

NC Medicaid Back Porch Chat

November 21, 2024

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captioning by clicking **“Show
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



Logistics for Today's Webinar

Questions during the live webinar

Q&A

Technical Assistance

technicalassistanceCOVID19@gmail.com

Agenda

1. Helene Resources and Flexibilities
2. Standard Plan/Tailored Plan CEO Helene Recovery Efforts Updates
3. 2023 CAHPS Survey Findings
4. Community Alternatives Program (CAP) Referral Process
5. Collaborative Care Capacity Building Program
6. Medical Updates
7. Pharmacy Updates

Hurricane Helene Resources and Flexibilities

Dr. White

Resources and Flexibilities

Information and resources for NC Medicaid beneficiaries and families impacted by Hurricane Helene can be found on the NC Medicaid Hurricane Helene [Virtual Bulletin Board](#). Updates will be added as the recovery continues.

A Virtual Bulletin Board with Helpful Resources and Information on Hurricane Helene



Standard Plan/Tailored Plan CEO Updates

Helene Recovery Efforts

Health Plan CEOs

Hurricane Helene Relief Efforts

AmeriHealth Caritas Leadership

November 21, 2024



Delivering the Next
Generation
of Health Care

Member Impact: 65,000 members across 28 counties (includes EBCI)



- Outreach calls before, during and after event – focus on fragile members, those on high-risk meds, NICU babies and all pregnant members:
 - 973 members outreached;
 - 402 engaged (41%)
 - 566 escalated to EMS/Sheriff/211 and state
- **MONETARY and SUPPLY DONATIONS:**
\$100,000 United Way; \$10,000 American Red Cross; hygiene kits, hand sanitizer to United Methodist Foundation: additional team distributions of water, diapers, cleaning supplies, food, hygiene items
- ACNC Wellness Center in Asheville re-opened 10/21 with programming, providing space for community outreach/support for mental health and SDOH needs
- ACNC Mobile Wellness Center – supply delivery/outreach events with local partners

Provider Response

- Implemented provider flexibilities, authorization waivers per state guidance
- **Additional ACNC measures:** stopped payment recoveries, medical records requests, pre-payment edits, and high dollar claim inquiries for providers in impacted counties to support cash flow
- Utilization management enlisted additional support to assure timely auth decisions; 2,802 cases reviewed from 9/26-10/16; assisted care management in finding alternate providers for members
- **Stabilization payments to providers:**
 - Set up process for accepting requests, issuing payments
 - Provider eligibility criteria includes billed claims for an ACNC member within the last 12 months
 - Initial round of payments completed 11/14/24
 - \$5,064,691.80 in first round of stabilization payments issued without stipulation to 1,163 providers
 - Providers are asked to apply for continued payments, limited to one application per TIN



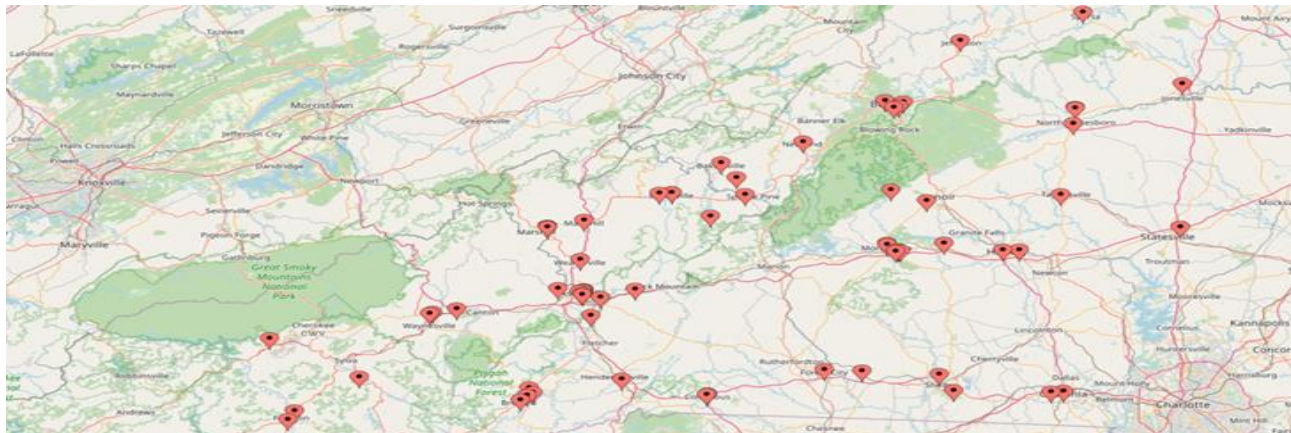
Hurricane Helene Relief Efforts



Carolina Complete Health and WellCare NC have been coordinating the procurement and delivery of supplies to impacted areas in collaboration with the Centene Foundation, NC Medical Society, NC Community Health Center Association (NCCHCA), Community Care of North Carolina (CCPN), and other community organizations.

Beginning the week of October 7th, one week after impact, deliveries were initiated to provider practices represented by CCPN and NCCHCA. These deliveries are staged through Federally Qualified Health Center Kintegra Health’s Gastonia office, where employee volunteers unload palettes, pack boxes, keep inventory and drive sprinter vans to make deliveries.

As time progresses and other resources come on board, we have adjusted orders (e.g., adding items for cooler weather needs) and expanded deliveries to a broader range of community organizations.



Partnership

Collaboration

Community





Delivery of Supplies Spanning 28 Counties, 120 Sites and Over 2,000 Miles of Travel; examples include:

- Two fuel storage tanks and ten generators to FQHCs
- First aid kits, syringes, batteries, liquid nutrition, insect repellent, cleaning supplies, antibiotic cream, gloves, sleeping bags, clothing, blankets
- Hazmat suits to recovery workers in Asheville
- Well disinfecting kits and bleach for 13 health departments
- Narcan
- Distilled and potable water
- OTC medication for NC MedAssist, supplemented with diapers and sanitary products – to churches, senior service agencies, children’s development service agencies, clinics, and cooperative extension agencies
- Thanksgiving and December holiday events being planned



Priorities/Key Risks

- Priorities
 - Member and provider outreach, assessment and services
 - Supporting providers, vendors and other organizations who serve our members
 - General community response
- Current key risks
 - Mental health and access to care
 - Access to preventive care
 - Infectious disease
 - Employment loss, leading to food and housing instability
 - On-the-ground volunteers are exhausted



Community Spotlight



- 129,000+ items have been donated for delivery
- 6 donation sites across NC
- Healthy Blue mobile unit is delivering supplies tailored to community needs
- Delivered 1,500 cans of formula to WNC in partnership with NC Diaper Bank
- Blue Cross NC Foundation has committed \$2.5M to Hurricane Relief
- So far, Blue Cross NC has provided Helene relief funding to more than 25 organizations serving WNC.



UHC Helene Response



UHC Hurricane Helene Relief & Outreach Efforts



Community Impact

- **\$1M+** supporting essential needs such as food distribution, water, personal hygiene and baby products in impacted counties.
- Supported staff who are volunteering. To date there have been **multiple volunteering opportunities**.
- **Supported UHC team members displaced** by the hurricane that continued to provide services for members.

Member Impact

- Launched **our emotional support line**: 1-866-447-3573 along with our BH Crisis line 1-877-334-1141.
- Launched a text campaign to members on 10/11 with over **71K** member texts
- Launched a compassionate, robust outbound call campaign to **connect with each member** to support their immediate needs.
- To date **~40K** calls to assess needs and provide support to most vulnerable and high-risk members in impacted counties.

Provider Impact

- Activated **Provider Stabilization Payment Program**. Proactive outreach to PCPs, FQHCs, RHCs and OB/Gyn providers. Payments used to keep provider doors open so members can be served.
- **Provider Advocates have made 475+ proactive** outreaches made to impacted providers and continue to provide ongoing resources support to providers impacted. Outreach resulted in providers receiving much needed supplies.



UHC Hurricane Helene Relief & Outreach Efforts

Success Stories

 Susan Minalla
October 2, 2024



- Member lost home and was displaced with daughter and grandchild and several family pets
- Coordinator located a shelter that could accommodate the large family and pets
- Educated on how to request FEMA services
- Family was appreciative and relieved to know UnitedHealthcare stood ready to help!

 Melissa Tamayo
October 3, 2024



- Elderly member and husband without power and had lost all medications and did not have transportation
- Connected them with Walgreen's and Optum Rx and all medications were filled and delivered to them two days later
- "We thank you from the bottom of our hearts" and "so thankful you called and helped us"

Member Outreach

36,000+ courtesy check-in calls placed to members in the 27 impacted counties

3,500+ additional calls placed to our most high-risk and vulnerable members

"UnitedHealthcare Is Here For You" statewide text campaign initiated on 10/11 with over **71K** member texts sent

Deployed a Mobile Medical Unit

- Mobile medical unit deployed to Morganton to provide general medicine, x-ray and ancillary services to affected individuals in the area.





