

# Back Porch Chat

March 2024

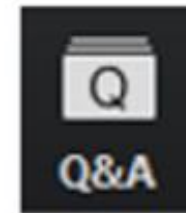


**Closed Captioning is available for this webinar**

Participants can access real-time captioning by clicking **“Show Captions”** within Zoom.

# Logistics for Today's Webinar

Question during the live webinar



**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)



# Do you know...

Who's Who on the Medicaid Medical Leadership team?

# AGENDA

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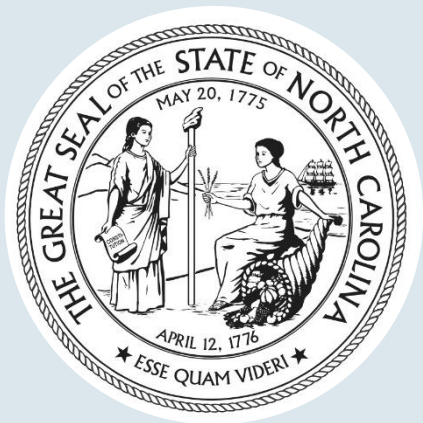
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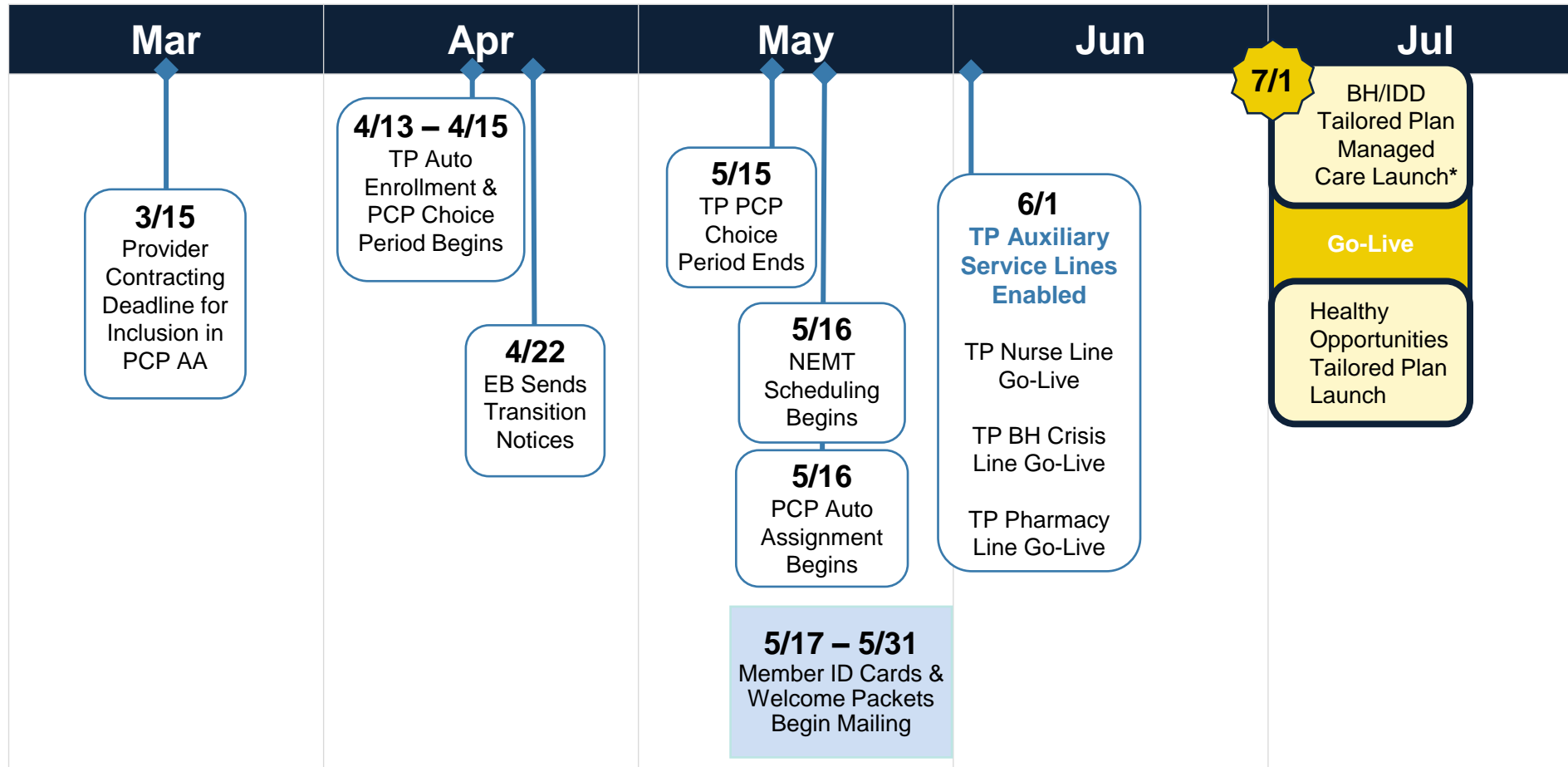
Q/A



