

# Back Porch Chat NC Medicaid Updates

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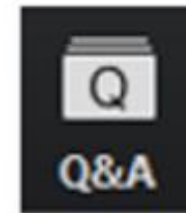
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August 17, 2023

# Logistics for Today's Webinar

Question during the live webinar



**Technical assistance**

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# AGENDA

01

Continuous Coverage Unwinding Updates

02

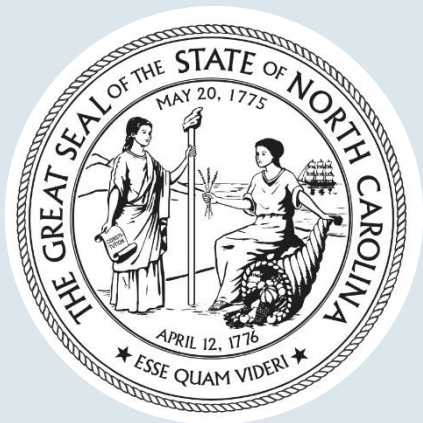
Medicaid Expansion 101

03

Standard Plan CMO Panel: Readyng the Field

04

Questions and Answers



# Continuous Coverage Unwinding & Provider Re-verification

# Audience Response Question

**In my practice, when it comes to getting email updates from Medicaid for enrolled providers, they generally go:**

- a. Directly to the enrolled provider
- b. Directly to the office manager
- c. Directly to the billing team
- d. Directly into the universe, never to be seen
- e. Wait, you guys send emails?

# Reinstatement of Provider Verification

- CMS requires that all Medicaid providers are recredentialed, a process also referred to as reverification. Since March 2020, CMS has allowed for the suspension of reverification due to the Public Health Emergency (PHE), brought on by COVID-19.
- **Provider reverifications resumed May 12th** and includes a special effort to bring current the providers for whom reverification was delayed during the federal PHE.
  - Just over 1,000 notifications are being sent to providers due for reverification each Friday.
  - Notices begin 70 days prior to suspension with reminders at 50, 20, and 5 days.
- Providers who do not submit their reverification application and pay the NC application fee by their suspension due date will receive a Notice of Suspension.
  - The first suspensions occur on Friday, July 21<sup>st</sup>. As of July 20<sup>th</sup>, 421 providers have not submitted the required application and are scheduled to suspend.
  - Providers have 50 days to respond before the record is terminated.



## Resources:

- [Provider Reverification/Rec credentialing Webpage](#) – Also contains link to the reverification due date list referenced above.
- [Reverification/Rec credentialing FAQs](#)
- [User Guide](#): “How to Complete Re-verification in NCTracks”
- [NC Medicaid Provider webpage](#): Access to Medicaid Bulletin articles and Provider Enrollment information. Search “reverification”.



# Reinstatement of Provider Verification

## Data as of August 14, 2023

Due Date	Suspension Date	Termination Date	Will suspend as of Today	Suspended?	Currently Still Suspended	Suspensions removed?	Will terminate
12/8/2023	7/21/2023	9/9/2023		358	292	66	292
12/15/2023	7/28/2023	9/16/2023	465	352	300	52	300
12/22/2023	8/4/2023	9/23/2023	519	417	376	41	376
12/29/2023	8/11/2023	9/30/2023	508	375	375		375
1/5/2024	8/18/2023	10/7/2023	475				

# Audience Response Question

**In my clinical practice, I am starting to hear from patients who have lost insurance coverage during the continuous coverage unwinding:**