November 2024

Operations During & After Hurricane Helene

Eugenie (Genie) Komives, MD – Chief Medical Officer

Helene Relief Efforts

DONATIONS

\$100,000 to the governor's relief fund
+ \$75,000 to local community partners

Centene matches every associate donation **DOLLAR FOR DOLLAR**

\$200,000 for supplies to provider partners and their patients

SUPPLIES

- ❑ **Partnership** between WellCare, CCH, NC Community Health Center Association, CCNC, MedAssist, and Centene Foundation
- ❑ **Supplies delivered by tractor trailers** to providers and LHDs across **41 regional locations**
- ❑ **Preparing 700 well disinfecting kits** for distribution to **12 LHDs** to supplement state resources

COMMUNITY SUPPORTS

- ❑ **Open communication** on disaster relief with community members
- ❑ **Quickly share** DHHS and state resources via social media and direct outreach
- ❑ **Support organizations and individuals** with monetary donations, essential supplies, and front-line aid

MEMBER FOCUSED

- ❑ **Pre-storm outreach** to high-risk members
- ❑ **Coordinate with EMS** for supply drops and transport
- ❑ **Track closures** and relocate members as needed
- ❑ **Conduct welfare checks** for facilities and members
- ❑ **Ensure prescription access** with transfers and delivery
- ❑ **Escalate FEMA issues** locally

Provider Supports & Stabilization Payments

- ❑ **First Stabilization Payments** issued on Friday, October 18; biweekly thereafter
- ❑ **No formal request needed**; no forms required
- ❑ **Helene Gap** = historic claims minus current claims
- ❑ **\$4M distributed** to date
- ❑ Payments continue **until needs are met**
- ❑ **100% of Helene claims gaps covered** with no discount

Provider Administrative Relief

- ❑ **Prior auth waiver** for pharmacy
- ❑ **Refill-too-soon waiver** for pharmacy
- ❑ **Medical claims** processed and paid without prior auth requirement through 12/31/24
- ❑ **No PA denials** issued during WNC hospital evacuations for interfacility transfers
- ❑ **Expanded NEMT** to shelters, hotels, relatives' homes, etc.
- ❑ **Extended dispute time frame** for recoveries



* Discount factor applied to account for care shifting to other sites/providers and uncertain timing



Alliance Health Hurricane Response

Back Porch Chat

November 21, 2024

Hurricane Helene Relief Efforts

- Worked with our providers to offer clinician support at shelters and the NC Emergency Operations Center
- Outreached members living in impacted counties to assess for safety and support needs related to the storm
- Partnered with DHHS to leverage an innovative virtual team peer support service through *Somethings* for youth in need of mental health support
 - previously available to Alliance-members only but made available statewide
- Purchased naloxone for distribution in impacted counties through our partnership with NC Harm Reduction



Partners' Hurricane Helene Relief

Supporting our Members & Providers

Hurricane Helene Relief

Total Members Identified as High Risk	Total Members Outreached	Total Members Contacted	Total Members Escalated to Department for Follow-up
8,279	8,279	4,710	2,378

- Mobile unit deployed in Rutherford County
- EMS BH clinical ride-along in Burke County.
- Sustainability payments to providers
- Critical incident stress debriefing (CISD) for first responders.



Partners Hurricane Helene Response

Finding Help & Resources

Hurricane Helene Resources



Resource Website - <https://www.partnersbhm.org/hurricane-helene/>

- PartnersACCESS (7 a.m. – 6 p.m., Monday-Saturday): [1-888-235-4673](tel:1-888-235-4673)
- Partners' Behavioral Crisis Line (24/7): [1-833-353-2093](tel:1-833-353-2093)
- Partners' Provider Services Line (7 a.m. – 6 p.m., Monday–Saturday): [1-877-398-4145](tel:1-877-398-4145)



Transforming Lives.
Building Community Well-Being.

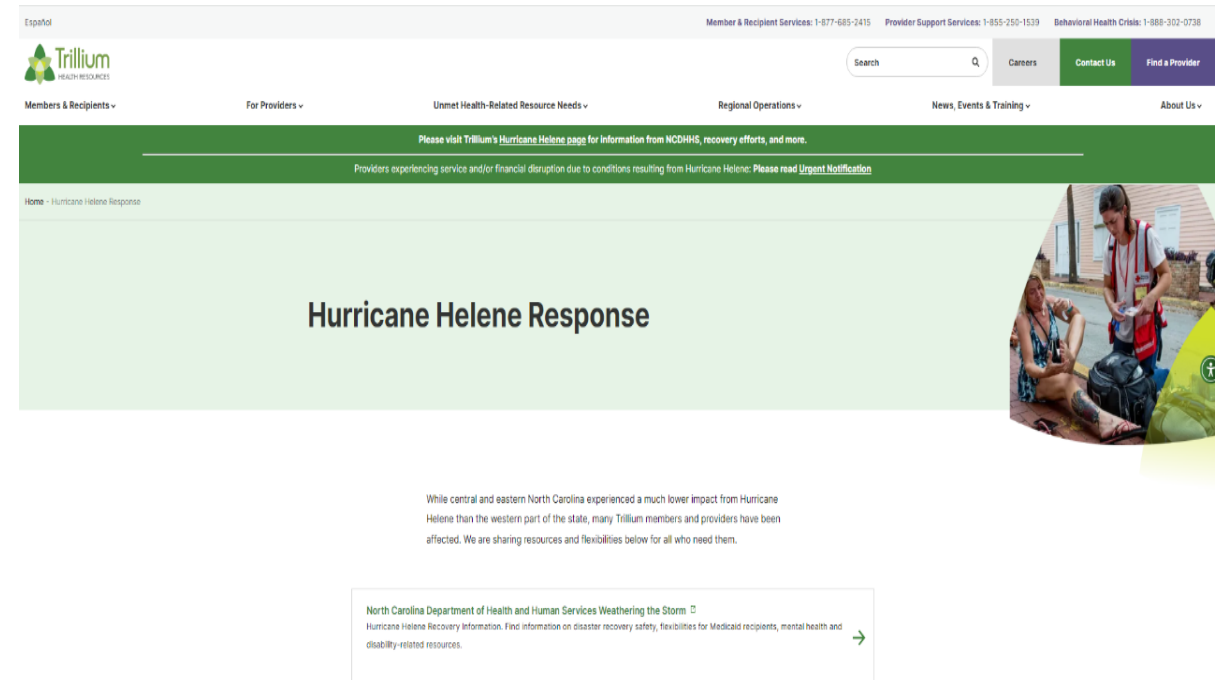


Hurricane Helene



Trillium Hurricane Helene Efforts

- Trillium staff personally donated over \$3,000 to purchase supplies for Vaya Health staff needs (water, hygiene and cleaning supplies, non-perishable snacks)
- Trillium deployed a staff member, with training in Trauma-Informed Care, to assist the Bakersville community by serving in their shelter and clinic.
- Trillium delivered backpacks and sensory devices to I/DD providers in impacted counties
- Following the State of Emergency declaration, Trillium posted a page dedicated to Hurricane Helene that linked members and providers to the NCDHHS page and shared updates and information about resources, flexibilities, etc.



Outreach to Impacted Members and Providers

- 🌱 Trillium reached out to high-risk members living in the impacted areas, connecting individuals with resources such as medication and utility assistance.
- 🌱 Trillium contacted Residential Support Providers requesting details on bed availability to assist with member relocation (We received 345 provider responses)
- 🌱 Trillium supported the work of Crisis Counseling Programs/Hope4NC Programs in two counties (Lee and Nash) offering services to the community at large including volunteers/first responders.
- 🌱 Trillium promoted hardship and stabilization payment opportunities for providers



Helene Response and Recovery




VAYAHEALTH





RAPID RESPONSE

- Main office located in Asheville
- Successful disaster planning – all tech systems and 24/7/365 call center stayed operational
- **#1 priority was to assess safety of Vaya staff, members, providers across impacted counties**
- Support shelters with behavioral health clinicians
- Daily messages with updated info on water, laundry, FEMA, shelters, community care, etc.
- Member outreach – priority populations, TCM, TCL
- Provider outreach – initial focus on residential settings (group homes, AFLs, TFC, etc.)
- **\$2,836,360.00** in direct provider stabilization payments as of 11/15/24
- Donation distribution center



Thank you and everyone at Vaya for this. It is fantastic to know that we work with an LME/MCO that is willing and able to help providers when the need is great. Working with you guys is such a huge juxtaposition to our interactions and relationships with our private insurance payers, I just hope you all know how appreciated you are.

- Network Provider





➤ Grateful to all who have supported us with donations for providers and the members we serve – Partners, Trillium, Alliance, Vance County, staff, faith groups, and more

24/7 Behavioral Health Crisis Line
1-800-849-6127

Member and Recipient Service Line
1-800-962-9003

Provider Support Service Line
1-866-990-9712



www.vayahealth.com

<https://www.vayahealth.com/helene-recovery/>

www.providers.vayahealth.com

<https://providers.vayahealth.com/helene-recovery/>

2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Findings

Hannah Fletcher, MPH, CHES® | *NC Medicaid Survey Team Lead – Program Evaluation*

Deanna Williams, MPH | *NC Medicaid Survey Evaluator – Program Evaluation*

Zoe Shipley | *NC Medicaid Survey Analyst – Program Evaluation*

2023 CAHPS Survey Overview

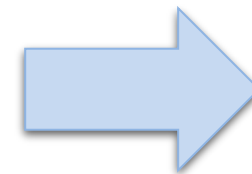
DHB contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan 5.1(H) Surveys with HEDIS supplement, annually.

Eligible Population

Adults (18 years of age or older) and children (17 years of age or younger) who are currently enrolled in Medicaid and were enrolled continuously during the measurement period (July 1, 2023-December 31, 2023) with no more than one gap in enrollment up to 45 days are eligible for survey sample inclusion.

