Back Porch Chat: Hot Topics in Medicaid Transformation

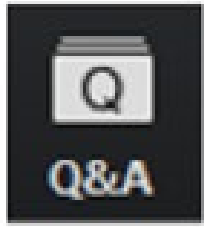
April 1, 2021

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

https://www.captionedtext.com/client/event.aspx?EventID=4751936&CustomerID=324

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01 Panel Management, HOSAR, AMH Glidepath

02 Carolina Access Temporary Health Equity Payment

03 Maternal Health Updates

04 Optical and Hearing Coverage

05 Newborn Coverage Update

06 What-Ifs of Managed Care

Panel Management—New Functionality in NCTracks

Office Administrators will get a monthly message in NC Tracks Provider Message Center with a link to a report with their Medicaid Direct (FFS) and Health Plan panels.

REPORT: PM02429-R0010 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROCESS DATE: MM/DD/YYYY
PAYER: XXXXX NCTRACKS PROCESS TIME: HH:MM:SS
PAGE: XXX,XXX

AMH MEDICAID DIRECT/MANAGED CARE PCP ENROLLEE REPORT
AS OF MM/DD/YYYY

NPI/ATYPICAL ID: XXXXXXXXX
PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY, STATE ZIP: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- DHB has gotten feedback on how to improve this report!
- DHB will be a publishing a ‘How to Read/Use Your Enrollee Report” in an upcoming Medicaid Bulletin.

MID	RECIPIENT NAME	DOB	ACTIVE	ASSIGNMENT PROGRAM	EFF DATE	END DATE	LAST OFFICE VISIT	TOTAL VISITS
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	Y	MED-DIR	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	N	MED-MGD	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	BLANK
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	N	MED-MGD	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	BLANK
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	N	MED-DIR	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	BLANK

PCP Reassignment

- DHB has completed primary care reassignment for ***some*** beneficiaries
- Beneficiaries being reassigned must fall under one of this criteria :
  - Moving into managed care
  - Enrolled for 6 months in Medicaid
  - Do not have any primary care claims with their assigned PCP from 01/01/19 through 02/28/21
  - Have primary care claims with another PCP practice
- **~150,000 beneficiaries meet these criteria**
- **Beneficiary is assigned to the PCP practice with best fit (recent visit + most visits + geography)**
- Medicaid will distribute new Medicaid ID cards to affected members in April 2021
- Please visit the webpage to learn more about beneficiaries changing PCPs.

Healthy Opportunities Screening, Assessment and Referral Payment (HOSAR)

~ 913 claims billed to date.

- Effective January 1, 2021, NC Medicaid and NC Health Choice is temporarily covering **Healthy Opportunities screenings** to encourage providers to gain capacity for screening Medicaid beneficiaries for unmet health-related resource needs and referring them to appropriate community-based resources, prior to the launch of Medicaid managed care.

- **Current Carolina Access (CAII) providers** are eligible to bill code **G9919** for positive healthy opportunities screenings conducted using the Department's standardized screening questions or equivalent questions. Coverage of this code will continue through June 30, 2021; continued coverage after managed care launch will be at the discretion of the Health Plans.

HOSAR Payment Issue has been identified. NCTracks issue was fixed on 3/31.

Please visit the DHHS website for more information about HOSAR

AMH Glidepath Attestation Is LIVE: AMH 3s can Receive $8.51 PMPM for 3 Months After Contracting with 2 health plans and Completing Data Integration Testing

Attest by March 30 for the April Payment. Providers only need to Attest once (by site).

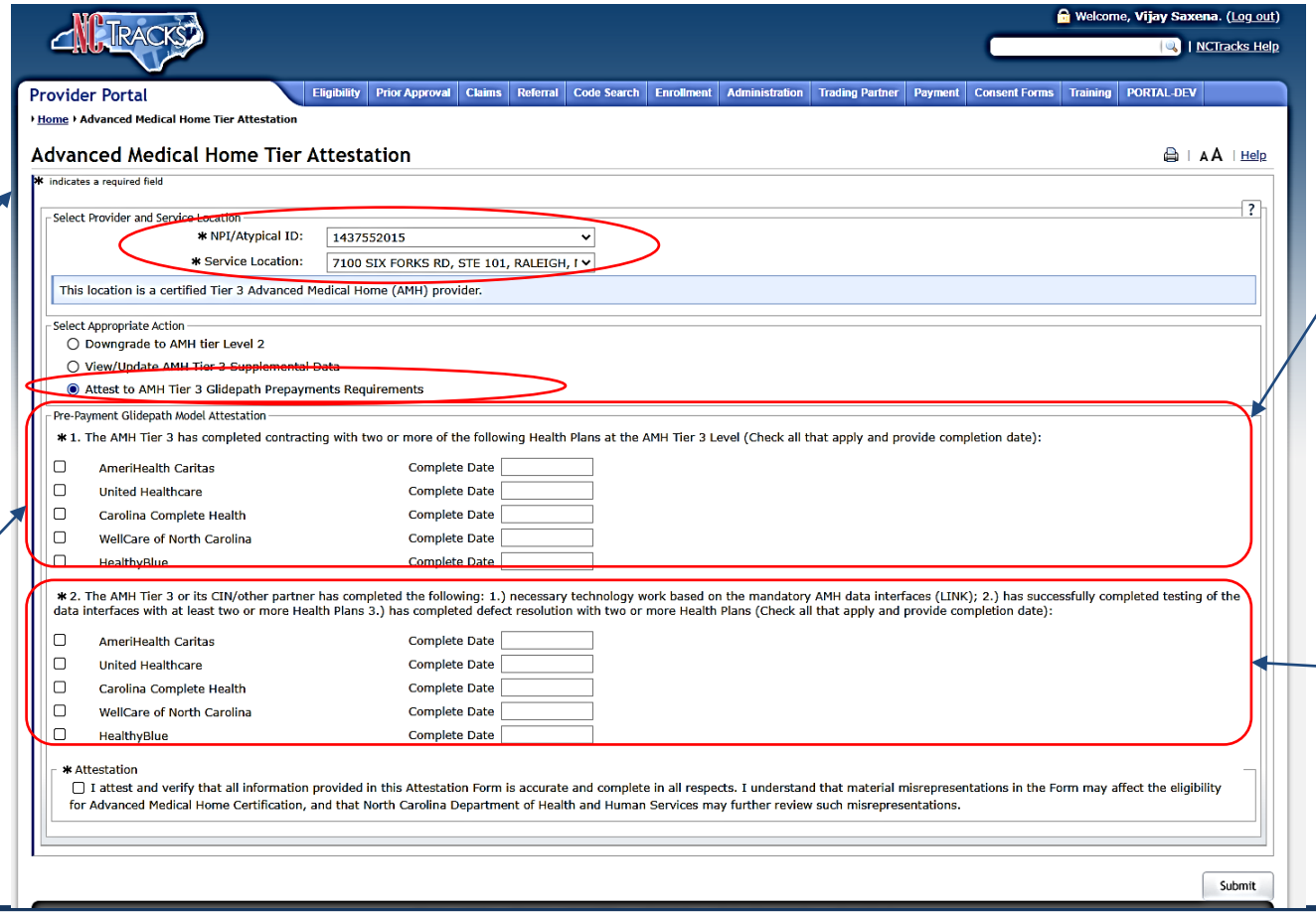
~1205 AMHs have attested (as of 3/30)