# Tailored Plan Launch Updates

# Timeline for Tailored Plan Launch

The below timeline visualizes key milestones and activities associated with **Tailored Plan Go-Live**



# Tailored Plan Auto-enrolled vs. Opt-in Populations

- Certain beneficiaries who meet Tailored Plan enrollment criteria will be enrolled in Tailored Plans on April 13, 2024.
- Other beneficiaries who meet Tailored Plan enrollment criteria will not be auto-enrolled but can choose to enroll during the choice period (April 15 - May 15, 2024).

Auto-enrolled Population Examples	Opt-in Population Examples
<ul style="list-style-type: none"><li>• Innovations Waiver participants (including dually eligible*)</li><li>• TBI Waiver recipients (including dually eligible*)</li><li>• People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI</li></ul>	<ul style="list-style-type: none"><li>• Federally recognized tribal members</li><li>• Individuals who qualify for services through Indian Health Service (IHS)</li></ul>

\* Dually eligible refers to an individual eligible for Medicaid and Medicare

# Auto-enrollment Algorithm

Auto-enrollment for Tailored Plan members is based on the following:

1

Beneficiary meets Tailored Plan enrollment criteria

Determines if the beneficiary needs certain services only offered by Tailored Plans (e.g., TBI/Innovations Waiver services).

2

The county that manages the beneficiary's Medicaid case

Determines which Tailored Plan the beneficiary will be auto-enrolled in. There is only one Tailored Plan per county. Beneficiaries cannot choose a different Tailored Plan.

3

Special population considerations

Determines if the beneficiary is part of a special population and should not be auto-enrolled in the Tailored Plan (e.g., duals, federally recognized tribal members, children in foster care).



# Tailored Plan Choice Period

April 15, 2024

May 15, 2024

During this time, beneficiaries may choose a primary care provider (PCP) or different health care option (if applicable).

## Choice Period

- Beneficiaries should contact their Tailored Plan to choose a PCP.
- Tailored Plan beneficiaries receiving Tailored Care Management (TCM) from their LME/MCO will continue to receive this service from their Tailored Plan.
- Beneficiaries may contact the NC Medicaid Enrollment Broker to choose a different health care option (if applicable).
  - Some Tailored Plan members will have the option to enroll in a Standard Plan. They cannot enroll in a Standard Plan via the website or mobile app – they must enroll by phone or enrollment form.

# Tailored Plan PCP Auto-assignment

May 16, 2024

Tailored Plan beneficiaries will be auto-assigned an PCP if they did not select one during the choice period.

## PCP Auto-assignment

- Members who did **not** choose a PCP with their Tailored Plan will be auto-assigned to one.
- On May 16, 2024, Tailored Plans will conduct PCP auto-assignment.
  - After auto-assignment, Tailored Plans will mail Welcome Packets (Welcome Letter, Medicaid ID Cards, Member Handbook) to their beneficiaries.
  - Welcome Packets will be mailed May 23 – June 7, 2024
  - Tailored Plan beneficiaries **will** use the NC Medicaid ID card from their Tailored Plan to receive services.

# Tailored Plan Launch

July 1, 2024

Tailored Plans begin providing services to beneficiaries.

