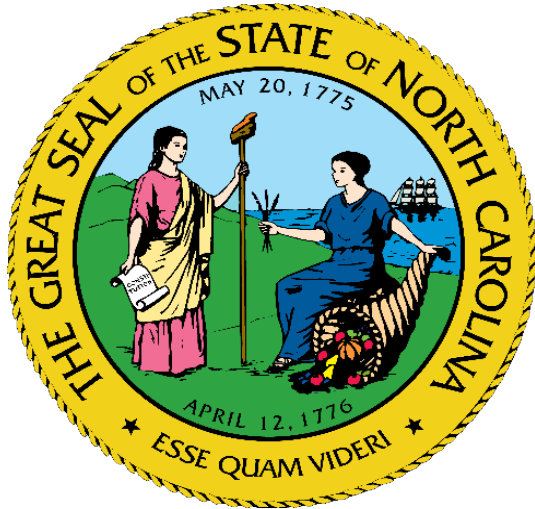


Day 112 of Managed Care: Back Porch Chat Featuring

October 21, 2021



Dr. Shannon Dowler
NC Medicaid



Dr. George Cheely
AmeriHealth Caritas (AMHC)



Dr. Eugenie Komives
WellCare (WCHP)



Dr. Michael Ogden
Healthy Blue (BCBS)



Dr. Michelle Bucknor
United Health Care (UNHC)



Dr. William Lawrence Jr.
Carolina Complete Health (CCHE)

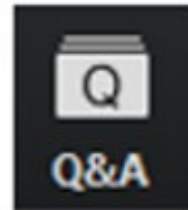
RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionsedtext.com/client/event.aspx?EventID=4927228&CustomerID=324>

Logistics for today's webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

COVID Surge & COVID Vaccine Incentives

02

What if Your Patient Needs a TP Service?

03

Claims Dashboard Overview

04

Clinical Dashboards & Executive KPIs

05

Q&A

Digging Into Data on Vaccinations for Medicaid Populations

Claims data is not an adequate source for determining beneficiary vaccination status for Medicaid for a variety of reasons:

- High Rates of Churn
- Mass Vax Events did not submit claims
- Contracted entities did not submit claims
- Claims lag is 6-12 weeks.

Effort undertaken with DHHS to merge the CVMS data with Medicaid rosters to create matches to more accurately capture the vaccination rates.

Ongoing merge of CVMS with NCIR will allow PHPs, CINs, and practices real time access to match care gaps with panels.

Data Limitations:

- Does not include vaccinations through a federal entity (DOD, VHA, HIS, BOP)
- Does not include vaccinations delivered to military personnel and veterans through the Tricare unless received through a NC provider or federal pharmacy provider
- Does not include individuals in NC vaccinated in another state
- Does include most vaccinations delivered in long-term care facilities via federal pharmacy partners
- CVMS data is off-cycle by one week on average

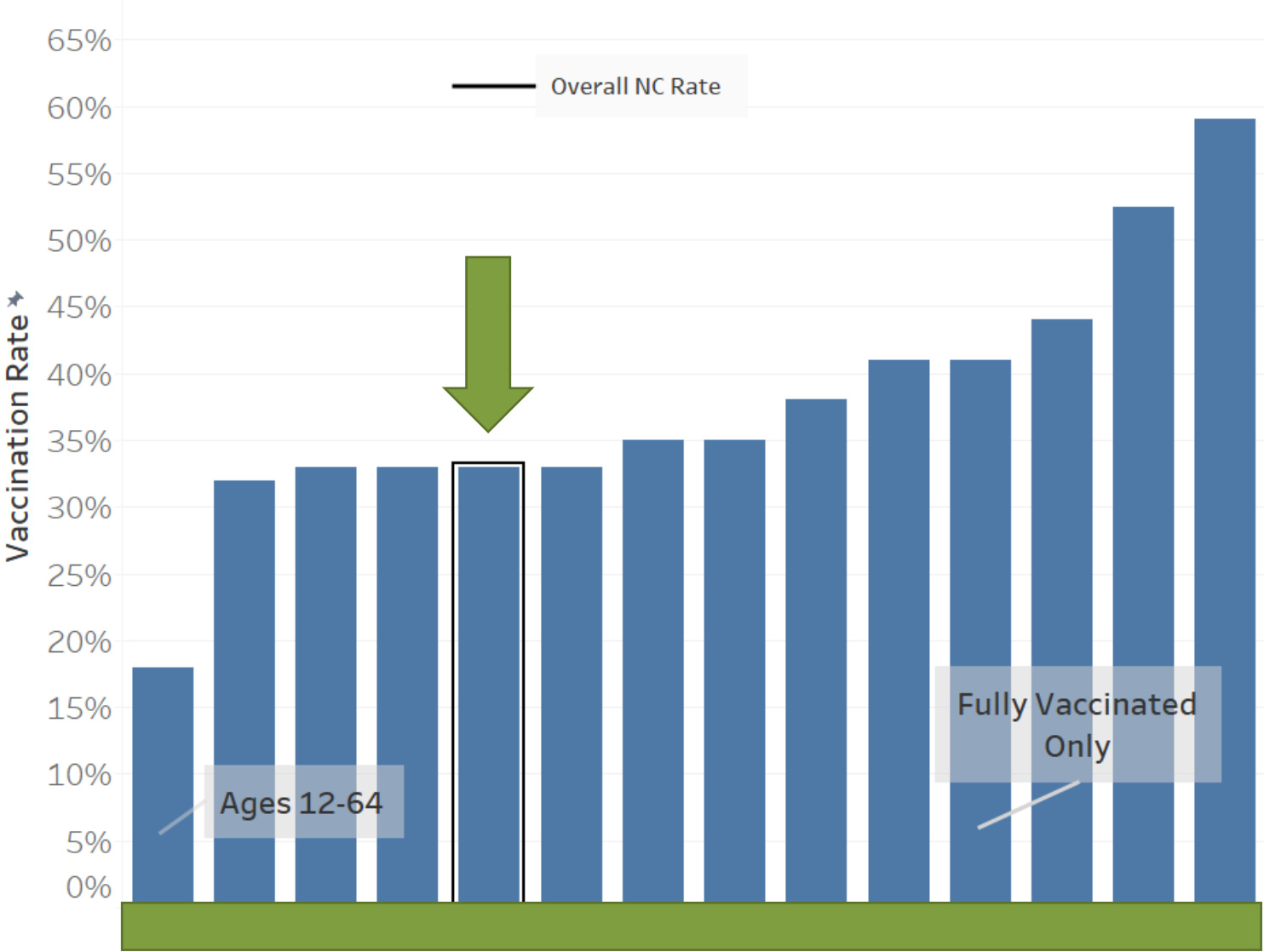
COVID Vaccination Rates—All Medicaid vs. State

- 30% of Medicaid beneficiaries ages 12+ are fully vaccinated (361,528) vs. 61% of state*
 - If the age distribution of the Medicaid population is adjusted to reflect the state's, the estimated Medicaid vaccination rate increases from 30.5% to 35.1%
- 33% of Medicaid beneficiaries ages 12+ are partially or fully vaccinated (390,262) vs. 71% of state*

*Includes Federal Pharmacy Providers

Source: <https://covid19.ncdhhs.gov/dashboard/vaccinations>

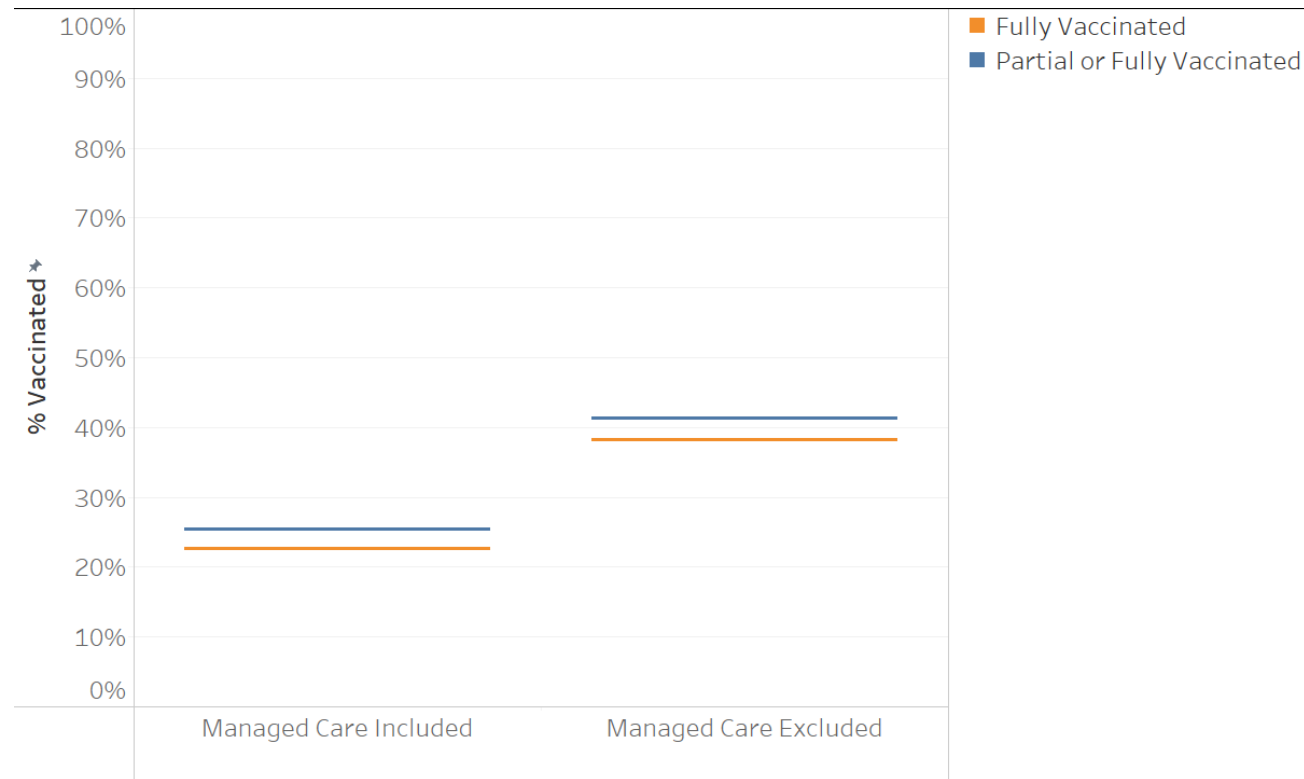
Unofficial State to State Comparisons



The matching process used by each state may be different

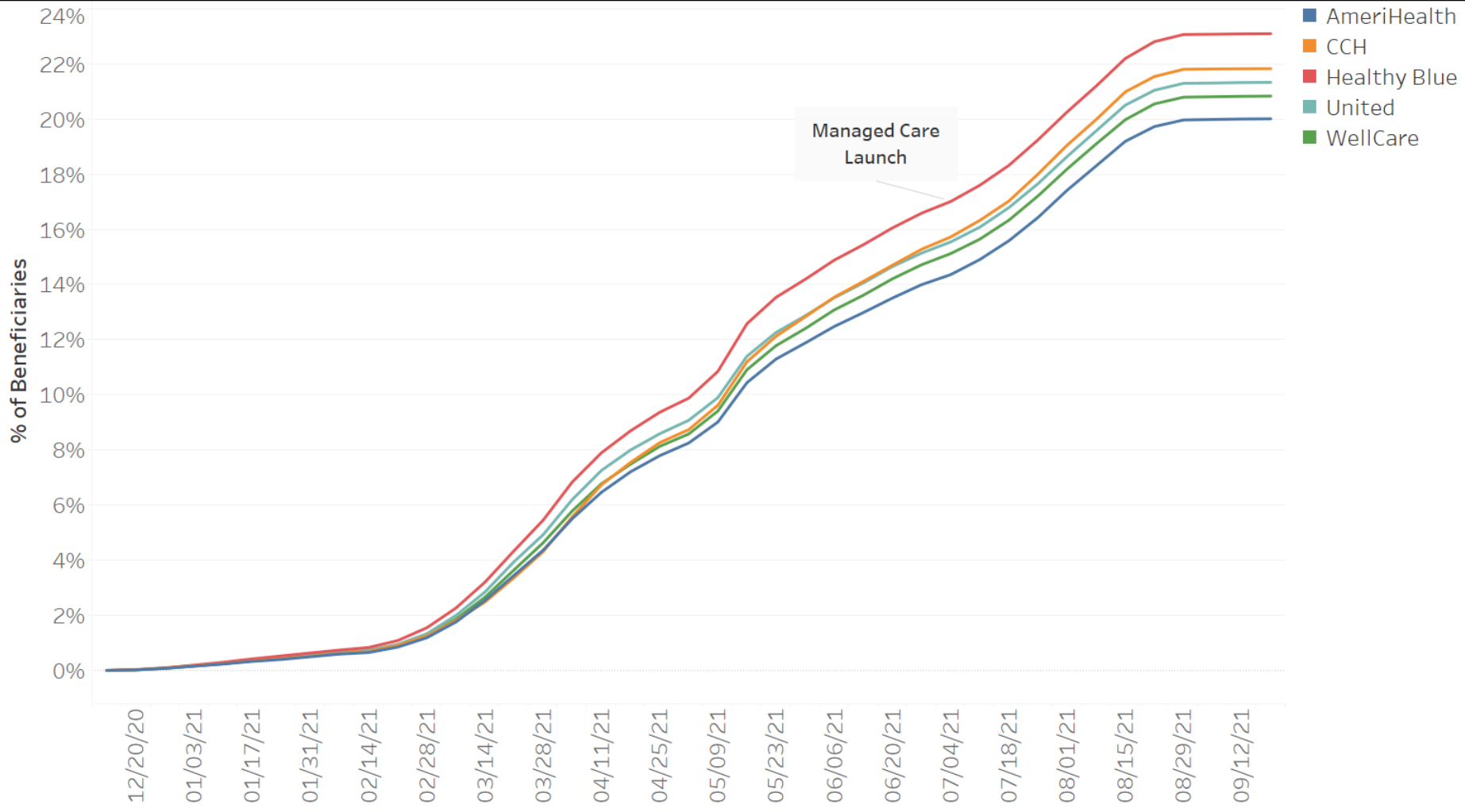
Vaccination Rates: Members in Standard Plans

- Managed Care Included beneficiaries 12+ (890,288)
- Full vaccination rate for 12+ is 22.4% (199,516)
- Partial vaccination rate for 12+ is 25.1% (223,259)



Ages 11 and younger excluded

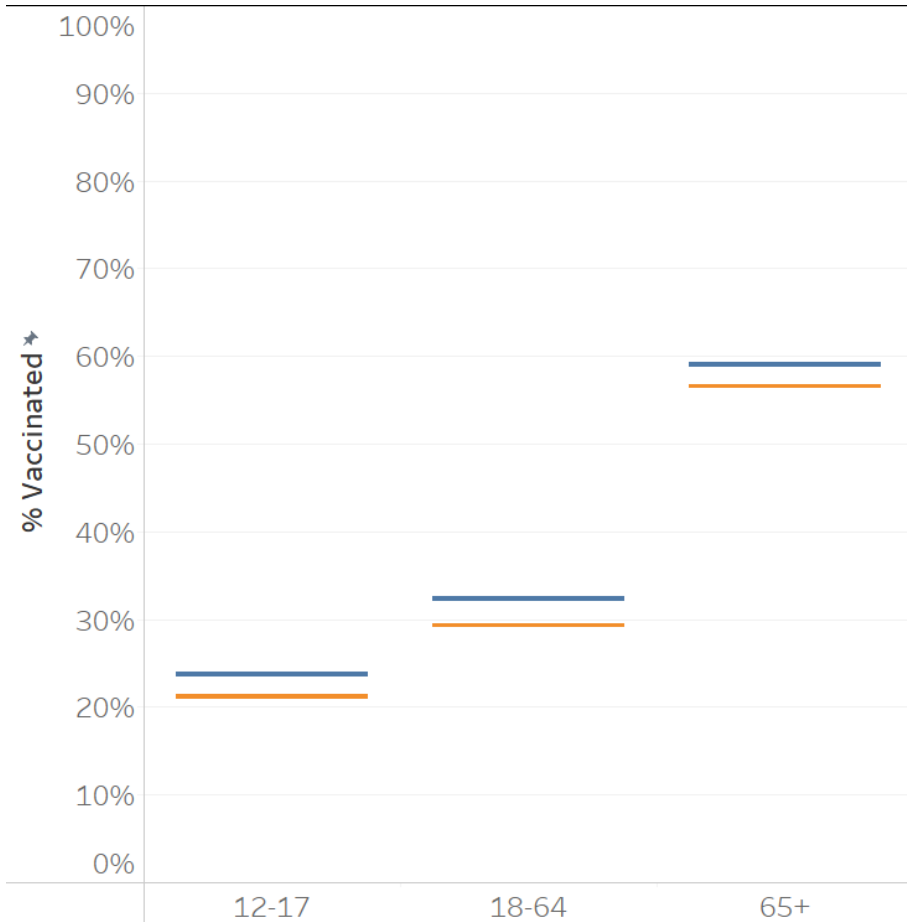
Cumulative Proportion Fully Vaccinated by PHP