1. True
2. False



# August 2023 Terminations, including Recertifications and Reported Changes

	Total Losing Coverage effective August 1, 2023	% of Total Losing Coverage effective August 1, 2023	+/- Prior Month	% Overall Medicaid Population, July 2023	Procedural Terminations	% Procedural	Categorical Terminations	% Categorical	Reduced Benefits
<b>Overall</b>	47,310	100%	(1,941)	1.6%	34,536	73%	12,774	27%	6,719
<b>Families and children</b>	32,352	68%	(1,658)	1.1%	24,772	72%	7,580	59%	5,758
<b>Limited benefits</b>	11,080	23%	(726)	0.4%	7,846	23%	3,234	25%	-
<b>Other</b>	3,878	8%	443	0.1%	1,918	6%	1,960	15%	961
<b>Adults &gt; 21</b>	27,452	58%	(690)	0.9%	19,226	56%	8,226	64%	5,684
<b>Children &lt; 21</b>	19,858	42%	(1,251)	0.7%	15,310	44%	4,548	36%	1,035
<b>Mandatory Standard Plans</b>	30,579	65%	(1,557)	1.1%	23,634	68%	6,945	54%	5,169
<b>Tailored Plan Eligible</b>	1,773	4%	(47)	0.1%	1,302	4%	471	4%	445
<b>NC Medicaid Direct</b>	14,808	31%	(344)	0.5%	9,474	27%	5,334	42%	1,087
<b>Tribal</b>	150	0%	7	0.0%	126	0%	24	0%	18

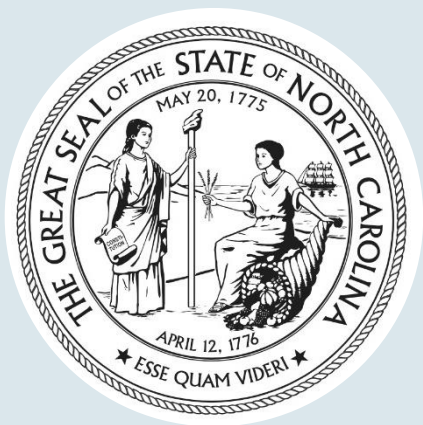
# Top Reasons for Terminations

	Total Losing Coverage	% Beneficiaries Losing Coverage	Procedural/Categorical
Failure to provide requested information/apply for all benefits	33,640	71%	Procedural
Change in Income/Resources	3,683	8%	Categorical
Out of State	3,123	7%	Categorical
Deceased	2,017	4%	Categorical
Asked that Medicaid be stopped	1,102	2%	Categorical
Unable to locate beneficiary	896	2%	Procedural
Other	2,849	6%	Categorical
Total	47,310	100%	

- **Top Termination Reasons**

# Intersection of Medicaid Expansion and the End of Continuous Coverage

- As beneficiaries complete recertifications, they may have incomes above the parent/caretaker income level (~43% FPL) that they did not have during the PHE.
- Beneficiaries who may be eligible for expansion (incomes at or below 138% FPL) will likely qualify for our limited Family Planning benefit (incomes at or below 195% FPL).
  - At expansion launch date, FP beneficiaries will be evaluated for Medicaid expansion and moved to the expansion eligibility group on Day 1 of Medicaid expansion.
  - Estimate up to 300,000 beneficiaries may be eligible on Day 1.
- Post expansion launch, individuals will be screened for eligibility for all available programs, including expansion.



# Medicaid Expansion

**Medicaid Expansion:** Will provide health coverage to over 600,000 North Carolinians with low-income, providing the opportunity to build healthy lives and strengthening the state's economy.

# Audience Response Question

**What is your biggest concern related to Medicaid Expansion in North Carolina?**

1. It is not actually going to happen
2. All this start and stop is crazy making
3. Burden of larger Medicaid population shifting practice payer mix
4. A flood of patients that I don't have room for
5. More missed appointments/no-shows
6. Inability to get the referrals for complex unmet needs
7. The burden of meeting unmet social needs in new population
8. Teaching a new population how to access healthcare
9. The cost to the state(will we bankrupt Medicaid?)
10. Me, worry? I don't worry!

# Audience Response Question

## What excites you most about Medicaid Expansion?

1. Reducing uncompensated care in our safety net
2. More money coming to health systems to build out their networks
3. Getting more individuals a medical home
4. Impacting the opioid epidemic with improved access to care and treatment
5. Improving maternal health outcomes with earlier and more consistent access to care
6. Finally making care available to men without children
7. Mitigating health disparities in un- and under-insured people
8. Economic benefits to the State with additional resources available
9. Wait, what are we expanding?