The AMH Tier 3 Glidepath Attestation is part of an updated set of AMH functionalities within the provider portal in NCTRACKS.

To Attest:

1. Input NPI and location for the practice attesting to glidepath requirements

2. Select “Attest to AMH Tier 3 Glidepath Payments Requirements”

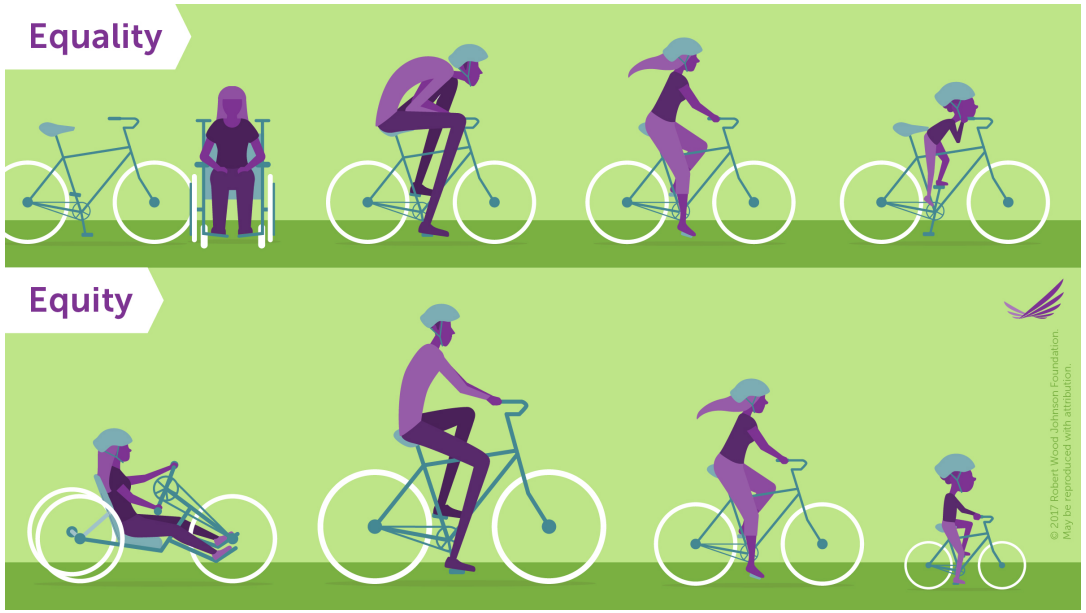


3. Practices should select the health plans they are contracted with at the Tier 3 Level and date contracts were completed

4. Practices should select the health plans they have tested with and testing completion date

Carolina Access Temporary Health Equity Payments

NC Medicaid's Focus on Health Equity



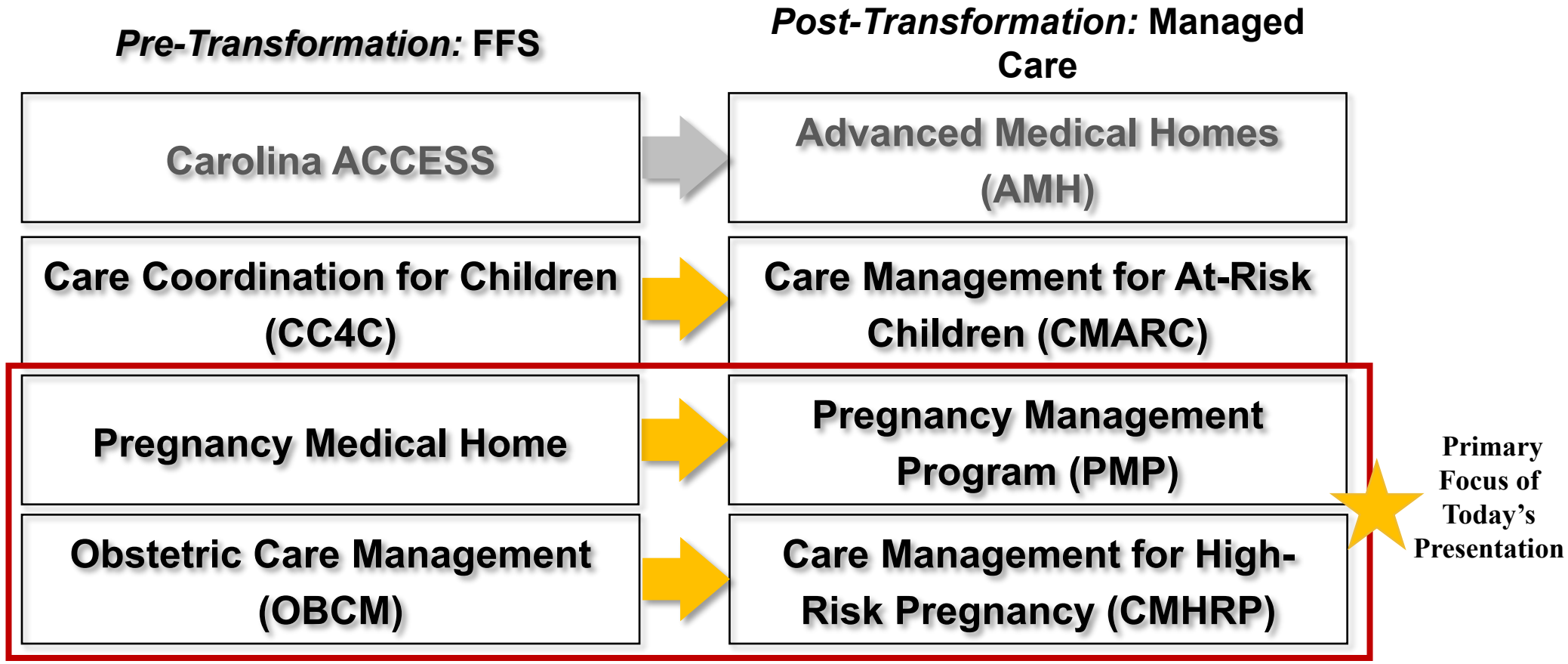
Source: Robert Wood Johnson Foundation:
https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download