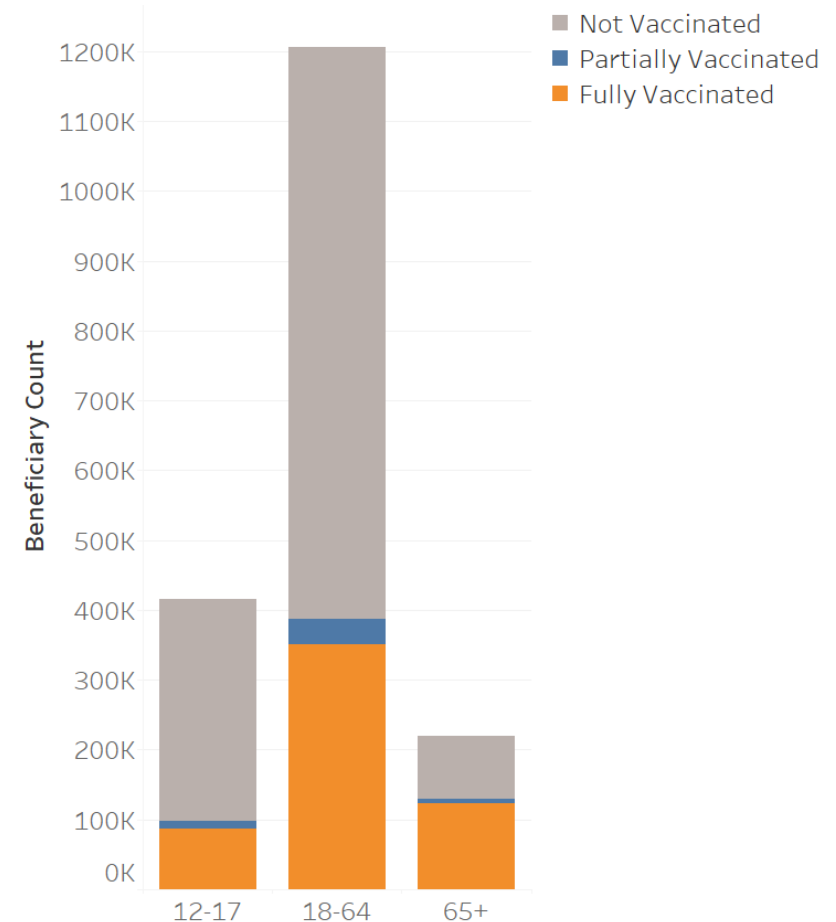
Standard Plan beneficiaries included. Ages 11 and younger excluded

By Age Group

Proportion Vaccinated



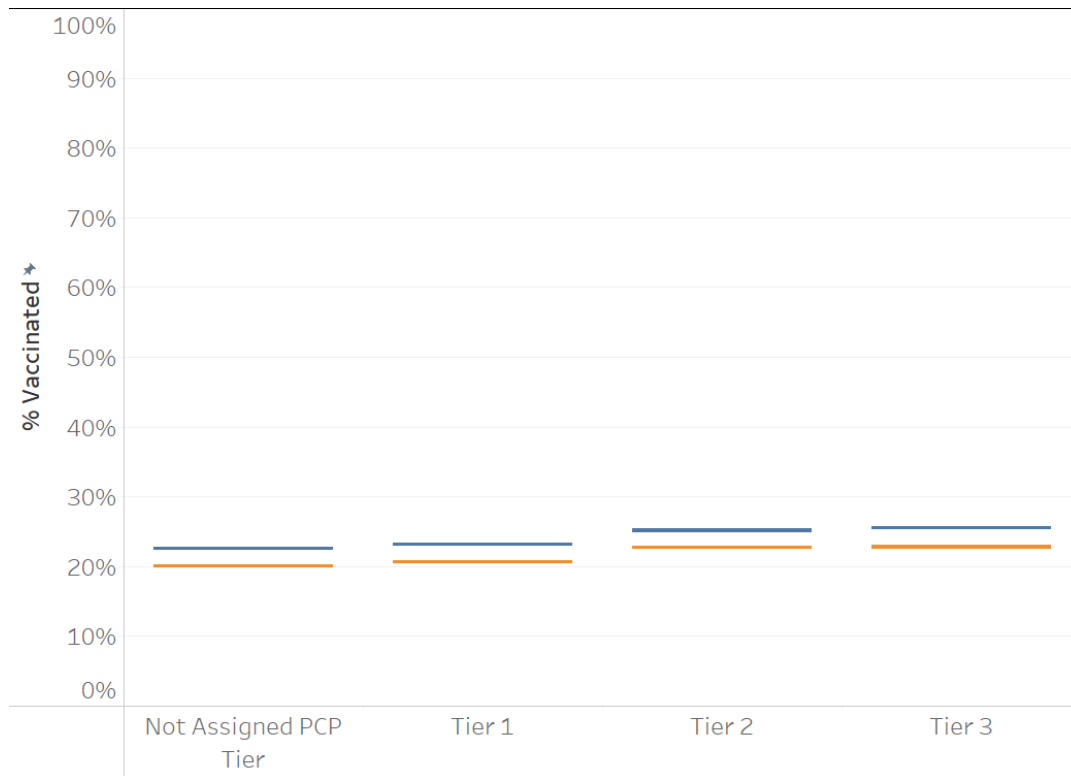
Vaccination Count



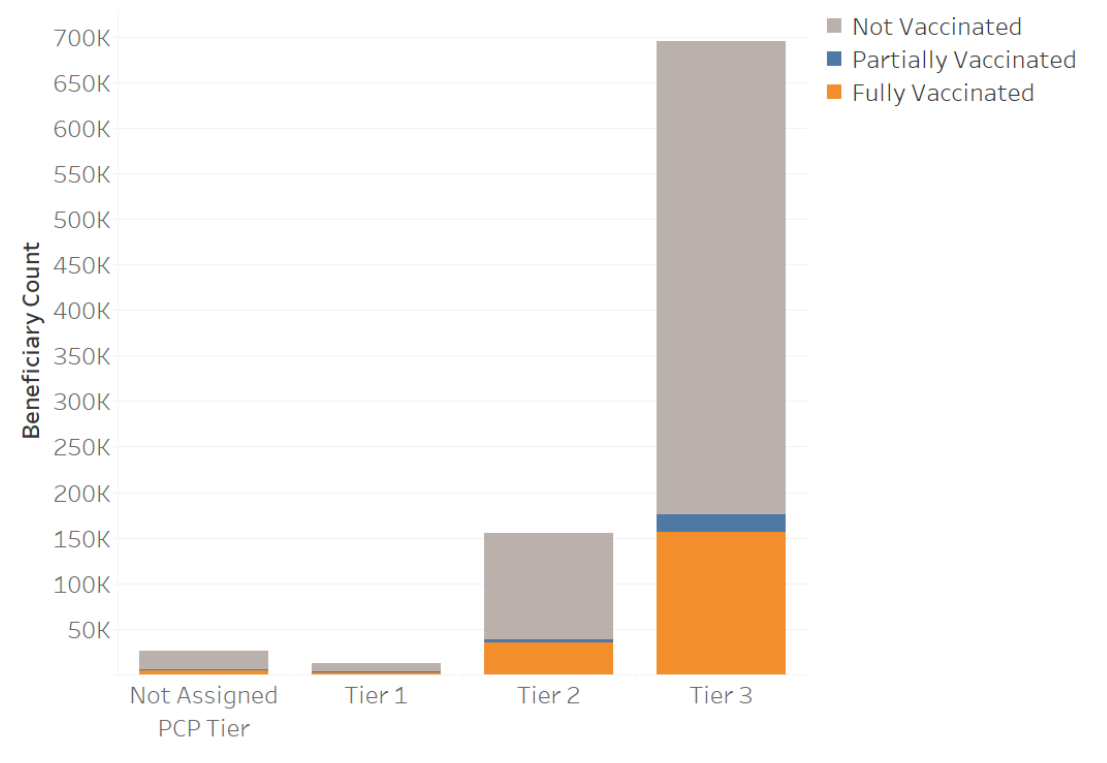
Ages 11 and younger excluded because not eligible for vaccine

By AMH Tier

Proportion Vaccinated



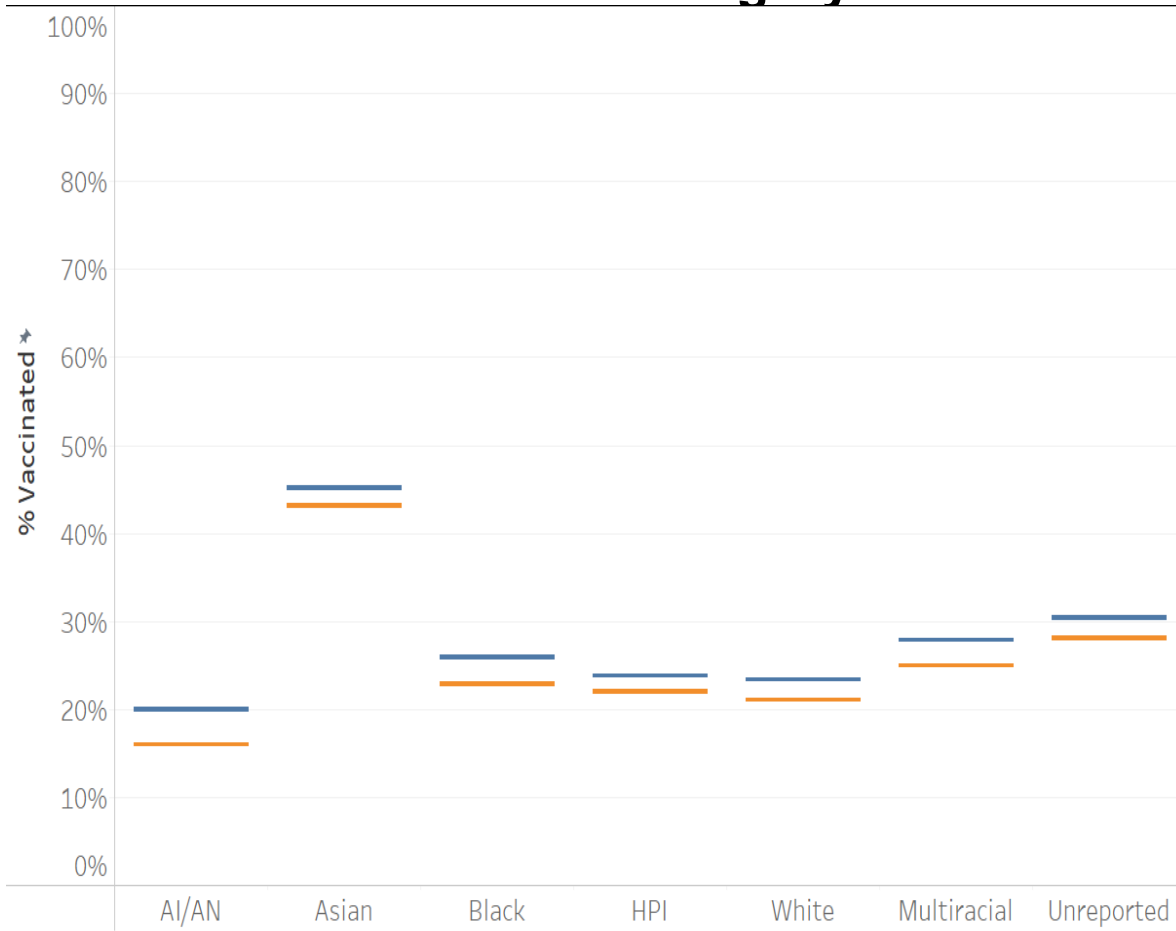
Vaccination Count



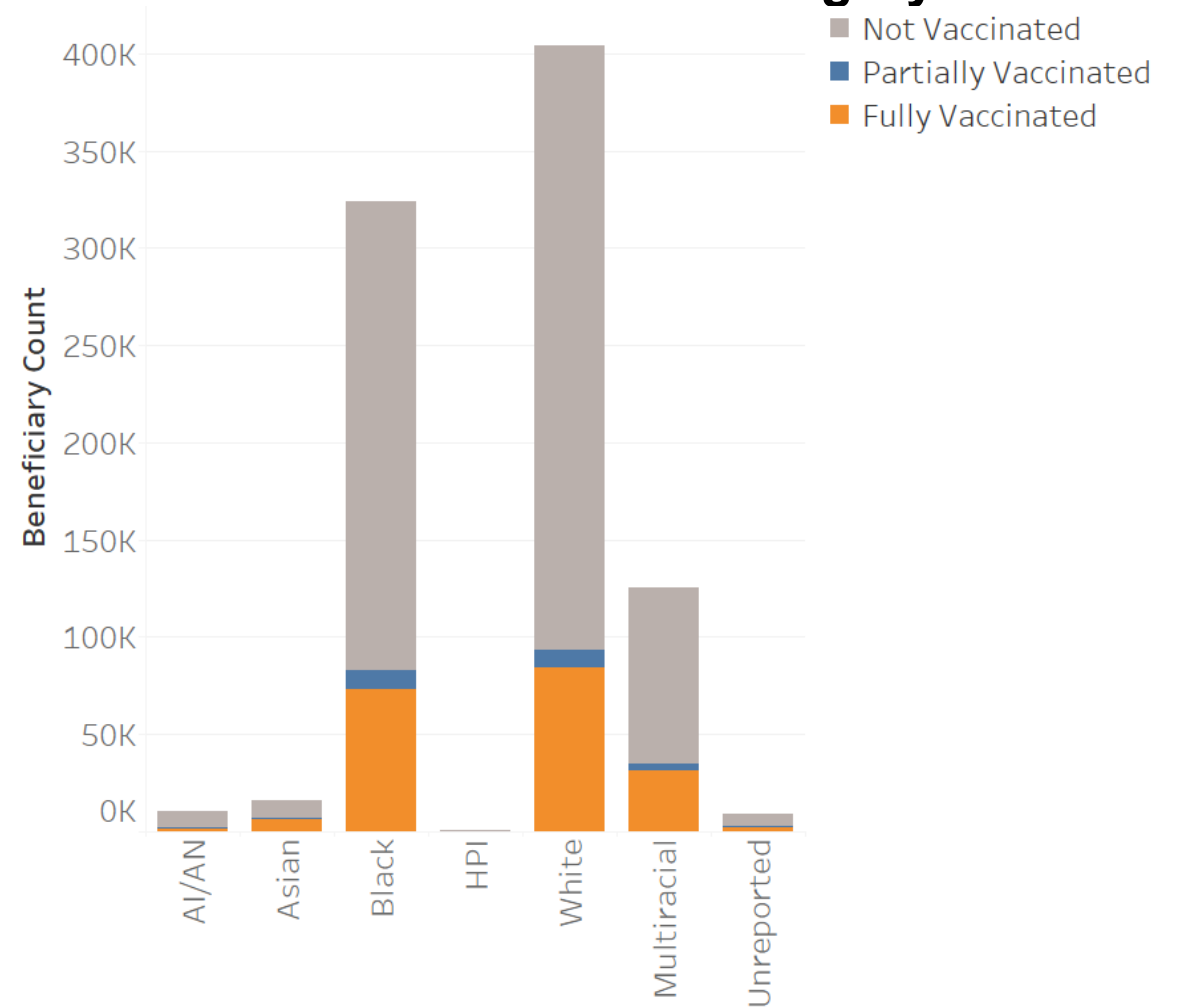
Standard Plan beneficiaries included. Ages 11 and younger excluded

By Race

Proportion of Vaccinated Beneficiaries in each Race Category



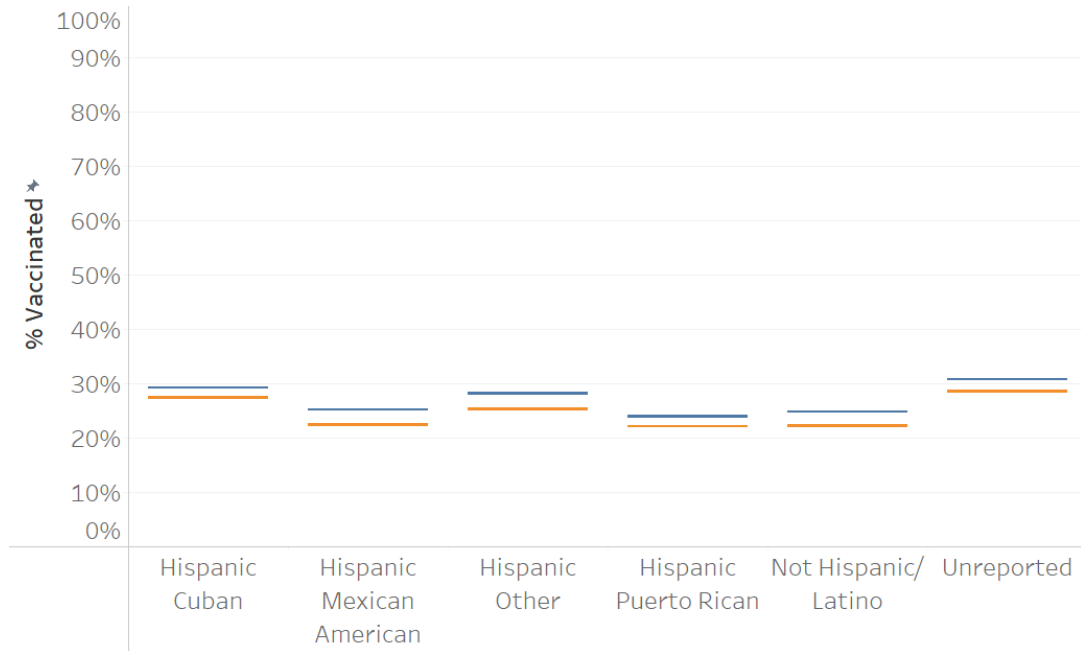
Count of Beneficiaries by Vaccination Status in each Race Category