## Tailored Plan Launch

- Tailored Plan beneficiaries begin receiving health care services from their Tailored Plan.
  - Beneficiaries **will** use their NC Medicaid ID card sent to them by their Tailored Plan to receive services.
- Tailored Plan beneficiaries must have a PCP and TCM provider in the Tailored Plan's network.
- Tailored Plan beneficiaries will continue to receive the same health care services NC Medicaid covers today. Medicaid eligibility rules and processes will not change with the Tailored Plan launch.

# Tailored Plan Benefits

Behavioral Health I/DD Tailored Plan benefits for individuals with significant behavioral health, I/DD and TBI needs.

Behavioral Health, I/DD, and TBI Services covered by both Standard Plans and Tailored Plans

Behavioral Health, I/DD and TBI Services covered exclusively by Tailored Plans (or LME/MCOs prior to launch)

*Enhanced behavioral health services are in italics*

## State Plan Behavioral Health and I/DD Services

- Inpatient behavioral health services
- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- *Partial hospitalization*
- *Mobile crisis management*
- *Facility-based crisis services for children and adolescents*
- *Professional treatment services in facility-based crisis program*
- *Outpatient opioid treatment*
- *Ambulatory detoxification*
- *Research-Based Behavioral Health Treatment*
- *Diagnostic assessment*
- Early and periodic screening, diagnostic and treatment (EPSDT) services
- *Non-hospital medical detoxification*
- *Medically supervised or ADATC detoxification crisis stabilization*
- *Peer support*

## State Plan Behavioral Health and I/DD Services

- Residential treatment facility services for children and adolescents
- *Child and adolescent day treatment services*
- *Intensive in-home services*
- *Multi-systemic therapy services*
- *Psychiatric residential treatment facilities*
- *Assertive community treatment*
- *Community support team*
- *Psychosocial rehabilitation*
- *Substance abuse non-medical community residential treatment*
- *Substance abuse medically monitored residential treatment*
- Intermediate care facilities for individuals with intellectual disabilities
- 1915(i) services

## Waiver Services

- Innovations waiver services
- TBI waiver services
- 1915(b)(3) services

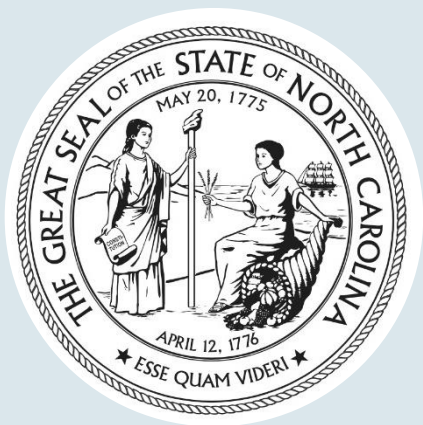
## State-funded Behavioral Health and I/DD Services

- State-funded TBI Services

# Tailored Plan Criteria Review

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> <li>• Innovations Waiver (or waiting list)</li> <li>• TBI Waiver</li> <li>• Transition to Community Living (TCL)</li> </ul>	<ul style="list-style-type: none"> <li>• Used a Medicaid service that will be available only through the Tailored Plan</li> <li>• Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds</li> </ul>
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> <li>• Children with complex needs</li> <li>• Qualifying I/DD diagnosis code</li> <li>• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*</li> <li>• Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or received ECT during the lookback period*</li> </ul>	<ul style="list-style-type: none"> <li>• Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility</li> <li>• Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*</li> </ul>

\* Beneficiaries will be assessed based on a 24-month lookback period



# Medicaid Expansion Updates

# Medicaid Expansion Updates

To date, over **390,000 people** are enrolled in Medicaid health coverage due to Medicaid expansion.

Enrollment remains steady at approximately 1,000 people per day.

Many North Carolinians are now being determined eligible for Medicaid at the FFM (HealthCare.gov), but there are **scenarios where these applications need an eligibility determination made by the local DSS:**

The FFM cannot verify information reported on the application.

The FFM has determined potential eligibility for a Medicaid program which cannot be automatically authorized (e.g., Medicaid for the Aged/Blind/Disabled).

The Medicaid expansion dashboard has been updated with enrollment data as of March 5: (<https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>).