Payments

- Eligible providers: Carolina Access I and II providers serving beneficiaries from high needs areas- NCTracks informing eligible providers.
- Practices will see this increased payment reflected on this month's remittance advice.
- $17M expected to be released in April's check write.

Evolution of Existing Programs Under Managed Care

The State will build on existing care management infrastructure under managed care



Overview: Pregnancy Management Program (PMP)

PMP will continue its commitment to clinical excellence through the provision of comprehensive, coordinated pregnancy care services to pregnant women enrolled in the state's managed care program.

Participation & Standard Contracting Terms

Participation Requirements

- There will no longer be a process to opt into the program
- All providers that bill global, packaged or individual pregnancy services will contract with health plans under standard contracting terms

Contracting Terms

- Remain the same and include:
  - Required use of current clinical care pathways for pregnancy care(for example, induction of labor in nulliparous women)
  - Completion of the standardized risk-screening tool at each initial visit
  - Deploying efforts to decrease primary cesarean delivery rate
  - Ensuring comprehensive post-partum visits within 56** days of delivery

Providers of pregnancy care must contract with each health plans to receive payment for services

Pregnancy Management Program Payments and Incentives

Providers will continue to receive payment at levels consistent with today's payment model

Payments and Incentives to Providers

Pregnancy Management Program providers will **receive regular fee schedule payments** in addition to incentive payments

- Providers will receive, at a minimum, the same rate for vaginal deliveries as they do for cesarean sections

Provider **incentive payment structure will remain at the same** levels during the transition period

- $50 for the completion of the standardized risk screening tool at each initial visit;
- $150 for completion of postpartum visit held within 56 days of delivery

Health plans may offer both additional contracting terms and provide additional incentive payments to PMPs; participation in any additional programs is optional for the provider

No prior authorization needed for ultrasounds

In Managed Care, health plans will pay providers. Providers must contract with health plans to receive both payment for services and incentive payments.

Care Management for High-Risk Pregnant Women (CMHRP)

Maternal care providers will still receive care management support from Local Health Departments (LHDs) for management of pregnant women determined to be "high risk."

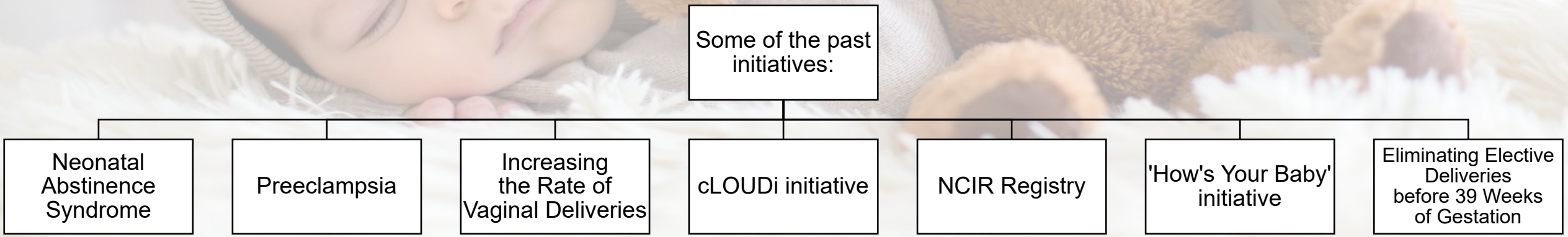
- Similar to today, all maternal health providers will send referrals to LHDs for care management.
- Similar to today, LHDs will provide care management & can be embedded in practices.
- Different from today, Network OB Nurse Coordinators and data will no longer be available exactly like they are today through CCNC. Health Plans will offer practice coaching resources and data to practices.
- Different from today, maternal health providers should direct questions related to Medicaid policies and payment, or clinical questions, to each health plans with which they contract.

For more information, please navigate to the website.

Perinatal Quality Collaborative of North Carolina

- Perinatal Quality Collaborative of North Carolina (PQCNC) is a state-wide collaborative that engages all stakeholders in Perinatal Care (clinicians of all types, hospital and clinic administrators, governmental agencies, patients and families and payers) in executing quality improvement initiatives designed to make North Carolina the best place to give birth and be born.

Their initiatives are founded on these values**: spread best practice, partner with patients and families, and optimize resources**.



Perinatal Quality Collaborative of North Carolina

Perinatal Quality Collaborative of North Carolina (PQCNC) will convene the **Pediatric Advisory Group** and the **Maternal Health Advisory Group.** These groups will provide direct input to DHB on current projects or other topics deemed necessary at that time.

a. PQCNC will work with DHB to develop membership to include community perinatal providers, maternal and pediatric leadership at Health Plans, and maternal and pediatric leadership at DHHS/DHB/DPH, including Chief Medical Officer or designee, Quality Director or designee, Benefits Director or designee, and Maternal/Infant Physician Consults.

b. PQCNC will work with DHB perinatal team to determine agenda items and policy initiatives for discussion/feedback from Advisory Group.