# Who Receives Medicaid in North Carolina Today?

Group	Annual Income in 2023 (rounded)
Children	<b>211% of Federal Poverty Level</b> 1 - \$30,800 2 - \$41,600 3 - \$52,500
Pregnant Women	<b>196% of Federal Poverty Level</b> 1 - \$28,700 2 - \$38,700 3 - \$48,700
<ul style="list-style-type: none"> <li>• Older Adults &gt; 65</li> <li>• People with blindness</li> <li>• People with disabilities</li> </ul> *Asset limits also apply	<b>100% of Federal Poverty Level</b> 1 - \$14,600 2 - \$19,700
Parents/caretakers of children <18, individuals aged 19 and 20	<b>~36% of Federal Poverty Level</b> 1 - \$5,200 2 - \$7,200 3 - \$8,000
Non-disabled childless adults aged 19-64	<b>Not covered</b>

Note: Numbers are rounded to the nearest hundred

# Those eligible through expansion are North Carolinians with low-incomes. They represent the future of our state.

North Carolinians without health insurance and with low incomes:

- More than half are under 40
- Most are employed in industries crucial to the economy
- One-third are parents of children
- More than half are women
- Represent all races and ethnicities, with White non-Hispanics being a majority at 33.2%, Black non-Hispanics at 25.4%; Hispanics at 9.1%;and American Indian at 2.3%.

# Most of those eligible work in critical service industry jobs.

(U.S. Census Data, 2019)



**Child Care Workers**

**20% Uninsured**

Annual Income: \$22,360



**Grocery Workers**

**19% Uninsured**

Annual Income: \$21,680



**Nursing Home/Home Health**

**14%/19% Uninsured**

Annual Income: \$33,280/\$29,952

(Direct care workers average \$10/hour)



