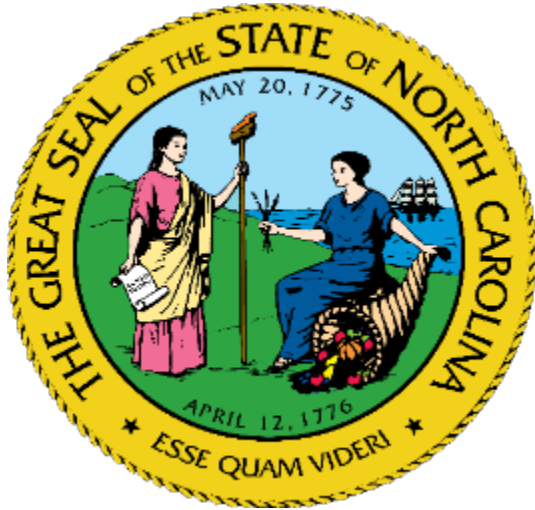


Fireside Chat: Improving With Time



RCC (Relay Conference Captioning)
Participants can access real-time
captioning for this webinar here:

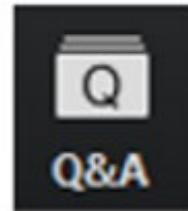
<https://www.captionedtext.com/client/event.aspx?EventID=5039500&CustomerID=324>



February 17, 2022

Logistics for today's webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

COVID in Medicaid Updates

02

PHP CMO Highlight

03

Commitment to Transparency

04

Temporary Flexibilities Sunsetting

05

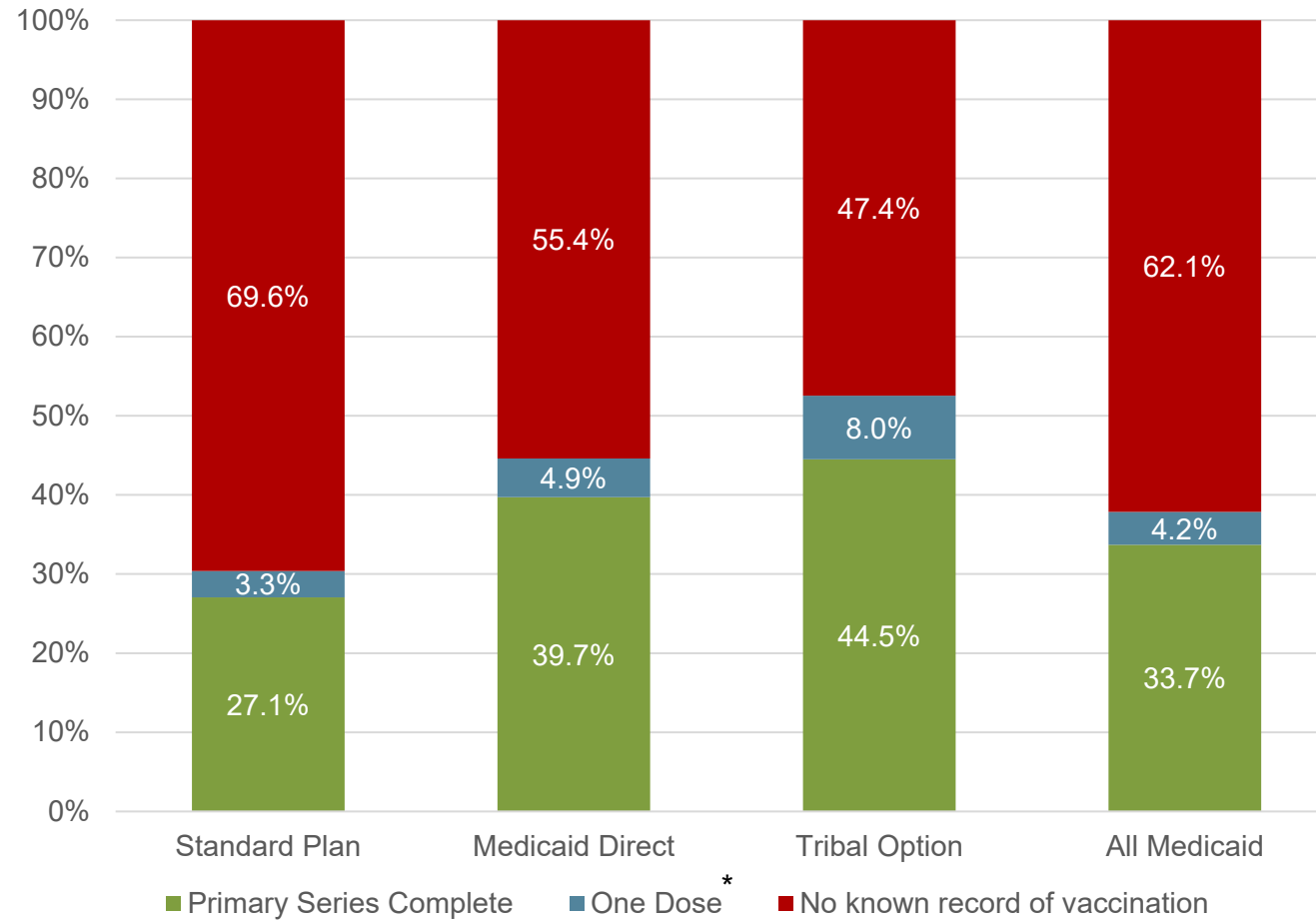
Telephonic Codes & Telehealth Utilization

06

Q&A

Vaccinations by Medicaid Program (12+)

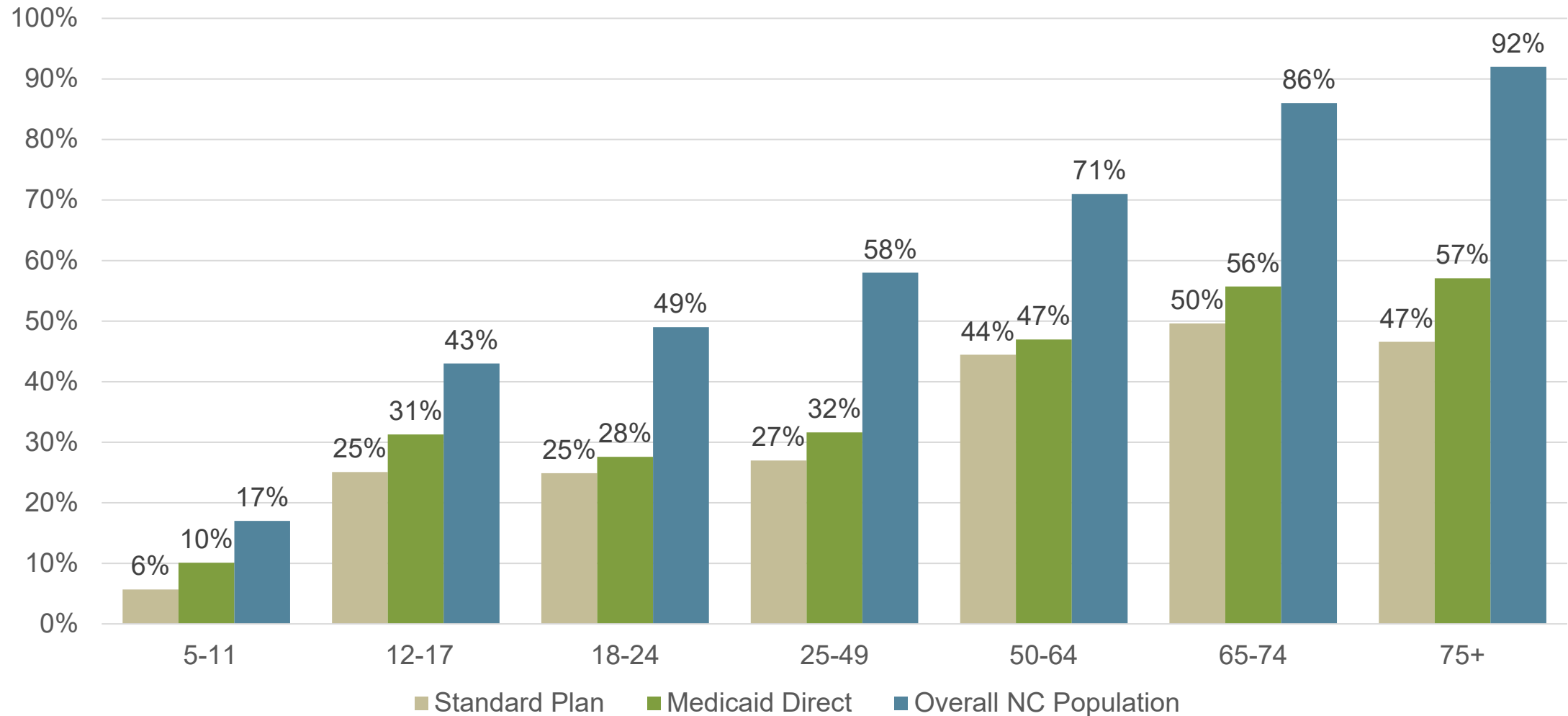
Through 12/31/2021



*J&J excluded (captured in primary series complete)

Medicaid Primary Series Completion Rate Compared to NC Overall (5+)