Required Clinical Policies

Pursuant to Section V.C. of the Revised and Restated health plans Contract, health plans shall incorporate existing NC Medicaid and NCHC Fee-for-Service clinical coverage policies to maintain services for specific vulnerable populations, maximize federal funding, and comply with State mandates.

Required Clinical Coverage Policies (From Section V.C. Table 4)*

- 8A: Enhanced Mental Health and Substance Abuse Services (limited to services listed in the contract)
- 8A-2: Facility-based Crisis Services for Children and Adolescents 8B: Inpatient Behavioral Health Services
- 8B: Inpatient Behavioral Health Services
- 8C: Outpatient Behavioral Health Services Provided by Direct-enrolled Providers
- 8Q [DRAFT]: Research-based Intensive Behavioral Health Treatment for Autism Spectrum Disorder
- 1E-7: Family Planning Services
- 1A-5: Child Medical Evaluation and Medical Team Conference for Child Maltreatment
- 1A-23: Physician Fluoride Varnish Services
- 1A-36: Implantable Bone Conduction Hearing Aids (BAHA)
- 1A-39: Routine Costs in Clinical Trial Services for Life Threatening Conditions
- 13A: Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair
- 13B: Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair

Required Pharmacy Clinical Coverage Policies (From Section V.C. Table 6)

- 9: Outpatient Pharmacy
- 9A: Over-the-counter products
- 9B: Hemophilia Specialty Pharmacy Program
- 9D: Off Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17
- 9E: Off Label Antipsychotic Safety Monitoring in Beneficiaries 18 and Older
- 1B: Physician Drug Program

* In Section V.C.1.e.xi. Of the Revised and Restated health plans Contract, the Department reserves the right to require the health plans to follow additional Fee-for- Service clinical coverage policies developed by the Department.

A Musical Interlude

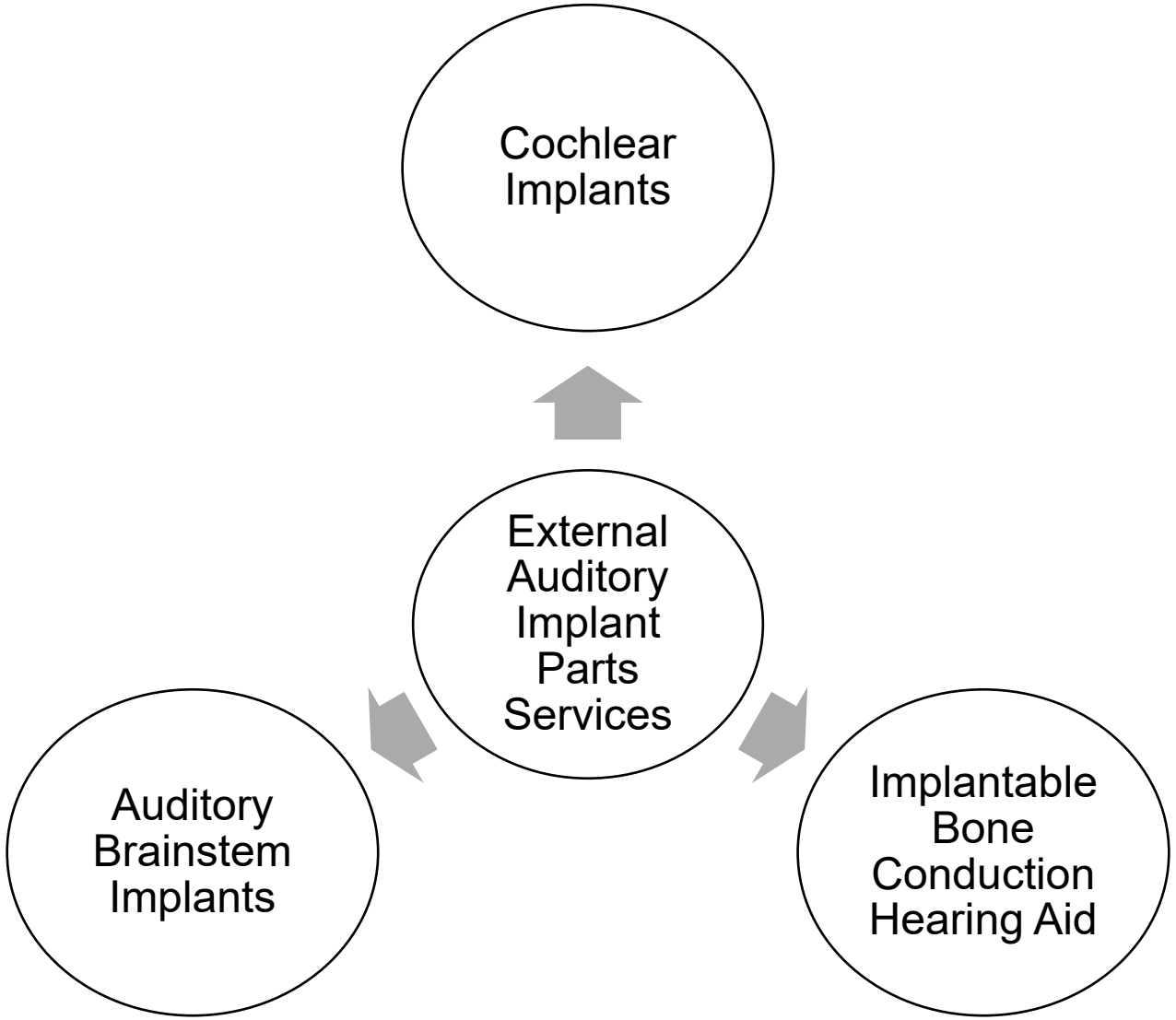
BH, MH, SUD,
Inpatient BH for all.
ASD and CME
Family Planning's the best call.

Fluoride, Auditory Implants,
Rx Drugs and OTC.
Hemophilia, Antipsychotics
And the PDP.