2023 Survey Populations

<i>Five Standard Plans (SPs)</i>	<i>Five NC Medicaid Programs</i>
AmeriHealth	Medicaid Direct
Carolina Complete	Eastern Band of Cherokee Indians (EBCI) Tribal Option
Healthy Blue	Tailored Plan (TP) Eligible Beneficiaries
United Healthcare	Standard Plan (SP) beneficiaries receiving behavioral health services
WellCare	Foster Care Children*



Two Aggregate Comparison Groups:

- **NC Medicaid Program:** Combined results of all five SPs, Medicaid Direct, EBCI Tribal Option, and Foster Care*
- **NC Standard Plan Aggregate:** Combined results of all five SPs

2023 CAHPS Survey Administration and Outcomes

Administration

Data collected via mail or web-based survey by the adult beneficiary or the child beneficiary's parent/guardian. Beneficiaries completed surveys between July to October of 2023



2023 Survey Outcomes and Response Rates

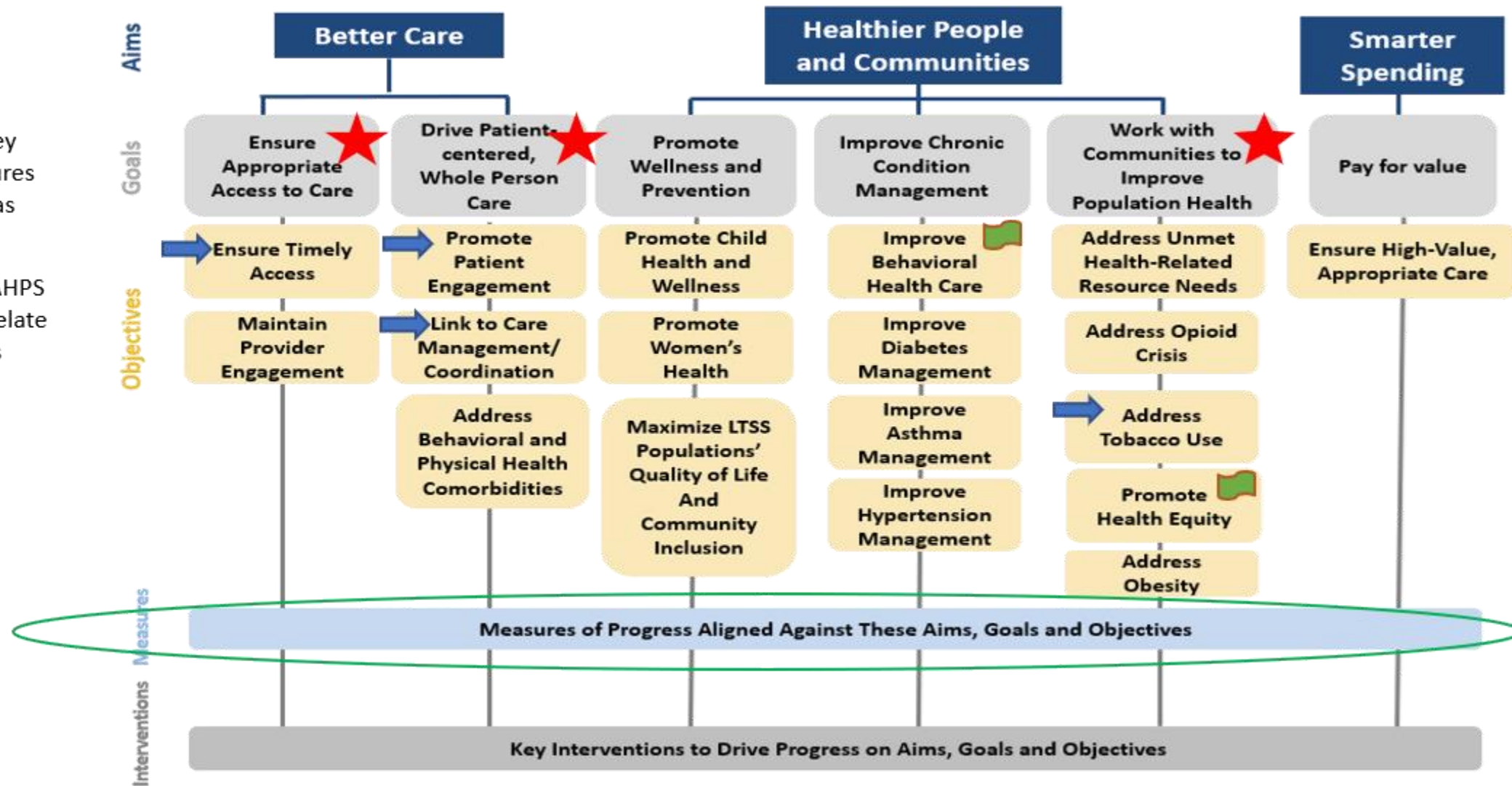
Survey	Total Eligible Sample	Total Respondents [^]	Response Rate
Adult	60,805	4,883	8.03%
Child	61,460	6,028	9.81%

NC Medicaid Quality Strategy Framework: How CAHPS Survey Data Aligns

★ = CAHPS survey results are measures of these goal areas

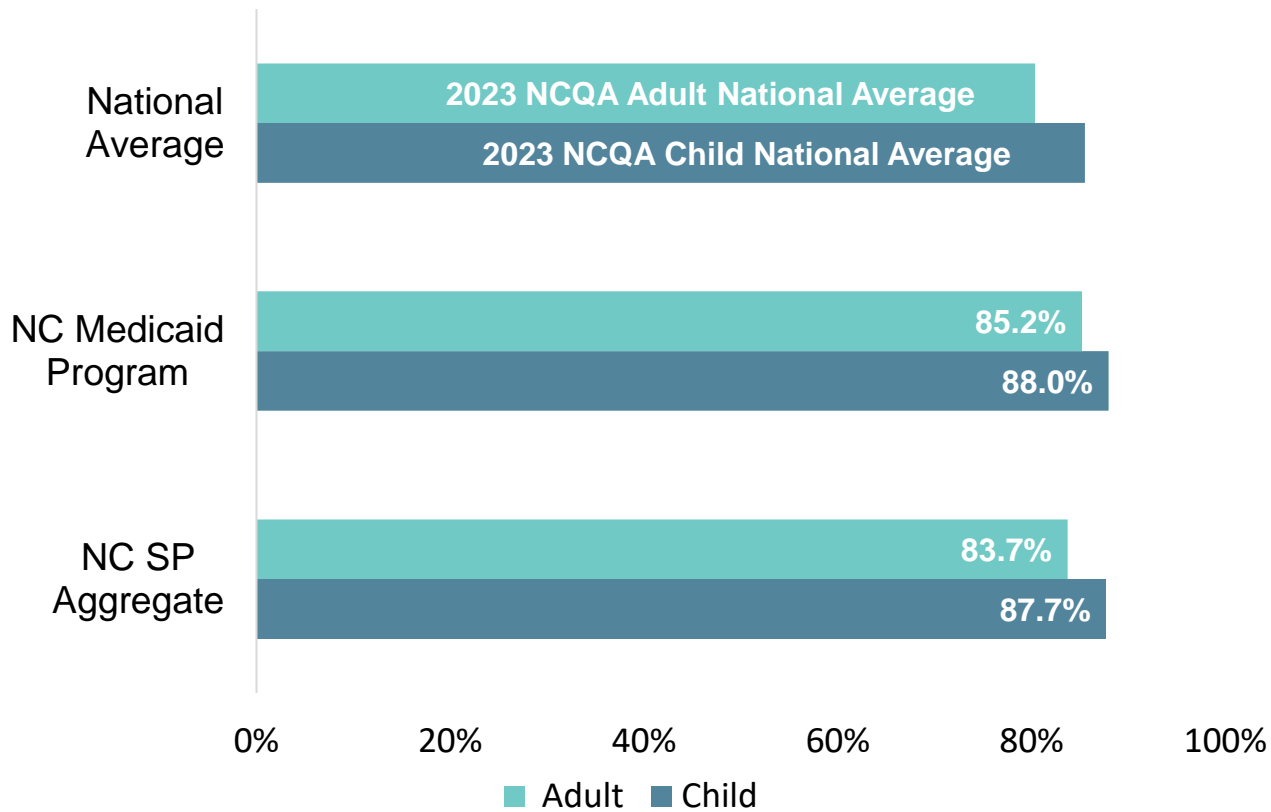
➔ = Specific CAHPS survey questions relate to these objectives