**Clothing Store Workers**

**14% Uninsured**

Annual Income: \$19,800



**Hotel/Lodging Workers**

**28% Uninsured**

Annual Income: \$24,450



**Restaurant Workers**

**28% Uninsured**

Annual Income: \$17,160



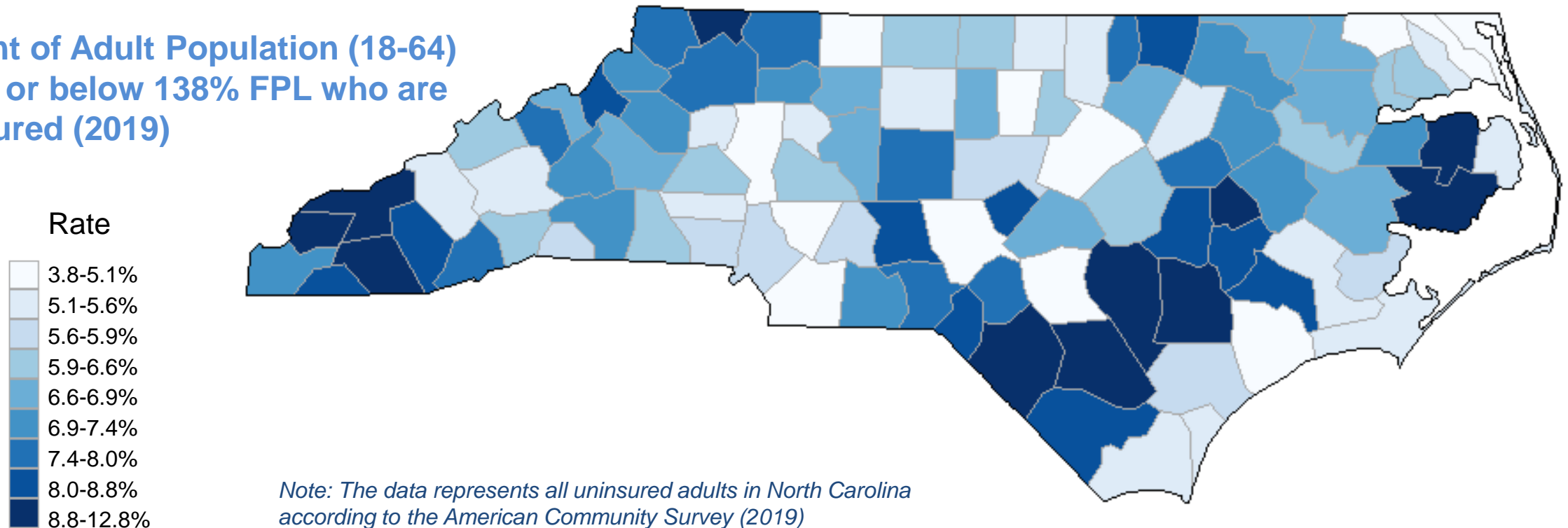
**Hair Stylists**

**20% Uninsured**

Annual Income: \$28,320

# A higher percentage of people in rural areas who experience health disparities would be eligible for Medicaid expansion

Percent of Adult Population (18-64) and at or below 138% FPL who are Uninsured (2019)