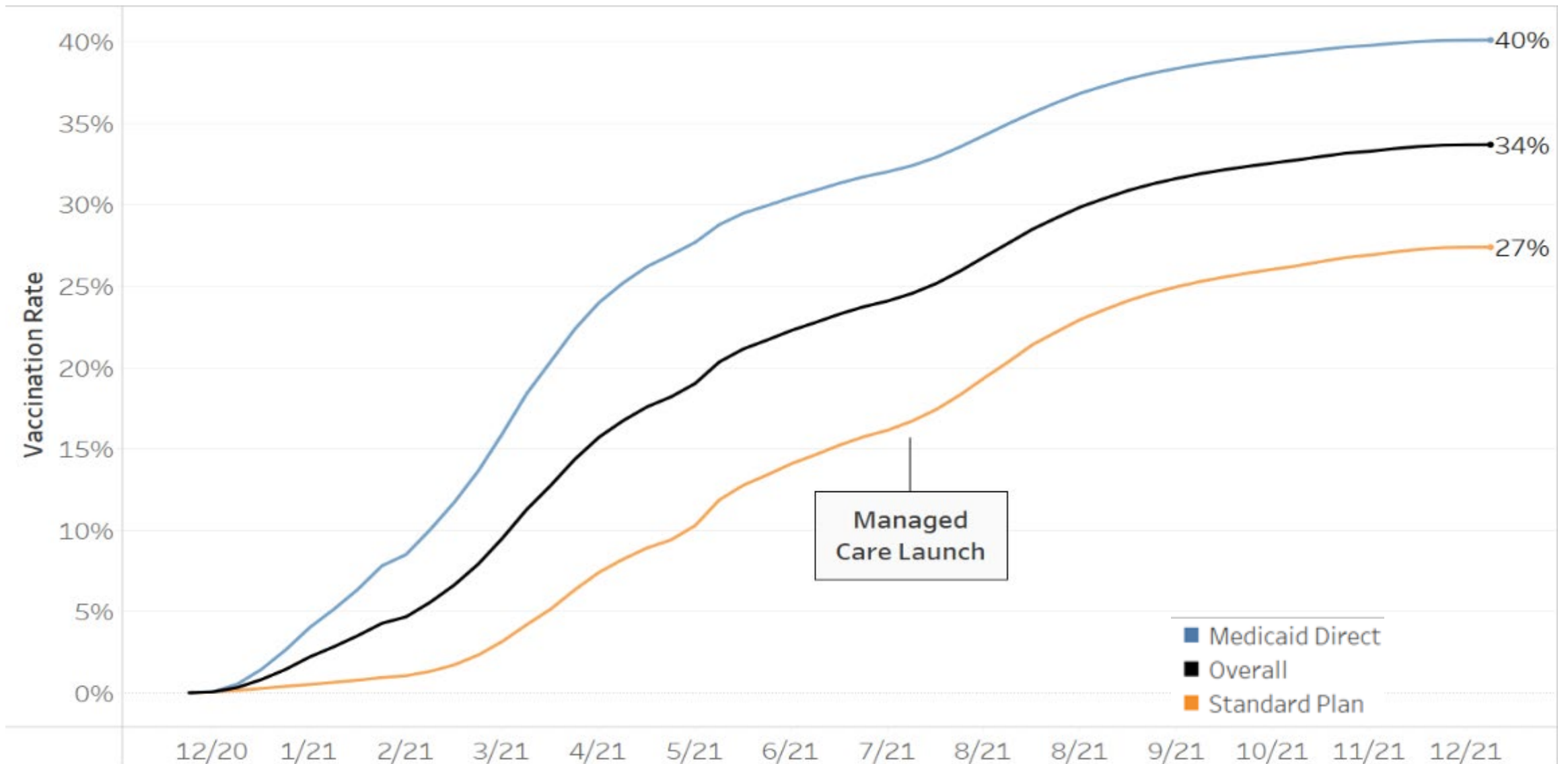
Through 12/31/2021



***Some Federal Entities (i.e. DOD, VHA, IHS, BOP) excluded from state data**

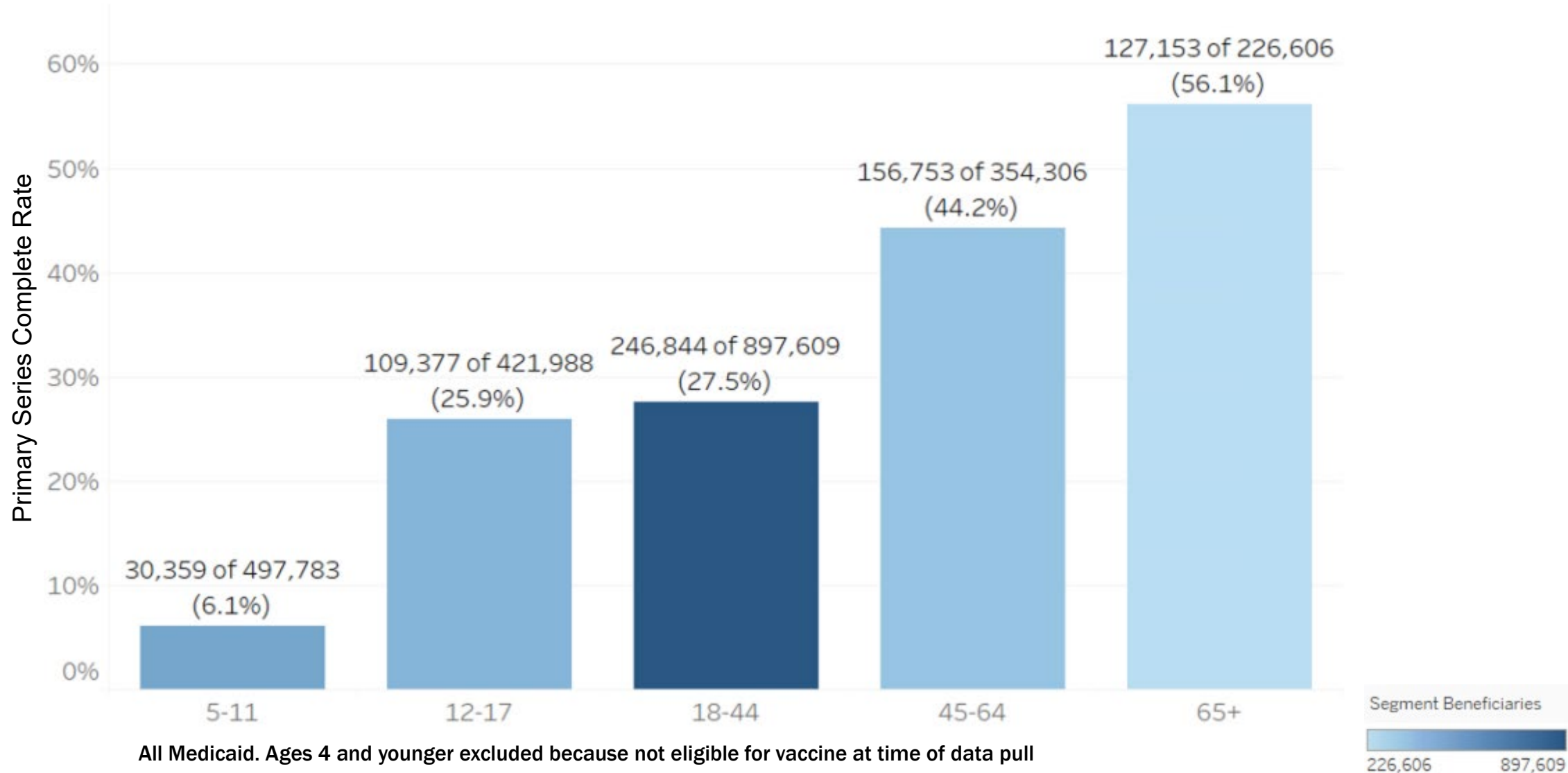
Source: <https://covid19.ncdhhs.gov/dashboard/vaccinations>

Primary Series Completion Rate by Medicaid Program Over Time (12+)



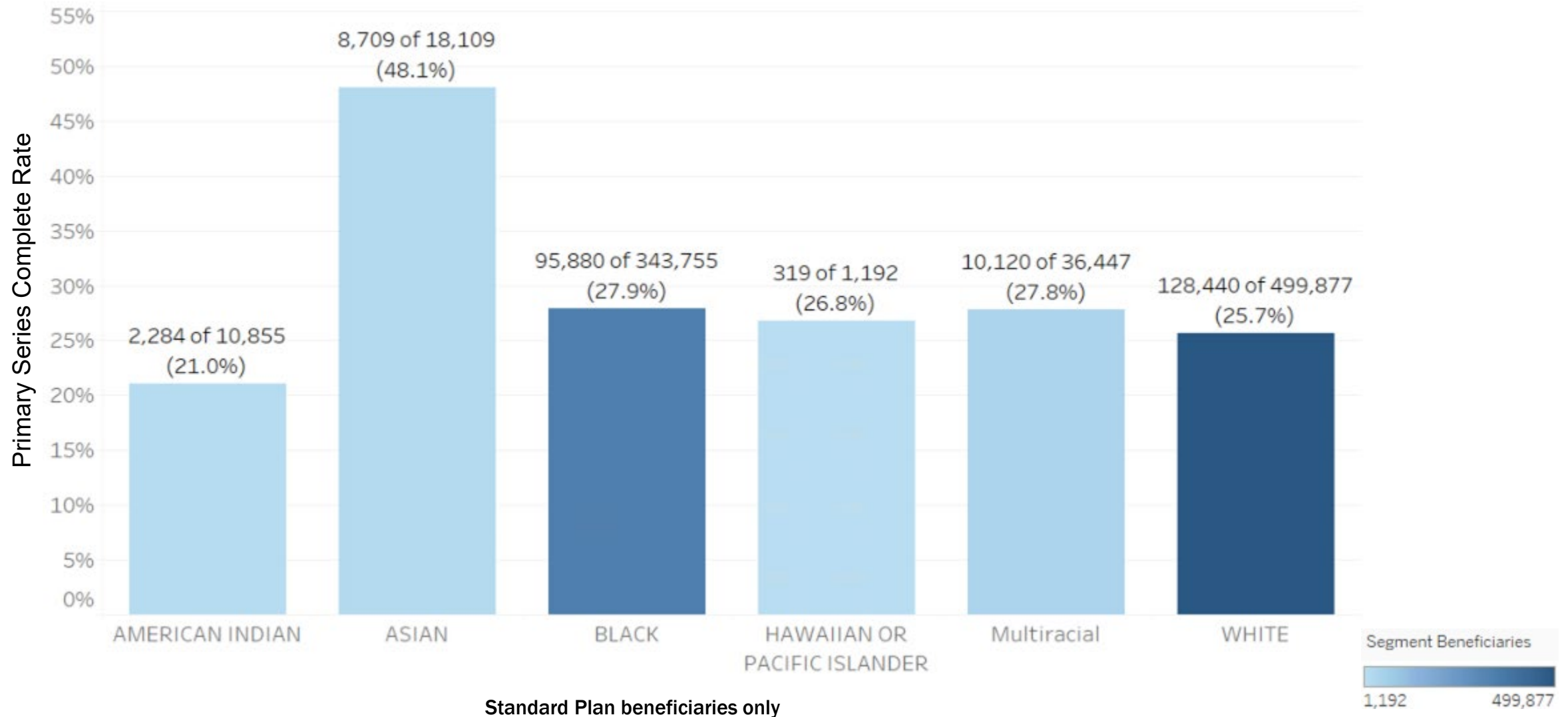
Proportion of Vaccinated Beneficiaries in each Age Group (5+)

Through 12/31/2021



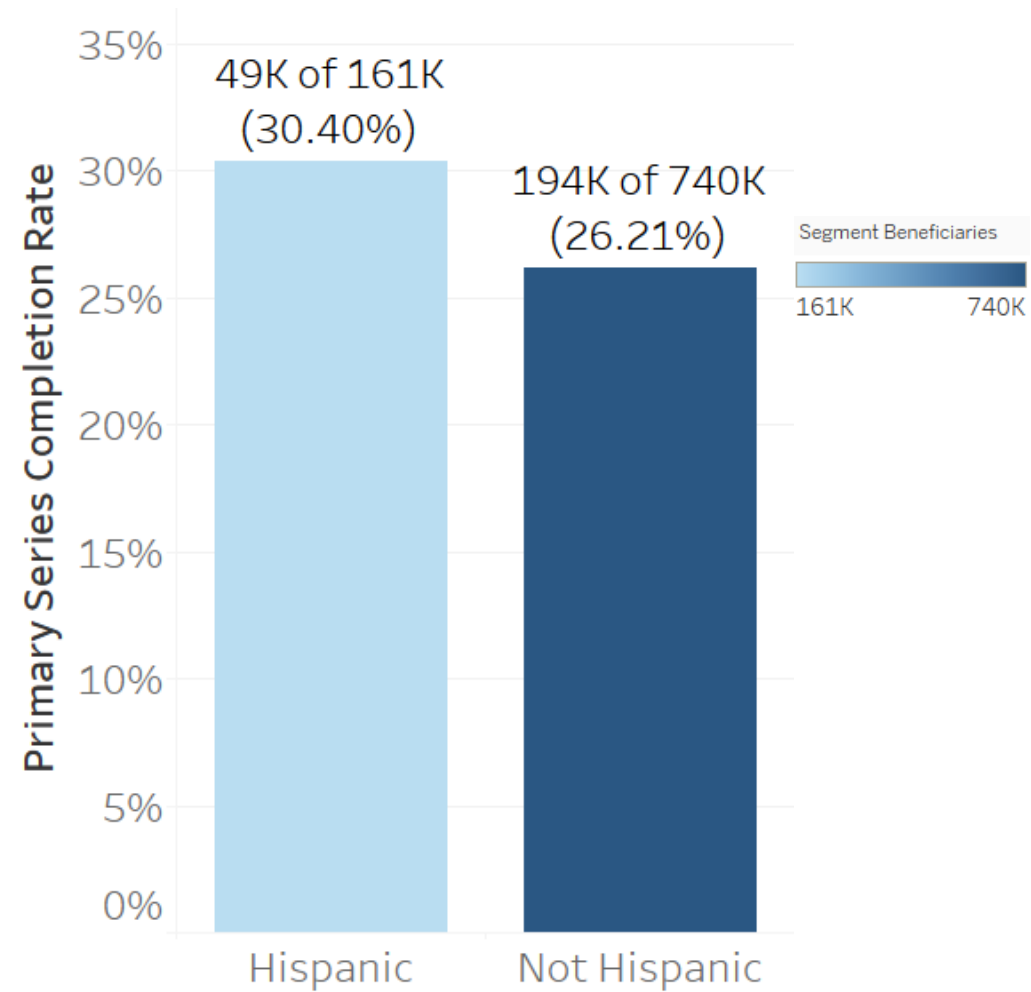
Proportion of Vaccinated Beneficiaries by Race Group (12+)

Through 12/31/2021



Primary Series Completion Rate by Ethnicity (12+)

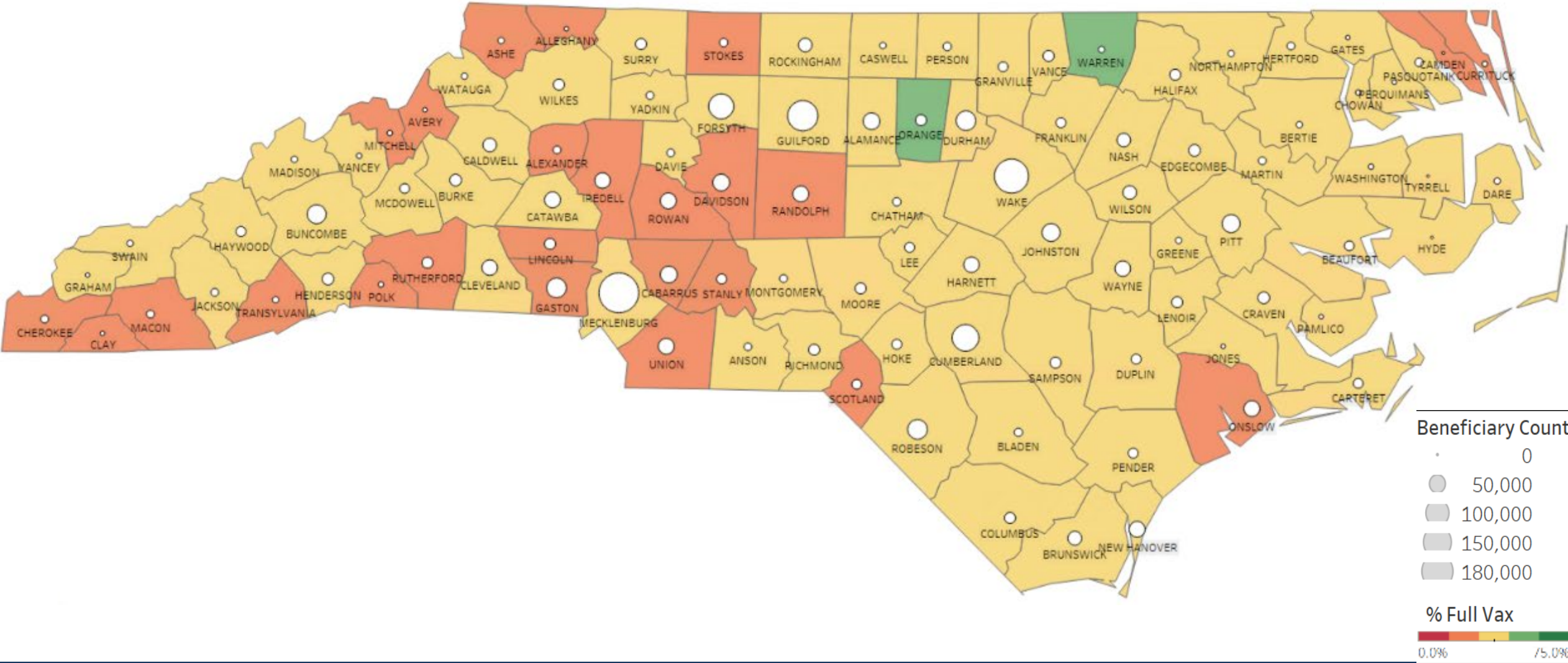
Through 12/31/2021



Standard Plan beneficiaries only

Proportion Primary Series Complete (All Medicaid 12+)