🇺🇸 = Specific population sampling and analysis

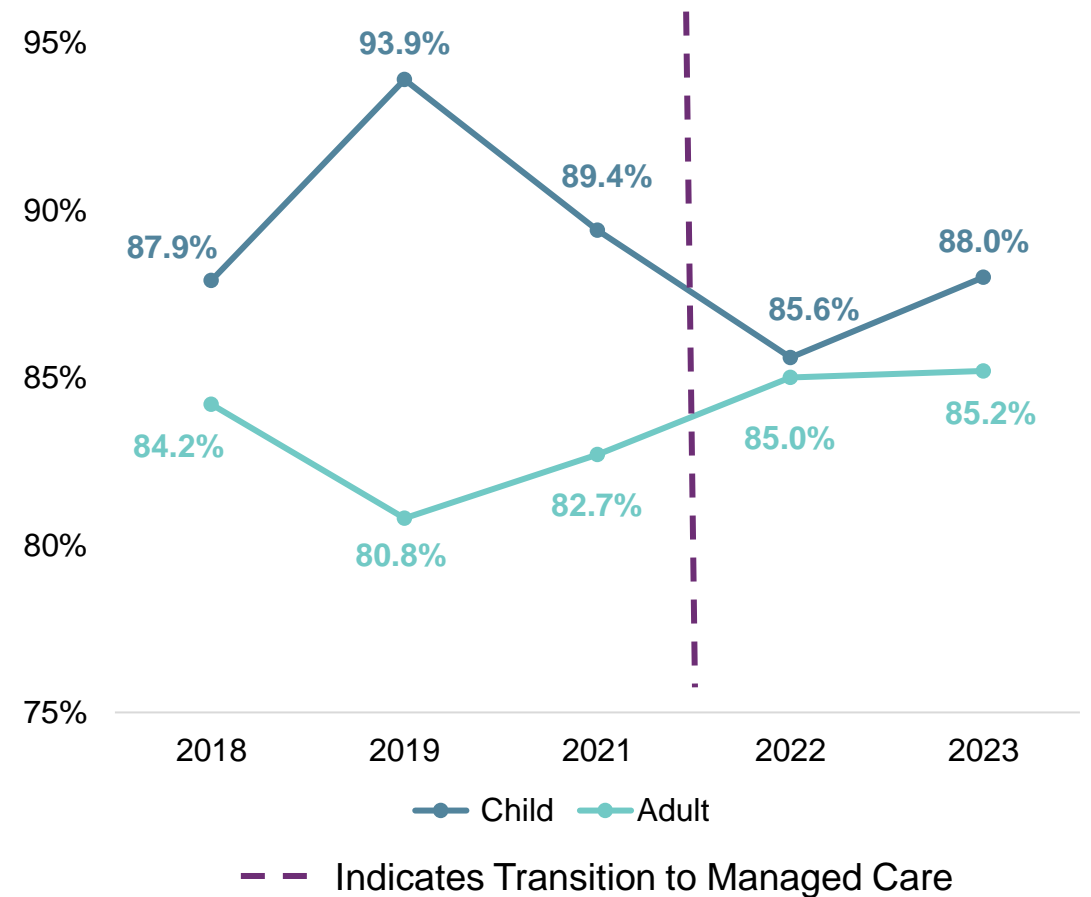


Quality Strategy Objective: Ensure Timely Access

2023 Adult and Child Respondents Who Usually or Always Got Care Quickly

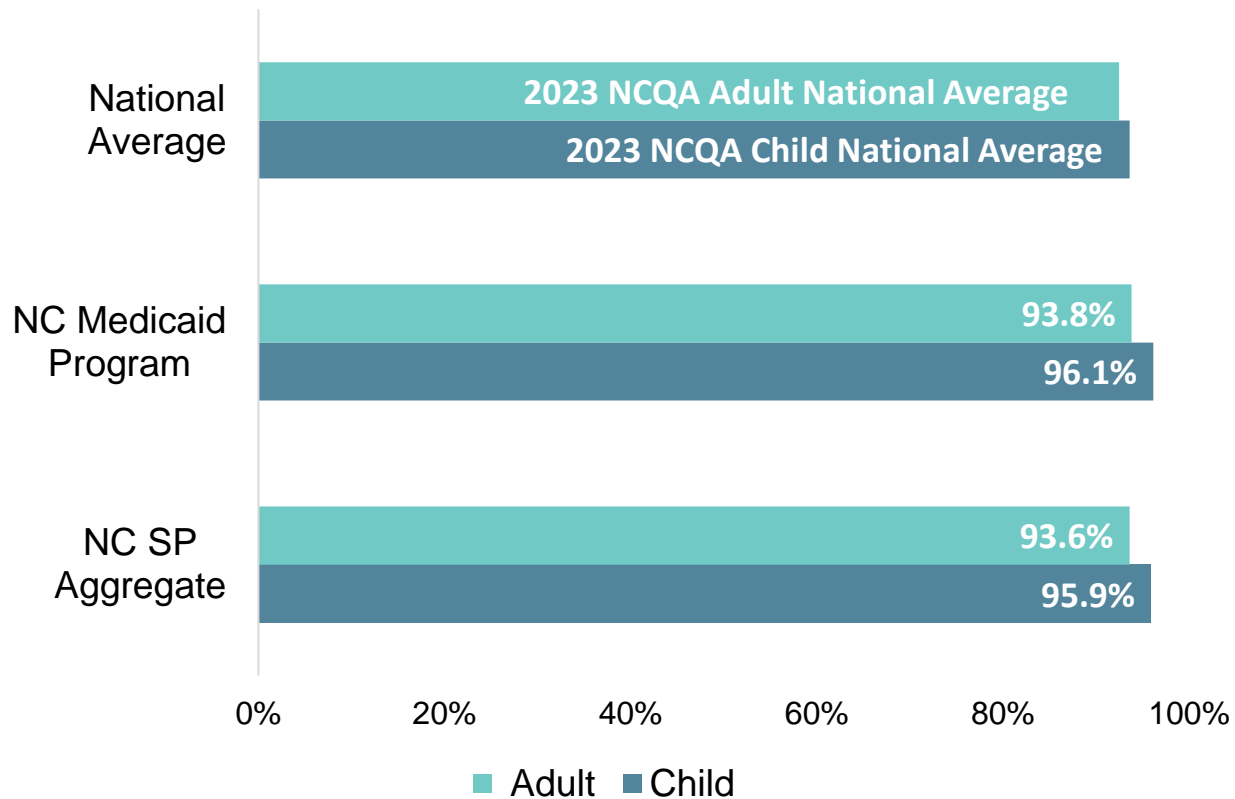


NC Medicaid Program Adult and Child Respondents Who Usually or Always Got Care Quickly, Over Time

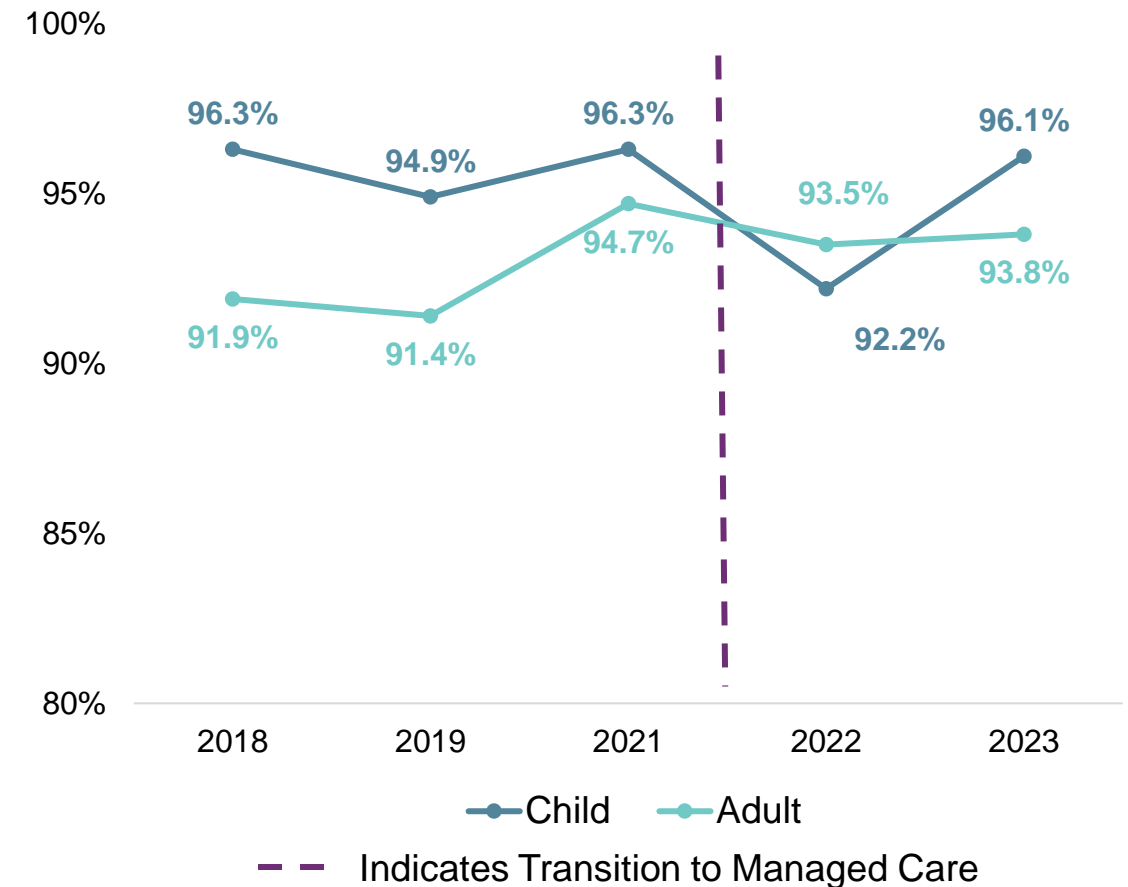


Quality Strategy Objective: Promote Patient Engagement

2023 Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well With Them/Their Child