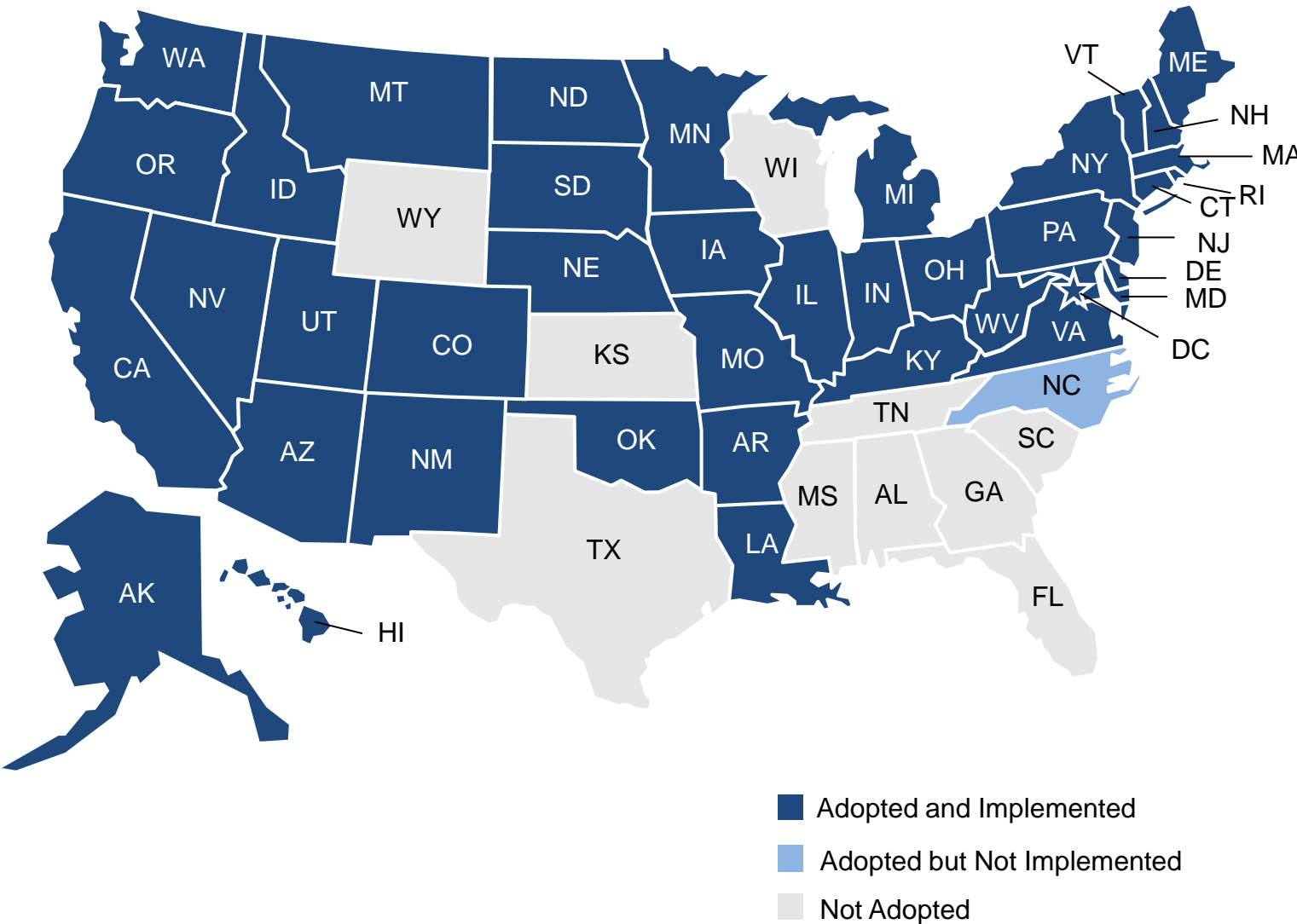


**By expanding Medicaid, North Carolina becomes part of a national success story**

# Medicaid Expansion in the United States

Since 2014, 40 states and DC have adopted Medicaid expansion.

States continue to shape their programs and, to date, no state has decided to stop their expansion.





# Impacts of Expansion – 10 Years of Experience

## Improving Access



### Coverage

- Significant coverage gains among low-income and vulnerable populations and reductions in disparities.
- Large coverage gains for low-income workers and individuals with behavioral health and substance use disorders.



### Access to Care

- Increased use of preventive care for chronic and life threatening illnesses.
- Increases in primary care appointment availability and providers taking new patients.
- Providers have expanded capacity or participation in Medicaid treatment of opioid use.
- Reductions in Marketplace premiums in expansion states compared to non-expansion.




### Affordability

- Large declines in out-of-pocket costs, delays in seeking care due to cost, medical debt, and disparities in affordability.
- Significant declines in uncompensated care for hospitals, clinics and other providers.

*Kaiser Family Foundation, [The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review](#), March 2018; [The Effects of Medicaid Expansion Under the ACA, State Health & Value Strategies](#), September 2018; [Sommers et. al., Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults](#), *Health Affairs* 2017;36(6):1119-28.*





# Impacts of Expansion – 10 Years of Experience

## Health Outcomes



### Health Outcomes

- Multiple studies show increases in self-reported health and positive health behaviors.
- Studies have found associations with reductions in mortality, at the population level and for particular health conditions such as cardiovascular illness and end-stage renal disease.
- Low-income individuals in Kentucky and Arkansas reported a 23-percentage point increase in “excellent” self-reported health from 2013 to 2016.
- Mean infant mortality rates declined in Medicaid expansion states but rose slightly in non-expansion states from 2014 to 2016.



### Behavioral Health

- Improvements in self-reported mental health.
- A 2020 study found that expansion was associated with a 6% lower rate of opioid overdose deaths.
- Improvements in access to medications and services for the treatment of mental health and substance use disorders, including Medication Assisted Treatment.
- Increases in access to treatment for opioid use disorders and no increase in opioid prescribing rates.
- Kentucky saw 300 new behavioral health providers enroll with Medicaid in 2014 and provided substance use disorder services to 13,000 members.

*KFF, [The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review](#), March 2018; [The Effects of Medicaid Expansion Under the ACA](#), *State Health & Value Strategies*, September 2018; Sommers et. al., [Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults](#), *Health Affairs* 2017;36(6):1119-28.*



# Impacts of Expansion – 10 Years of Expansion Economy



## Labor Market

- Ohio Medicaid expansion enrollees reported that Medicaid enrollment made it easier to seek employment and continue working.
- Medicaid expansion created 31,074 additional jobs in Colorado as of FY2015-2016, 39,000 additional jobs in Michigan in 2016, and will create an estimated 40,000 jobs in Kentucky through SFY2021 with an average salary of \$41,000.
- National studies show that expansion supports the ability to work or seek work and is associated with increases in labor force participation and employment.



## Economic Growth

- Expansion has also been associated with decreases in poverty rates and food insecurity.
- Pennsylvania saw a \$2.2 billion increase in economic output and \$53.4 million increase in state tax revenue.
- A 2017 study of Michigan's expansion found that personal income increased by more than \$2 billion per year, yielding over \$145 million in new state tax revenue.