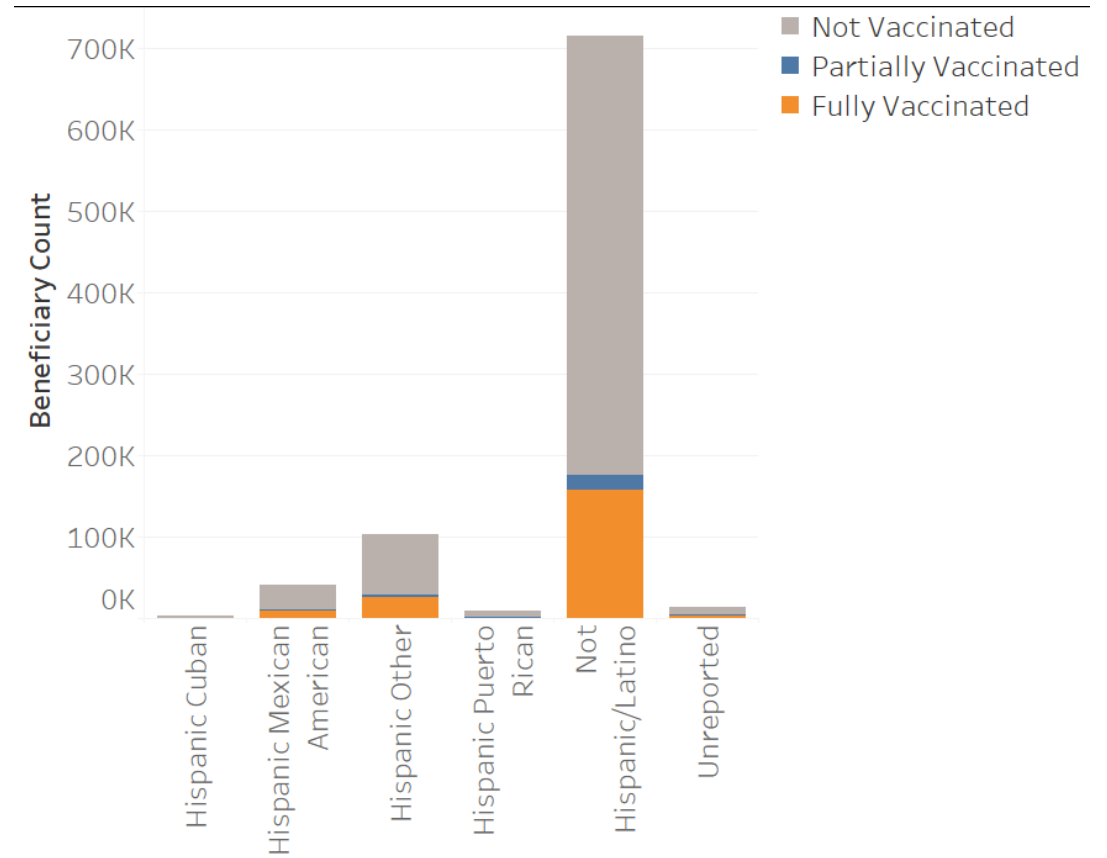
Standard Plan beneficiaries included. Ages 11 and younger excluded

By Ethnicity

Proportion of Vaccinated Beneficiaries in each Ethnicity Category

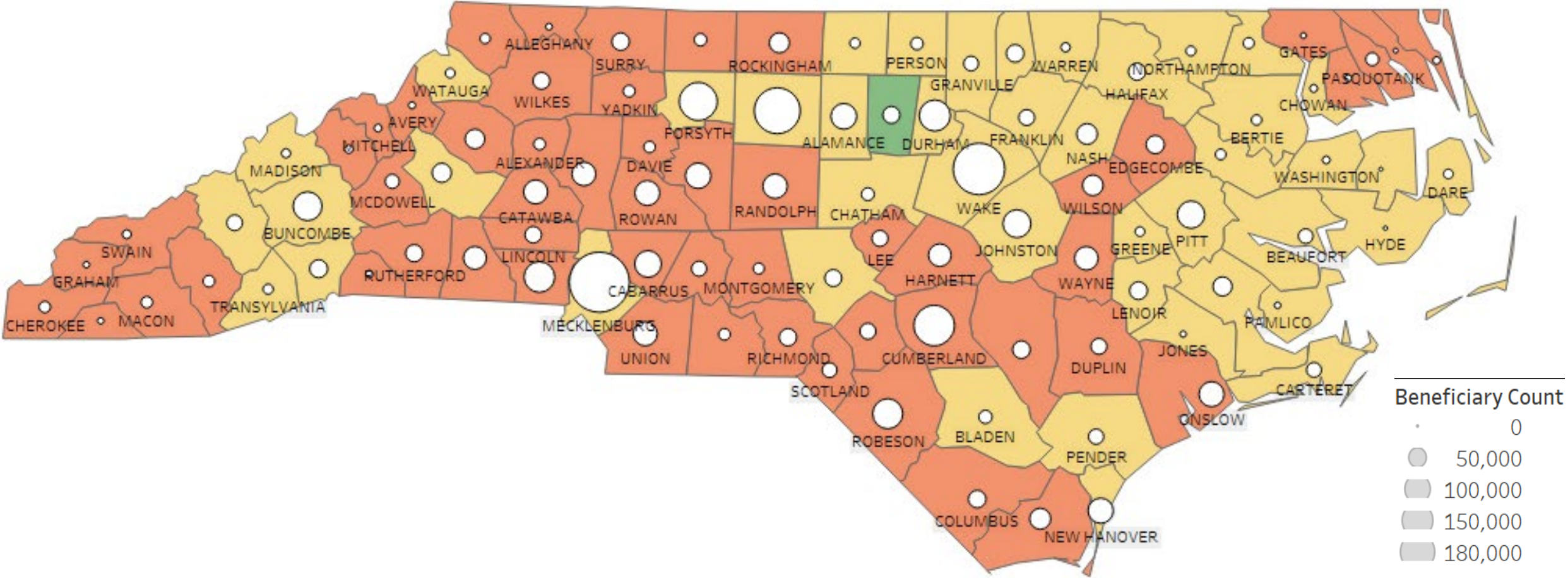


Count of Beneficiaries by Vaccination Status in each Ethnicity Category



Standard Plan beneficiaries included. Ages 11 and younger excluded

Proportion Fully Vaccinated



Ages 11 and younger excluded

COVID Vaccination Incentives

ACTIVE PROJECT LIST (IN-PROGRESS PROJECTS)

What	When
Outreach for Unvaccinated Members (Possibly 99401 with Modifier)	Goal to Launch October 15
COVID Vaccine Administration Rate	Goal Launch Early November, Retro 4/1/2021
COVID Vaccine Member Incentives – Managed Care Beneficiaries	Deploy in October, Reach Field November
COVID Vaccine Member Incentives – Medicaid Direct Beneficiaries	Goal Deploy in November
COVID Vaccine Incentive (Pay for Providers – P4P)	Goal Measurement June 2022, Payout September

Raising our Rate of Vaccination of Medicaid Beneficiaries

OUTREACH PAYMENT FOR UNVACCINATED MEMBERS

Utilizing our COVID Counseling Code 99401 as a base, we are introducing a new payment for "COVID Vaccine Outreach".

This allows practices to bill for team members using the KM modifier to complete outreach efforts to connect with unvaccinated members.

Ideally used the practice would offer an appointment for vaccination or a provider follow up if there was hesitancy and an opportunity for provider education exists. If practices do not offer the vaccine, they could coordinate a vaccine slot at another location using the [FindMySpot](#) tool.

For more information, please reference the [Vaccination Outreach Code Reimbursement Special Bulletin](#)

Raising our Rate of Vaccination of Medicaid Beneficiaries

INCREASE COVID VACCINE ADMINISTRATION RATE

Request has been placed to CMS to allow for the reimbursement to be increased from \$40 for Medicaid beneficiaries for all non-home COVID vaccine administrations.

If approved, our goal is for the rate to become effective 11/1/21.

Raising our Rate of Vaccination of Medicaid Beneficiaries

VACCINE COMMUNICATION PLAN

DHB in partnership with DHHS Communications Team launched a campaign to include:

- Hold Message for Call Center (complete)
- Townhall (complete, ~40,000 reached)
- Postcard Mailings (once 5+ approved)
 - Automated Phone Outreach
 - Text Message Campaign

Raising our Rate of Vaccination of Medicaid Beneficiaries

FINANCIAL INCENTIVES FOR MEDICAID BENEFICIARIES

PHPs and DHB have committed up to \$10M in developing and providing vaccine incentives to members to encourage COVID vaccination.

CCNC and EBCI are developing a parallel incentive program for Medicaid Direct beneficiaries.

WellCare of North Carolina COVID Vaccination Member Incentive Program

Purpose

- WellCare members will have access to a financial incentive for COVID-19 vaccination status which will increase member vaccination rates.

Plan

- WellCare of North Carolina members will attest to their vaccination status or a minor under their care's vaccination status by:
 - following a link to a microsite
 - entering identifier information
 - entering vaccine information (vaccine brand, date of each shot depending on vaccine)
- The site will perform authentication by comparing identifier information to enrollment files.
- In return, members will receive a Wal-Mart gift card in the amount of \$50.
- WellCare will provide the incentive to all members who attest to receiving full vaccination status from September 1, 2021, through June 30, 2022, at which time WellCare will assess program efficacy and reevaluate.

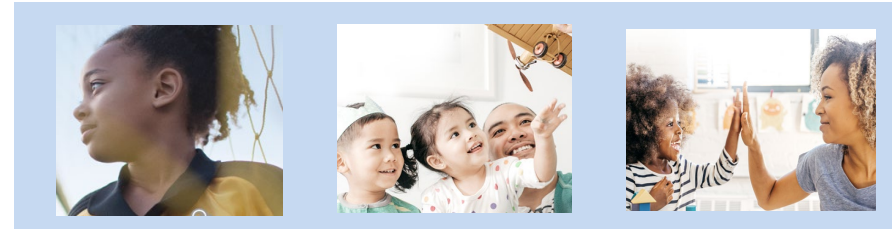
Healthy Blue COVID Vaccination Member Incentive Program

Overview

- Members who receive a series of 2 Moderna, 2 Pfizer, or 1 Johnson & Johnson vaccine(s) choose from a digital or physical gift card received via U.S. postal service. Multiple card selections from retailers, restaurants, Amazon.
- 2021 pilot program dates: **October 1st through December 31st**
- Reward value: **October \$50, November \$25, December \$25**
- Proof of vaccination provided by member:
 - Submit a photo of CDC vaccination card via the HealthyBlueNC.com member portal
 - Call Healthy Blue Member Services to verbally provide vaccination information

Communication Plan

- Focused outreach using North Carolina publicly available data and/or NC DHHS COVID-19 vaccine registry data
- Healthy Blue social media campaigns
- HealthyBlueNC.com member portal account notification
- Live/outbound member calls
- Text/IVR messaging campaign
- “H2U” community-based events partnering with Healthy Blue network providers and community leaders



Carolina Complete COVID Vaccine Member Incentive Program

OVERVIEW AND OBJECTIVES

To improve COVID-19 vaccination rates in NC, Carolina Complete Health has proposed an incentive program for Medicaid members, developed in collaboration with the NC DHHS.

- Eligible members who receive a COVID-19 vaccination between TBD and 3/31/22 will receive a \$75 incentive (until Carolina Complete Health program funding lasts).
- Members will receive ONE incentive for their first, second, or booster vaccination or a maximum of \$75 total.
- Current eligible members for the vaccination incentive are age 12+ but will be expanded to other age groups if/when they become eligible for the vaccination.
- Carolina Complete Health will fulfill the incentive through the My Health Pays Rewards Card. Every member is mailed a card within two weeks of enrollment. When a member receives a COVID-19 vaccination, the incentive will be loaded onto their card.
- Carolina Complete Health will use claims data and other tracking mechanisms to determine when members receive the vaccination and are eligible for the incentive.

TARGETING HIGH-RISK MEMBERS AND GEOGRAPHIES

- Carolina Complete Health will analyze available COVID-19 immunization claims data to identify the areas of highest disparity and noncompliance. We will also target high-risk members with comorbidities.
- Carolina Complete Health will also leverage the NC DHHS Social Vulnerability Index and Percentage of Vaccination by Census Tract Tool to identify low vaccination rates and areas where there are high percentages of Historically Marginalized Populations with low vaccination rates within the regions we serve.

PROMOTION

The COVID-19 vaccination incentive will be promoted to members through the following tactics:

- Care Management Outreach
- Texting Campaigns
- Robo Calls
- Direct Mail
- Provider Communications
- Member Enrollment Materials
- Website
- PR and Social Media
- Community Events
- Partnerships

AmeriHealth COVID Vaccine Member Incentive Program

Who's Eligible: Members age 12 and older who receive 1st or 2nd COVID Vaccine Doses during the campaign

For What: Care Card Financial Incentive for 1st and 2nd COVID Vaccine doses following an FDA approved or authorized dosing regimen

- Pfizer or Moderna 1st Shot: \$60
- Pfizer or Moderna 2nd Shot: \$100
- Johnson & Johnson Single Shot: \$100

When: First campaign from 11/1/21-1/31/22

- Incentive program may be extended through 6/30/22 and adapted based on campaign results and in consultation with NC DHHS

How Will ACNC Identify Members: Claims or data sources from the State; secure site for members to upload in development

- Once vaccine claims are paid to pharmacies or providers or ACNC identifies a member in a data source from the State or validates member entry, reward will be added to the Care Card and member will be notified of the reward

How Will ACNC Inform Members: Multiple forms of communication

- Text notification, telephonic outreach, mailed letters, Member website, Member newsletter
- Help from providers has a big impact—ACNC will produce flyers providers can use to inform patients and please contact your Account Executive with ideas of what would work with your workflows

What Else is Planned: Additional campaigns and outreach targeted based on vaccination rates

- Community events and outreach to promote awareness about vaccines and address misinformation focused on:
 - Counties prioritized by NC Division of Public Health
 - Historically Marginalized Populations

UHC COVID Vaccine Member Incentive Program

Background:

- Since the onset of COVID-19 our health plan has been committed to combatting the pandemic by actively deploying strategic efforts statewide to ensure equity in access and administration of the COVID-19 vaccine focusing on advocacy, hesitancy mitigation, resource support, and outreach
- Focus on grassroots community initiatives in historically marginalized communities with culturally appropriate and sensitive approaches to remove barriers which resulted in over 3,600 vaccine doses completed

Purpose:

- Supporting the COVID-19 vaccine uptake across the state to improve member health outcomes in alignment with the Department's strategy to decrease widespread effects of the COVID-19 pandemic.

Program Highlights:

- Incentive offering to all vaccine-eligible members in the form of a gift card with appropriate restrictions
- Invitation to participate via e-mail and direct mail
- Attestation and incentive fulfillment available by mail, online or by phone to meet unique needs of diverse population we serve
- Focused engagement with historically marginalized populations in communities with low vaccination rates and with high levels of medical and social vulnerability
- Equitable distribution of incentives and outcomes through stratification and monitoring of performance metrics



Standardized PCP Change Form NEW

An up-coming Medicaid Bulletin will provide link to each PHP's webpage where the form is posted. The links below are LIVE now.

- [AmeriHealth Caritas North Carolina](#)
- [Carolina Complete Health](#)
- [Healthy Blue \(Blue Cross Blue Shield\)](#)
- [United Healthcare Community Plan of North Carolina](#)
- [WellCare of North Carolina](#)

Request for a Change of Primary Care Provider (PCP/AMH) Fax to [XXX-XXX-XXXX]				
Your primary care provider (PCP) is the main person who delivers your health care. Complete this form to change your PCP.				
For urgent requests or immediate service, please call Member Services toll free number at [XXX-XXX-XXXX].				
+				
Member Name:				
Member Date of Birth:		Member ID #:		
Member Street Address:		City:	State:	ZIP Code:
Member Phone #:		Current AMH Name:		
Reason for change (check one):				
<input type="checkbox"/> Member/PCP Relocation		<input type="checkbox"/> PCP office inconvenient		
<input type="checkbox"/> Patient is already established		<input type="checkbox"/> Member Choice		
New AMH/ Practice Name:		New Individual Provider Name:		
New PCP NPI:			New AMH Tax ID:	
New AMH Street Address:		City:	State:	ZIP Code:

Request To Move (RTM) to NC Medicaid Direct

- We continue to see Member and Provider Ombudsman Help Desk tickets when a beneficiary is not moved back to Medicaid Direct in the expected timeline or is unable to complete the process.
- A Root Cause Analysis reveals several opportunities to optimize this process but one key opportunity is for all providers to understanding the process.

Service Authorization Requests

The LME-MCO Service Authorization Request (SAR) or Treatment Authorization Request (TAR) forms can be found at the following links.