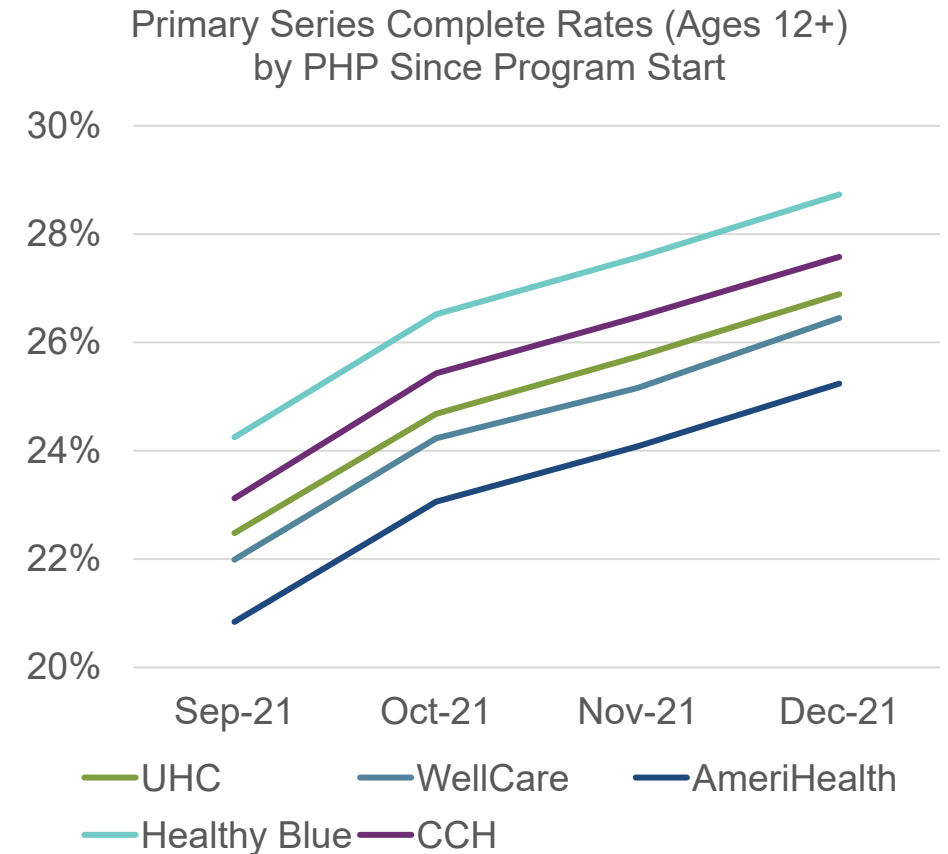
Through 12/31/2021



Primary Series Complete Rate by PHP (12+)

Through 12/31/2021

	Rate (9/2021)	Rate (10/2021)	Rate (11/2021)	Rate (12/2021)	Net Change
Overall Medicaid	30.64%	31.70%	32.50%	33.68%	3.04%
Medicaid Direct	37.94%	37.94%	38.57%	39.89%	1.95%
Standard Plan	22.62%	24.86%	25.89%	27.06%	4.58%
UHC	22.48%	24.68%	25.74%	26.89%	4.41%
WellCare	21.99%	24.23%	25.16%	26.45%	4.46%
AmeriHealth	20.84%	23.06%	24.08%	25.24%	4.40%
Healthy Blue	24.25%	26.52%	27.57%	28.73%	4.48%
CCH	23.12%	25.43%	26.47%	27.58%	4.46%



Medicaid Vaccine Counseling (99401)

Through 12/31/2021

Vaccine Counseling for the 12-17 Population

- The primary series completion rate for the 12-17 counseled population is 30% greater compared to the non-counseled population after 6/1* (23.51% vs 18.08%)
 - As time goes on, the degree of hesitancy increases
- Early data suggests 18 people ages 12-17 need to receive counseling for 1 beneficiary to be vaccinated beyond what would have occurred without counseling. With an average of 1.33 counseling sessions per beneficiary at a cost of \$32 per claim, this correlates to \$766 to shift one person to vaccination.**

*Beneficiaries 16 and older: Hesitant if not vaccinated by 6/1/21. Beneficiaries 12-15: Hesitant if not vaccinated by 6/26/21 (45 days after becoming eligible).

**Avg Cost of a pneumonia hospitalization with ICU stay is \$88,000(non-COVID)

Primary Series Completion Rate for the Hesitant Population by Age Group by Counseling Status

Through 12/31/2021

For all age groups, the population that was counseled had higher vaccination rates

Age Group	No Counseling	Received Counseling	Ratio
12-17	18.06%	23.51%	1.30
18-44	13.87%	15.88%	1.14
45-64	17.64%	21.75%	1.23
65+	13.81%	16.62%	1.20

Primary Series Completion Rate by Age Group by Volume of Counseling

Through 12/31/2021

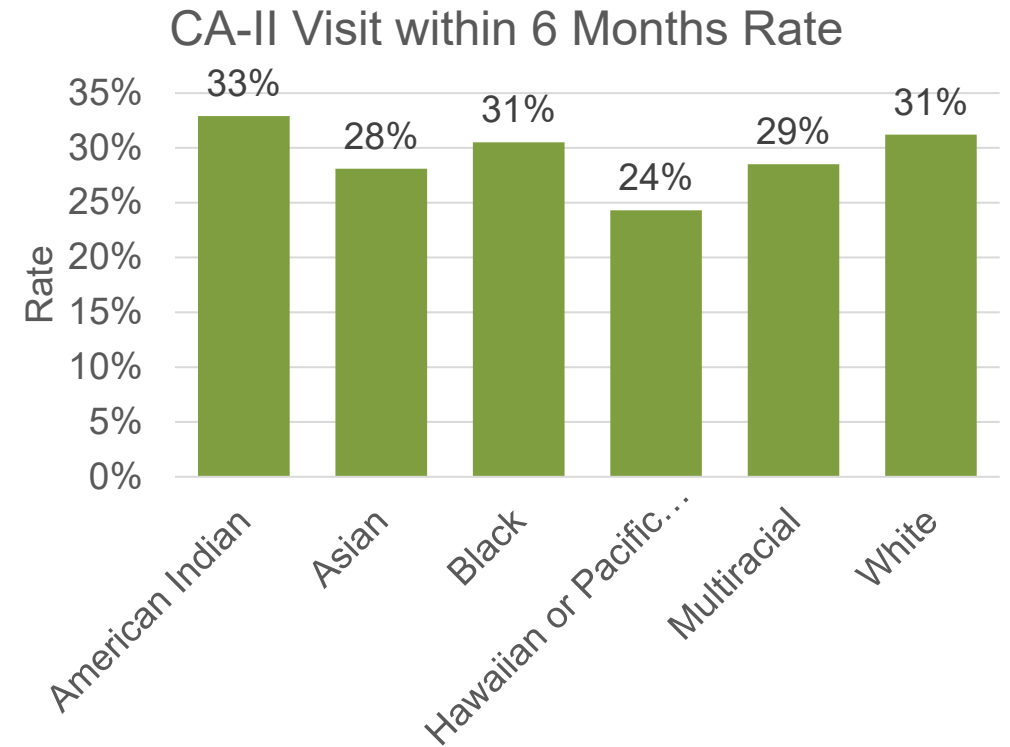
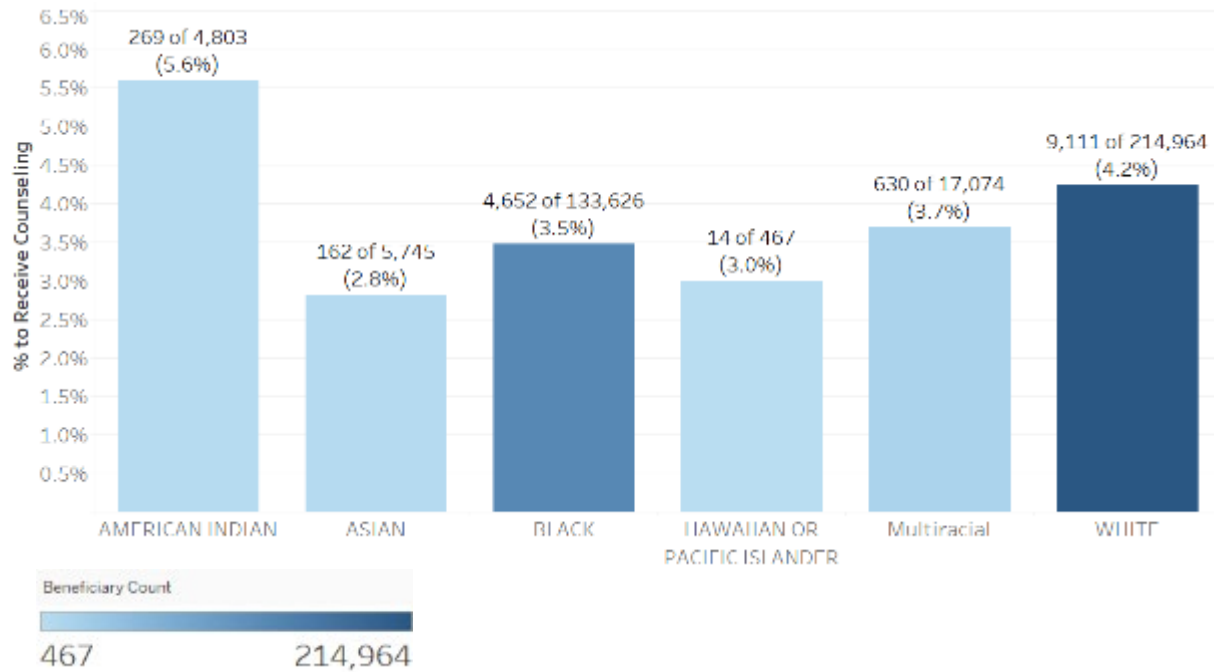
For all age groups, more than 1 counseling session resulted in higher vaccination rates

Age Group	1 Counseling Session	>1 Counseling Session	Ratio
12-17	22.65%	27.48%	1.21
18-44	15.38%	17.68%	1.15
45-64	20.21%	25.47%	1.26
65+	16.18%	18.57%	1.15

% of Hesitant Beneficiaries that Received Counseling by Race Ages 12-17

Through 12/31/2021

Counseling has been utilized unequally by race, however, reflects existing disparities in engagement with healthcare system



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

COVID Surge Flexibilities

Lever	Impact	COVID -19 Bulletin
Swing Bed Flexibility	Opening Beds	Bulletin 210
Skilled Nursing Surge Facilities	Opening Beds	Bulletin 210
Monoclonal Antibody Treatments	Prevent Hospitalization	Bulletin 208
Remdesivir Ambulatory Infusion	Prevent Hospitalization, Opening Beds	Bulletin 210 ; Bulletin 222
Oral Treatments	Prevent Hospitalization, Opening Beds	Bulletin 216
Boosters/Additional Doses	Increase vaccination	Bulletin 211 ; Bulletin 217
Counseling Code (99401)	Increase vaccination	Bulletin 210
COVID Vax Admin Rate Increase	Increase vaccination	Bulletin 210
COVID Vaccine Member Incentives	Increase vaccination	N/A
Standard Plan Incentives Program	Increase vaccination	N/A
Increasing Access to Testing	Broad impact	Bulletin 219
Communication to Stakeholders	Increase vaccination	N/A
Federal COVID-19 Mandates	Increase vaccination	Bulletin 221

Lever	Impact	COVID -19 Bulletin
Post-discharge Peer-to-Peer Discussions for Inpatient Reviews	Freeing up Clinical Staff	Bulletin #223
Reinstatement of temporary suspension of prior authorization for home health skilled nursing visits and skilled nursing hospital admissions under NC Medicaid Managed Care	Opening Beds	Bulletin #223
Waiver of Medical Necessity Determinations for COVID-19 Admissions	Opening Beds, Freeing up Clinical Staff	Bulletin #223
Prior Authorization Extension for Elective Procedures	Opening Beds	Bulletin #223

Hospital At Home Sunsets 3/31/22

THE Value Initiative

Issue Brief

Creating Value by Bringing Hospital Care Home

COVID-19 is prompting hospitals and health care systems to reconsider how and where they deliver care to patients. Many see the patient's home as the safest and most effective option for certain conditions and patients. As a result, the hospital-at-home model – where patients receive acute-level care in their homes, rather than in a hospital – is emerging as a promising approach to improve value for patients.

This issue brief examines the hospital-at-home model and highlights examples of hospitals from across the country successfully implementing hospital-at-home care for their patients.

What is Hospital-at-Home Care?

The structure and implementation of hospital-at-home care varies based on the needs and capacity



conditions with well-defined treatment protocols, such as pneumonia, congestive heart failure, chronic obstructive pulmonary disease (COPD), diabetes or cellulitis.

Though the patients are not physically at the hospital, they are never far from health care

https://www.aha.org/system/files/media/file/2020/12/issue-brief-creating-value-by-bringing-hospital-care-home_0.pdf

Audience Response Question

Thinking about your local community, where are the places Medicaid beneficiaries can find vaccines without too much difficulty? (Choose all that apply)

- A. Local Health Department
- B. Federally Qualified Health Center
- C. Pharmacies
- D. Independent Primary Care offices
- E. Urgent Cares
- F. Hospital-affiliated Primary Care offices

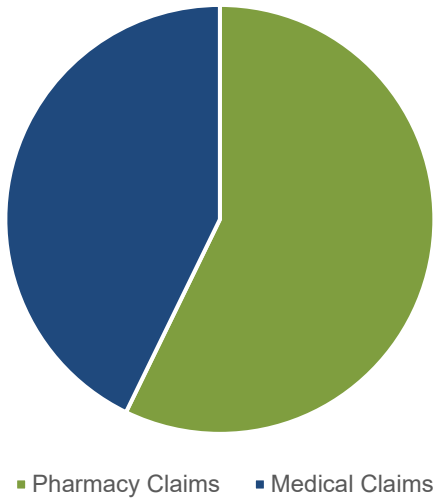
Audience Response Question

We have heard feedback from practices that there have been some negative impacts of readily offering vaccines in their clinics. What, if any, of these has your practice experienced as a direct result of offering a COVID vaccine? (Choose all that apply)

- A. Verbal escalation, chastisement, or anger
- B. Disruptive Verbal Escalation(affecting those outside of exam room)
- C. Threatening Behavior
- D. Social Media Harassment
- E. Patient Survey negative impacts
- F. Vandalism or Assault
- G. We have experienced none of these.