## State Budget Impacts

- Montana's state budget savings through state fiscal year 2017 exceed \$36 million as a result of Medicaid expansion.
- As of March 2018, Medicaid expansion in Louisiana created nearly 19,000 jobs and enhanced state revenues by more than \$100 million.

*KFF, [The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review, March 2018](#); [The Effects of Medicaid Expansion Under the ACA, State Health & Value Strategies, September 2018](#); [Sommers et. al., Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults, Health Affairs 2017;36\(6\):1119-28.](#)*

**North Carolina is preparing now to get more people covered through expansion – from every corner of every county of the state.**

# North Carolina is making health coverage available to more people – including adults 19 through 64 – through Medicaid expansion.

For example:

- Single adults ages 19 through 64 who have incomes of approximately \$20,000 each year (138% of Federal Poverty Level)
- Parents with low incomes: for a family of 3, an annual income below about \$34,000 each year (138% of Federal Poverty Level)
  - Pre-expansion cutoff for parents is about \$8,000 each year
- Same ways of getting care as existing Medicaid beneficiaries
- Same comprehensive benefits and copays as other non-disabled adults in Medicaid

# Who is Covered Under NC Medicaid Expansion?

## **Parents with low income**

(above current coverage levels and with income less than about \$34,000 each year for a family of 3)

More **Rural** adults will now qualify

**Adults without children** (who earn an income less than about \$20,000 per year for a single adult)

**Low-wage workers** (agriculture, childcare, construction, etc.)

Some **veterans** and their families

**Children** who age out of Medicaid

Women who would be covered before they are **pregnant**

## Over 600,000 North Carolinians will gain access to health coverage through Medicaid, including:

- ~300,000 who currently get only the Family Planning benefit
- ~100,000 beneficiaries who could lose full Medicaid coverage over the next year during recertification in absence of expansion
- ~200,000 eligible people not currently enrolled in Medicaid statewide

*You must be a North Carolina resident and a legally residing citizen for at least 5 years.  
Non-citizens may receive emergency services.*

**The sooner we expand, the sooner everyone benefits.**

We're committed to making that happen.



## North Carolinians' ability to enroll in Medicaid expansion depends on:

- Authority from the NC General Assembly;
- Approval from our federal partners at the Centers for Medicare & Medicaid Services (CMS), and
- Necessary preparations completed for/by health plans, NC counties (including staffing), and IT and financial systems.

# Our strategic goals at NC DHHS

## Getting people covered

- New applicants and existing beneficiaries who meet eligibility have coverage for full Medicaid benefits

## Getting people care

- Eligible beneficiaries can successfully receive care
- Providers are prepared to provide services and receive payment

## Supporting our partners

- County and community partners have the tools they need to share key information about expansion and help get people enrolled in coverage

# NCDHHS getting everyone involved to get everyone covered.

- NCDHHS built strong relationships with the community for the COVID response, and we plan to support those partners—because their goals are ours.
- NCDHHS will implement the expansion efforts, working shoulder to shoulder with community partners.
- NCDHHS recognizes that our DSS partners are instrumental in this work and is committed to supporting them.
- Our community partners will help us identify and address barriers that keep people from applying for coverage, so that inputs from people with lived experience can impact our approach and messaging.
- Our team is developing communications and outreach strategies that support community-based efforts: Mass marketing materials to promote expansion using different channels, including trainings, toolkits, Enrollment ambassador maps, etc.

# Paths to Enrollment

*People can enroll now, even if they didn't qualify in the past*

## How to apply:



**ePASS**

[epass.nc.gov](http://epass.nc.gov)



**Paper application**

[ncgov.servicenow.com](http://ncgov.servicenow.com)



**In person at your  
local DSS office**

[ncdhhs.gov/localDSS](http://ncdhhs.gov/localDSS)



**Call DSS office**

[ncdhhs.gov/localDSS](http://ncdhhs.gov/localDSS)

# Benefits of Using ePASS

**ePASS is North Carolina's secure self-service website where you can apply for various benefits, including Medicaid.**

Apply from ePASS using a computer or mobile device without having to visit or contact your local DSS.