# 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%.



# Medicaid Expansion FAQs

## Who will be able to get health coverage through NC Medicaid?

Most people can get health care coverage through Medicaid if they meet the criteria below.

- You live in North Carolina
- Age 19 through 64
- You are a citizen. Some non-US citizens can get health coverage through NC Medicaid.
- And if your household income fits within the chart below

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

# Medicaid Expansion FAQs

## Under the new and existing rules, how much will people pay in monthly premiums and copays?

You do not have to pay any monthly premiums. Medicaid pays the cost for most health care services. The highest copay is \$4 and that is only required for some services.

Service	Copay
Chiropractic visits	
Doctor visits	
Non-emergency and emergency department visits	
Optometrist and optical visits	\$4 per visit
Outpatient visits	
Podiatrist visits	
Dental Services	
Generic and brand prescriptions	\$4 per prescription

There are **no NC Medicaid copays** for:

- Beneficiaries under age 21
- Beneficiaries who get hospice care
- Beneficiaries enrolled in LTSS services
- Federally recognized tribal members or services from IHS facilities
- Beneficiaries who are pregnant including prenatal, childbirth and postpartum costs
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) or Family Planning beneficiaries
- People living in an institution who get coverage for cost of care
- Children/youth in foster care
- Innovations, TBI, CAP/C, CAP/DA waiver enrollees
- Behavioral health, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) services
- Prevention services and antiretroviral drugs

# Medicaid Expansion FAQs

## Are non-US citizens eligible for health care coverage through NC Medicaid?

Some non-US citizens can get health coverage through Medicaid. To be eligible you must be:

- A person living in North Carolina
- A qualified non-citizen for at least five years
  - This means a person must wait five years after receiving “qualified” immigration status before they can get Medicaid.
  - There are exceptions. For example, refugees, asylees, or lawful permanent residents who used to be refugees or asylees don’t have to wait five years.

Non-citizens without documents who do not qualify for full health coverage under Medicaid may be able to get temporary coverage for emergency conditions that need to be treated in an emergency room.

### Immigration Status and Eligibility for Medicaid Expansion:

<https://medicaid.ncdhhs.gov/questions-and-answers-about-medicaid-expansion>

# 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)

# Medicaid Expansion Enrollment Dashboard

The North Carolina Department of Health and Human Services (NCDHHS) launched a [dashboard](#) to track monthly enrollment in NC Medicaid for people eligible through expansion.

The NC Medicaid Expansion Enrollment Dashboard offers a detailed overview of enrollment trends in newly eligible adults ages 19-64 who can now [apply](#) for full health care coverage.

On day one of expansion, nearly 273,000 people were enrolled and covered by Medicaid expansion, most of which were part of the family planning population who were automatically moved to full coverage. The platform provides a look at enrollee characteristics that include age, race, ethnicity and other demographics. Information on the percentage of eligible adults newly enrolled in NC Medicaid by county and type of health plan, as well as specifically within rural areas of the state, is also available.

The dashboard represents a snapshot of enrollments known at the beginning of each month and does not capture enrollments processed after the start of the month. This new dashboard for Medicaid expansion is in addition to the department's existing [NC Medicaid Enrollment dashboard](#).

For more information, visit the [NCDHHS press release](#).

# Medicaid Expansion Enrollment Dashboard

## NC Medicaid Expansion Enrollment Dashboard

Last Update on March 5, 2024

Updated Monthly

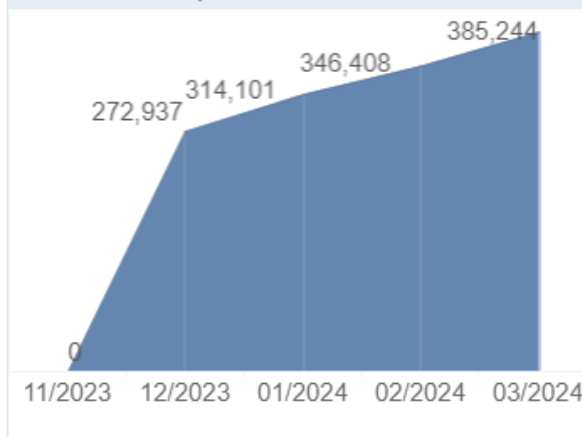
NC Medicaid Expansion Enrollment as of March 5, 2024: **385,244**