ACNC COVID vaccination claims show the hard work of vaccinating providers

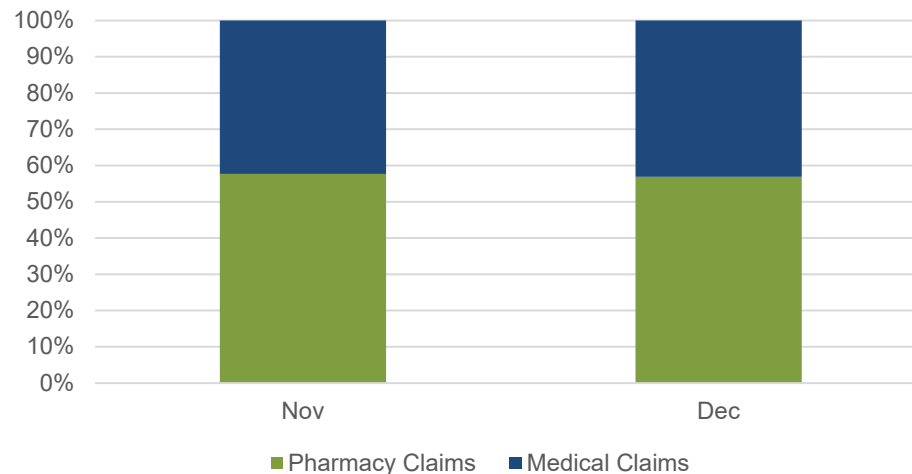
November-December COVID Vaccination Claims



providers

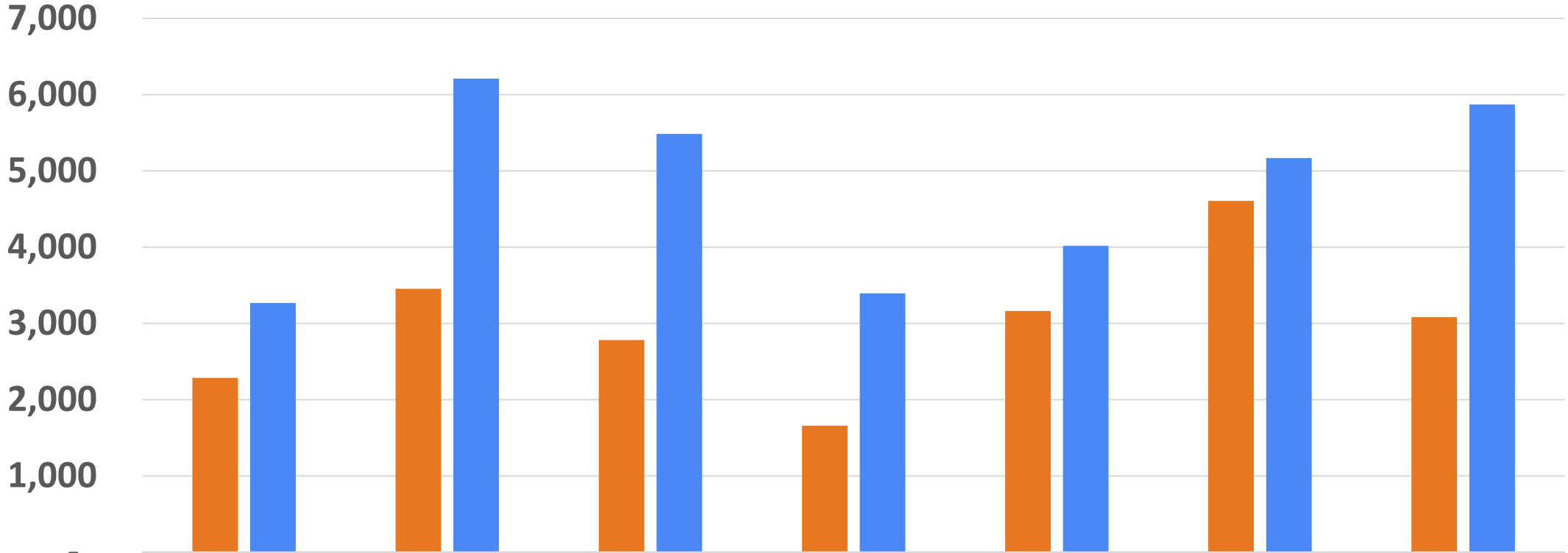
- **91% of Medical claims from individual providers**
- **Some individual providers gave > 100 vaccines**
- **For those practices considering, NC DHHS recently increased Administration Fee to \$65**

COVID Vaccination Claims by Month



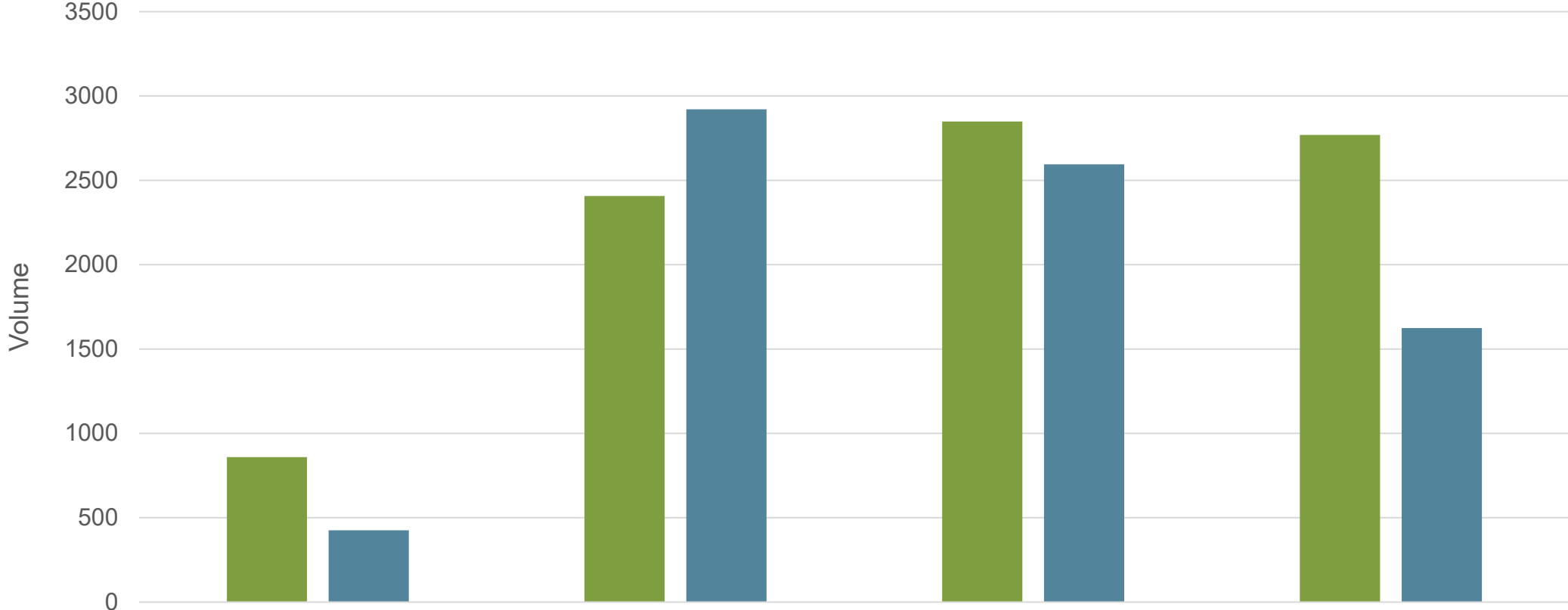
COVID Vaccine Counseling codes help support the hard work to discuss with patients and families

WellCare COVID Vaccine Volumes by Month



	July	August	September	October	November	December	January
Medical Benefit	2,286	3,455	2,781	1,658	3,162	4,607	3,083
Pharmacy	3268	6210	5484	3394	4018	5168	5870

UnitedHealthCare Monthly COVID Vaccine Volumes by Site of Service



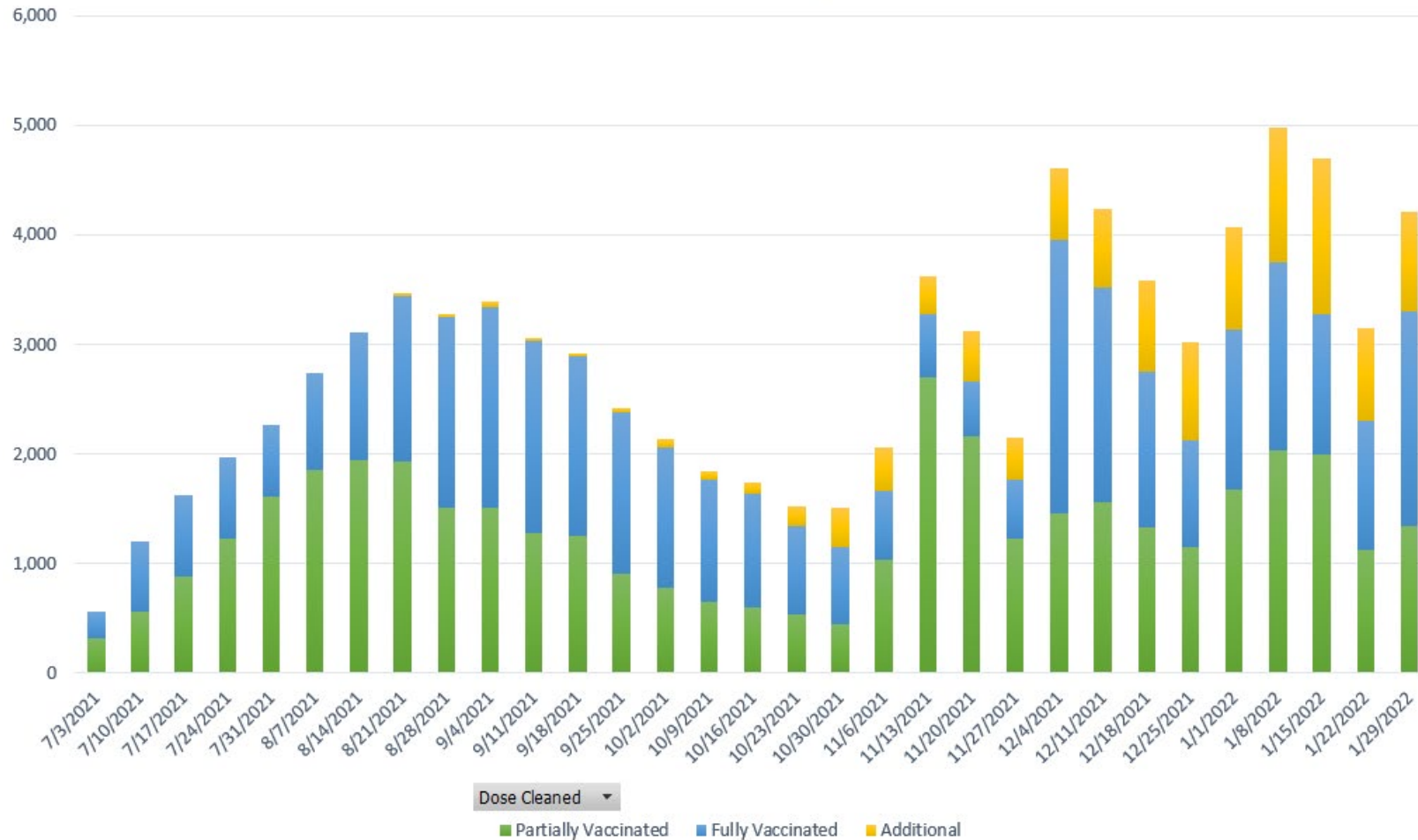
	Oct-21	Nov-21	Dec-21	Jan-22
Pharmacy	859	2407	2849	2769
Office	425	2921	2595	1624

HealthyBlue Vaccination Counts by Week

Medical Incurred as of
 Medical Paid as of
 Pharmacy Incurred as of

1/29/2022
 2/5/2022
 1/28/2022

Vaccination Counts by Week



HealthyBlue Vaccination Counts by Week

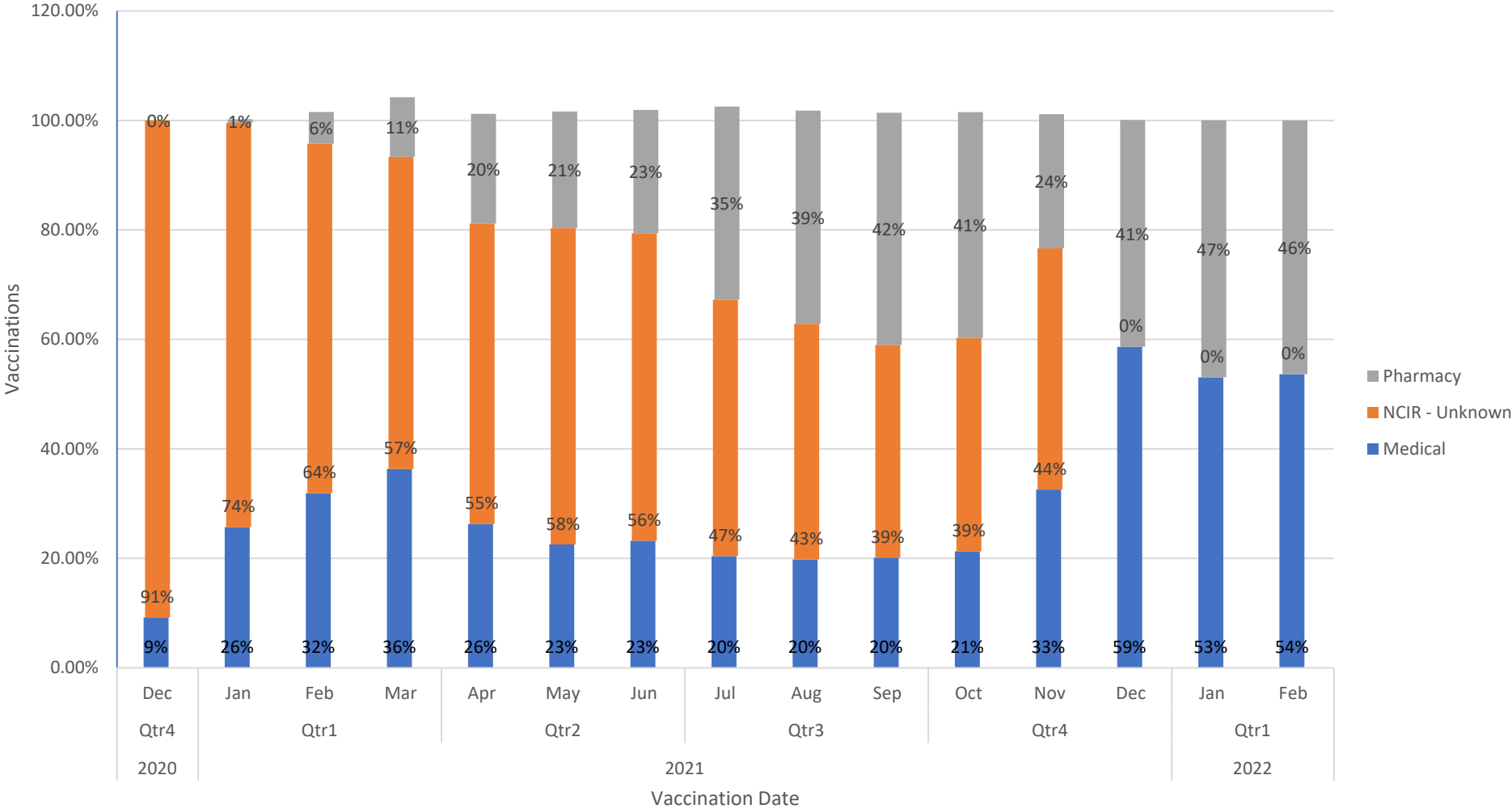
Medical Incurred as of 1/29/2022
 Medical Paid as of 2/5/2022
 Pharmacy Incurred as of 1/28/2022