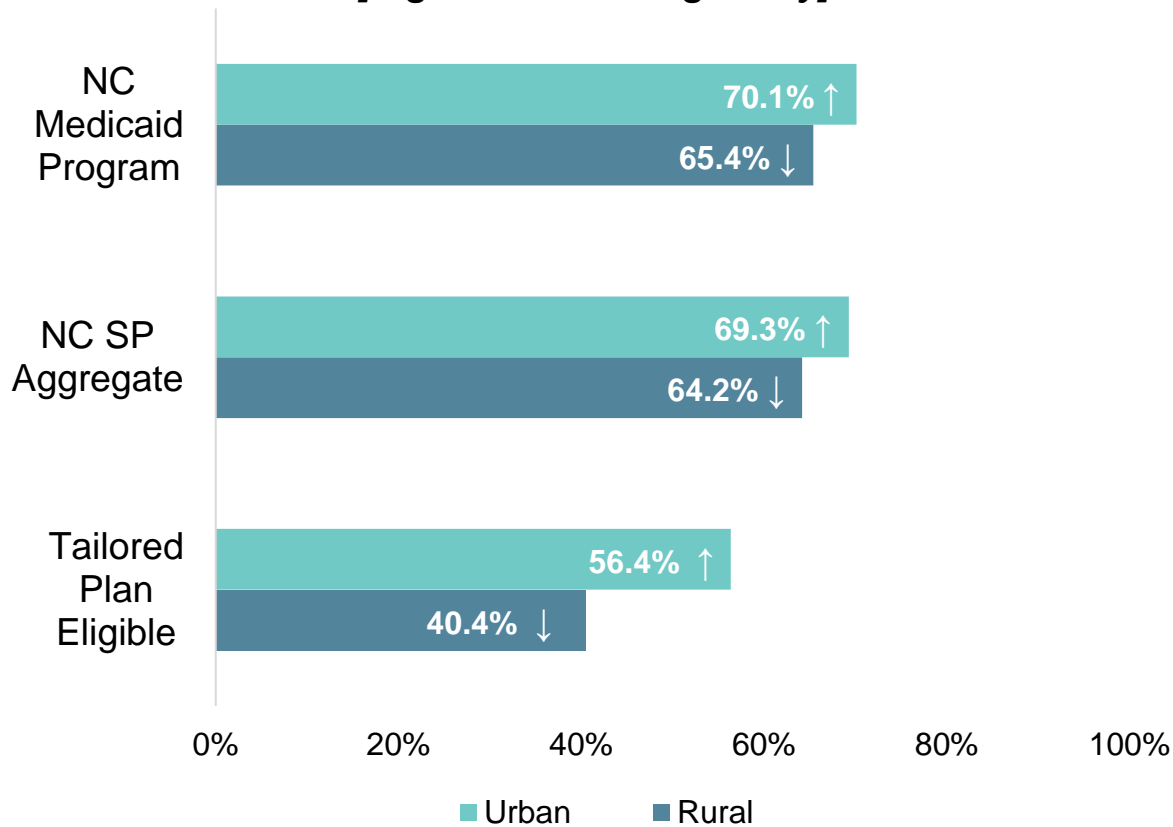


2023 Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well With Them/Their Child

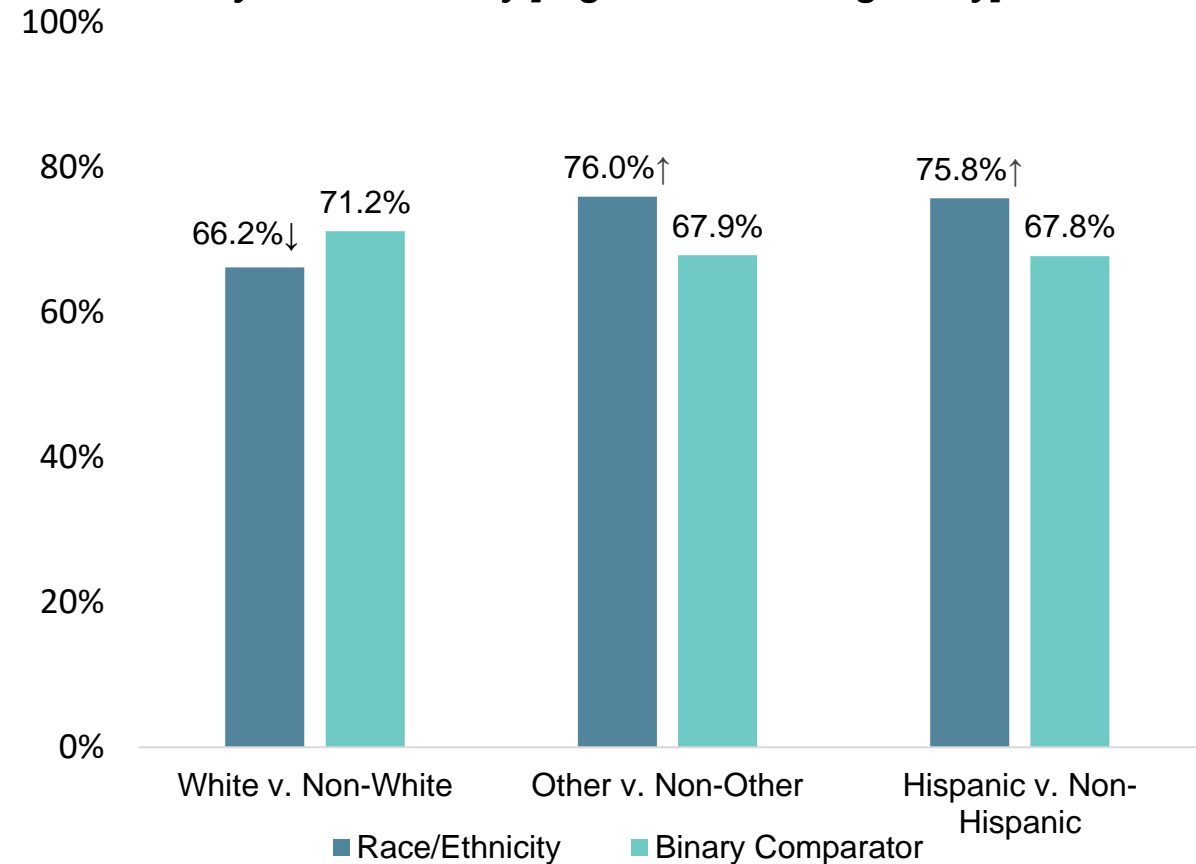


Quality Strategy Objective: Improve Behavioral Health Care

2023 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Rurality [Significant Findings Only]



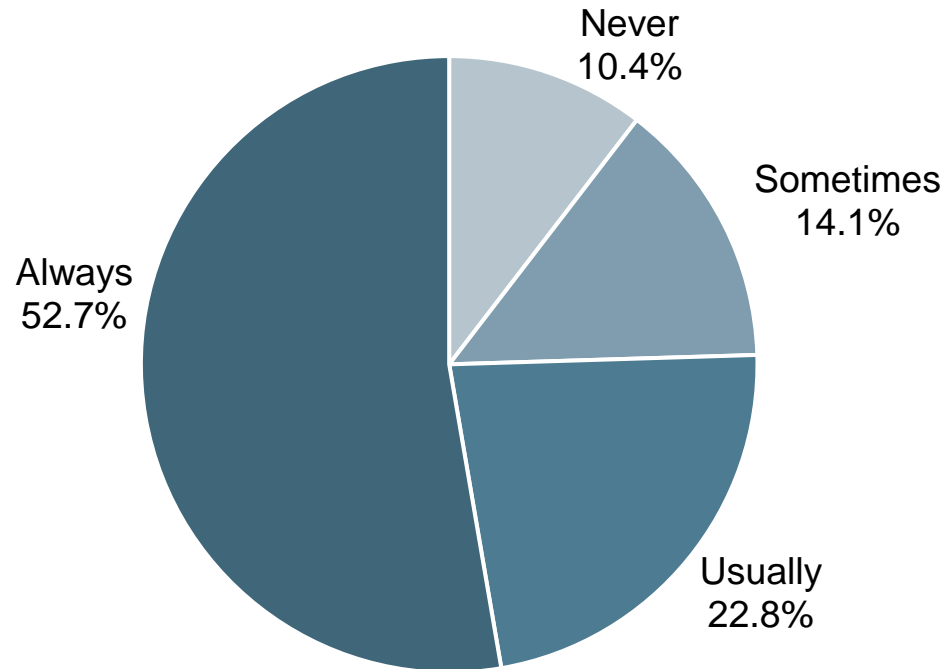
2023 NC Medicaid Program Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Race/Ethnicity [Significant Findings Only]



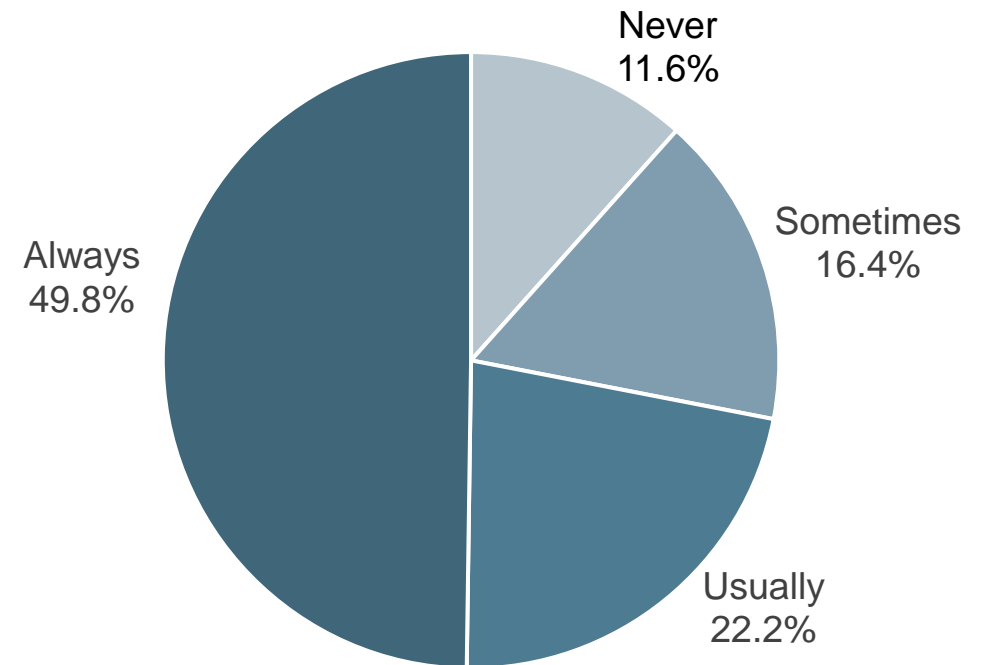
↑ Indicates the score is statistically significantly higher than the other category
 ↓ Indicates the score is statistically significantly lower than the other category