NC Medicaid Auditory Implant Parts Services

Eligible Population
Any beneficiary who is implanted with an auditory implant

Qualified Providers
Device manufacturers



Auditory Implant Parts

What Will NOT Change in Managed Care:

Required Policy

The auditory implant parts policies **13A** and **13B** are included in a group of policies that, under the contract between NCDHB and the health plans, must be followed exactly by the health plans.

What WILL Change in Managed Care:

Services Managed by Health Plans

All auditory implant parts services will be managed by the health plans.

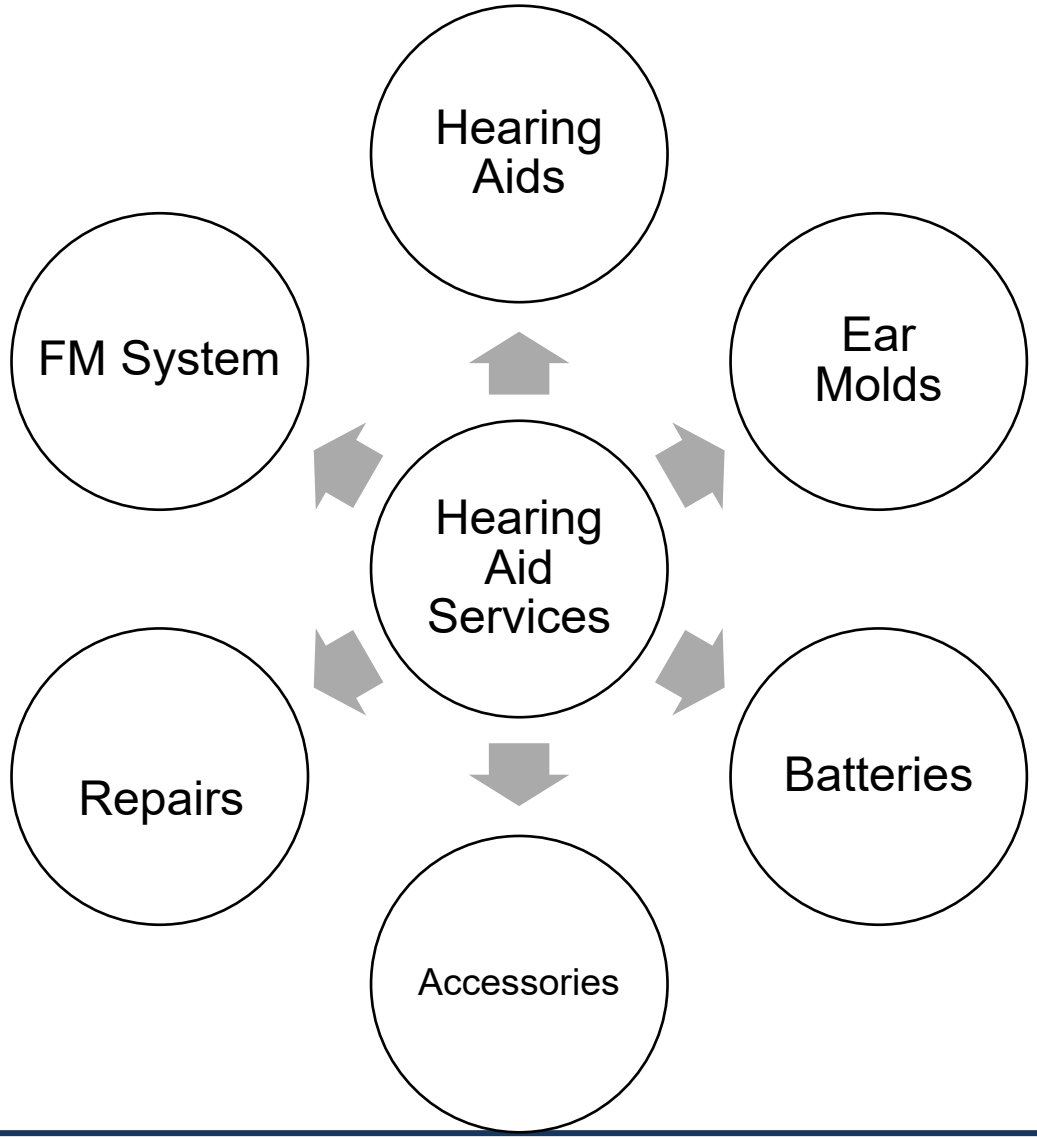
NC Medicaid Hearing Aid Services

Eligible Population
Children under the age of 21

Qualified Providers
Individual with a NC Hearing Aid Dealer and Fitters License

Audiologist with NC Audiology License and NC Hearing Aid Dealer and Fitter License

Doctor of Audiology with a NC Audiology License



Hearing Aids

What Will NOT Change in Managed Care:

Minimum Coverage
At a minimum, health plans are required to provide the same coverage found in current NC Medicaid hearing aid clinical coverage policy 7.

Covered Population
Only children under 21 years of age will be eligible for hearing aid services.

What WILL Change in Managed Care:

Services Managed by Health Plans
All hearing aid services will be managed by the health plans.

Value Added Service
WellCare will offer one hearing aid every two years for adult members who meet medical necessity criteria.