Sum of ibnr_claims	Column Labels									
Row Labels	<12	12-15	16-17	18-25	26-34	35-44	45-54	55-64	65+	Grand Total
Pharmacy	37.62%	56.78%	64.80%	76.40%	75.99%	74.55%	71.10%	66.79%	69.72%	58.86%
Office	48.63%	27.66%	19.77%	11.90%	11.71%	12.80%	14.23%	15.90%	18.17%	27.05%
Public Health Clinic	4.32%	8.39%	8.43%	5.20%	5.41%	4.69%	6.21%	5.24%	1.14%	6.08%
Other	5.83%	3.78%	3.79%	2.96%	3.53%	4.36%	3.46%	6.40%	5.08%	4.37%
Hospital Campus	3.35%	3.09%	3.09%	3.26%	3.20%	3.35%	4.70%	5.45%	5.89%	3.40%
Urgent Care Facility	0.23%	0.28%	0.11%	0.23%	0.10%	0.16%	0.16%	0.02%	0.00%	0.20%
Mass Immunization Cente	0.01%	0.02%	0.00%	0.06%	0.06%	0.08%	0.14%	0.19%	0.00%	0.04%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Total vaccine count (pharmacy benefit only): **51,976**

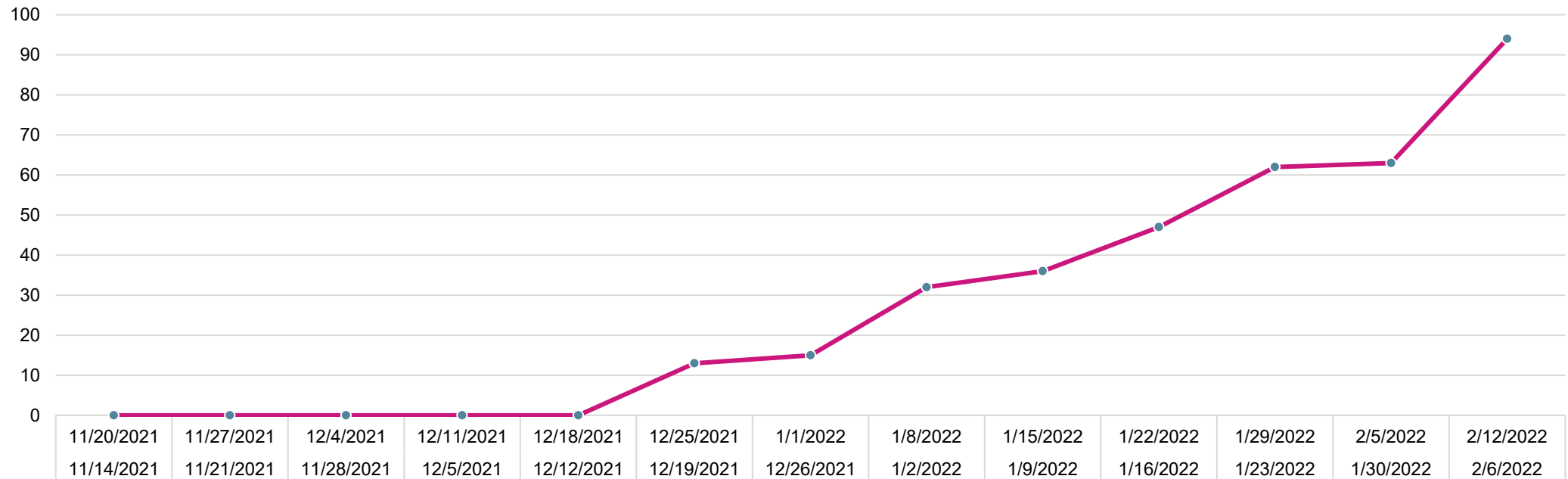
COVID Vaccination Locations Carolina Complete Health

Vaccination Locations



Carolina Complete Health COVID Incentives

- CCH has not seen the full impact of its efforts yet as most tactics launched in mid to late January.
- Recent spike in online attestations shows that members are receiving the message and beginning to take action.








Audience Response Question

What percent of Medicaid managed care plan members utilize “member rewards” programs on average?

- A. 5%
- B. 10%
- C. 25%
- D. 50%
- E. 75%

Value Added Services

Added services: Use this chart to compare the added services that each health plan offers. Some services may be only for members who qualify. For questions, call 1-833-870-5500 (TTY: 1-833-870-5558)

 WellCare [®] Beyond Healthcare. A Better You.	 UnitedHealthcare [®] Community Plan	 HealthyBlue	 AmeriHealth Caritas [®] North Carolina	 carolina complete health
<p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers[®] <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts or 4-H Club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300 value) ▪ Up to \$120 yearly value for over-the-counter drugs ▪ Cell phone with 1,000 monthly minutes, free texts and 1GB of data ▪ Rides to classes and events 	<p>Education</p> <ul style="list-style-type: none"> ▪ Life skills training <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free breast pump ▪ Up to \$100 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers[®] <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with 350 monthly minutes, free texts ▪ Free meal delivery up to 14 days, if qualify 	<p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ GED exam voucher (up to \$160 value) ▪ 24 hours of online tutoring for members ages 6-18, if qualify <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Yearly adult dental exam and cleaning ▪ \$40 a month for groceries, if qualify ▪ 13-week voucher for Weight Watchers[®] <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber or Lyft gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Home visits for high-risk pregnancy <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers[®] <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership at participating locations for members under 19 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Acupuncture, massage therapy, biofeedback ▪ Extra pair of glasses and eye exam every 2 years for members ages 21 and older ▪ Free meal delivery up to 7 days after hospital stay, if qualify ▪ Home visits and supplies such as pillow case covers for asthma ▪ Cell phone with 1,000 monthly minutes, free texts 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam practice supplies <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Virtual care visits ▪ \$75 yearly value in rewards ▪ \$20 monthly for approved foods ▪ YMCA membership ▪ 10-week voucher for Weight Watchers[®] with 14 weeks of online tools <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership for members ages 6-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$125 yearly for vision items for members ages 21 and older ▪ \$30 quarterly value per household for over-the-counter drugs ▪ Home visits and supplies such as air filters and mattress covers for asthma

Commitment to
Transparency



Audience Response Question

Anyone (with access to the internet) can access current data on the DHB website for (Choose All That Apply):

- A. Top Reasons for Claims Denials by PHP
- B. Medicaid Enrollment statistics
- C. Performance on HEDIS measures
- D. Medicaid Expenditures
- E. Annual Reports
- F. Payments to Providers

Click on a row or county in one chart to change results in other charts. Click again to reset.
 Counts less than 11 are not shown for privacy reasons. This may cause some labels to not match.
 Note: Enrollment counts are pulled the beginning of each month and do not reflect add/drop during the month, or include retrospective enrollments. As such, these counts may not match other enrollment reports.

Feb 2022

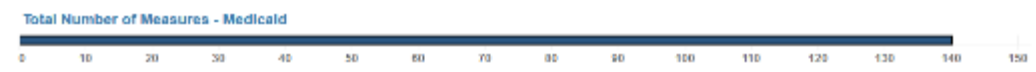
Total	Standard Plan Mandatory	Standard Plan Exempt	Standard Plan Excluded
2,728,025	1,695,184	177,363	854,812

Plan	Managed Care Status	Program Aid Category
Standard Plan - AmeriHealth	Standard Plan Mandatory	Infants and Children
Standard Plan - Carolina Complete	Standard Plan Excluded - Partial Benefit Groups	TANF (AFDC) 20 and Under
Standard Plan - Healthy Blue	Standard Plan Excluded - Full Duals	Family Planning
Standard Plan - United-Healthcare	Standard Plan Exempt - Tailored Plan Non-Dual	TANF (AFDC) 21 and Over
Standard Plan - Wellcare	Standard Plan Excluded - Other Full Medicaid	Disabled
Total	Standard Plan Excluded - Foster Care	Medicaid - Childrens Health Insurance Prg.
ECBI Tribal Option	Standard Plan Excluded - Innovations/TBI Waiver	Aged
Medicaid Direct	Standard Plan Exempt - Tribal/HS Waiver	MOEB, MOBE, MOBQ
Total	Standard Plan Excluded - Tribal/HS Eligibles	Health Choice
Grand Total	Grand Total	Uninsured/Immigrant

Standard Plan Region	Count
REGION 1	254,238
REGION 2	462,792
REGION 3	648,466
REGION 4	541,313
10: GUN 5	461,717
10: GUN 6	359,489
Grand Total	2,728,025

NC Medicaid HEDIS Reporting

Data Period: Calendar Year 2016



Measure of Care	Measures	Utilization Rate %
Chronic Condition Management	Adherence to Antipsychotics for Individuals With Schizophrenia (SAA)	62.22
	Annual Monitoring for Diabetes on Therapeutic Medications (MFM)	60.03
	Total Combined Rate	60.49
	Diabetes	60.57
Antidepressant Medication Management (AMM)	Acute Phase Treatment	67.76
	Continuation Phase Treatment	51.64
Asthma Medication Ratio (AMR)	Total Rate	58.22
	Age 5-11 years	60.03
	Age 12-18 years	66.37
	Age 19-50 years	57.64
		49.32

PHP Top 3 Claims Denial Reasons

PHP Top 3 Claims Denial Reas... | PHP Denial Reason Comments | Notes | Definitions



Click tabs above to view additional claims denial information.

PHP Top 3 Claims Denial Reasons

Nov. 2021

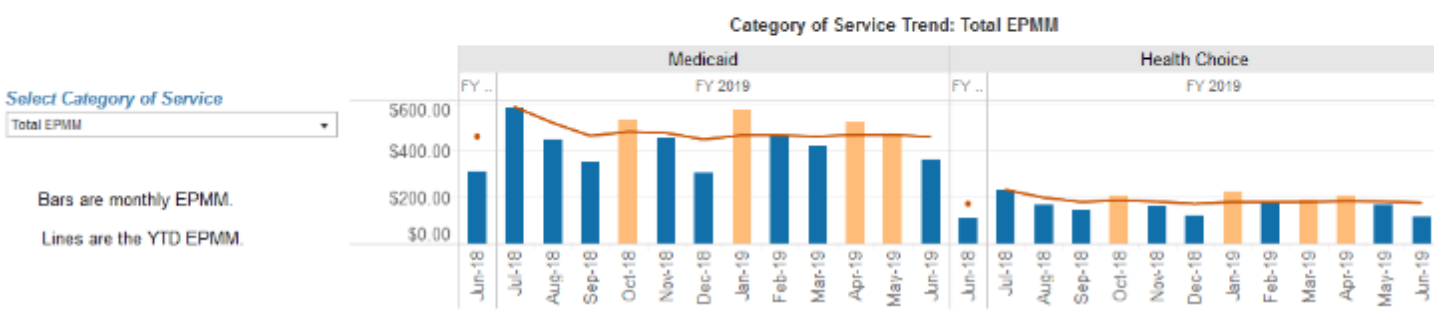
The PHP Top 3 Claim Denial Reasons chart shows the most common denial reasons for each PHP and claim type for the most recent month. Select Count to the right to see the highest volume claim denial reasons for each PHP and claim type. Select Amount to the right to see the highest dollar claim denial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

Professional - Header	PHP Name	Denial Reason	Count	Amount
AmeriHealth		BILLING PROVIDER NOT ENROLLED IN MEDICAID	11,893	
		EOB FROM PRIMARY CARRIER REQUIRED	7,656	
		DEFINITE DUPLICATE CLAIM	6,890	
Carolina Complete		DNOCONTRACT - NON-CONTRACTED PROVIDER, CONTACT NETWORK MANAGEMENT AT (800) 5...	145	
		DVARIOUS - EACH SERVICE WAS DENIED FOR VARIOUS REASONS.	129	
		DMAXPERDAY - BILLED UNITS OF SERVICE EXCEED THE MAXIMUM ALLOWABLE PER DATE OF S...	123	
Healthy Blue		DEFINITE DUPLICATE CLAIM	5,693	
		DISALLOW-NOT ALLOWED UNDER CONTRACT	4,574	
		PEGA- EOB REQUIRED FROM PRIMARY CARRIER	2,139	
United		MISSING TAXONOMY CODE	15,069	
		SEND PRIMARY CARRIERS EOB	13,335	
		DEFINITE DUPLICATE CLAIM	7,657	
WellCare		DENIED: DUPLICATE CLAIM	5,717	
		DENIED: MUST SUBMIT AN EOB FROM THE PRIMARY INSURANCE CARRIER	5,158	
		DENIED: PRIOR AUTHORIZATION REQUIRED BUT NOT OBTAINED	3,470	



Medicaid and Health Choice Category of Service Expenditures per Member Month - SFY2019

Notes: Calculation for monthly EPMM is derived from claims expenditure dollars per the BD-701 report (Funds 1310 and 1331) divided by total enrollment at beginning of month. Calculation for YTD EPMM uses total enrollment member months for the year to date. Blue bars indicate month expenditures per member is below YTD expenditure per member (indicated by the red lines).



Audience Response Question

The vast majority of my patients/clients have received non-emergency medical transportation at the same rate since the launch of managed care.