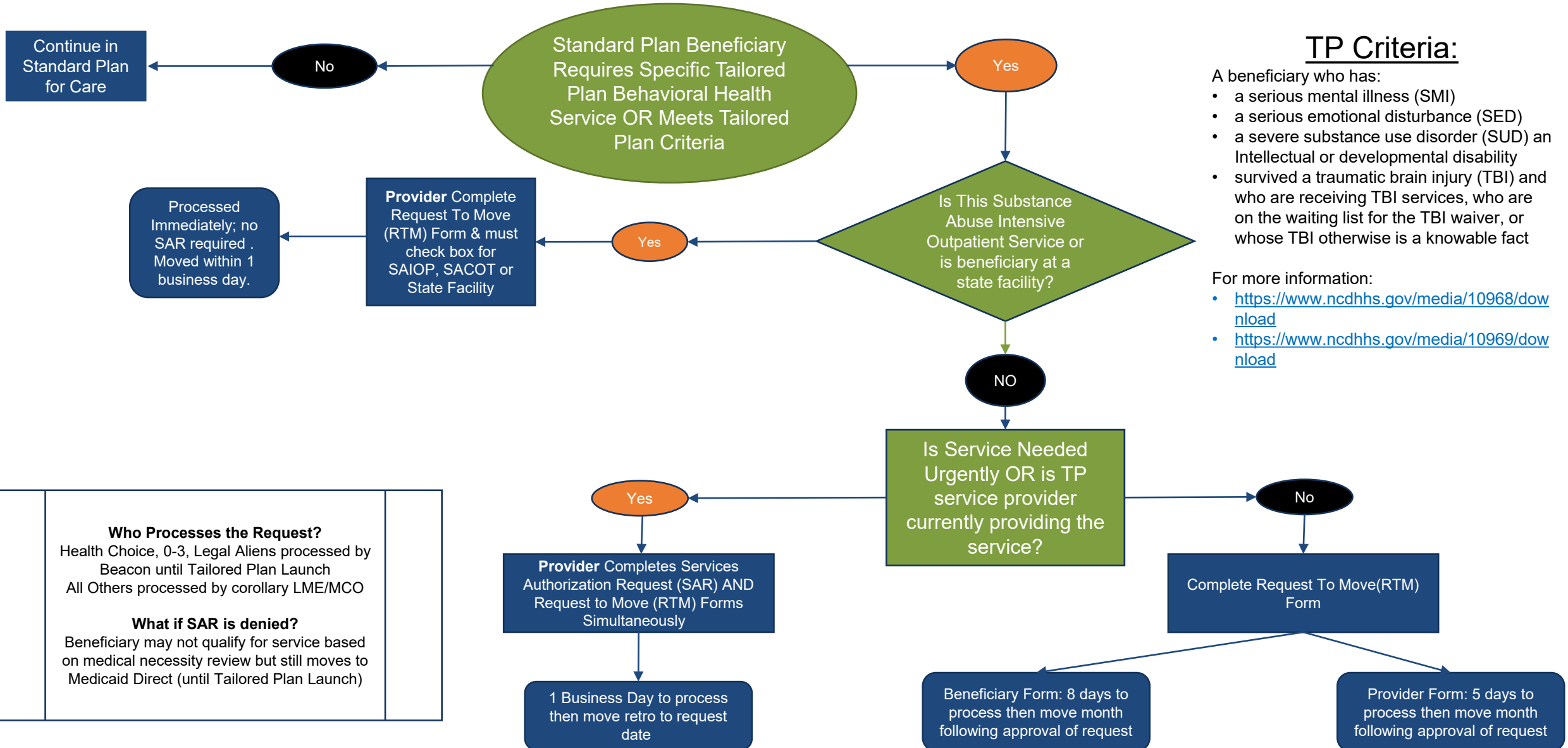
- [Alliance](#)
- [Cardinal](#)
- [Eastpointe](#)
- [Partners](#)
- [Sandhills](#)
- [Trillium](#)
- [Vaya](#)
- [Beacon](#)

Date of Submission: _____	
Provider Name:	
Provider Address:	
Site Code# and Address:	NPI#:

Member Name:	Patient's Name:		DATE OF IN
Member Pa	Social Security #:	DOB:	
SS#:	Current Address:	Phone #:	
Address:	City/State/Zip:		
City, State, &	Medicaid #: - - None	Start Date of Request:	End Date of Request:
Legal Guard	Attending Provider:	Patient's Name:	
	Legal Guardian: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> DSS Other:	Social Security #:	DOB:
		Current Address:	
		City/State/Zip:	
	Class:	Medicaid #: - - <input type="checkbox"/> None	County (Medicaid Eligibility):
	Class:	Legal Guardian: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> DSS <input type="checkbox"/> Other:	Name:
	Psychosocial Stressors (check all that apply)	SERVICE INFORMATION	
		Level of Care (select only one):	Type of Review (select only one):
		<input type="checkbox"/> State Services <input type="checkbox"/> Enhanced Services	<input type="checkbox"/> Concurrent Urgent <input type="checkbox"/> Concurrent
		<input type="checkbox"/> High Risk <input type="checkbox"/> Inpatient Psych <input type="checkbox"/> Outpatient	Routine <input type="checkbox"/> Prospective Urgent
		<input type="checkbox"/> PRTF <input type="checkbox"/> Residential <input type="checkbox"/> ICF/MR	<input type="checkbox"/> Prospective Routine
		<input type="checkbox"/> Innovations/B3	<input type="checkbox"/> Retrospective
		Type of Care (select only one):	Retrospective Medicaid Eligibility
		<input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

The RTM form can be found [here](#)

Standard Plan to Medicaid Direct: The Flow



TP Criteria:

- A beneficiary who has:
- a serious mental illness (SMI)
 - a serious emotional disturbance (SED)
 - a severe substance use disorder (SUD) and an Intellectual or developmental disability
 - survived a traumatic brain injury (TBI) and who are receiving TBI services, who are on the waiting list for the TBI waiver, or whose TBI otherwise is a knowable fact

For more information:

- <https://www.ncdhhs.gov/media/10968/download>
- <https://www.ncdhhs.gov/media/10969/download>

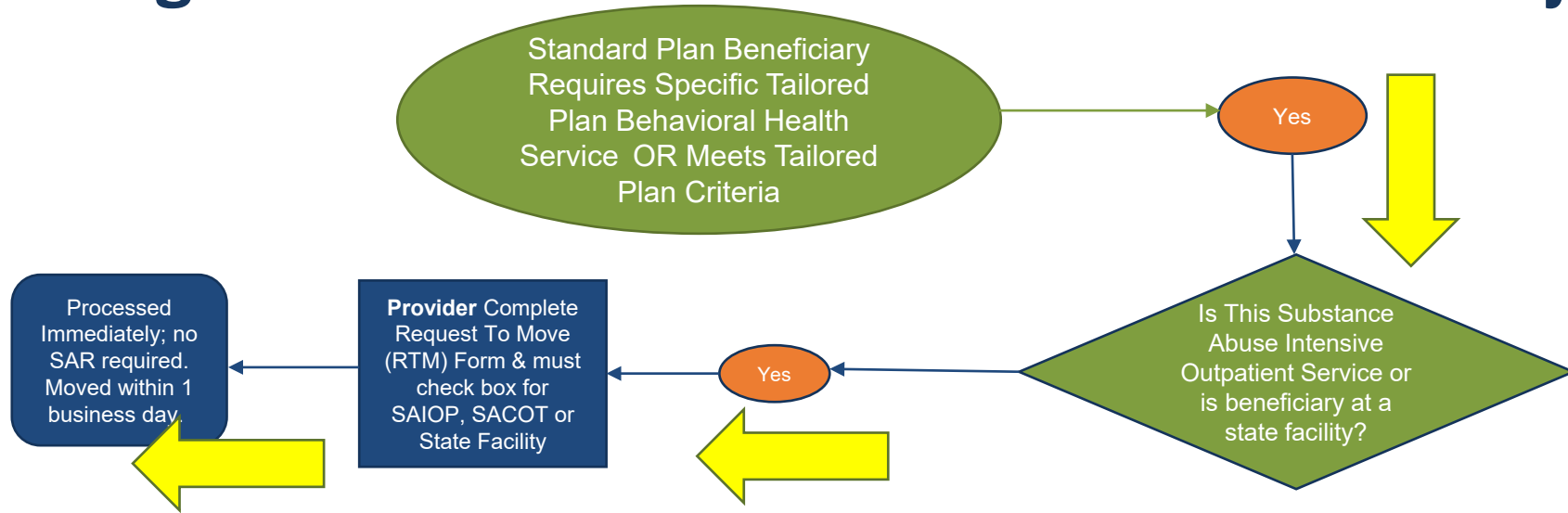
Who Processes the Request?

Health Choice, 0-3, Legal Aliens processed by Beacon until Tailored Plan Launch
All Others processed by corollary LME/MCO

What if SAR is denied?

Beneficiary may not qualify for service based on medical necessity review but still moves to Medicaid Direct (until Tailored Plan Launch)

A Young Woman with Substance Use Disorder Is Ready for Treatment



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Services

Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider Form

Check here if this request is for an individual seeking admission to SACOT or SAIOP; if there is not a SACOT or SAIOP request, please continue completing the form and refer to Section 3. Reason for Submitting Request.

Start

Request for Substance Abuse Comprehensive Outpatient Treatment (SACOT)
 Request for Substance Abuse Intensive Outpatient Program (SAIOP)

1. Beneficiary Demographic Information
 Fill out the beneficiary demographic information and guardian/legally responsible person contact information.

Beneficiary Name (Last, First, M.I.)	*	*	*
Date of Birth (Month/Day/Year)	*	*	*
NC Medicaid ID Number	*		
Guardian/Legally Responsible Person			
Guardian/Legally Responsible Person			

Has had two or more of the following within the past 18 months:

- Psychiatric hospitalizations
- Visits to the emergency department due to a behavioral health diagnosis use of behavioral health crisis services (Mobile Crisis Management, Facility Based Crisis Services for Children and Adolescents, Professional Treatment Services in Facility Based Crisis Program)

Please provide facility name and date of service below:

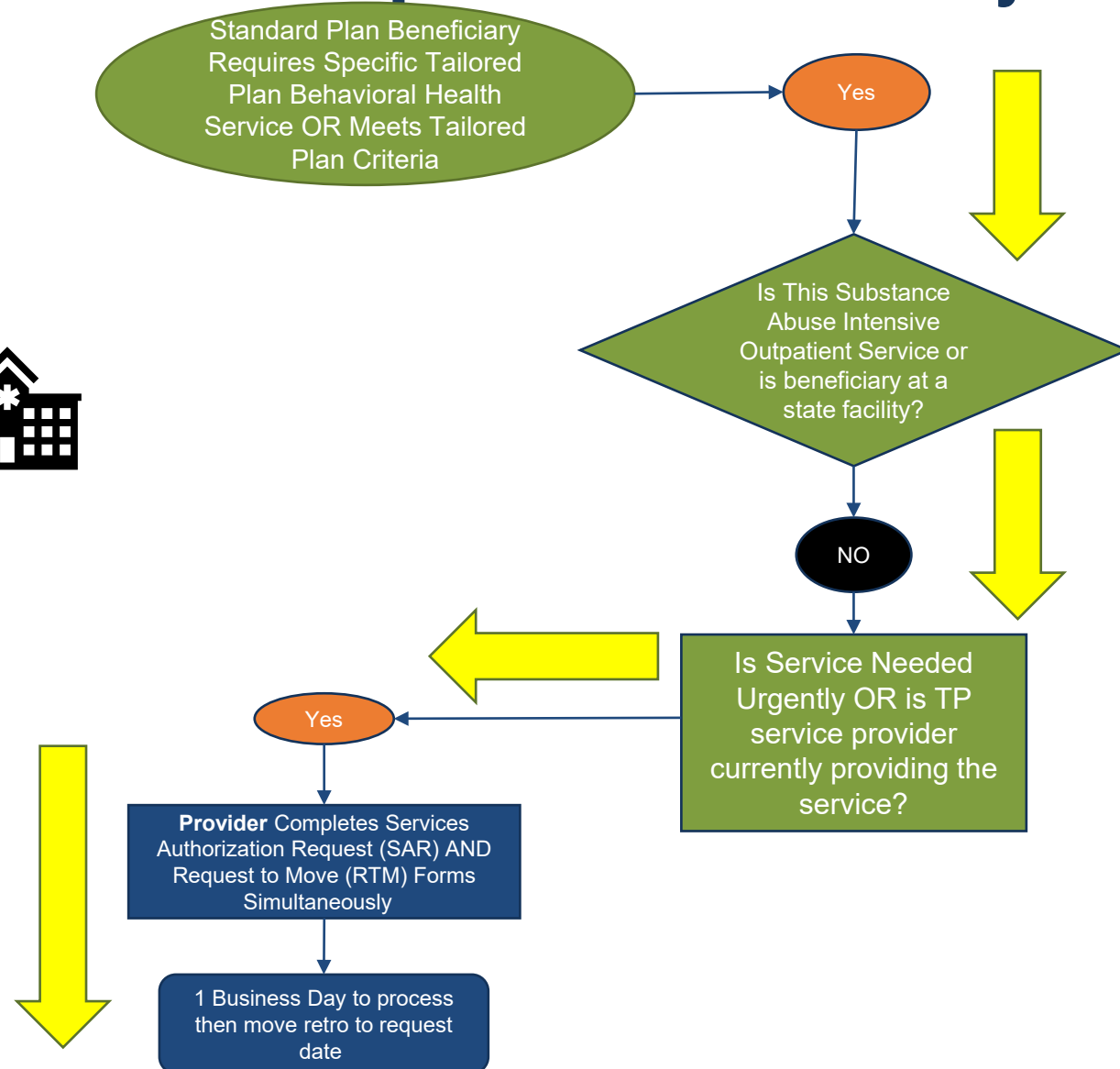
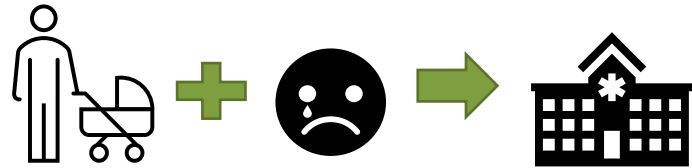
Facility/Agency Name	Date(s) of Service

Next

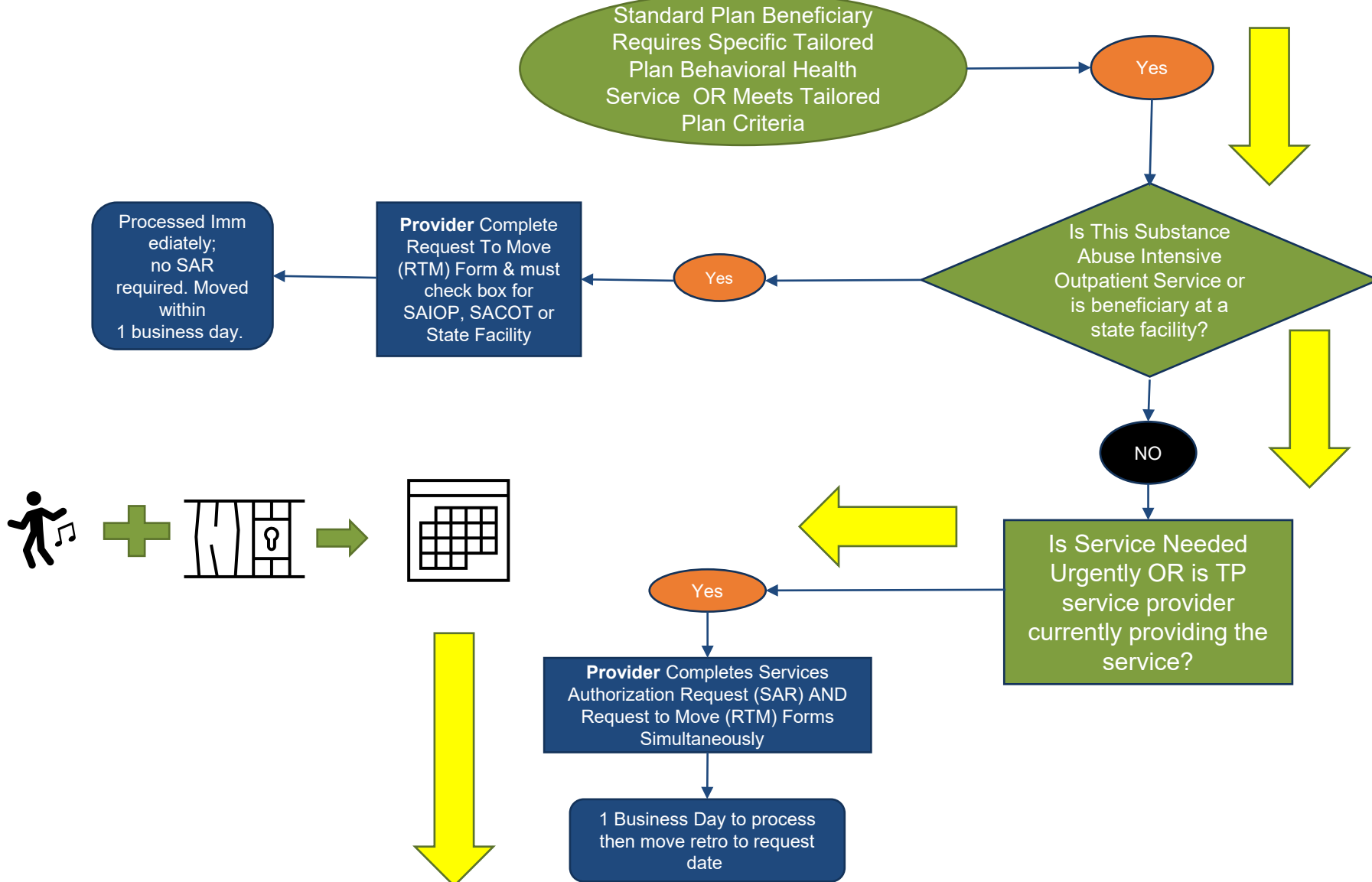
For State Operated Health Facility staff only (DSOHF): The Provider submitting this form is a State Operated Health Facility.