*Note: Enrollments processed after this date are not reflected in this dashboard.*

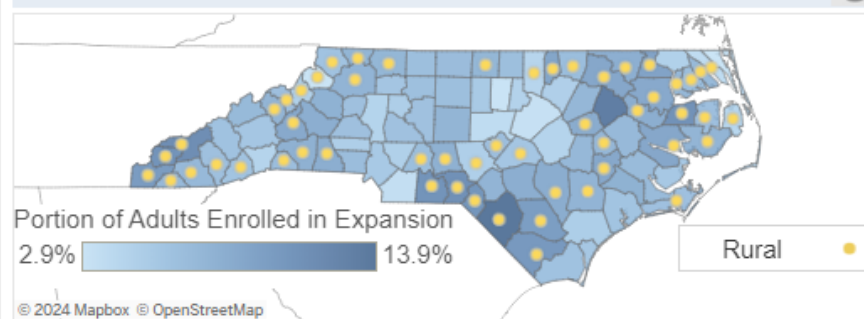
This dashboard shows the number of people enrolled in NC Medicaid only through expansion coverage. The charts, excluding the map, can be viewed by health plan, demographics, and/or county by using the filters below. *Note: Enrollment counts are pulled at the beginning of the month except for January 2024 which was pulled on the twelfth of the month. For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



The statewide average portion of adults (19-64) enrolled in Medicaid Expansion is 6%.  
Note: The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.  
<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-population-projections>

The section below displays NC Medicaid Expansion Enrollment by various demographic groups. Use the selector below to show enrollment by month or monthly enrollment trends.

# MEDICAID AMBASSADOR INITIATIVE

A network of organizations throughout the state to help potential beneficiaries with the Medicaid application process.

## Goals

- Lessen the workload of local Departments of Social Services
- Identify Medicaid Ambassadors in all 100 North Carolina counties
- Connect potential beneficiaries to a trusted community partner



# MEDICAID AMBASSADOR INITIATIVE

## Comparing roles: Enrollment Ambassador, Navigator and local DSS

<b>Medicaid Ambassadors</b>	<ul style="list-style-type: none"><li>• Support community as trusted partner</li><li>• Provide basic application information and connect applicants to Navigators</li><li>• Escalate to higher level resources as needed</li></ul>	<ul style="list-style-type: none"><li>• Informal role</li><li>• Unfunded</li><li>• Low acuity, widespread</li><li>• No formal oversight</li></ul>
<b>Navigators</b>	<ul style="list-style-type: none"><li>• Formal support of enrollment</li><li>• Identify health care coverage</li><li>• Escalate to higher level resources as needed</li></ul>	<ul style="list-style-type: none"><li>• Formal role</li><li>• Funded variably</li><li>• Moderate acuity, focused</li><li>• Established federal standards</li></ul>
<b>Local DSS</b>	<ul style="list-style-type: none"><li>• Formal and highest-level support of enrollment</li><li>• Process ePASS application and review documentation</li><li>• Identify eligibility</li></ul>	<ul style="list-style-type: none"><li>• Formal role</li><li>• County funding</li><li>• High acuity, highest limitation</li><li>• Established state and federal standards</li></ul>



# MEDICAID AMBASSADOR INITIATIVE

The Medicaid Ambassador initiative will help:

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## **Potential Beneficiaries**

- Provide expanded resources to help complete the application process (e.g., computers, tech services) and answer related questions.
- Serve as interactive resource to Medicaid Ambassador locations and share contact information to connect them to support.

## **Local Departments of Social Services**

- Support beneficiaries and reduce some of the increased application assistance requested of local DSS with Medicaid expansion.
- Attempt to increase the number of applications processed “straight through” without DSS touches.
- Provide DSS with more complete applications to reduce the number of requests for additional information.