NC Medicaid Optical Services

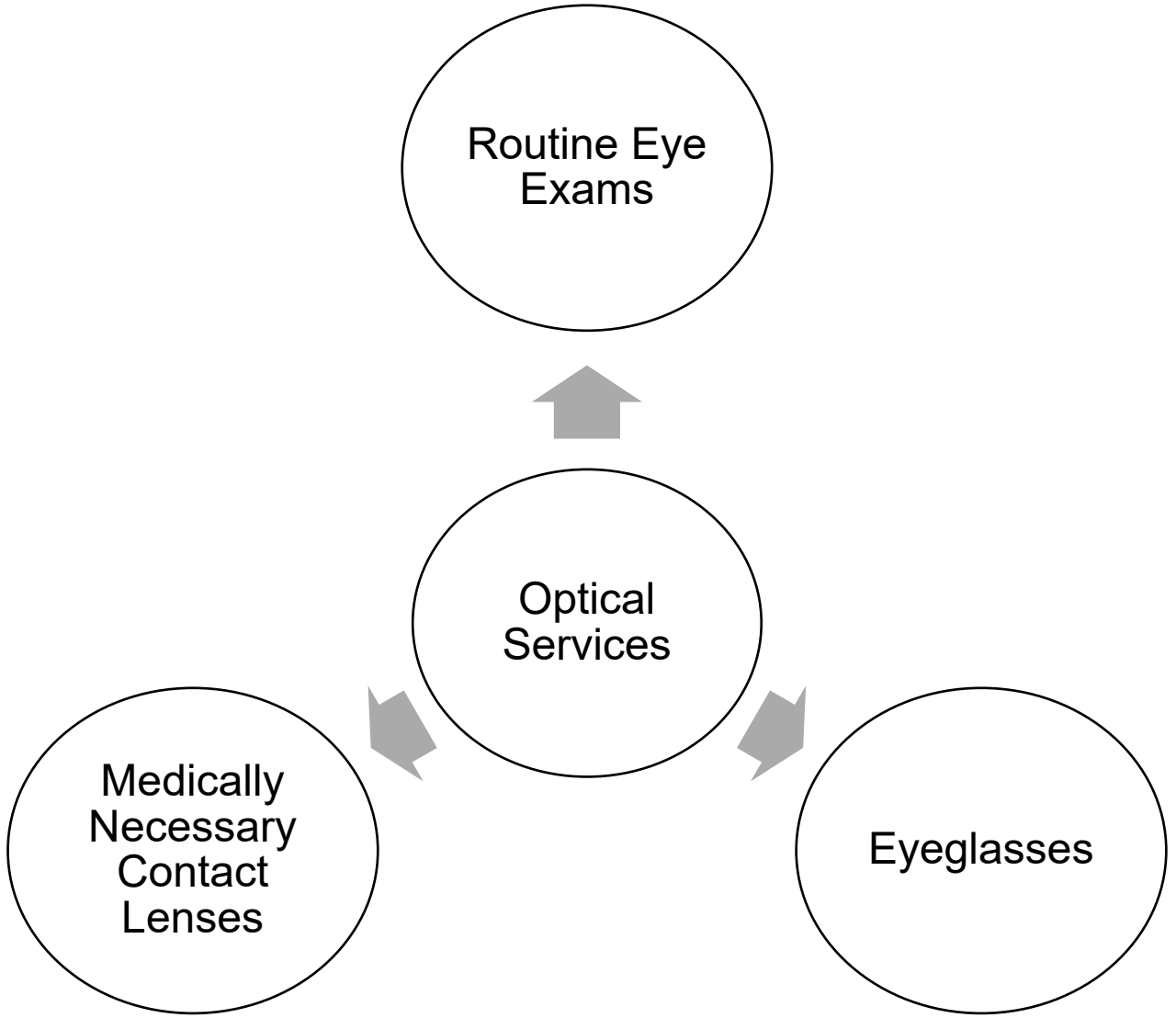
Eligible Population

Children - once every year (365 days)
Adults - once every 2 years (730 days)

* Exceptions to frequency limits are allowed based on medical necessity

Qualified Providers

Ophthalmologists
Optometrists
Opticians



Optical Services

What Will NOT Change in Managed Care:

Eyeglasses – Providers Will:

- Follow sections of NC Medicaid clinical coverage policy 6A & 6B specific to eyeglasses
- Enter eyeglasses prior approval into NCTracks
- Obtain eyeglasses from Nash Optical Plant
- Provide both eye exams and eyeglasses to Medicaid members if they provide both services to non-Medicaid patients

What WILL Change in Managed Care:

Services Managed by Health Plans

Routine Eye Exams, Medically Necessary Contact Lenses, and Dispensing Fee for Eyeglasses and Medically Necessary Contact Lenses

Eyeglasses

Providers will bill the health plans for the eyeglasses dispensing fee

Value Added Services

Some health plans offer an additional routine eye exam and eyeglasses benefit to adult members

Newborn Coverage Changes

To ensure the best health outcomes for newborns, and to support adherence to the Bright Future Guidelines on newborn visits and immunizations, health plans shall treat all out-of-network providers the SAME as in-network providers for purposes of Prior Authorization and shall be paid in alignment Medicaid fee-for-service for services rendered through the earlier of:

- 90 days from the newborn's birth date

OR

- Date the health plans is engaged and has transitioned the child to an in-network PCP or other provider.

Newborn Coverage Changes

The Department recommends 90 days to ensure completion of all well-child visits through the 2nd month when critical vaccines are administered, while providing leeway for visits that may be scheduled a few days or weeks past 60 days. Prior Authorization is NOT required for well-child visits and will be reimbursed in alignment with Medicaid fee-for-service. Visits beyond well-child visits will be subject to in-network prior authorization requirements and paid in alignment with Medicaid fee-for-service for services rendered. health plans Transition of Care (TOC) policies should be updated for review and approval to include the transition of care of newborns to in-network providers during the first 90 days of life.

Bright Future Guidelines which align with HEDIS W-30 require:

- Newborn Visit
- First Week Visit (3 to 5 days)
- 1 Month Visit
- 2 Month Visit
- Immunizations 0-2 months: RV, DTaP, Hib, PCV13, IPV

What-Ifs of Managed Care

Panel Management

Billing

Providers currently bill Medicaid on a weekly basis and receive payment weekly. Will the health plans follow the same model?

Is there a financial penalty for patients OR the provider if a patient sees a PCP different from the one assigned to them?

Can a patient have Medicaid & private insurance at the same time? If so, is there ever a situation where we are expected to bill the Medicaid family for a co-pay or similar? What are the third-party liability(TPL) rules?

Quality Measurement

Practices have to explain how they used the health equity payments. Will practices have to attest to how they used their Glidepath payments?

How do practices cap the number of patients their practice or an individual provider is willing to accept? If governed by the health plans, will this vary?

How does a practice determine what tier status they are?

What should we do if we have already put in a change request for the patient, but it is not getting changed through NCTracks?

Can a health plan set a minimum quality rating scale for the quality incentive payments and refuse to pay any incentives to a tier 3 practice who does not meet the minimum?