**Update Information Online:** Create an enhanced account to report changes, updated your information, and upload documents online. More information on creating an enhanced account can be found here:

<https://medicaid.ncdhhs.gov/media/12236/download?attachment>

**Providing all information upfront in ePASS can help eligible applicants get access to their benefits more quickly:**

Applications that are complete require less follow up from a caseworker, which helps alleviate the overall workload and results in quicker processing overall.

Applications can be approved as quickly as one week using ePASS (as opposed to weeks to months)

# The Department is Actively Engaged



## External Implementation Partners

### Workgroup Purpose

Work with external partners to provide and receive information that will support beneficiary enrollment.

### Work in Progress

External Partner Mind Map.



### Member Enrollment



#### Workgroup Purpose

- Educate potential Medicaid members.
  - Drive awareness of expansion and the enrollment process.
- Broad, inclusive messaging.

#### Work in Progress

- Gathering feedback on Expansion messaging.
- ePASS demos.

### Communications



#### Workgroup Purpose

- Create and execute broad and accessible communication strategy to create awareness, understanding and drive equitable access.

#### Work in Progress

- Communications & engagement toolkit.
- Unified marketing strategy and timeline.

### Evaluation & Data



#### Workgroup Purpose

- Establish the foundational evaluation tools and data visualizations to track success and opportunities for improvement.

#### Work in Progress

- Public-facing Medicaid Expansion dashboard.
- Medicaid Expansion evaluation questions.

### Health Access



#### Workgroup Purpose

- Focus on provider (broad) ability to manage the new population.
- Innovate to increase access.
- Support safety net footprint to ensure equitable access.

#### Work in Progress

- Enrollment Ambassadors.
- Identify statewide locations for enrollment support.

# Get Engaged

## **Help North Carolinians get health coverage through Medicaid.**

- Use the forthcoming toolkit to share information with your networks and communities. A toolkit will be available online prior to October 1.
- Give presentations to help people know if they may be eligible and what to do. In the coming weeks, we will have a Medicaid Essentials deck with talking points.

Toolkits, resources, information on how to give Medicaid Essentials presentations, and more will be available. A website for these resources will be provided soon.

**Let's get to work getting North Carolina covered.**  
Healthier people, a healthier state.



# Audience Response Question

**Which of these Value-Added Benefits (VABs) are you, as a provider, aware of? (Select All that Apply)**

1. Educational benefits (e.g., exam vouchers, tutoring)
2. Wellness rewards (such as meal program vouchers and exercise classes)
3. Youth benefits (e.g., YMCA membership, Boys & Girls Scouts membership)
4. Prenatal/baby supplies (such as diapers, car seat, breast pumps)
5. Other (e.g., language classes, gift card, cell phone, meal delivery)

# Audience Response Question

**Which kinds of VABs would you like to see more of for your members?**

1. Education Support
2. Technology Support (cell phone, wifi)
3. Wellness Rewards for Closing Care Gaps
4. Perinatal Focused Around Pregnancy and Immediate Postpartum Time
5. Exercise Support
6. Diet Support
7. Mental Health Support

# Audience Response Question

**What efforts is your practice engaging in as it relates to the Continuous Coverage Unwinding(CCU)?**

1. Scanning population for patients that could be impacted proactively
2. Informing potentially impacted patients to update information and be on alert for mailings
3. Working with impacted patients on redetermination process
4. Declining to schedule visits or cancelling if coverage uncertain
5. Working directly with County DSS to support
6. Wait, CCU? I have heard of the ICU...

# Audience Response Question

**How is your organization thinking about how we can roll out the red carpet for our new beneficiaries? (Select All that Apply)**

1. We are looking at our schedules now and blocking space for new patients
2. We are creating more "same day" and "open access" slots to establish capacity
3. We are updating NCTracks to be open to a larger panel
4. We are meeting as a clinic team to brainstorm and strategize
5. We are hiring new providers and clinic supports.
6. We are hiring new care managers.
7. We're waiting to see what will happen, and who will get assigned but not making firm plans yet.
8. Wait, what's expanding?



**QUESTIONS?**