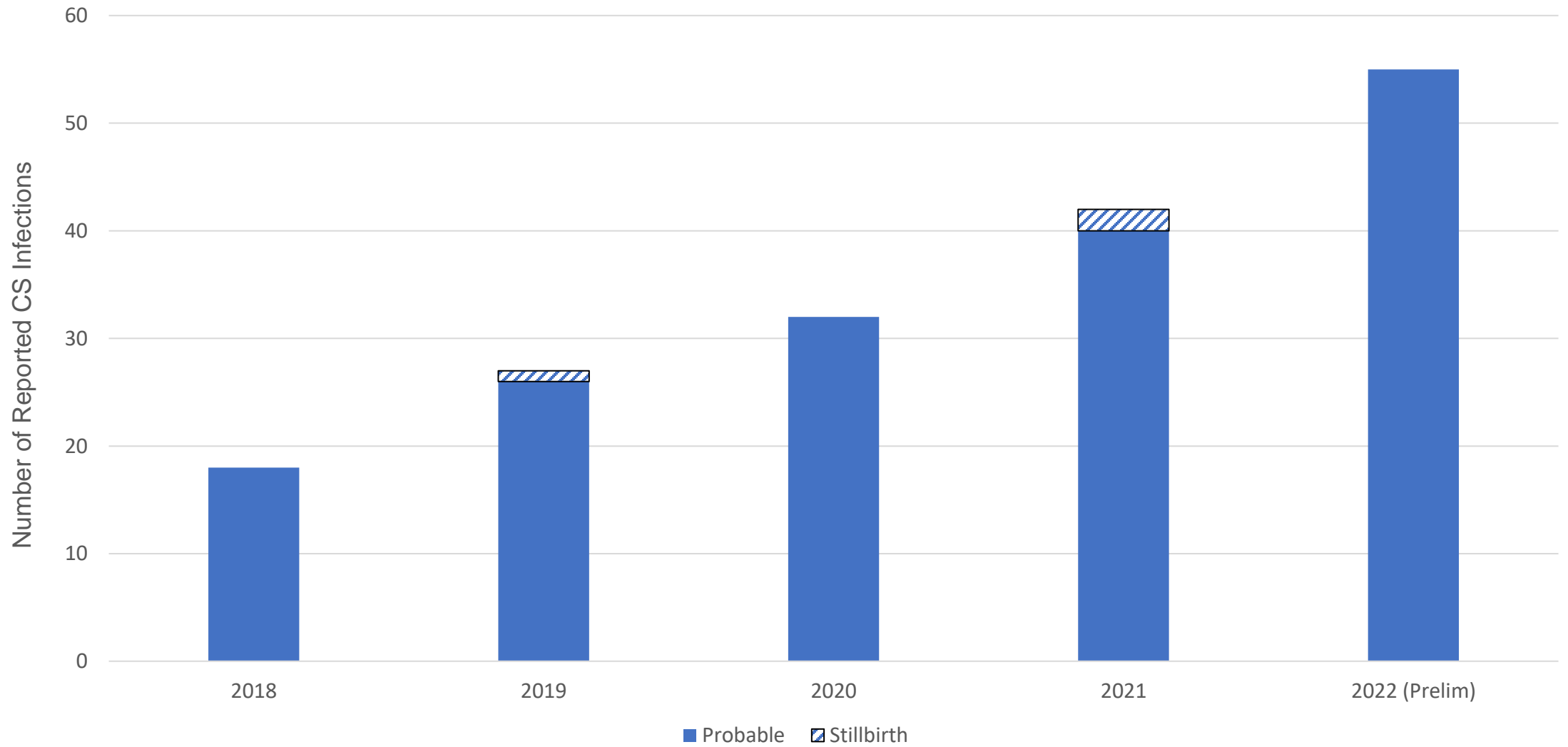
Congenital Syphilis Update

Audience Response #12

Reported Female Syphilis Infections (All Stages), NC 2018-2022
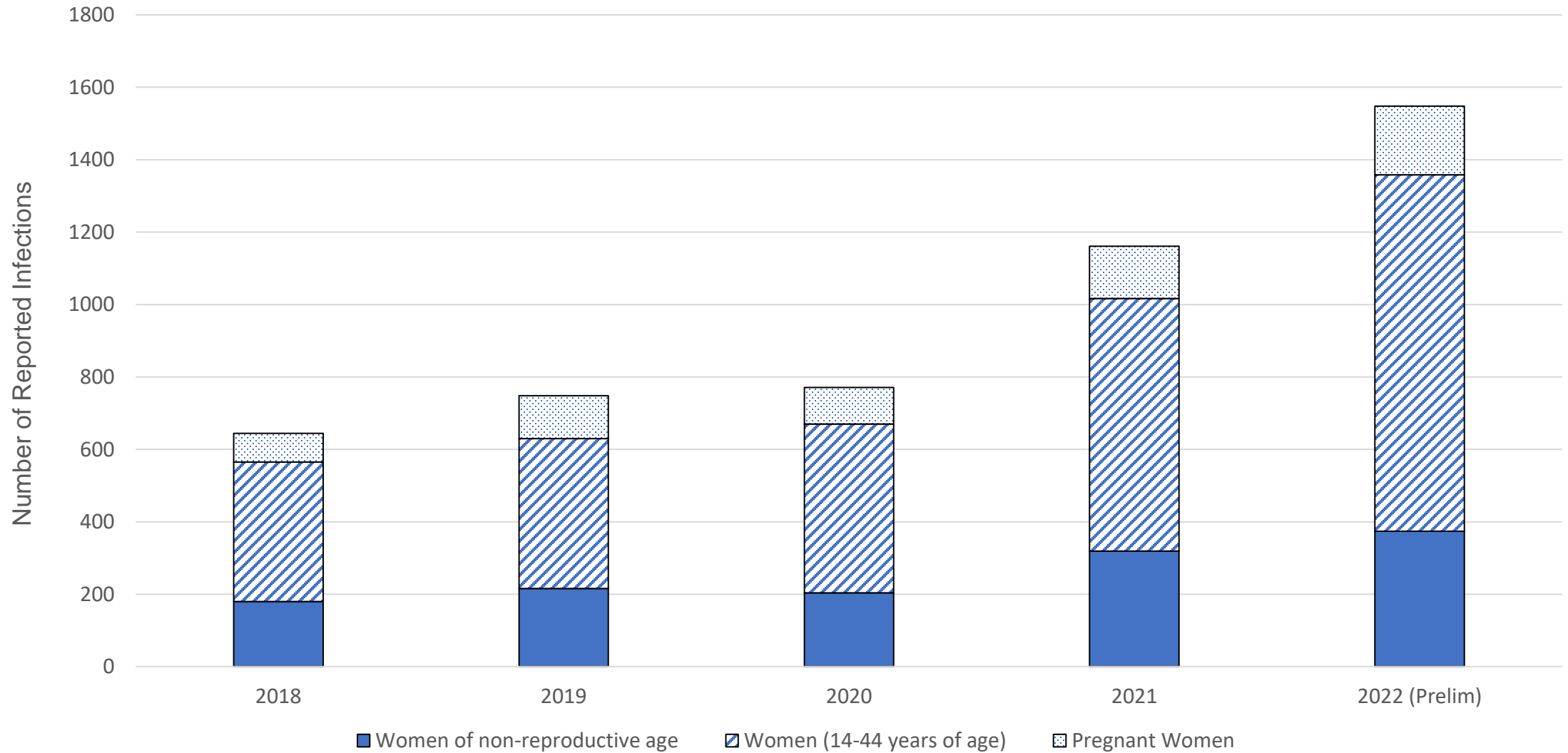
Reported Congenital Syphilis Infections, NC 2018-2022

Number of Reported CS Infections

■ Probable ▨ Stillbirth

QUESTIONS?

APPENDIX

NCDHHS Awards Contract for Provider Data Management/Credentialing Verification Organization

The North Carolina Department of Health and Human Services has awarded a contract to Optum to implement a new Provider Data Management/Credentialing Verification Organization (PDM/CVO) solution, scheduled to launch in 2024. Optum was selected after careful evaluation of the National Association of State Procurement Officials (NASPO) ValuePoint Contractors that responded to the state's request for proposal.

The new PDM/CVO solution will coordinate enrollment, credentialing, and ongoing provider data maintenance as a multipayer system and applies to providers in all NCDHHS programs: Division of Health Benefits (NC Medicaid), Division of Mental Health (DMH), Division of Public Health (DPH) and Office of Rural Health (ORH). NCDHHS is committed to ensuring providers can continue to operate their business with minimal interruption during the transition to the new PDM/CVO.

As the PDM/CVO vendor, Optum will work closely with NCDHHS to ensure that the PDM/CVO solution will:
Align North Carolina's provider enrollment and credentialing standards with the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS) Standards and Conditions
Improve multipayer services and the provider experience under a centralized credentialing process.
Offers enhanced security protocols, an interactive enrollment process collecting data using common accreditation standards and allows delegation within the organization for multiple users to complete an application.
Improves the provider notification process to streamline collaboration and effectively maintain provider data.

NCDHHS will support providers in the transition from the current enrollment process with education and outreach through webinars, stakeholder meetings, training workshops and communication bulletins, offering ongoing opportunities for providers to share feedback as the solution develops.

For additional information, please visit the NC Medicaid Provider Data Management / Credentialing Verification Organization webpage.

Ombudsman Resources

Member Resources:

- **NC Medicaid Enrollment Broker**
  - Website ncmedicaidplans.gov
  - Call Center 1-833–870–5500 TTY: 711 or RelayNC.com
    (Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
  - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services

- **NC Medicaid Behavioral Health I/DD Tailored Plan webpage**
  medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans

- **NC Medicaid Ombudsman**
  - Website: ncmedicaidombudsman.org
  - Phone: 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Provider Resources:

- **Provider Ombudsman**
  - Email: Medicaid.ProviderOmbudsman@dhhs.nc.gov
  - Phone: 866-304-7062