- A. True
- B. False

Non-Emergency Medical Transportation (NEMT)

		July	August	September	October	November
Total Number of Trips Completed	AMHC	3,597	4,665	4,245	4,373	3,950
	BCBS	6,078	8,874	8,477	9,017	8,349
	CCH	2,368	3,353	3,194	3,345	3,163
	UHC	4,868	7,134	7,005	7,267	6,679
	WC	2,671	4,509	3,826	4,753	4,726
	TOTAL	19,582	28,535	26,747	28,755	26,867
Provider No Shows	AMHC	118	136	78	85	66
	BCBS	184	182	122	201	147
	CCH	75	113	76	85	66
	UHC	189	149	102	124	113
	WC	15	5	13	22	14
	TOTAL	581	585	391	517	406
		3.0%	2.1%	1.5%	1.8%	1.5%

Sunsetting Temporary Flexibilities

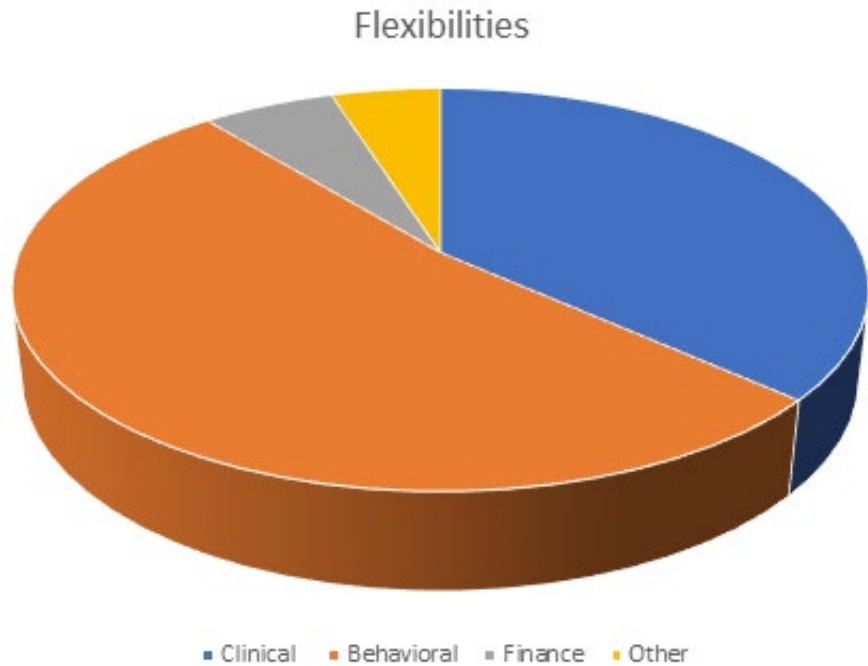


Audience Response Question

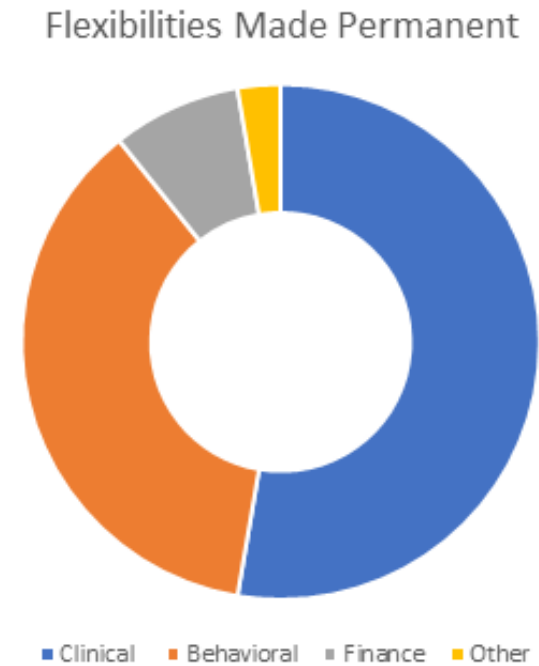
NC Medicaid implemented approximately _____ temporary flexibilities in response to the COVID-19 pandemic.

- A. 10
- B. 50
- C. 100
- D. 200
- E. 400

Some Temporary Provisions Sunsetting 3/31/22



29% Placed
Permanent
Policy



SPECIAL BULLETIN COVID-19 #226: Permanent Changes Made for PHE Flexibilities & Plan for Sunsetting Temporary Policies

Audience Response Question

**Temporary flexibilities were made possible by
(Choose All That Apply):**

- A. Acts of Random Kindness
- B. Federal Authority due to the Public Health Emergency
- C. State Authority due to the State of Emergency
- D. Unbelievably hard work by an amazing team at Medicaid
- E. Chance. Pure chance.

Why is Authority Important?

- Medicaid has state and federally mandated processes it must follow when making changes to coverage of services.
- During the PHE some of these authorities were "overridden" by either State or Federal Executive Orders.
- When those Orders end (the termination of the state or federal PHE), we can no longer cover services that are temporary.
- Select services over the past year have gone through our rigorous and time-consuming clinical policy process to become permanent.

What Went into the Decisions for Permanent Policy?

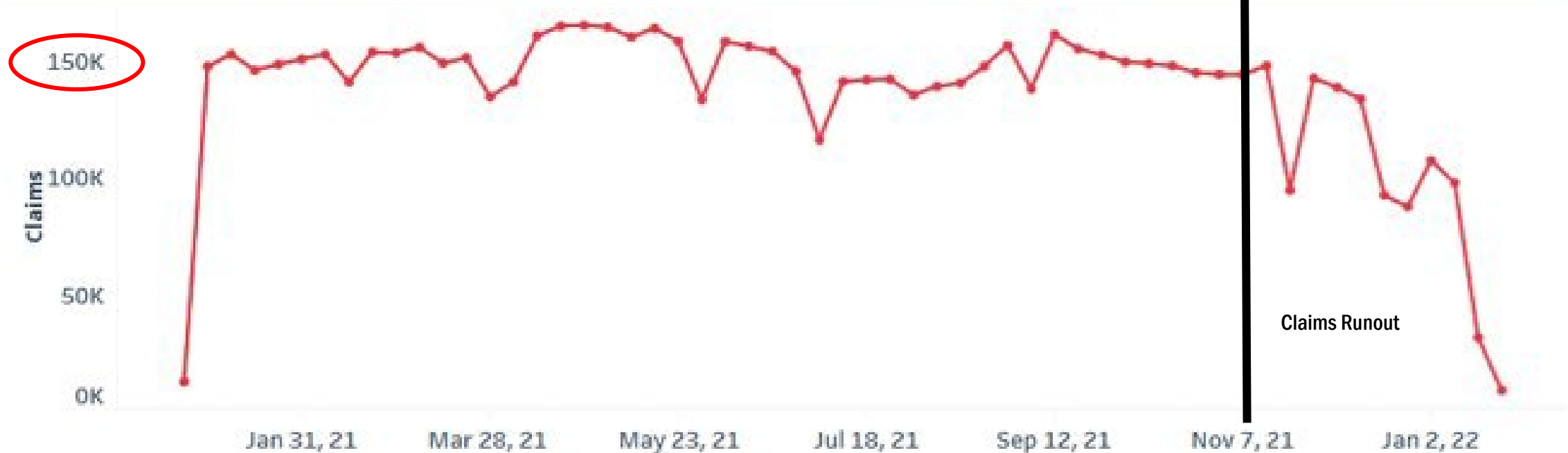
- Evidence based guidelines
- National standards
- Expert opinion
- Feedback from the field
- Other Payer Coverage
- Review of utilization data
- Analysis of outcomes and costs of care
- Qualitative input (patient and provider satisfaction)
- Fiscal impact
- Process involves intensive analysis including fiscal impact
- Requires following a legislated process that includes public comment
- With launch of managed care, policies are updated on a less frequent basis to allow plans the ability to follow their required processes.

Telephonic, Telehealth, In Person: Evaluation and Management

Modality T...

Service Ca...

In Person Claims by Service Category Trend

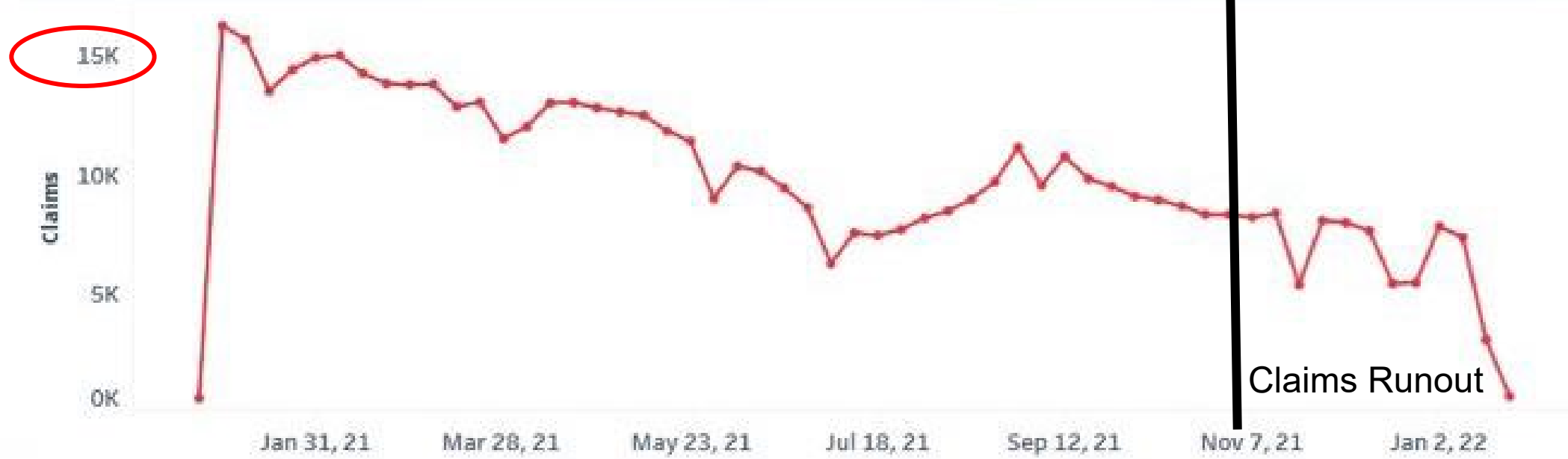


Telephonic, Telehealth, In Person: Evaluation and Management

Modality T...

Service Ca...

Telehealth Claims by Service Category Trend

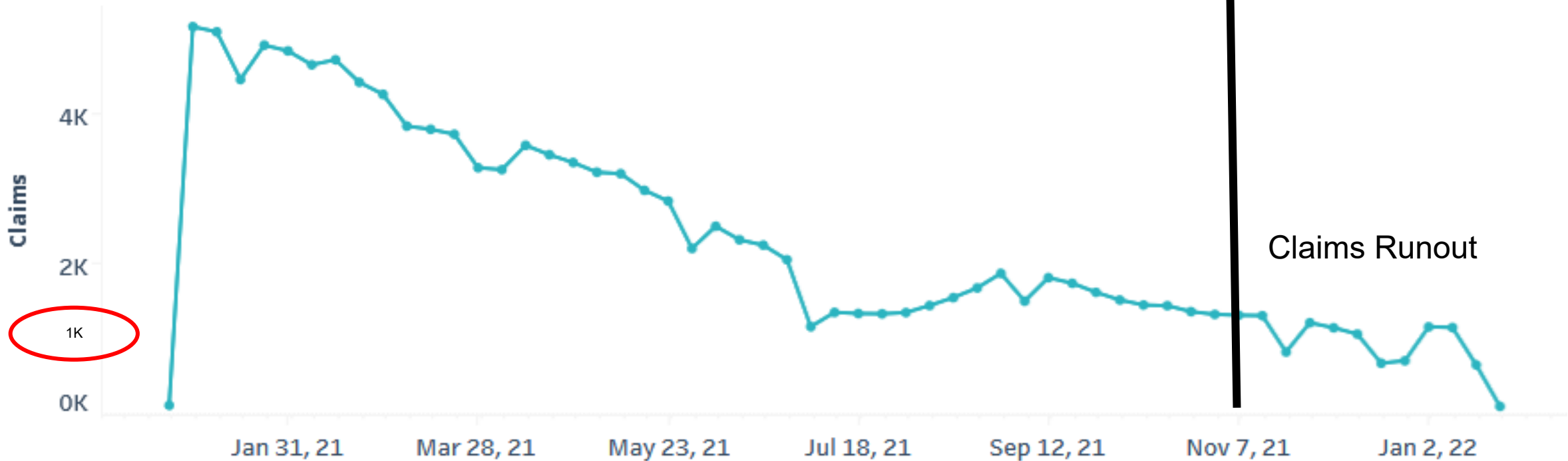


Telephonic, Telehealth, In Person: Evaluation and Management

Modality T... Virtual Telephonic Claims

Service Ca... Telephonic Evaluation and Management

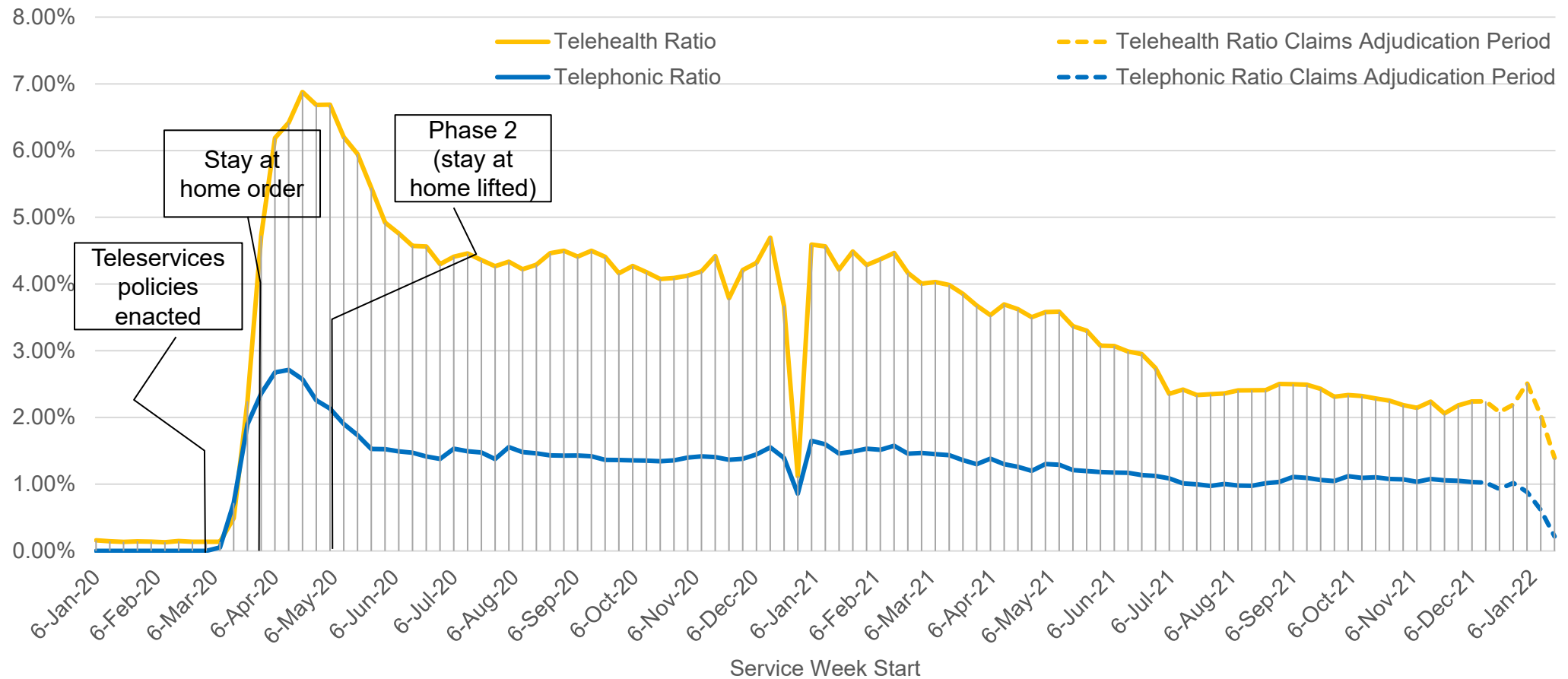
Virtual Telephonic Claims by Service Category Trend