Quality Strategy Objective: Improve Behavioral Health Care

How Often 2024 Adult NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment Received and Appointment As Soon As They Needed



How Often 2024 Child NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment For Their Child Received and Appointment As Soon As Their Child Needed



Quality Strategy Objective: Promote Health Equity

Rurality

Only two significant differences across the adult and child NC Medicaid Program

Adult respondents living in rural counties (82.3%) reported **significantly fewer positive experiences with their personal doctor** when compared to respondents living in urban counties (85.7%)

Child respondents living in rural counties (90.5%) reported **significantly more positive experiences with their child's ability to get needed care** when compared to respondents living in urban counties (85.1%)

AMH Tier

Only one significant difference across the adult and child NC Medicaid Program

AMH Tier 3 adult respondents (88.0%) reported **significantly fewer positive ratings of their health plan's customer service** when compared to non-AMH Tier 3 respondents (92.3%)

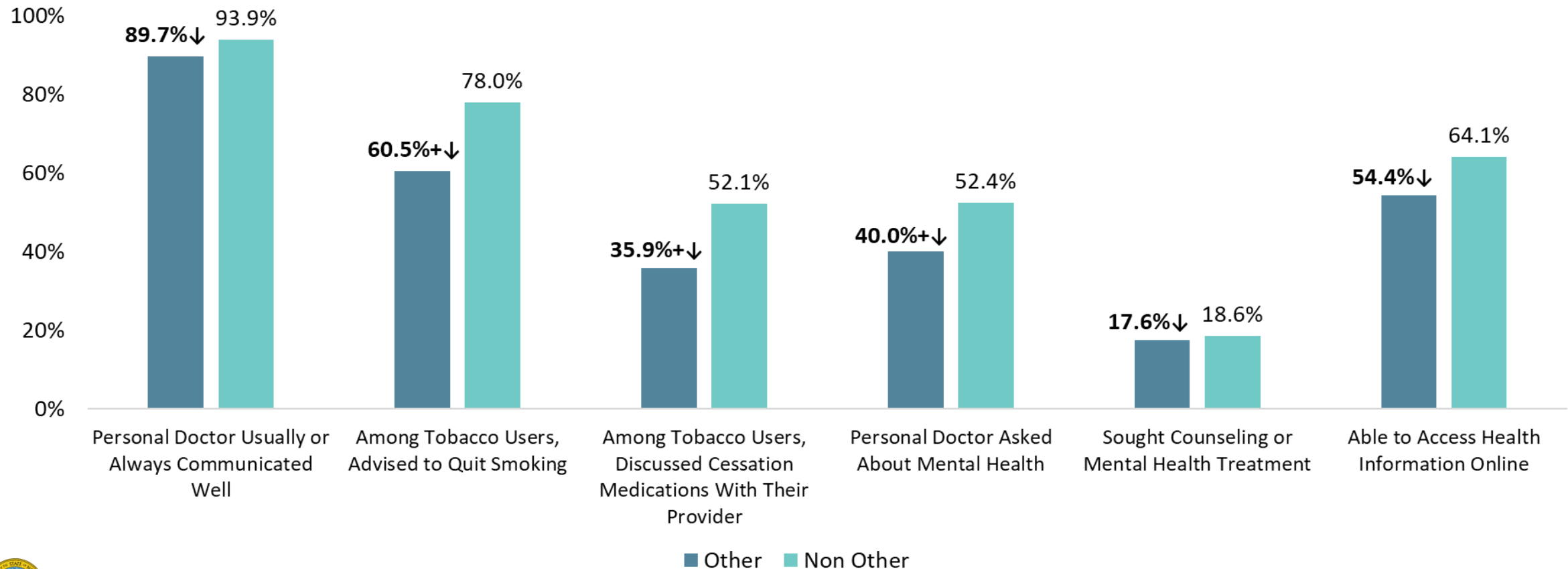
Race and Ethnicity

Many significant differences were found but most did not have a pattern except for the Other race and Hispanic ethnicity.

Quality Strategy Objective: Promote Health Equity

Respondents who identify as Other race reported *significantly worse* ratings compared to respondents who did not identify as Other race across many measures. There were other disparities identified by race, but this was the only identifiable pattern.

Positive Ratings from NC Medicaid Program Adult Respondents Who Identified as Other Race: Significantly Worse Experiences of Care

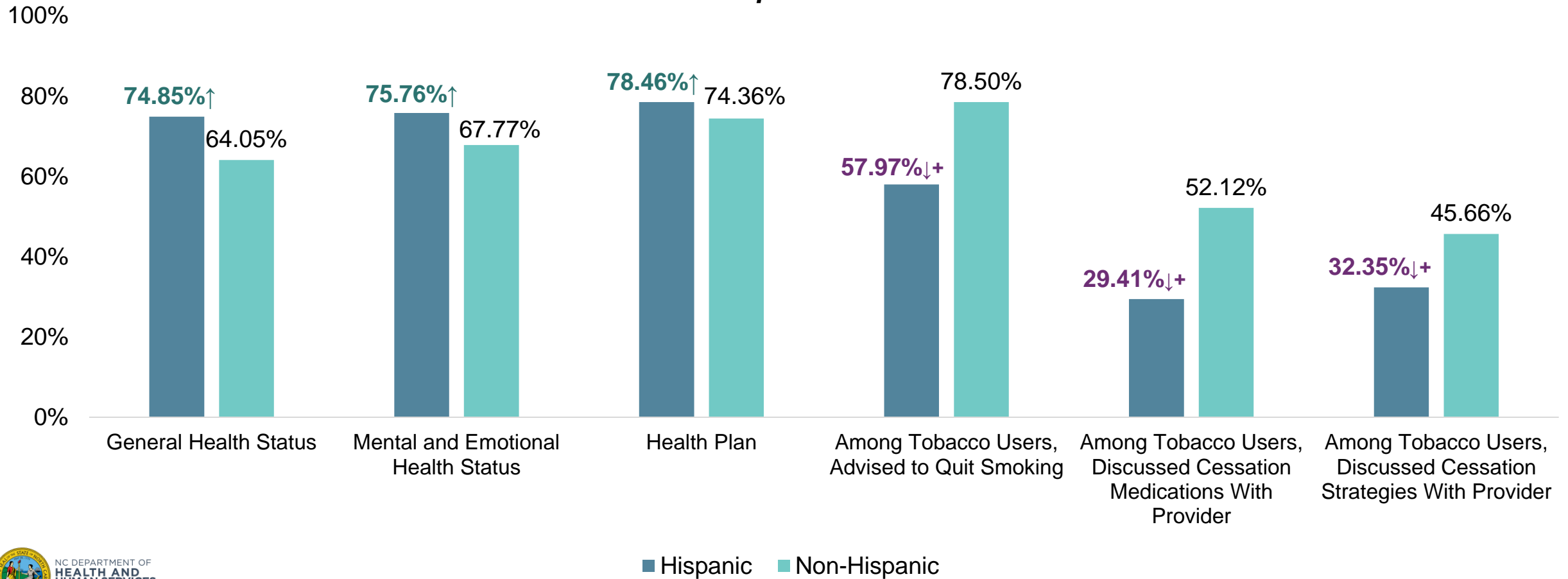


The 'Other' race category is representative of respondents who chose Asian, Native Hawaiian or other Pacific Islander, and true Other race categories
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Quality Strategy Objective: Promote Health Equity

Hispanic respondents reported *significantly better* and *significantly worse* positive ratings across several measures when compared to Non-Hispanic respondents.

Positive Ratings from Adult Respondents Who Identified as Hispanic ethnicity: Significantly Better and Worse Experiences of Care



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Strengths and Growth Opportunities

2023 NC Standard Plan Aggregate Star Ratings Comparing Positive Ratings Results to the NCQA National Percentiles

Measure	NC SP Aggregate Compared to NCQA National Percentiles	
	Adult	Child
Rating of Health Plan	★ 73.96%	★★ 85.94%
Rating of All Health Care	★★★★ 78.57%	★★★ 88.05%
How Well Doctors Communicate	★★★ 93.60%	★★★★ 95.91%
Customer Service	★★ 88.19%	★★★ 89.18%
Flu Vaccination Received	★ 34.69%	N/A
Discussing Cessation Medications	★★ 49.11%	N/A
Discussion Cessation Strategies	★★ 43.15%	N/A

Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile

Next Steps for the NC CAHPS Activity

2023 Survey

- [Full Report](#)
- [Two-Page Summary](#)

2024 Survey

- Report release anticipated for early 2025

2025 Survey

- Survey launch in February 2025
 - Survey Tailored Plans for the first time
 - New stratifications for Expansion beneficiaries

Community Alternatives Program (CAP)

Referral Process for Children and Disabled Adults

Sabrena Lea & Wrenia Bratts-Brown

What is Community Alternatives Program (CAP)?