Other reason the beneficiary should remain in NC Medicaid Direct and neither LME-MCO (please describe):

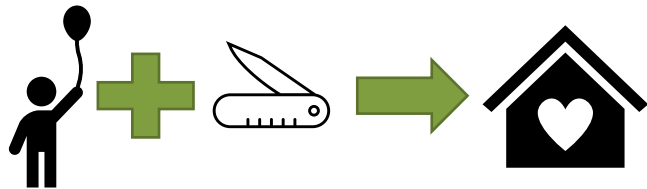
New Mom Develops Post-Partum Psychosis



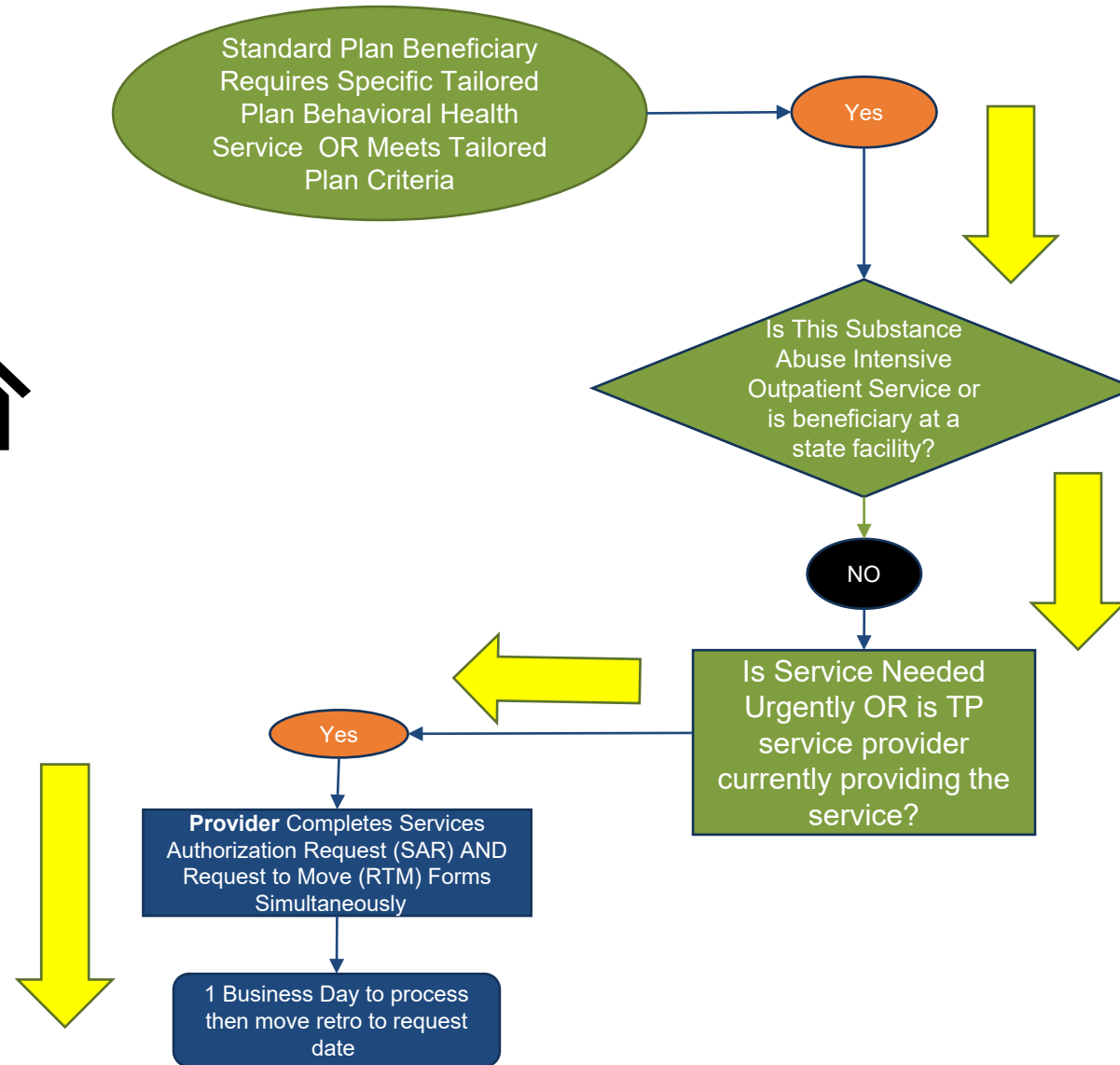
College Student Experiences First Manic Episode



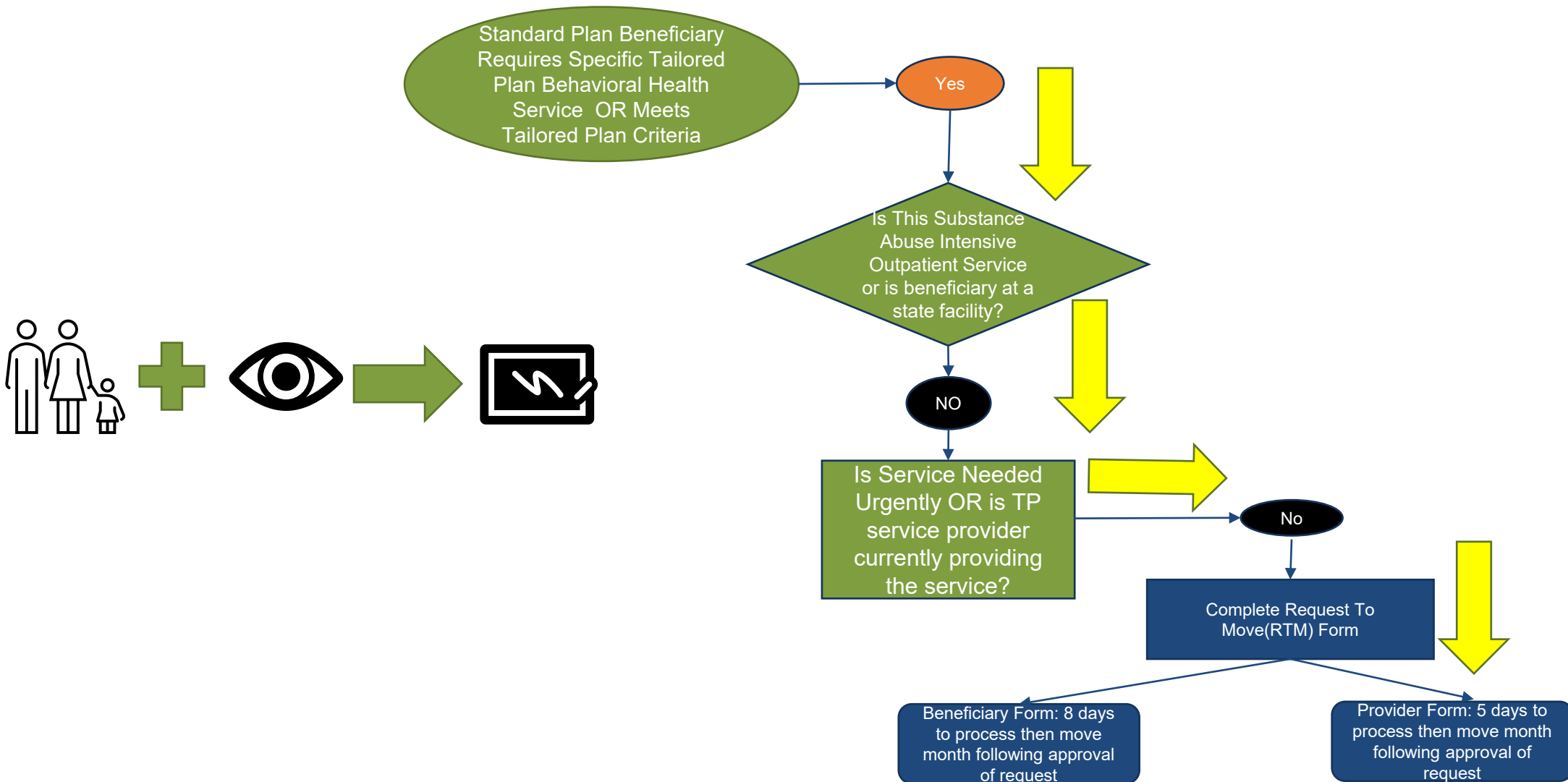
Child Develops Behaviors that Require Residential Facility



EX: Residential Treatment
EX: Meets Respite Criteria



Child Diagnosed with IDD in Evaluation for Learning Differences



Domestic Violence Leads to Foster Care Placement

Child is moved to Medicaid Direct with date retroactive to the first of the month in which the child was moved.

This action is dependent on the child welfare worker submitting a form 5120 so the county Medicaid caseworker can either enter them (if they are new) or change their status (if already on Medicaid) in NC Fast. This triggers the move to NC Medicaid Direct.



Claims Dashboard Overview

- NC Medicaid Managed Care claims dashboards will be added to the NC Medicaid Website for public viewing in the near future.
- These dashboards will include data on claim payments and denials, as well as a list of top denial reasons for each prepaid health plan.
- The dashboard will be updated monthly and will include notes to give context to the data.

Claims Dashboard Content: Sample View



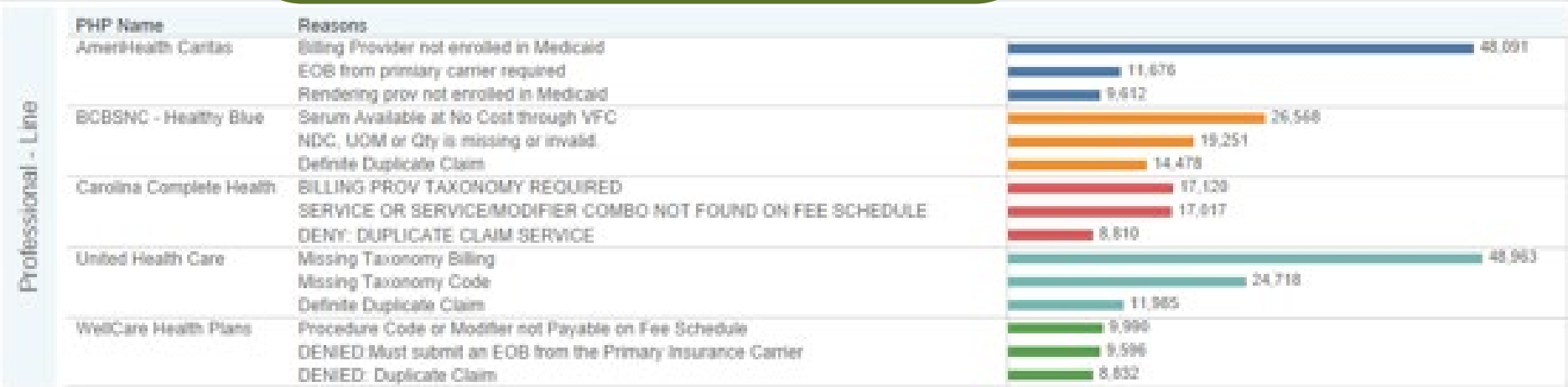
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Click tabs above to view other PHP Claims dashboards.

PHP Top 3 Claims Denial Reasons Sept. 2021

The PHP Top 3 Claim Denial Reasons chart shows the most common denial reasons for each PHP and claim type for the most recent month. Select Count to the right to see the highest volume claim denial reasons for each PHP and claim type. Select Amount to the right to see the highest dollar claim denial reasons for each PHP and claim type.

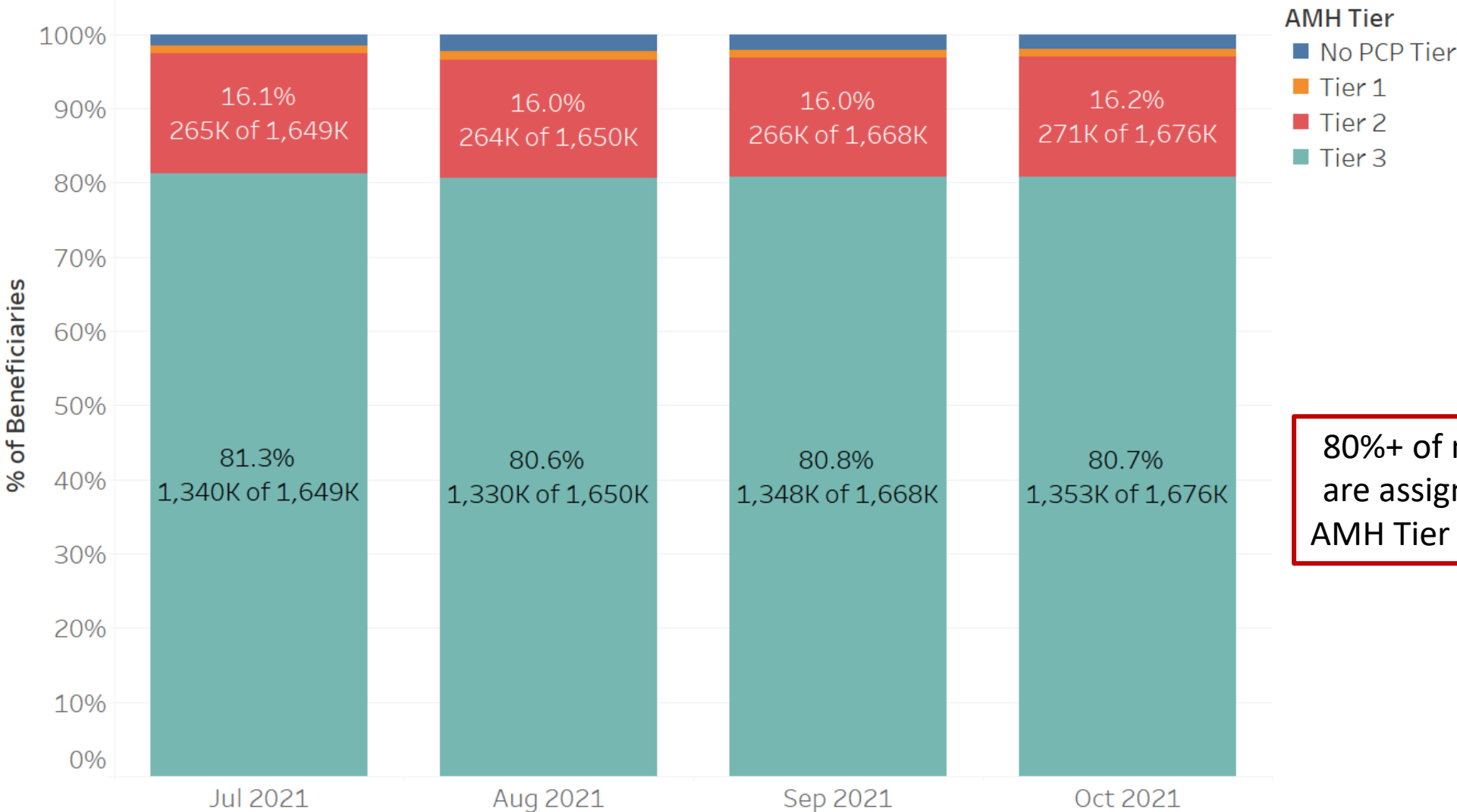
Select Claim Count or Dollar Amount
Count



Clinical Dashboards & Key Performance Indicators

- NC Medicaid tracks clinical and quality data on all Medicaid members.
- As our managed care programs roll-out, Medicaid will continue to stratify the data by product type (including Medicaid Direct) to ensure all our members in any plan have equitable access to care and are achieving expected health outcomes.
 - Data is stratified by geography, race, ethnicity, plan type, and eligibility group to allow for comparison and in order to perform analysis and plan interventions.
 - Some data is longitudinal (to track performance over time) and some data is point-in-time. Data is updated at different intervals (monthly, quarterly, annually).
- Some data (quality, enrollment, cost) is available now and posted on the [DHB Quality Management Website](#) and [DHB Dashboards Website](#).
- The next slides show some of the data that we track internally. We will begin to post more of this data publicly with notes to give context to the data.