Maternal Health & Pediatric Patients

What if a patient has started prenatal care with us before Managed Medicaid, does not enroll and is auto enrolled in a plan we are not contracted with. Will we still get paid, if we see this patient?

Many pediatric patients will transition to adult providers at 18 years old. What is the process to ensure that the patient maintains coverage during the transition?

Will women covered by Medicaid for Pregnant Women transition to managed care?

Our Women's Health Department is considered a specialist and not considered a PCP. Will patients be required to obtain a referral from their PCP to continue receiving services from us?

Network Adequacy/Provider Contracting

If we are contracted with all plans, can we still see members not assigned to our practice?

If there are no other specialists of my type in the local area and a patient is contracted with a health plan outside my network, will the patient have to travel to see an in-network specialist?

If a practice is not currently accepting new Medicaid patients, will they have to open this up for open enrollment?

What if a patient's PCP is enrolled with their health plan but their dermatologist and pulmonologist are not in that network?

Help Center FAQs

How is managed care going to impact provision of dental services? How will this impact beneficiaries trying to get dental services?

What is the difference between the health plans giving a STANDARD authorization decision and an EXPEDITED authorization decision?

Does a dental office need to sign up with the insurance company to get paid or will we still use NC Tracks?

QUESTIONS?

APPENDIX

NC Medicaid Managed Care Timeline

March 1, 2021

Mailings Started
EB Call Center

March 15, 2021 – May 14, 2021

Open Enrollment

April 15, 2021

Reminder Postcard

May 15, 2021

Auto-Enrollment

July 1, 2021

Health Plan Coverage Starts

July 1, 2021– Sept. 30, 2021

90 Day Choice Period

Managed Care Populations

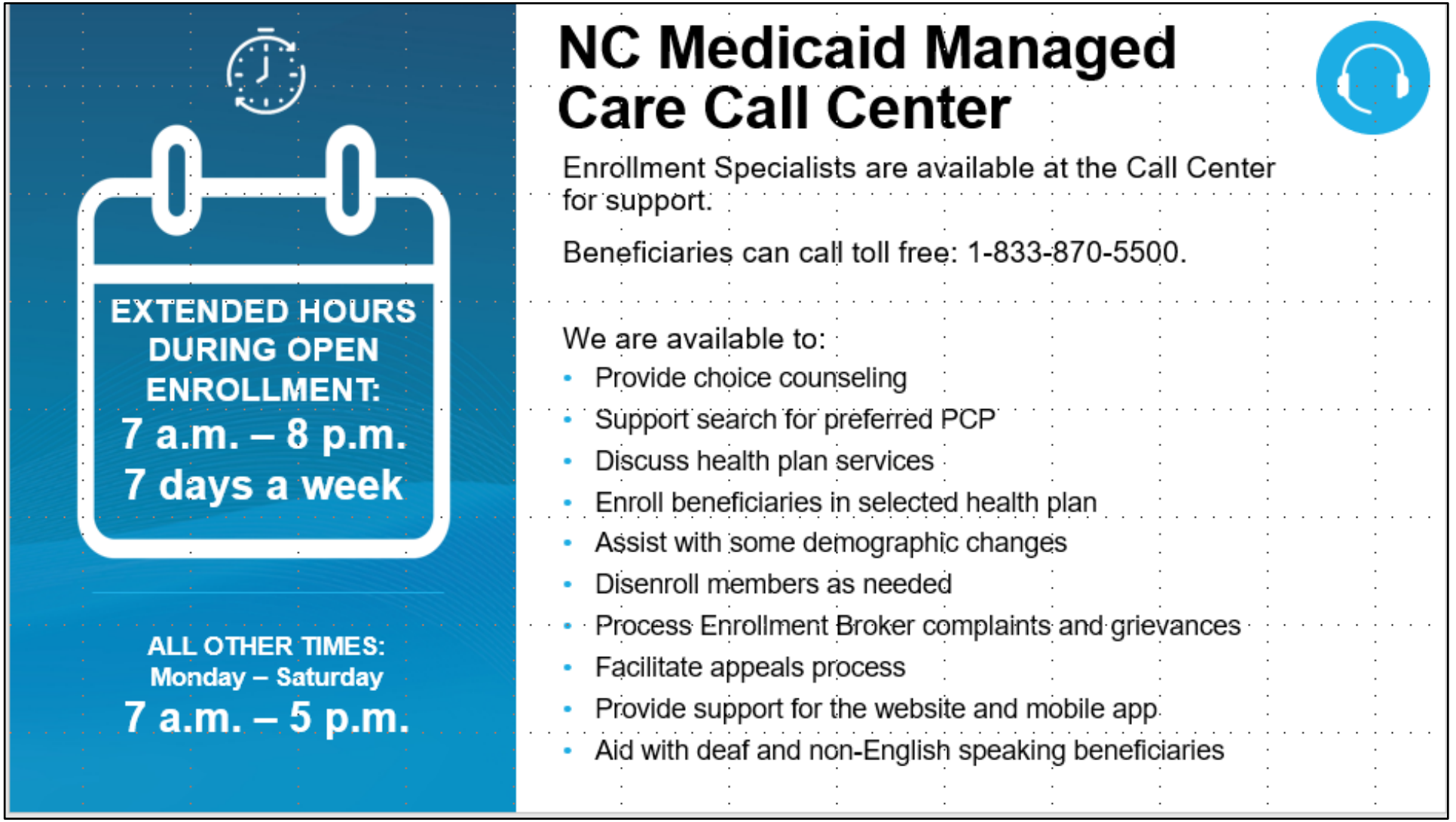
While most Medicaid beneficiaries will enroll in NC Medicaid Managed Care, some people will not. The table below outlines who must enroll, who may enroll, and who cannot enroll.

MANDATORY	EXEMPT	EXCLUDED[1,2]
Must enroll in a health plan	**May enroll** in a health plan or stay in NC Medicaid Direct	**Cannot enroll** in a health plan; stay in NC Medicaid Direct
Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled	Federally recognized tribal members/IHS eligible beneficiaries, beneficiaries eligible for behavioral health Tailored Plans	Family Planning Program, Medically Needy, Health Insurance Premium Payment (HIPP), Program of All-Inclusive Care for the Elderly (PACE), Refugee Medicaid

[1]Some individuals are temporarily excluded and become mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, Community Alternatives Program for Children (CAP-C), and Community Alternatives Program for Disabled Adults (CAP-DA).