- Home and Community-Based Services (HCBS) Waiver authorized under section 1915(c) of the Social Security Act to offer home and community-based services not otherwise offered through Medicaid, such as personal care services, consumer direction and modification and adaptive services.
- Two programs through CAP are: Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA)

Who is Eligible for CAP?

All aged individuals who:

- Have a primary chronic and severe physical condition that is closely monitored by a physician
- Medically fragile and complex
- Meet a nursing facility level of care: need for services, by physician judgment, requiring: A. supervision of a registered nurse (RN) or licensed practical nurse LPN)
- Need at least one CAP waiver service within 30 days of a complete assessment of need to assist with integrating into the community from a hospital or nursing facility or who need intensive supplemental supportive services along with Medicaid/other medical services to maintain a community placement

Top diagnoses of eligibility individuals:

Children	Adults
cerebral palsy	type 2 diabetes mellitus
spina bifida	osteoarthritis
congenital malformation syndromes	chronic obstructive pulmonary disease
duchenne or becker muscular dystrophy	multiple sclerosis multiple sclerosis
rett's syndrome	quadriplegia
	end stage renal disease

How to Make a Referral

- Contact NCLIFTSS at 833-470-0597 or NCLIFTSS@kepro.com
- Complete a consent packet that includes:
 - Consent Form – applicant’s permission for Medicaid to share PHI
 - Physician’s Worksheet – physician judgment of the level of care the person needs to manage complex medical conditions. The physician must indicate if a level of care is met due to medical conditions, skilled interventions, and medication regiment
 - Selection of a case management entity – assist the individuals with navigating services upon CAP approval

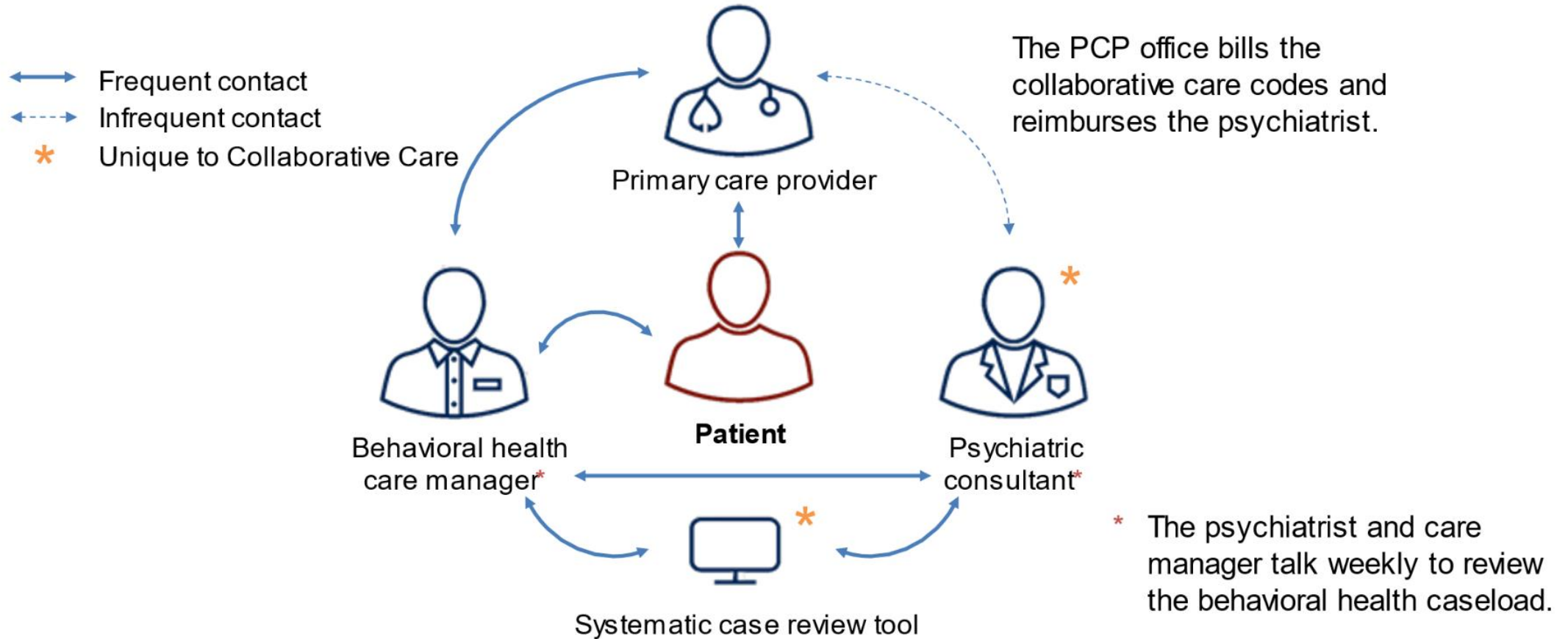
When to make a CAP referral

Reasons to make a CAP referral	When CAP may not be needed
<ul style="list-style-type: none">• Multiple urgent/emergency or non-routine clinic appointments• Primary caregivers need support in understanding and meeting complex medical needs• Social determinant of health issues exists• Not linked to medical professional or not attending required medical appointments	<ul style="list-style-type: none">• Linked to medical services and services are meeting needs• At a baseline and have not had urgent/emergency or non-routine clinic appointments• Enrolled in managed care• Child is followed by CDSA

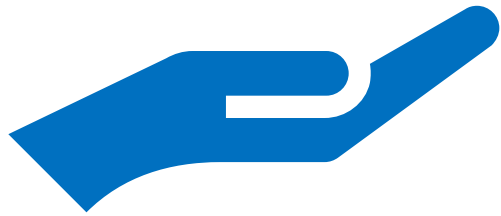
Collaborative Care Capacity Building Program (CoCM)

Dr. Watson

Collaborative Care (CoCM) Overview



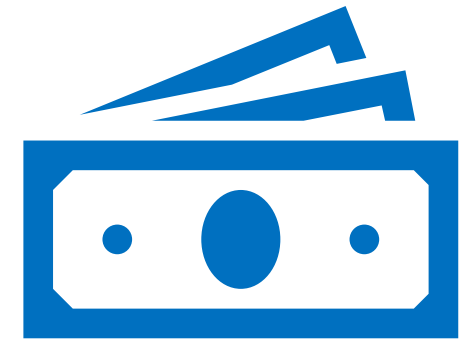
CoCM in North Carolina



SUPPORT



COVERAGE



**CAPACITY
BUILDING**



Additional Details

Collaborative Care Consortium White Paper



The Collaborative Care Model in North Carolina:
A Roadmap for Statewide Capacity Building to Integrate Physical and Behavioral Health Care

Executive Summary

In January of 2022, North Carolina Medicaid (NC Medicaid) launched a Collaborative Care Model Consortium ("the Consortium"), which included leaders representing the primary care and psychiatric provider communities, payers, and other community organizations. The goal of the Consortium was to expand the availability of integrated mental and primary care services in primary care clinics across the state, using the widely tested and clinically proven collaborative care model (CoCM). The Consortium focused on seven strategies that addressed the major barriers to adoption of the model in the primary care setting: financial sustainability and practice operations/change management.

Figure 1. The CoCM Roadmap

Steps	Strategies	Actions
Step 1: Aligning Reimbursement Across Payers Goal: Align coverage, requirements and payment across payors to validate that CoCM is an endorsed model worth adopting and reduce administrative burden for providers.	Ensure Coverage of the Same CoCM Codes	<ul style="list-style-type: none"> NC Medicaid added coverage of additional CoCM codes to align with Medicare coverage. The Consortium confirmed and promoted widespread commercial adoption of CoCM codes.
	Align Requirements to Bill Make Reimbursement Sustainable	<ul style="list-style-type: none"> NC Medicaid and other insurers aligned with Medicare requirements on who can serve as the behavioral health care manager. NC Medicaid increased reimbursement for CoCM codes from 70% to 120% of Medicare.
	Remove Beneficiary Copays	<ul style="list-style-type: none"> NC Medicaid and other insurers removed beneficiary copays for CoCM services. NC Medicaid contracted with a Consortium member to provide 1:1 technical assistance and develop education

NCDHHS CoCM Info Webpage



An official website of the State of North Carolina [How you know](#) ABOUT US

NCDHHS
NC Medicaid
Division of Health Benefits

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Collaborative Care Management

Collaborative Care Management (CoCM) is an evidence-based behavioral health integration model designed to support primary care clinicians as they assess and treat patients with mild to moderate behavioral health conditions.

CoCM improves patient outcomes, increases satisfaction for both patients and providers, and reduces healthcare costs and stigma related to mental health and substance use disorders. The model

CCNC Webpage/Capacity Building Funding Application



Community Care
OF NORTH CAROLINA

[HOME](#) [WHO WE ARE](#) [WHAT WE DO](#) [DIVERSITY](#) [CENTER FOR PRIMARY CARE](#) [KNOWLEDGE CENTER](#)

COLLABORATIVE CARE MANAGEMENT (CoCM) CAPACITY BUILDING FUND APPLICATION

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CoCM Capacity Building Fund Application Announcement

On behalf of the North Carolina Department of Health and Human Services (NCDHHS), Community Care of North Carolina (CCNC) accepting applications for the Collaborative Care Management (CoCM) capacity building funding for primary care practice entities. If you are a primary care entity serving Medicaid patients and are interested in learning about CoCM and related capacity building opportunities, we invite you to watch the recorded webinar from October 30, 2024 for an overview, [here](#).