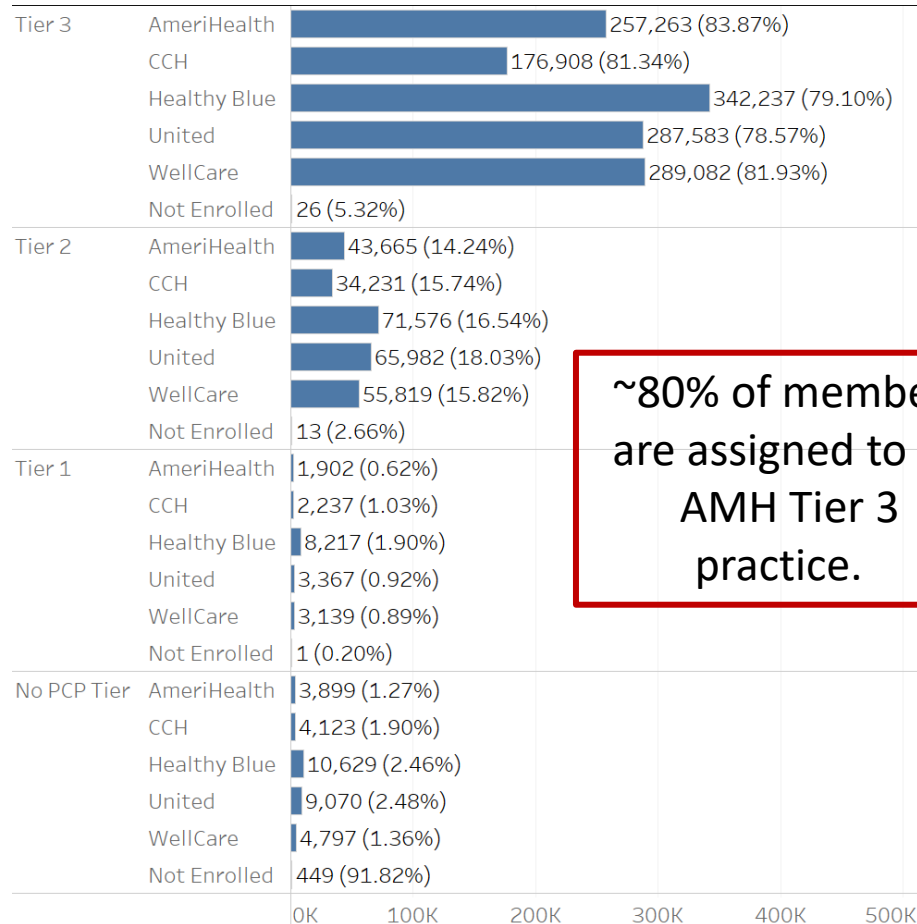
Managed Care Beneficiaries by AMH Tier



80%+ of members are assigned to an AMH Tier 3 practice

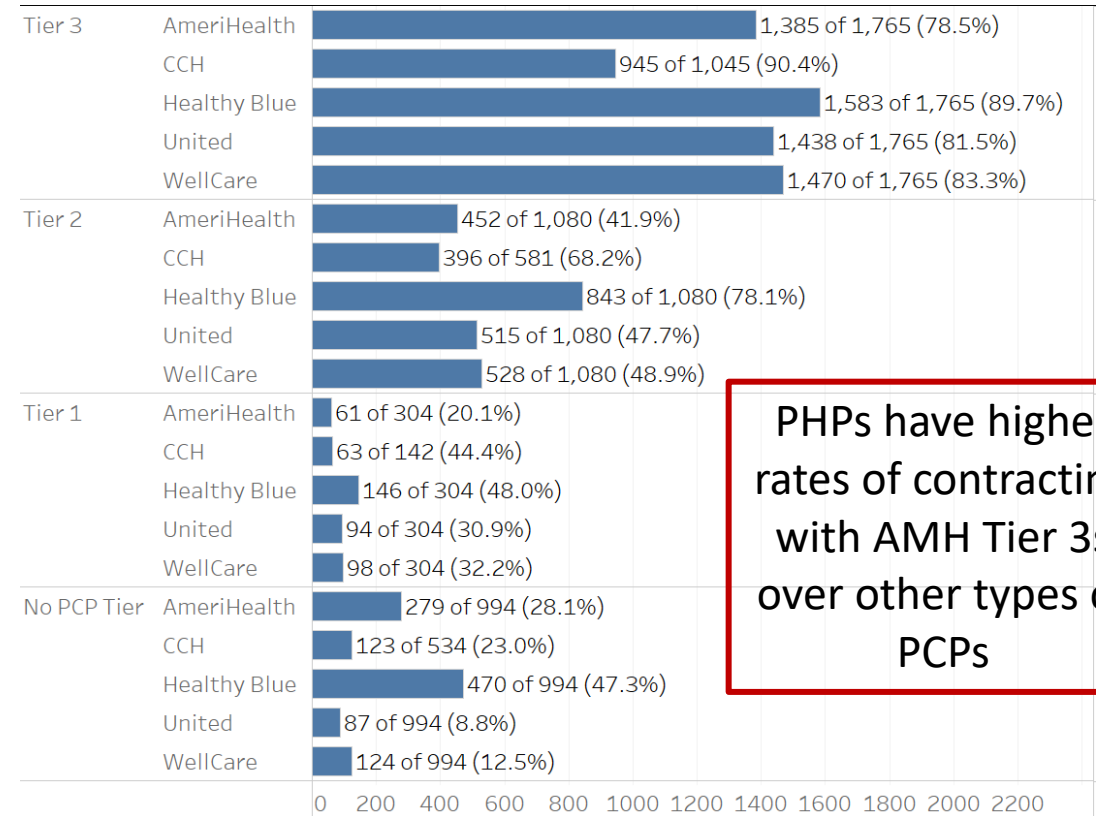
Member Enrollment and PCP Contracting by Plan by State-Assigned AMH Tier Through October 4, 2021

Beneficiary Count by State Tier (% of Plan Beneficiaries)



~80% of members are assigned to an AMH Tier 3 practice.

Contracted PCPs by State Tier (% of All PCPs of that Tier)*

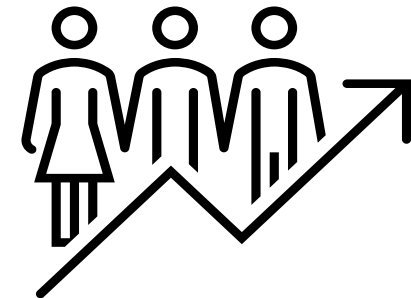


PHPs have higher rates of contracting with AMH Tier 3s over other types of PCPs

*Only reflects contracting in regions 3, 4, and 5 for CCH

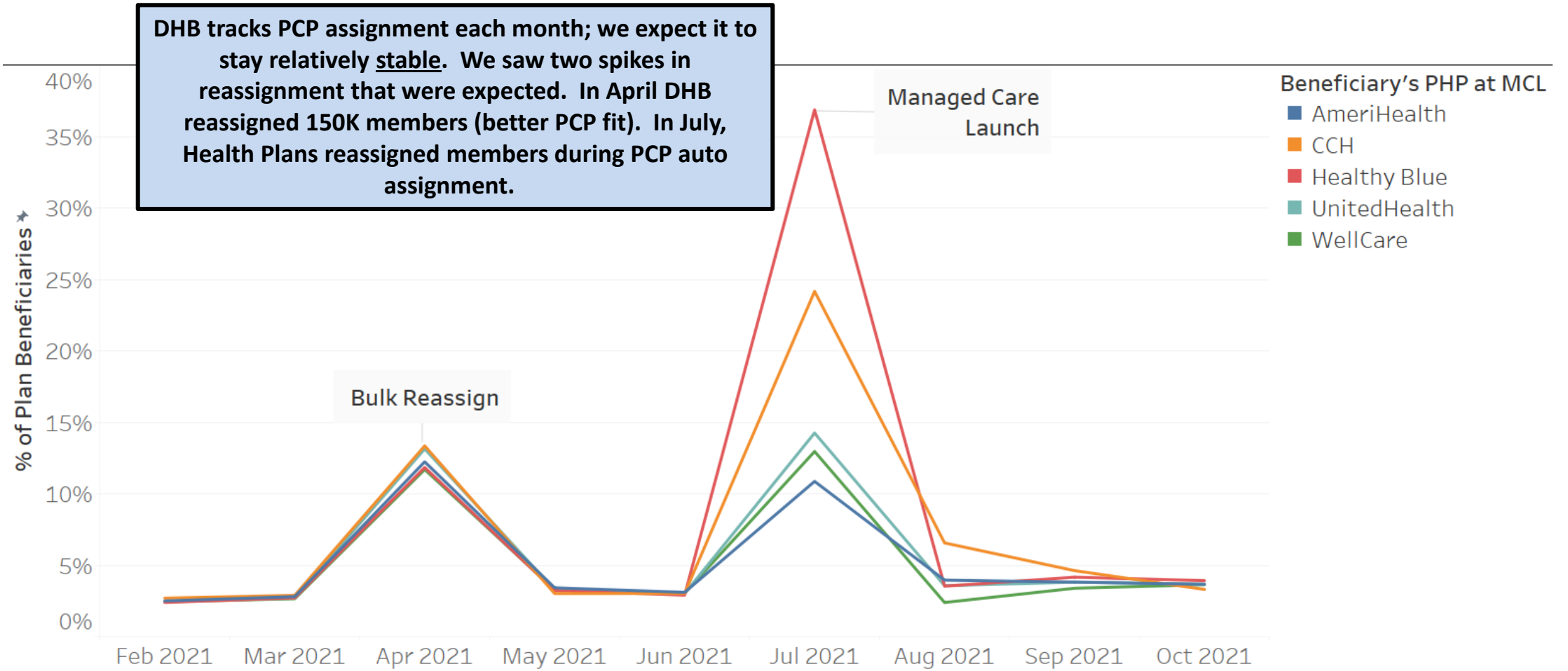
Early Care Management Data: High Need Beneficiaries Transitions

- DHB identified a group of about 1500 high-need members that would benefit from transition support from the Health Plans at launch.
 - Members were identified based on service and support needs.
- Over **50%** (780/1526) of those members were successfully engaged and supported during the transition to managed care by the PHPs.

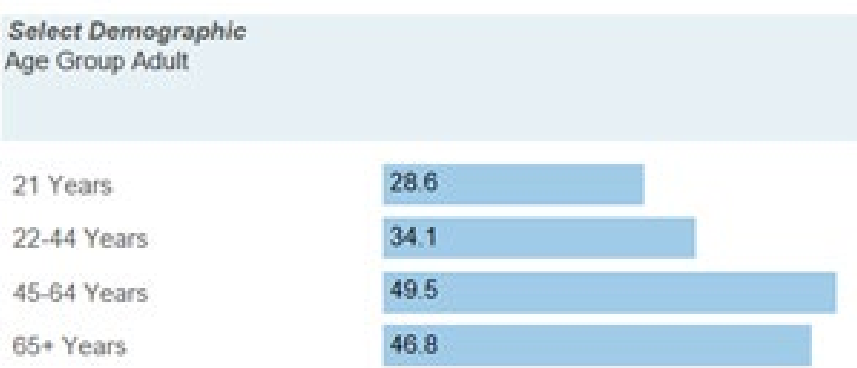
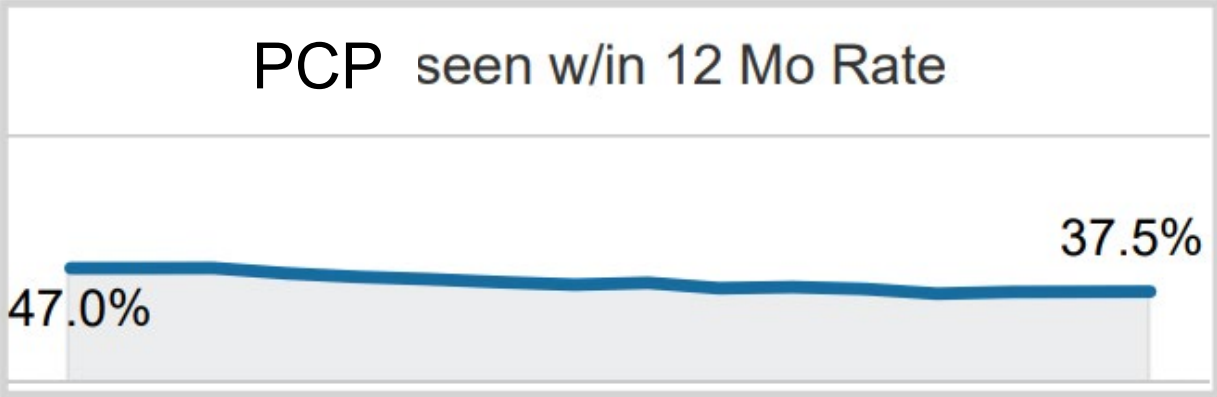
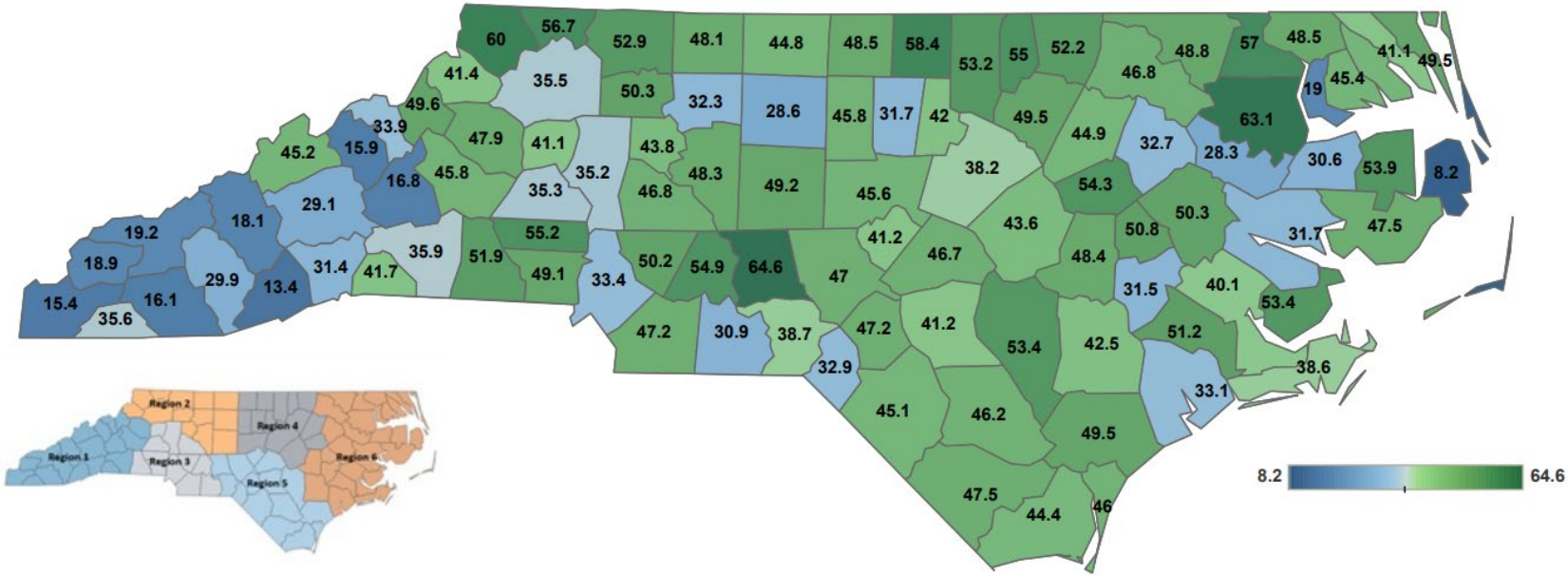


Proportion of Plan Beneficiaries With PCP Reassignments Each Month

Pre-MCL the proportion of reassignments at each Plan is consistent with about 3% variation in PCP assignment each month.

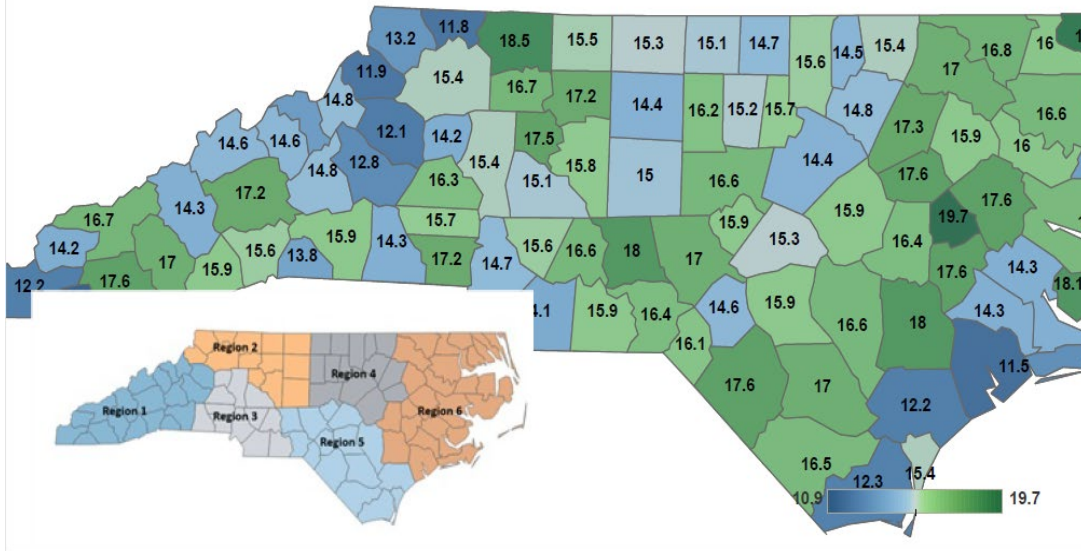


Adult Primary Care Visits Avg & Trend | January 2020 – April 2021

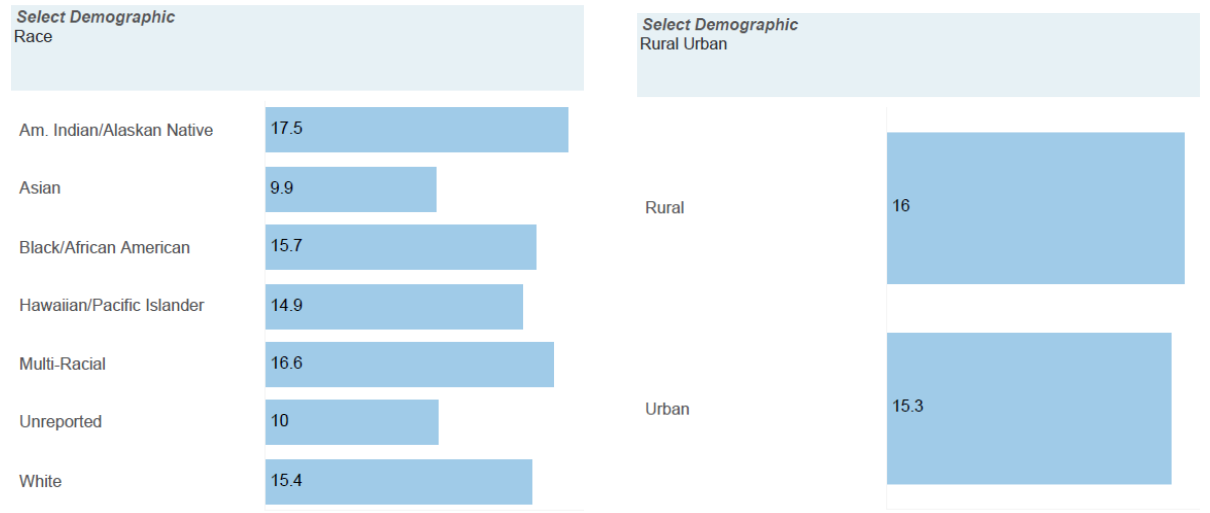


Adult Inpatient Avg & Trend | January 2020 – July 2021

Avg IP Rate per 1000 from 1/2020-7/2021 by County



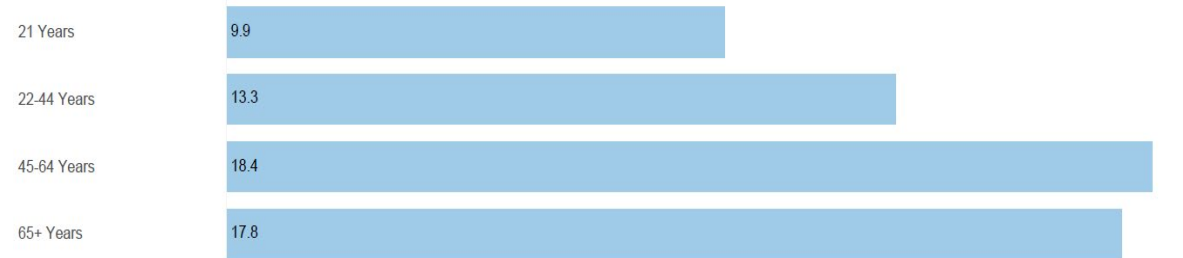
Average IP rate per 1000 from 1/2020-7/2021 by Race and Rural/Urban status