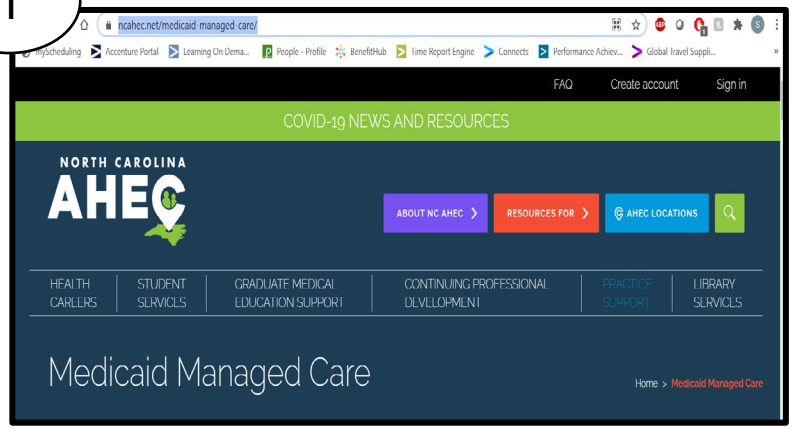
[2]Some federally recognized tribal members/IHS eligible beneficiaries are excluded and may enroll in the EBCI Tribal Option.

Medicaid Managed Care Call Center is LIVE!



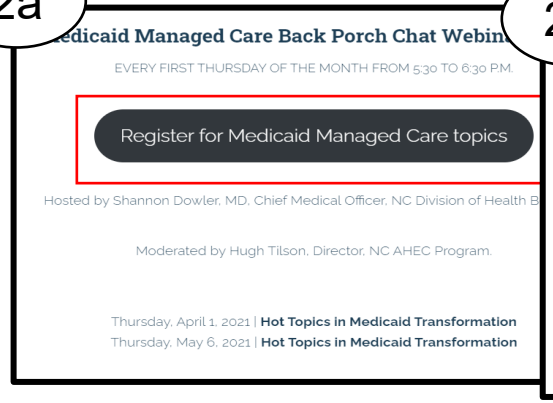
NC Medicaid, AHEC and CCNC Webinar Series for Medicaid Providers and Practice Leaders

1



1. Navigate to the North Carolina AHEC Medicaid Managed Care page.

2a



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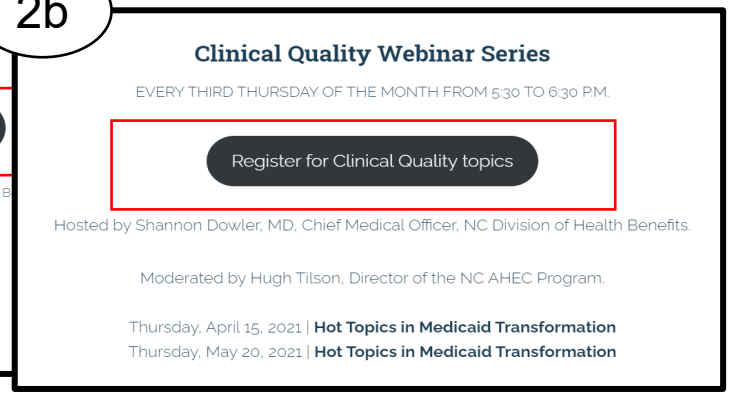

2. Scroll down to the Webinar Series of your choice. Click on “Register for Medicaid Managed Care topics” or “Register for Clinical Quality topics.”

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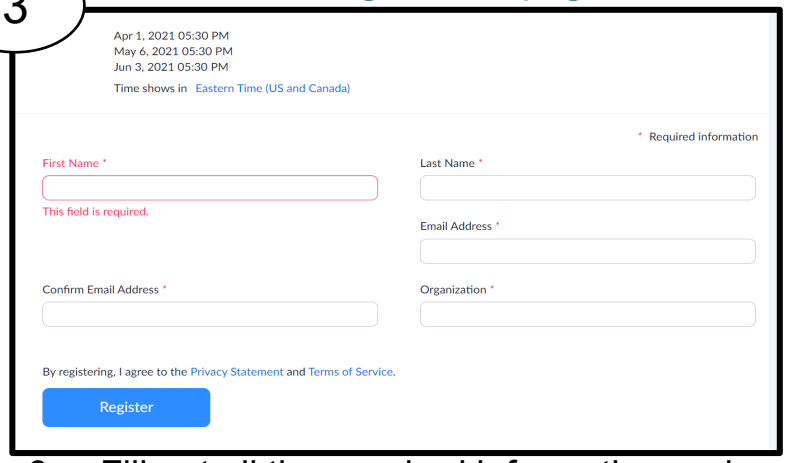

3. Fill out all the required information and click register.

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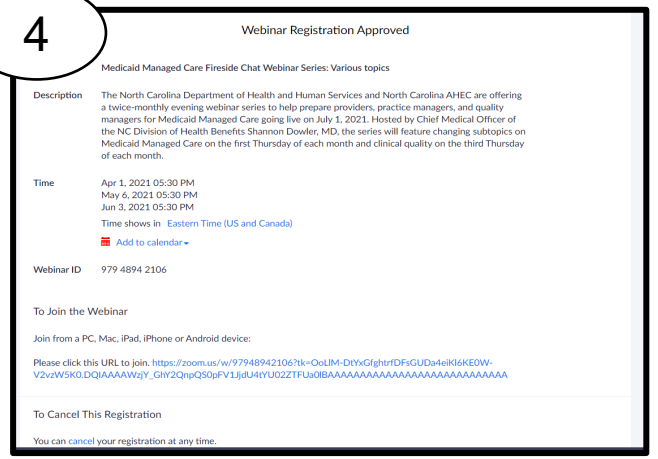

4. When you see this page, your registration is successful.