Hurricane Helene Note: We are keenly aware that some practices in Western North Carolina are still recovering from the storm and find it difficult to apply for funds at this time. Efforts will be made to ensure that practices impacted by the hurricane will still have opportunity to apply for inclusion in the program.

Medical Updates

Melissa Clayton



New Genetic Testing Policies

Effective Oct. 1, 2024, four new or amended genetic testing policies were posted. (Refer to NC Medicaid Bulletin for information on specific CPT codes.) [Genetic Testing Policy Updates | NC Medicaid](#)

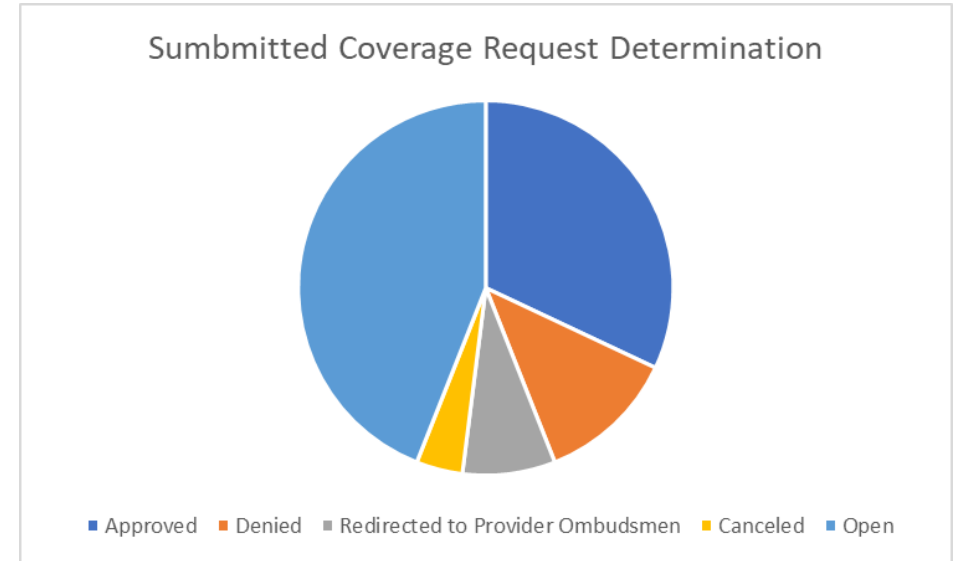
Policy	Summary Updates
1S-9 Genetic Testing for Diagnosis & Treatment	<ul style="list-style-type: none"> • New coverage criteria being added for Lynch syndrome, cancer susceptibility, Duchenne Muscular Dystrophy (DMD) and Becker Muscular Dystrophy (BMD), and red blood cell (RBC) genotyping. • New CPT codes being added to coverage that fall under general criteria in Section 3.2.1(a).
1S-10 Genetic Testing – Carrier & Prenatal	<ul style="list-style-type: none"> • Additional CPT codes being added to the coverage, however, no major updates here. • Maintaining the criteria that prenatal testing is covered for all pregnant beneficiaries, regardless of maternal age and baseline risk. • Maintaining the criteria that carrier testing is available to beneficiaries who are pregnant OR considering pregnancy.
1S-11 Genetic Testing – Gene Expression	<ul style="list-style-type: none"> • Maintaining coverage for breast cancer and adding coverage for thyroid cancer.
1S-12 Genetic Testing – Next Generation Sequencing	<ul style="list-style-type: none"> • New coverage for Whole Genome Sequencing (12 months and younger, either admitted or recently discharged from NICU or PICU). • New coverage for molecular profiling, including liquid biopsy. • For Whole Exome Sequencing and Whole Genome Sequencing, when specific criteria are met, NC Medicaid is including coverage of the; <ul style="list-style-type: none"> • initial test • comparator testing • reanalysis

Clinical Coverage Requests for External Stakeholders

- Historically, providers and stakeholders outside of NC Medicaid did not have a consistent path for requesting new coverage.
- In November of 2020, NC Medicaid formally started receiving requests for new coverage from external stakeholders.
 - With the launch of this process, the [Provider/Stakeholder Request for Coverage Form webpage](#) went live.
 - Providers/stakeholders can go to this page to understand the process for submitting requests for review.
 - On the page, there is a form which external entities can complete with details on the requested coverage including evidence to support the recommendation.
 - Upon receipt of complete submission on the webpage, the timeline for completing a request is:
 - Initial Review (**up to 9 weeks**): This is the initial review by the NC Medicaid SME to confirm if the request can be covered.
 - Detailed Review (**up to 16 weeks**): This is the secondary in-depth review where the NC Medicaid team will review associated evidence base, review coverage in other states and confirm if the request should be covered.
 - Further Consideration to Policy (**up to 14 months**): If the request passes the detailed review, the NC Medicaid team will initiate the formal policy modification process that includes legal review, fiscal impact and other components as required by general statute. After these steps, coverage may be implemented.

Coverage Request Process Metrics (9/1/23 to Present)

Coverage Requests	Count	Percent
Approved	8	32%
Denied	3	12%
Redirected to Provider Ombudsmen	2	8%
Canceled	1	4%
Open	11	44%
Total Requests Received	25	100%



8% of submissions were directed to this process incorrectly but successfully redirected internally.

Out of **14 completed submissions over the past 14 months, approximately:**

- 71% were submitted by individual providers
- 29% were submitted by business/product owners
- 0% were submitted by other stakeholders (non-profits, government agencies, labs, etc.)

Notes:

1. If similar requests are submitted by multiple providers, those are combined as the review process is the same.
2. Duplicate requests are not tracked in the above metrics.
3. Redirected requests are simple requests which are entered into ServiceNow (i.e., for simple taxonomy or code update) or inappropriate requests (i.e., request for a single beneficiary).

Pharmacy Updates

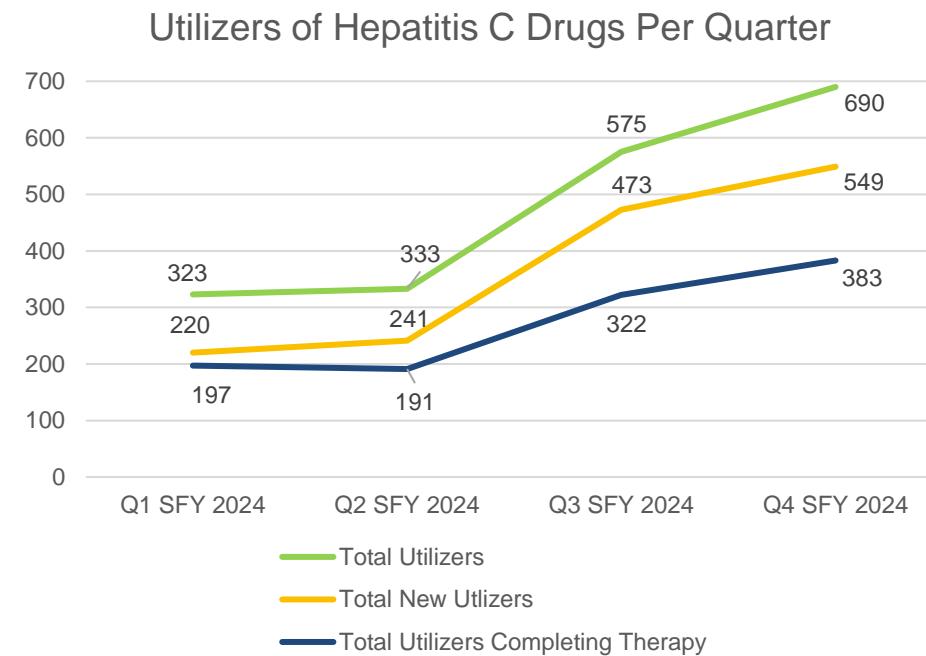
John Matta

Hepatitis C Treatment under NC Medicaid

The numbers are increasing

Several enhancements to the utilization criteria required for Hep C treatment were implemented in the fall of 2023.

- Removed statements regarding readiness for treatment
- Removed prior authorization (PA) for generic sofosbuvir-velpatasvir and Mavyret when treating treatment naïve patients
- Removed requirement of medical records to document chronic HCV diagnosis
- Removed requirement for documentation of HCV RNA levels
- Set PAs to expire 12 months from approval of PA
- Allow dispensing the entire treatment course in one fill.



Provider Enrollment and Reimbursement

Effective January 8, 2024: Pharmacists may enroll as providers in NC Medicaid

Enrollment as a Medicaid provider allows the individual immunizing pharmacist to be the prescriber on any point of sale State Protocol claims submitted for Medicaid beneficiaries.

- Enrollment is necessary for Medicaid to reimburse pharmacies for the drug dispensed under the statewide protocols.

Pharmacies may be reimbursed by NC Medicaid when pharmacists utilize the following Statewide Protocol:

- Self-Administered Hormonal Contraceptives Protocol
- Nicotine Replacement Therapy Protocol

Requires medical claim submission

Pharmacy program is working with Plans to educate pharmacies on how to submit claims for reimbursement.

Enrollment allows for increased access for Medicaid members to drugs prescribed per statewide protocols.

271 Immunizing Pharmacists are enrolled as NC Medicaid Providers

Please join the next Back Porch Chat!

February 13, 2025

Noon – 1 p.m.



QUESTIONS?