IP Rate per 1000 from January 2020 to July 2021

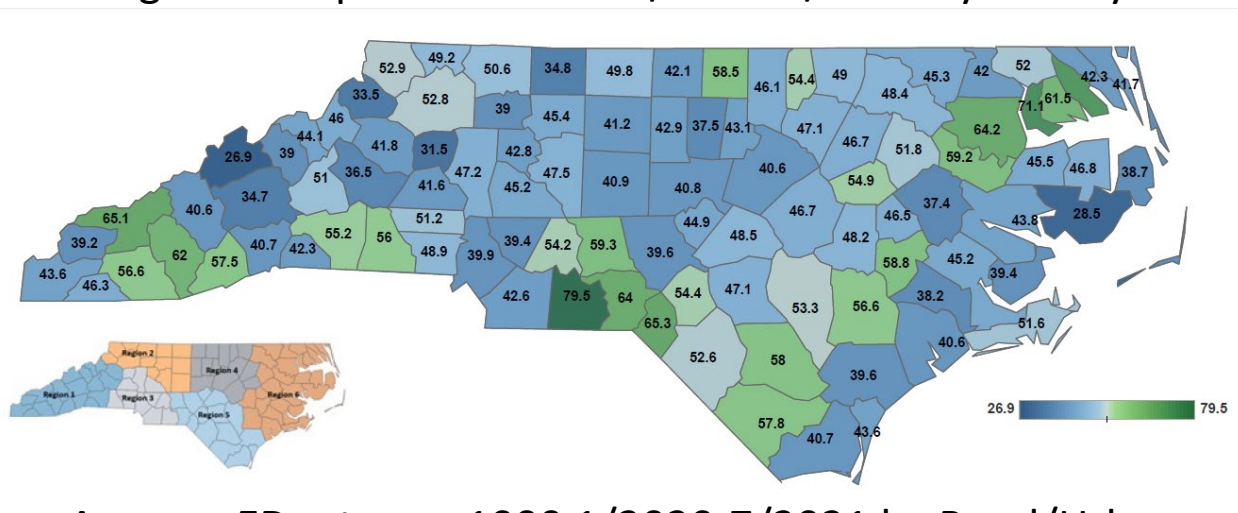


Avg IP Rate per 1000 from 1/2020-7/2021 by Age Group

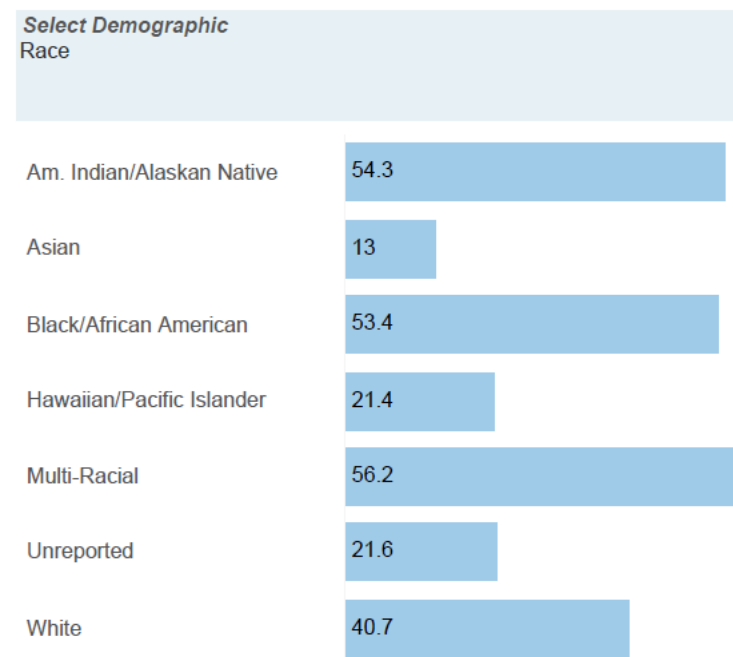


Adult ED Rates Avg & Trend | January 2020 – July 2021

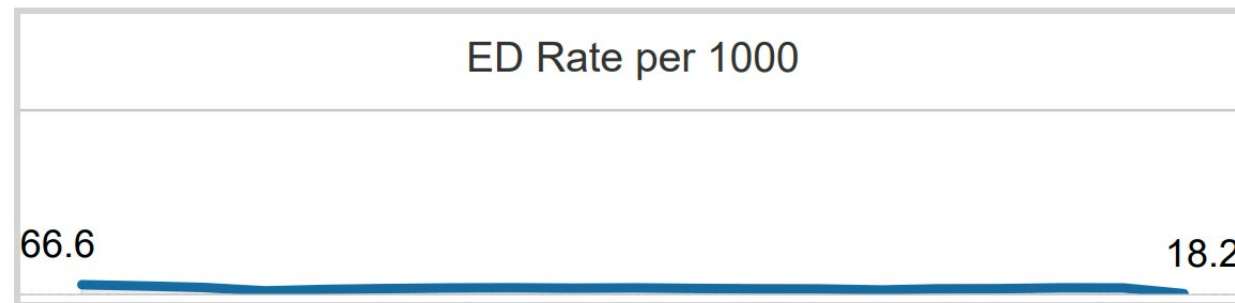
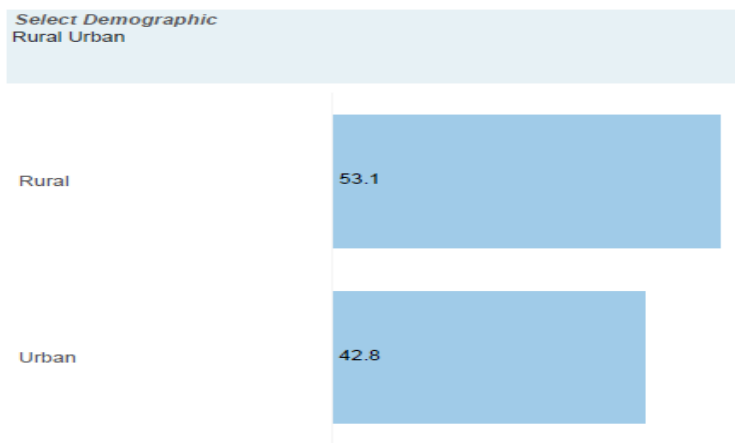
Avg ED Rate per 1000 from 1/2020-7/2021 by County



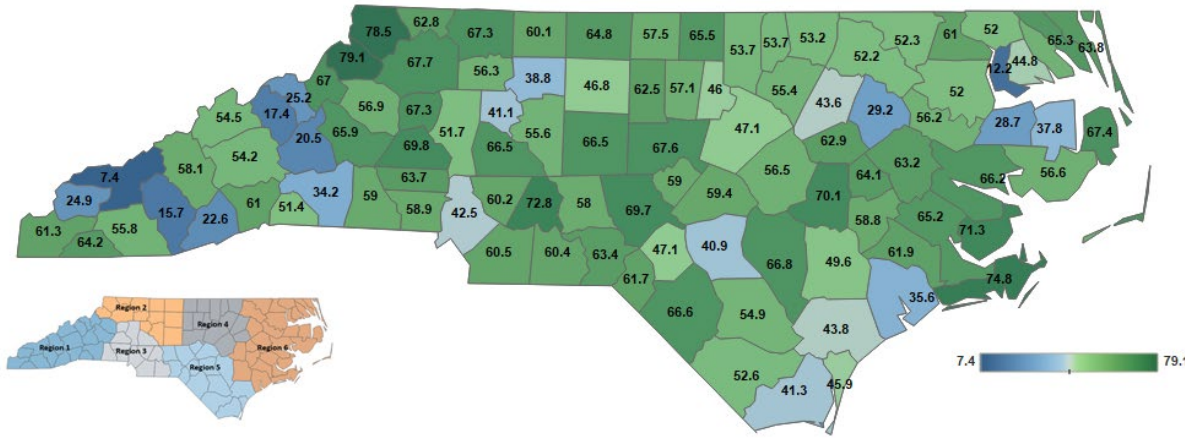
Average ED rate per 1000 1/2020-7/2021 by Race



Average ED rate per 1000 1/2020-7/2021 by Rural/Urban



Child Primary Care Visits Avg & Trend | January 2020 - April 2021



PCP w/in 12mo rate by county

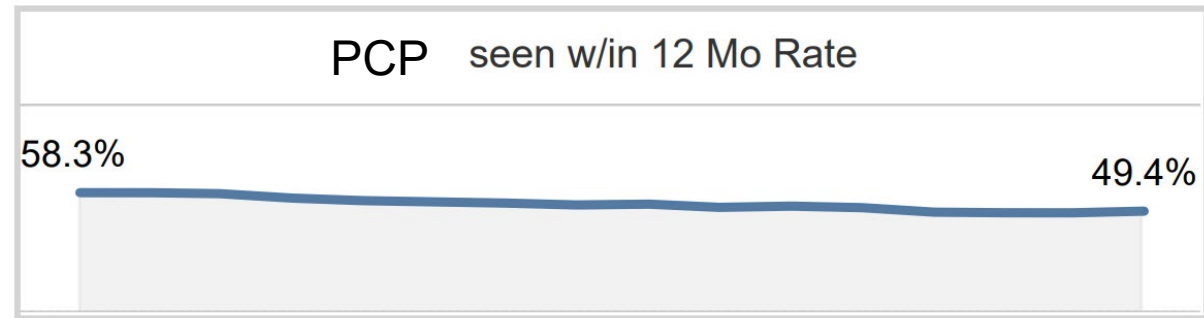


PCP w/in 12mo rate by race

PCP w/in 12mo rate by Foster Care

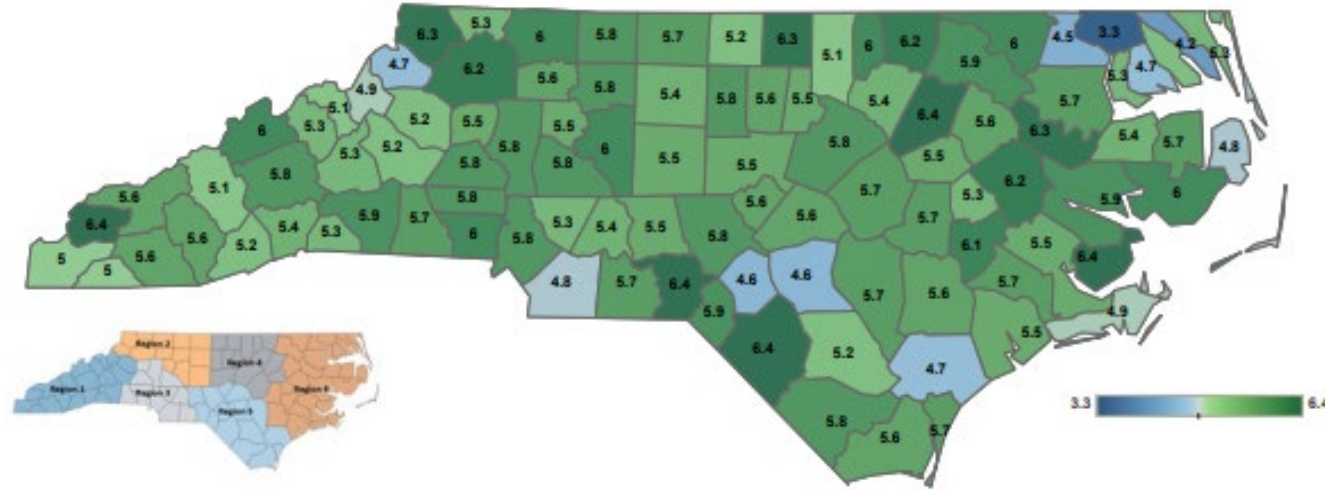


PCP seen w/in 12 Mo Rate



Child IP Rates Avg & Trend | January 2020 – July 2021

Avg IP rate per 1000 by County 1/2020 – 7/2021*

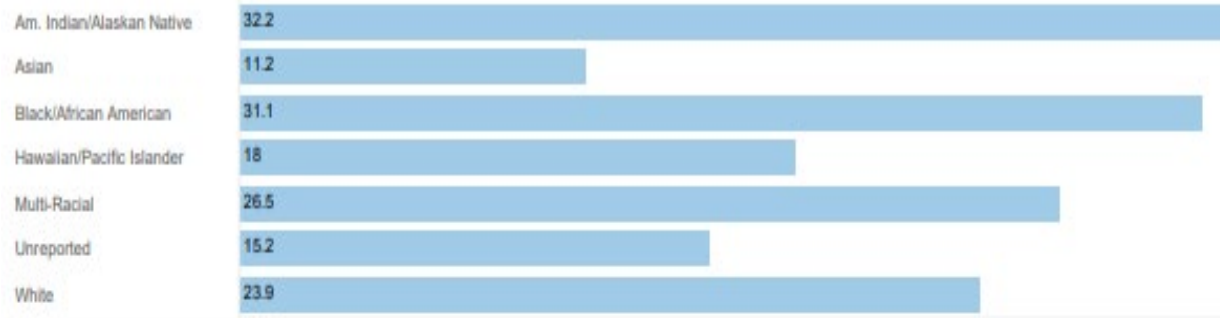
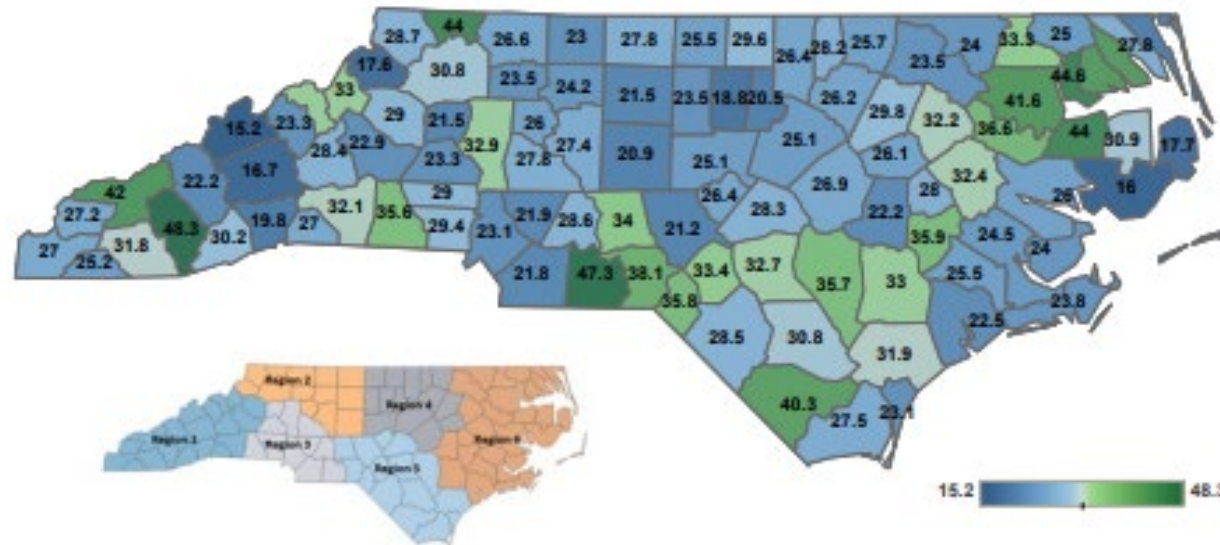


Avg IP rate per 1000 by Race 1/2020-7/2021

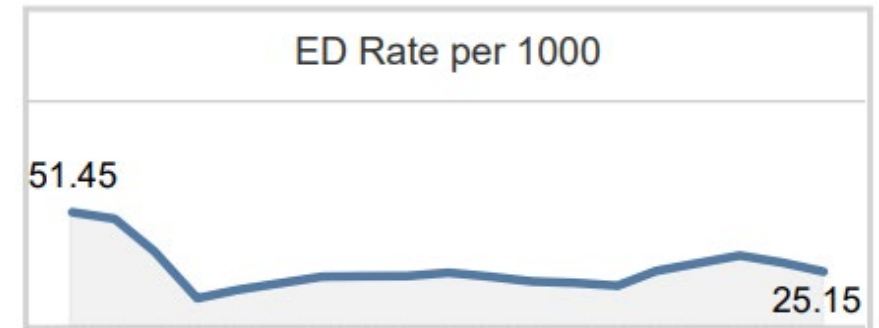
*Higher numbers (green) are worse

Child ED Rates Avg & Trend | January 2020 – July 2021

Avg ED rate per 1000 by County | 1/2020 – 7/2021*



Avg ED rate per 1000 by Race | 1/2020-7/2021



*Higher numbers (green) are worse

Source - https://internaldashboards.ncdhhs.gov/t/Medicaid/views/ChildHealthDashboardReview_1_20_2021/ChildHealth-Overview?showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

NC Medicaid Replacing Outbreak Rates with Single, Uniform Public Health Emergency Rate

NC Medicaid is updating the special focused financial assistance to Skilled Nursing Facilities (SNFs) provided through outbreak rates. These rates were designed to address the higher costs of caring for Medicaid beneficiaries who were COVID-positive (COVID+).