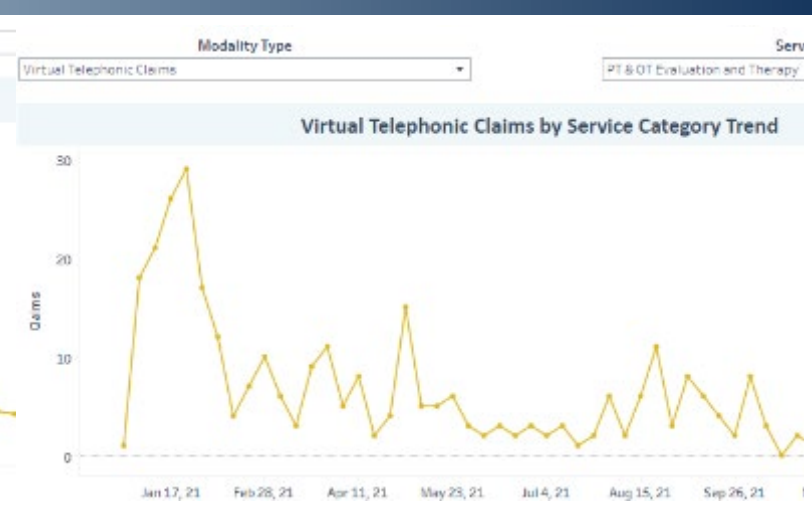
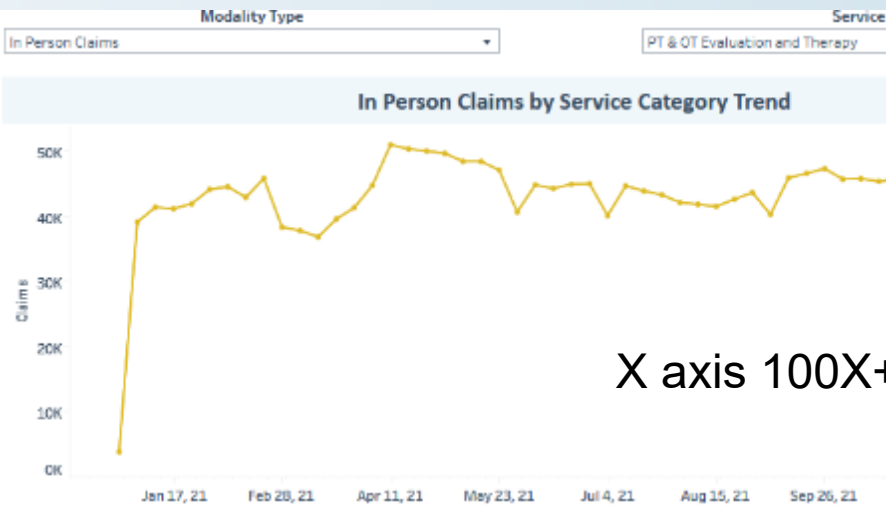


Percentage of Telehealth and Telephonic Claims of General Claims

1/1/2020 – 1/15/2022

- Ratios jump after DHB's March 2020 implementation telehealth/telephonic policy changes
- The introduction of managed care encounters in July 2021 may be impacting rates



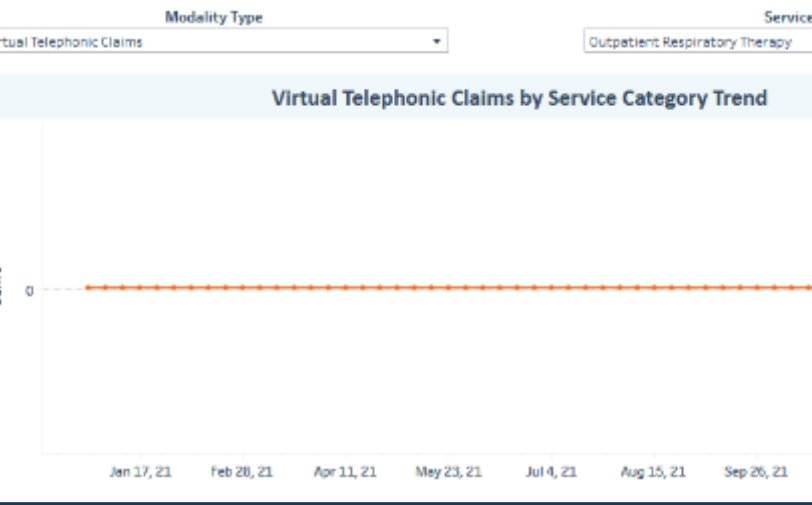
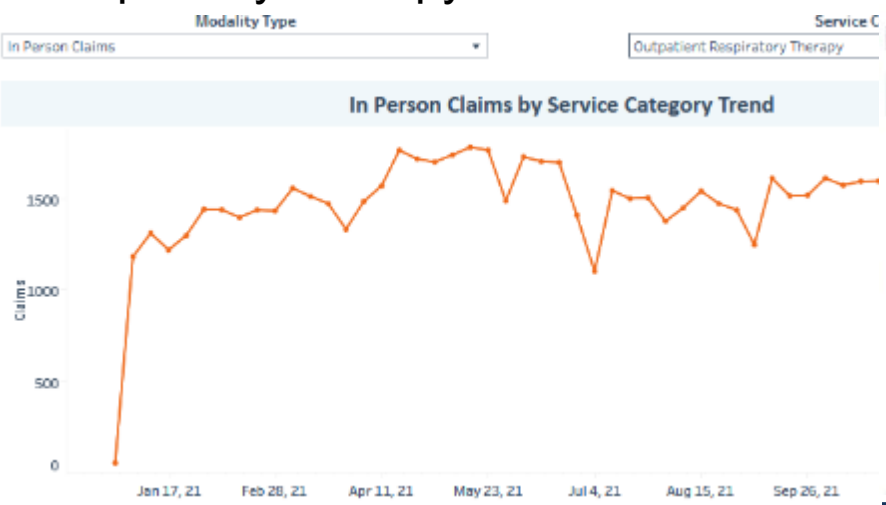


Physical and Occupational Therapy

Over time, provision of clinical services by virtual or telehealth dramatically decreased across multiple services lines.

Due to NC Medicaid sunseting Teletherapy for Occupational Therapy as a covered benefit on Mar 31, we are concerned with the MCOs and how they will be handling this issue. Will they also be sunseting this coverage also?

Respiratory Therapy

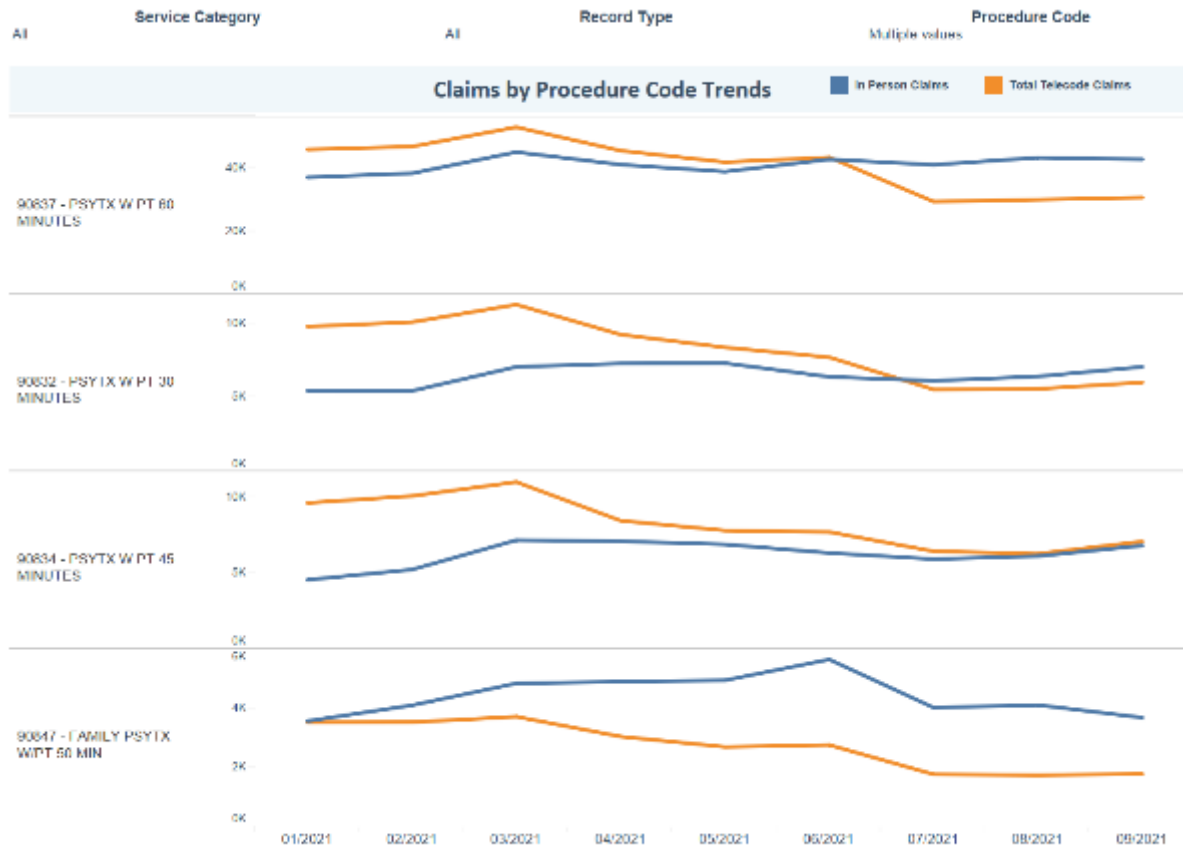


Speech Therapy: Some Sunsetting and Some Moving to Permanent Policy for Telehealth



Utilization remained at a higher percentage of total claims for telehealth.

Made Into Permanent Policy



A variety of Behavioral Health CPT Codes for Telehealth and Telephonic service provision into permanent policy.

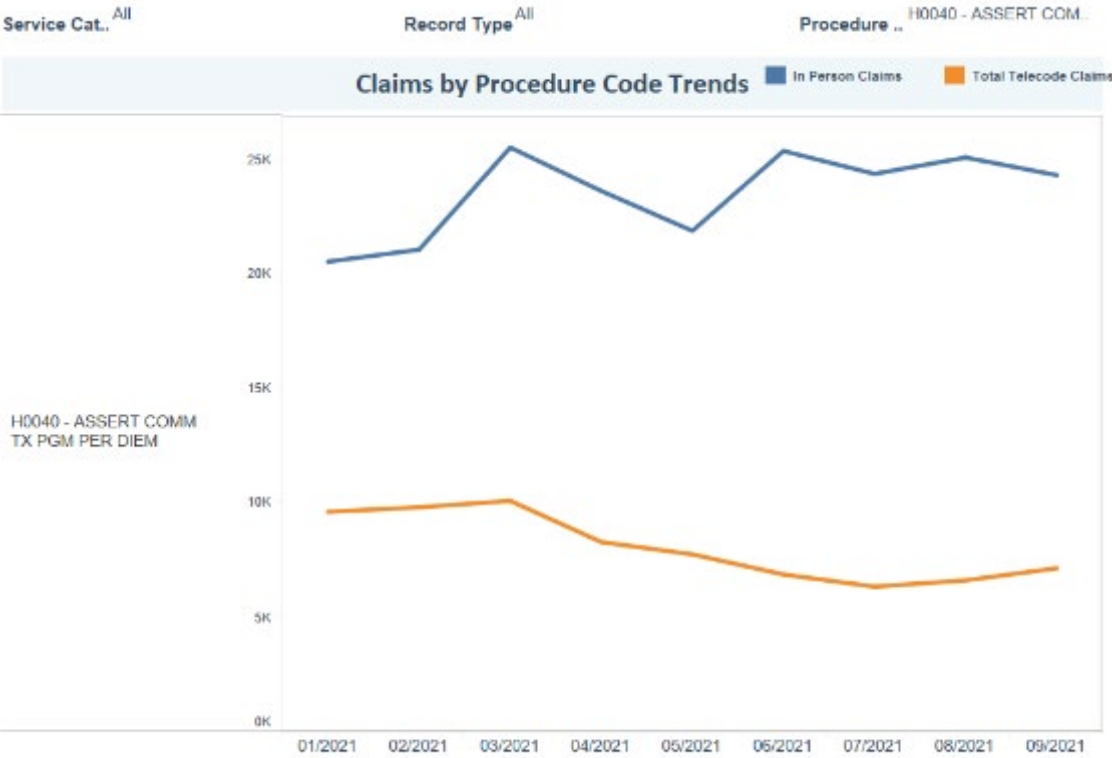
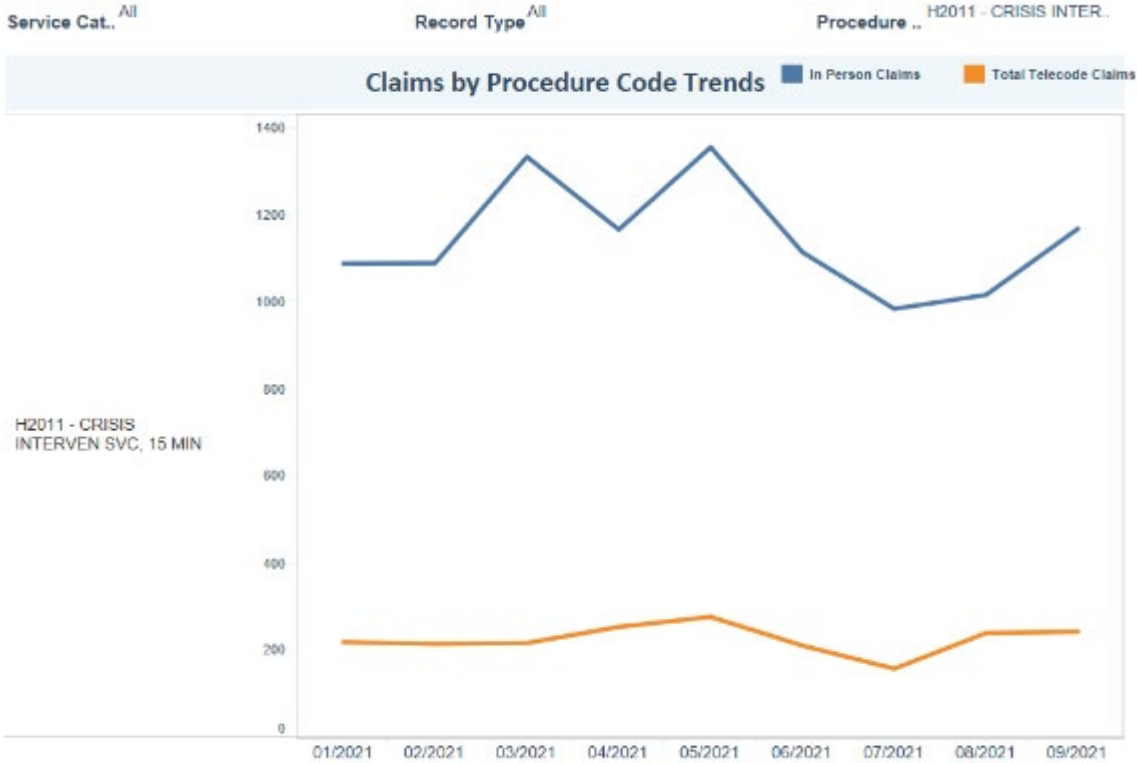
Data has shown a variety of positives:

- Improvements in OUD and Psychotic Disorder medication adherence
- Improvements in appointment consistency
- Decreases in no-show rates

Sunsetting in March 2022

Mobile Crisis

Assertive Community Treatment (ACT)



Mobile crisis had a baseline of allowing teleservices. We are sunseting flexibility but returning to baseline standard of 80% in person and 20% tele for service provision.

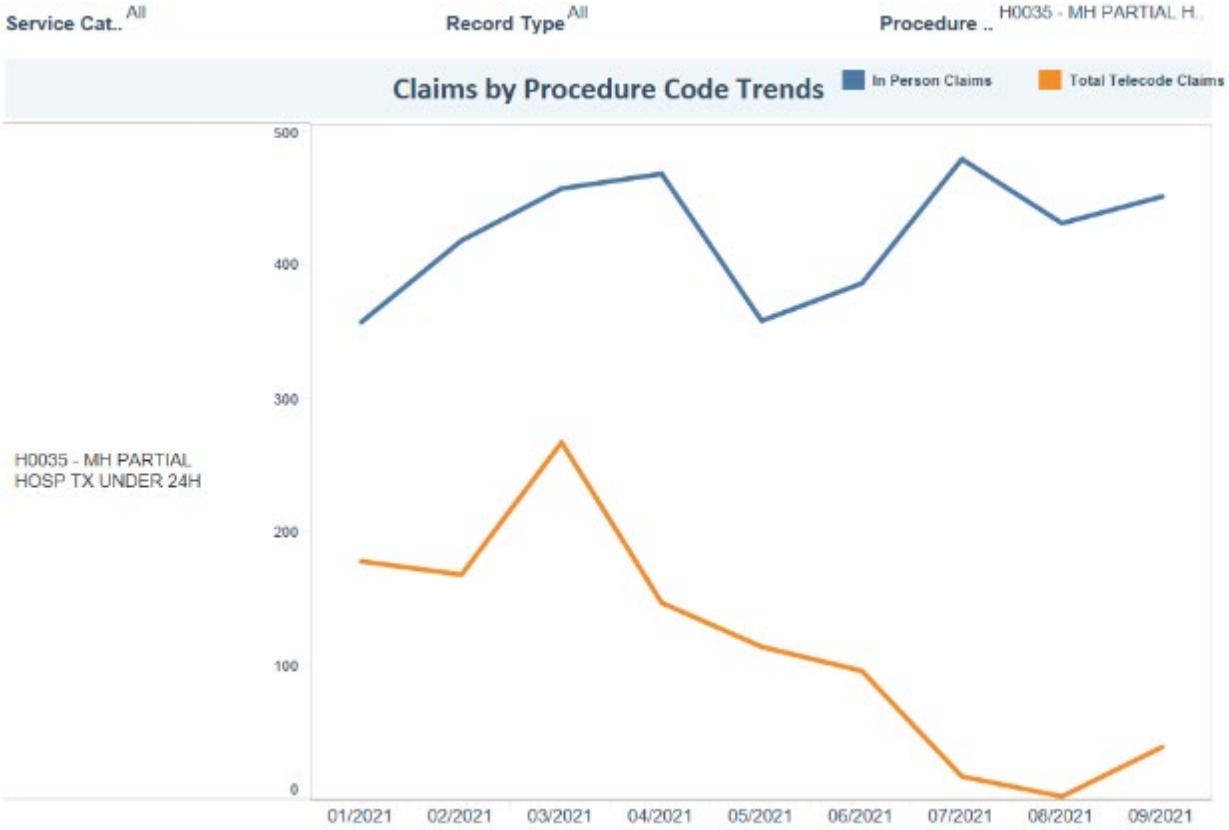
ACT is a higher in-person fidelity model.

Sunsetting in March 2022

Psychosocial Rehab



Partial Hospitalization



Both services are facility based and fall under State regulations outside of Medicaid's scope of control.

Did we miss the mark?

- We are open to feedback.
 - We are still required to terminate temporary flexibilities that are tied to the public health emergency when they end.
 - The process to implement a permanent policy change is lengthy.
- We have a portal on our website where you can make recommendations for clinical coverage.

Questions From the Field

Regarding COVID flexibilities that are sunseting, regarding Intensive In-Home Services, in the event the team lead is out sick or unavailable and supervision must occur, with the sunseting ending 3/31/22 it now does not allow for another licensed profession employed by agency to provide supervision. If this were to occur as with rising cases, exposure, illness, etc. this is occurring more often than ever, how should supervision occur of staff if warranted?

Regarding COVID flexibilities that are sunseting, regarding Intensive In-Home Services, in the event the team lead is in quarantine and supervision must occur, with the sunseting ending 3/31/22 it now has they are not able to supervise virtually. How can supervision occur by the team lead in these circumstances?

Can Intensive In-Home services still provide telehealth (two-way audio-visual) using the GT modifier or GT CR modifier combination (i.e., H2022GT or H2022 GT CR) as part of the service delivery? With COVID cases rising and exposure increasing, it is becoming more difficult for face-to-face delivery.

Will the tele-ADVP code remain following 3/31/2022

Prepaid health plans are not paying CPT Codes 99501 & 99502 for Postpartum home visits for mothers and babies; is this still a statewide issue? If so, any indication as to when it may be resolved?

Questions From the Field

For outpatient behavioral health services (psychotherapy), will the unmanaged visits begin on 4/1/2022? Or will we need to go back to count our visits beginning 7/1/2021 to see if unmanaged visits have been met or are about to be met and we need to submit an authorization for ongoing therapy services?

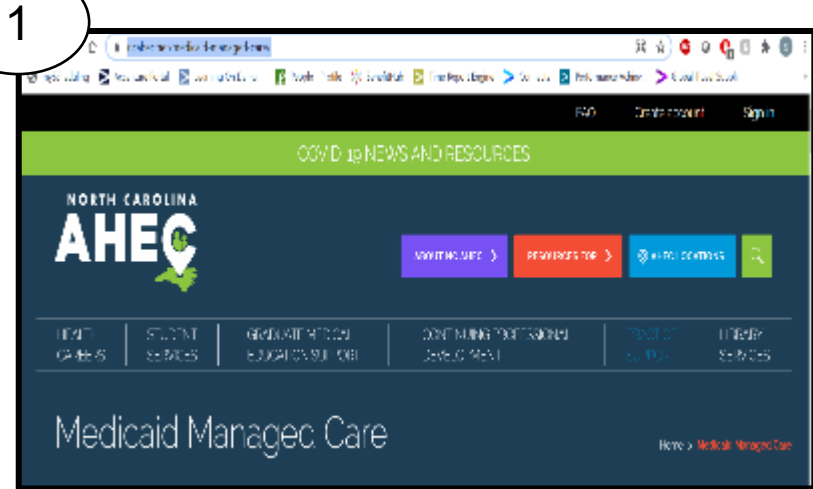
Plan	Response
Medicaid Direct	Contact the LME/MCO.
ACNC	ACNC follows the unmanaged visits specified in NC DHHS Clinical Coverage Policy 8C. ACNC will begin counting behavioral health outpatient therapy unmanaged visits on 4/1/22 for 2022 (April-December 2022). ACNC will begin counting unmanaged visits for behavioral health outpatient therapy on 1/1/2023 for 2023 (January-December 2023).
CCH	Carolina Complete Health allows 24 unmanaged visits per State fiscal year, starting on 7/1.
HB	Healthy Blue will manage visits after 4/1/2022. They will start visit counts over at zero after the COVID waiver expires.
UNHC	United does not manage outpatient behavioral health services.
WCHP	WellCare of NC requires authorization after the 20 th outpatient therapy visit. Count starts on 7/1/21.



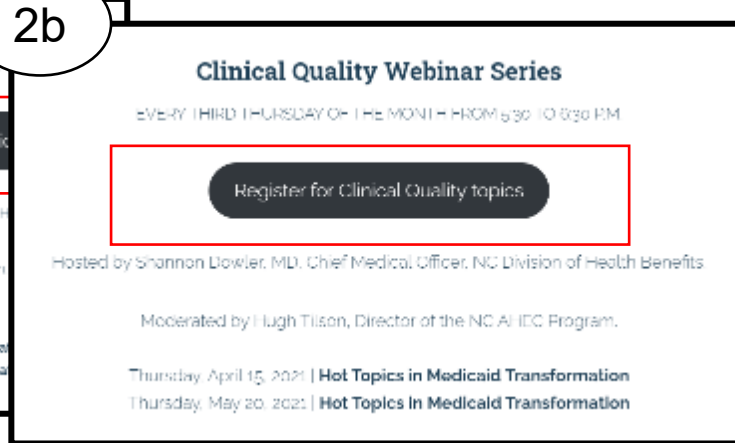
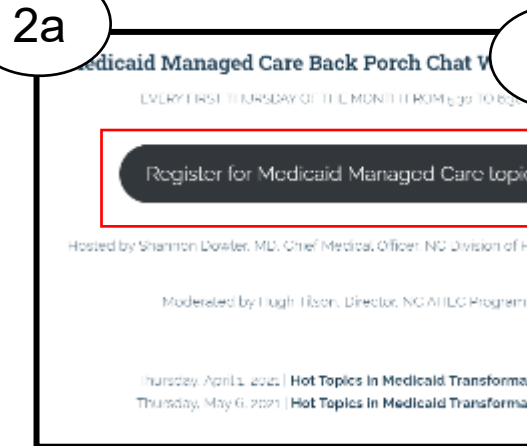
QUESTIONS?

APPENDIX

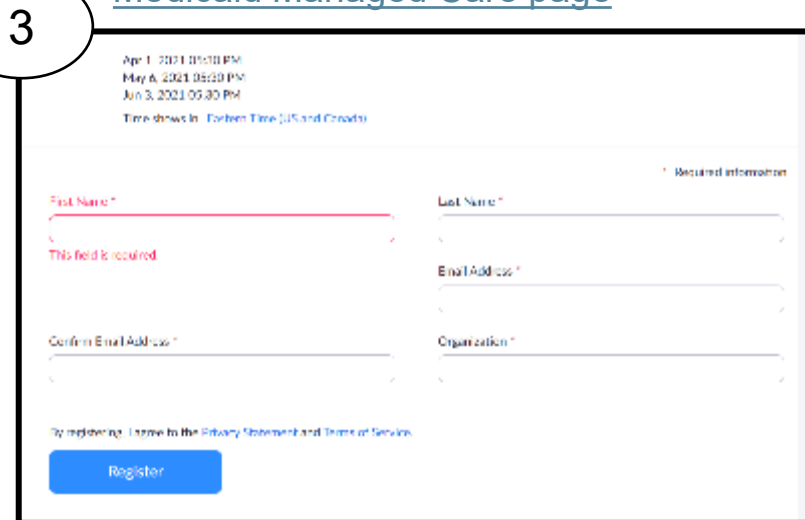
How To Sign up for the Back Porch Chat Webinar Series



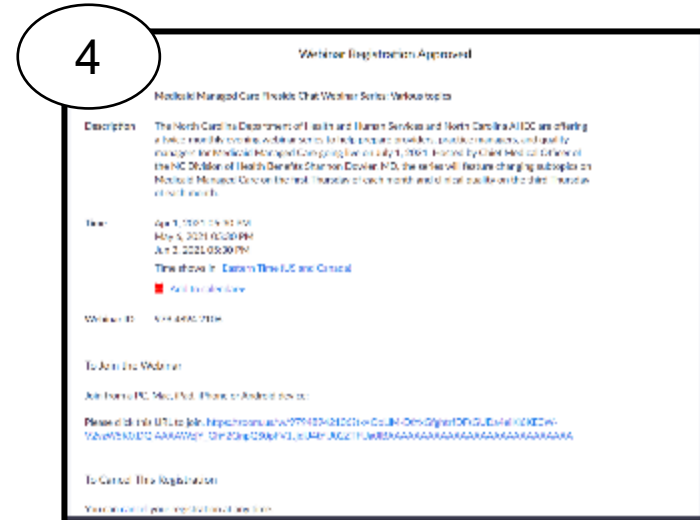
1. Navigate to the [North Carolina AHEC Medicaid Managed Care page](#)



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](#)
- **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