In light of evolving needs in SNFs, in place of the outbreak rates, NC Medicaid will provide all SNFs a single, uniform temporary rate increase that will enable them all to better address the various increased costs associated with staffing during the COVID-19 Public Health Emergency (PHE).

More information can be found in the [Special Bulletin](#)

Extension of Temporary Suspension of Prior Authorization for Post-Acute Placements

Due to the COVID-19 Public Health Emergency and to expedite a hospital's ability to discharge patients to lower levels of care when medically appropriate, the prior authorization (PA) waiver is extended to Oct. 31, 2021, for:

- medically necessary new admissions who are being directly discharged from a hospital setting into a nursing home; and
- medically necessary Inpatient Rehabilitation and Long-Term Care Hospital admissions.

For more information, please see [SPECIAL BULLETIN COVID-19 #190: Extension of Temporary Suspension of Prior Authorization for Post-Acute Placements.](#)

Extension of Temporary Suspension of Prior Authorization for Post-Acute Placements

The prior authorization waiver is extended to Oct. 31.

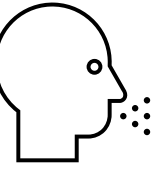
Due to the COVID-19 Public Health Emergency (PHE) and to expedite a hospital's ability to discharge patients to lower levels of care when medically appropriate, the prior authorization (PA) waiver is extended to Oct. 15, 2021 for:

- Medically necessary new admissions who are being directly discharged from a hospital setting into a nursing home; and
- Medically necessary Inpatient Rehabilitation and Long-Term Care Hospital admissions.

More information can be found in the [Special Bulletin](#)

Procedures for Prior Authorization of Palivizumab (Synagis®) for Respiratory Syncytial Virus Season 2021-2022

Coverage season begins Aug. 15, 2021



The clinical criteria used by NC Medicaid for the 2021-2022 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2021 – 2024 Report of the Committee on Infectious Diseases, 32nd Edition*. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection is available online by subscription. Providers are encouraged to review the AAP guidance.

Extended Coverage Season

Normally a late fall/winter season, due to atypically high levels of circulating RSV, **the Synagis coverage season will start Aug. 15, 2021, and last through March 31, 2022**. Up to eight monthly doses can be covered. RSV activity will be closely monitored during the eight-month timeframe to determine if the season length should be adjusted.

- The June 2021 [Centers for Disease Control and Prevention \(CDC\) health advisory notice](#) to notify clinicians and caregivers about increased interseasonal RSV activity across parts of the Southern United States.
- The North Carolina Division of Public Health (DPH) Epidemiology sections has reported a substantial uptick in the number of RSV cases throughout the state at levels almost to the height of the typical RSV season.

For more information about RSV, please reference the RSV Medicaid Bulletin:

[Procedures for Prior Authorization of Palivizumab \(Synagis®\) for Respiratory Syncytial Virus Season 2021-2022](#)

Tailored Care Management Technical Advisory Group

DHHS had an open application process for individuals to participate in the Tailored Care Management Technical Advisory Group (TAG), which will advise and inform the Department on key aspects of the design, implementation, and evolution of the Tailored Care Management program.

The Tailored Care Management TAG will be comprised of the following members:

- Representatives from Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans
- Representatives from provider organizations that are certified or are candidates to become certified as Advanced Medical Home Plus (AMH+) practices or Care Management Agencies (CMAs)
- Representatives reflecting the Tailored Plan consumer population – i.e., Medicaid enrollees or family members/guardians of individuals who expect to be in Tailored Care Management

DHHS expects that members will take issues raised in the Tailored Care Management TAG back to their organizations and networks to promote dialogue and communication between the Tailored Care Management TAG and a broader group of stakeholders.

The Tailored Care Management TAG will convene in Oct/Nov 2021.

For more information, please see Medicaid bulletin

[Tailored Care Management Technical Advisory Group Application Period Opens.](#)

Organizational Provider Records Without the Required Individual Provider Affiliation Risk Suspension/Termination

Forthcoming modifications to NCTracks will allow the system to identify organizational providers enrolled in taxonomies (provider type, classification, specialization) without the required affiliation of at least one active individual provider.

Beginning Nov. 21, 2021, organizational providers with certain taxonomies are required to have *at least one active affiliated individual provider with at least one active taxonomy* related to their credentialed status as a taxonomy level 1 provider.

- This modification will verify providers meet the enrollment criteria for each taxonomy and supports efforts to keep provider enrollment files current.
- Once implemented, this will become an ongoing requirement, obligating providers to maintain and update affiliations in order to avoid potential claims suspension and/or provider enrollment termination.

For more information, please see the Medicaid bulletin article [Organizational Provider Records Without the Required Individual Provider Affiliation Risk Suspension/Termination](#)

Clinical Policies with Telehealth Services Components Made Permanent

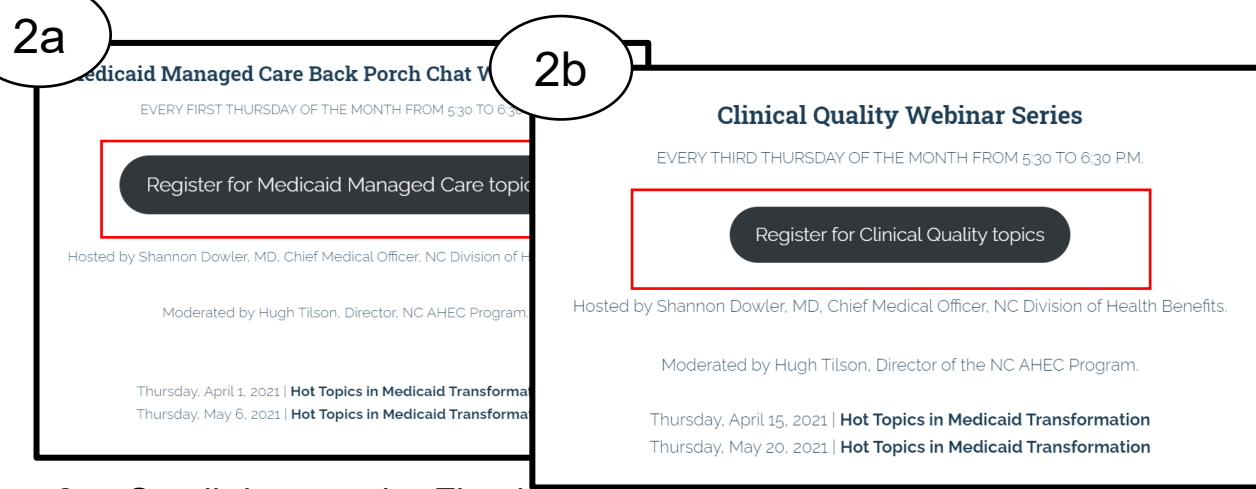
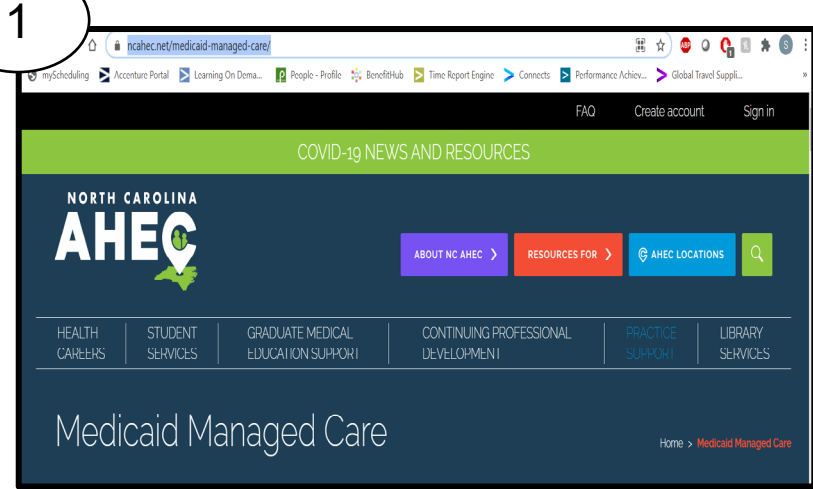
1A-24: Diabetes Self-Management Education	3G-2: Private Duty Nursing for Beneficiaries Under 21 Years of Age
1-I: Dietary Evaluation and Counseling and Medical Lactation Services	3D: Hospice Care
1-M3: Health and Behavior Intervention	3H-1: Home Infusion Therapy
1E-7: Family Planning Services	10C: Local Education Agencies (LEAs)
1M-2: Childbirth Education	10D:L Respiratory Therapy Services
1A-34: Dialysis Services	5A-2: Respiratory Equipment
1E-6: Pregnancy Medical Home	5A-3: Nursing Equipment and Supplies
3A: Home Health Services	8P: NC Innovations
8G: Peer Supports	8F: Research-based Behavioral Health Treatment for Autism Spectrum Disorder
8-J: Children's Developmental Service Agencies (CDSAs)	1D-4: Cor Services Provided in Federally Qualified Health Centers and Rural Health Clinics
8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	4A: Dental Services
9: Outpatient Pharmacy	4B: Orthodontic Services
3G-1: Private Duty Nursing for Beneficiaries Age 21 and Older	1E-5: Obstetrical Services



QUESTIONS?

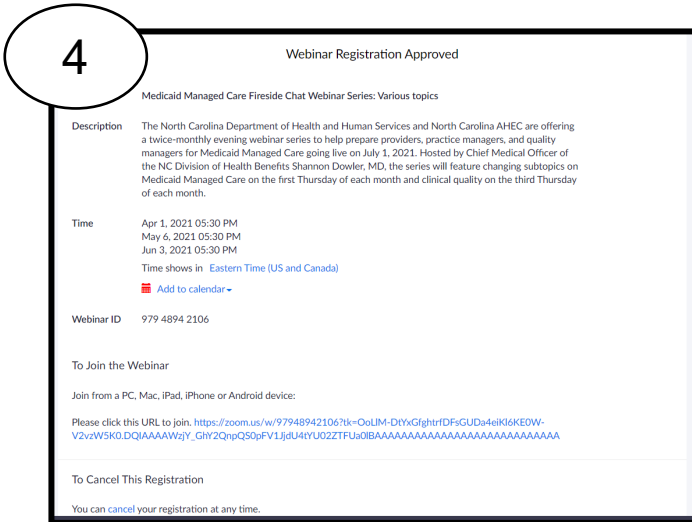
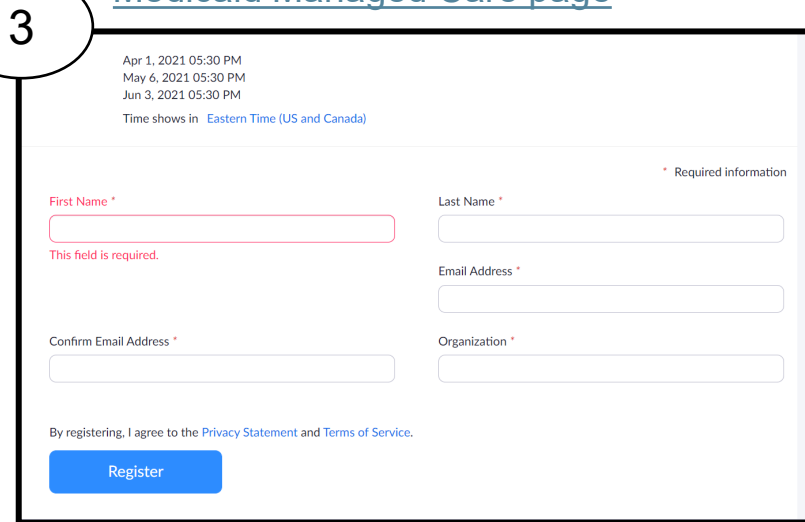
APPENDIX

How To Sign up for the Back Porch Chat Webinar Series



1. Navigate to the [North Carolina AHEC Medicaid Managed Care page](#)

2. Scroll down to the Fireside Chat Webinar Series of your choice
2b. Click on “Register for Medicaid Managed Care topics” or “Register for Clinical Quality topics”



3. Fill out all the required information and click register

4. When you see this page, your registration is successful.

Provider Resources

- **NC Medicaid Managed Care Website**
 - [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)
 - Includes County and Provider Playbooks
 - [Fact Sheets](#)
 - Day One Quick Reference Guide
- **NC Medicaid Help Center**
 - [medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)
- **Practice Support**
 - [ncahec.net/medicaid-managed-care](https://www.ncahec.net/medicaid-managed-care)
 - NC Managed Care Hot Topics Webinar Series, hosted by Dr. Dowler on the first and third Thursday of the month
- **Regular Medicaid Bulletins**
 - [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)



What should Providers do if they have issues?

1

Check in NCTracks for the Beneficiary's enrollment (Standard Plan or Medicaid Direct) and Health Plan

If you still have questions, call the NCTracks Call Center: 800-688-6696

2

Connect with the Health Plan (PHP) for coverage, benefits, and payment questions.

You can find a list of health plan contact information at [health-plan-contacts-and-resources](#)
Also, please refer to the [Day One Provider Quick Reference Guide](#) for more information on how to contact PHPs

3

Consult with the Provider Ombudsman on unresolved problems or concerns.

Call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov

Day 1 Quick Reference Guide

VERIFICATION OF ELIGIBILITY AND PLAN

- **NCTracks:** Providers will be able to verify eligibility and Managed Care enrollment through the NCTracks Recipient Eligibility Verification function available in the Provider Portal
- **Real Time Eligibility Verification Method**
 - a. Log into the NCTracks Provider Portal: <https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP>
 - b. Follow the Eligibility > Inquiry navigation
 - c. Populate the requested provider, recipient and time period information
- **NCTracks Call Center:** 800-688-6696

PROVIDER PORTAL / PROVIDER SERVICES

- **AmeriHealth Caritas:** <https://navinet.navimedix.com> / Provider Services: 888-738-0004
- **Carolina Complete:** <https://network.carolinacompletehealth.com> / Provider Services: 833-552-3876
- **Healthy Blue:** <https://provider.healthybluenc.com> or <https://www.availity.com> / Provider Services: 844-594-5072
- **United Healthcare:** <https://www.uhcprovider.com> / Provider Services: 800-638-3302
- **WellCare:** <https://provider.wellcare.com> / Provider Services: 866-799-5318
- **NC Medicaid Provider Playbook:** <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

PRIOR AUTHORIZATIONS

- **AmeriHealth Caritas: Online:** Provider Portal / **Phone:** 833-900-2262 / **Pharmacy:** 866-885-1406
- **Carolina Complete: Online:** Provider Portal / **Phone:** 833-552-3876 / **Pharmacy:** 833-585-4309
- **Healthy Blue: Online:** Provider Portal / **Phone:** 844-594-5072 / **Pharmacy:** 844-594-5072
- **United Healthcare: Online:** UHCProvider.com / **Pharmacy: Phone:** 855-258-1593 **Online:** CoverMyMeds: <https://www.covermymeds.com/main/prior-authorization-forms/optumrx/>; SureScripts: <https://providerportal.surescripts.net/ProviderPortal/optum/login>; Pharmacy Resources and Physician Administered Drugs: UHCprovider.com
- **WellCare: Online:** Provider Portal / **Phone:** 866-799-5318 / **Pharmacy:** Fax: 800-678-3189 or SureScripts: <https://providerportal.surescripts.net/providerportal/>

Day 1 Quick Reference Guide

CLAIMS

- **AmeriHealth Caritas:** Online: <https://navinet.navimedix.com> / Phone: 888-738-0004
- **Healthy Blue:** Online: www.availity.com / Phone: 844-594-5072
- **Carolina Complete:** Online: <https://network.carolinacompletehealth.com>
- **United Healthcare:** Online: <https://www.uhcprovider.com> / Phone: 800-638-3302
- **WellCare:** Online: <https://www.wellcare.com/en/North-Carolina/Providers/Medicaid/Claims> / Phone: 866-799-5318

Two Claims Submission Fact Sheets are available on the Provider Playbook at: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care> that address filing managed care claims.

NON-EMERGENCY MEDICAL TRANSPORTATION & NON-EMERGENCY AMBULANCE TRANSPORTATION

- **AmeriHealth Caritas, Carolina Complete, Healthy Blue, United Healthcare:**
ModivCare Health Care Provider Line: 855-397-3606 / ModivCare Transportation Provider Line: 855-397-3604
 - **WellCare:** One Call Health Care Provider Line: 877-598-7602 / One Call Transportation Provider Line: 877-598-7640
- If you are helping a member arrange transportation, call the PHP Member Services line on the member's Medicaid ID card.

PROVIDER OMBUDSMAN

Medicaid Managed Care Provider Ombudsman: Phone: 866-304-7062 / Online: Medicaid.ProviderOmbudsman@dhhs.nc.gov

HEALTH PLAN QUICK REFERENCE GUIDE LOCATION

- AmeriHealth Caritas: <https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-reference-guide.pdf>
- Carolina Complete: <https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCHNCurrent-PDF-QRG-Form.pdf>
- Healthy Blue: https://provider.healthybluenc.com/docs/gpp/NC_CAID_QuickReferenceGuide.pdf
- United Healthcare: <https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/training/NC-Medicaid-QRG.pdf>
- WellCare: <https://www.wellcare.com/North-Carolina/Providers/Medicaid>