# MEDICAID AMBASSADOR INITIATIVE OVERVIEW

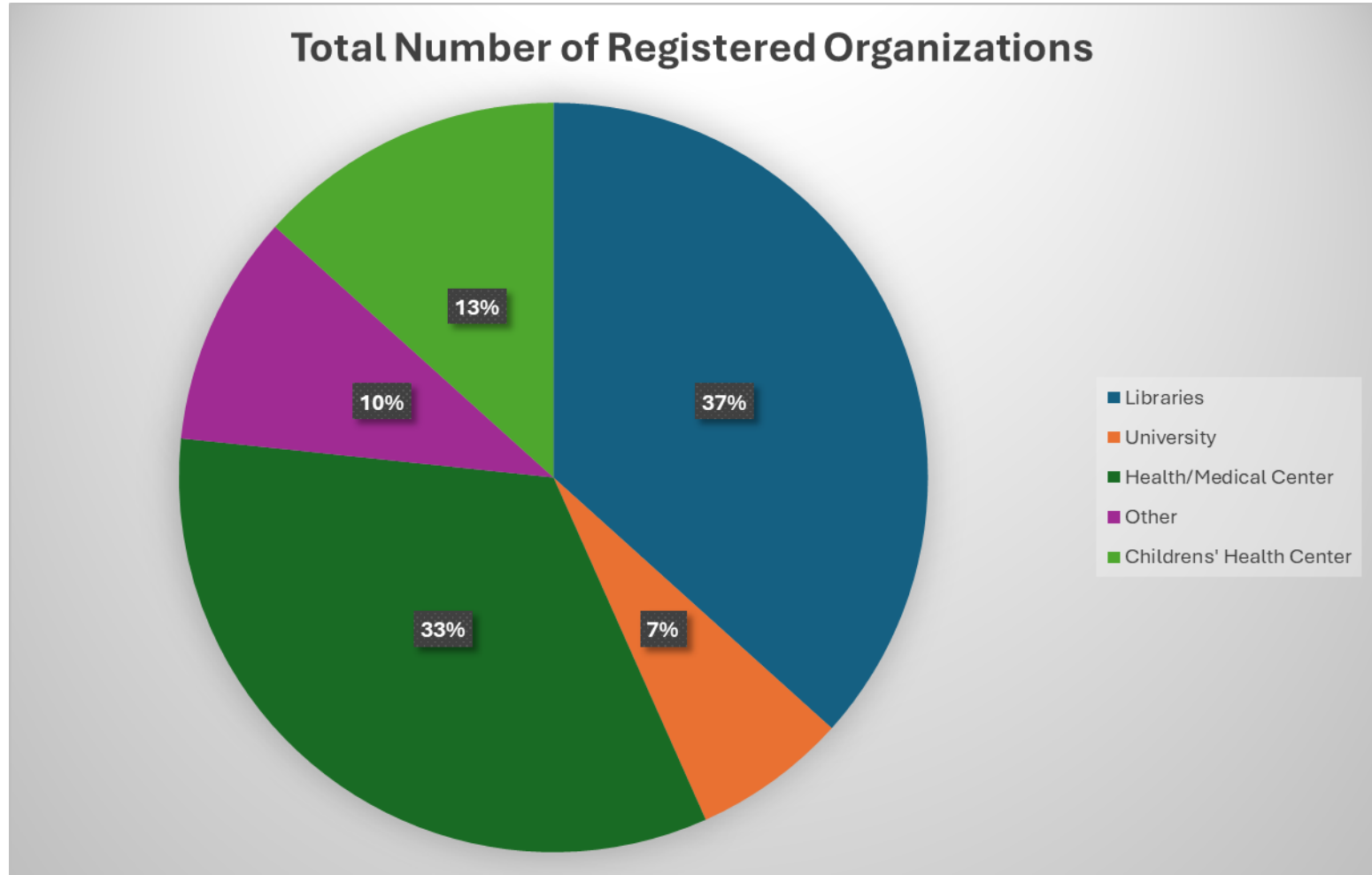
The Medicaid Ambassador Initiative reserves the right to include or exclude any individual or organizations according to program requirements.

## **Confidentiality**

- Medicaid Ambassadors must have a signed confidentiality agreement with their organization stating that they will keep completely confidential all information provided by potential beneficiaries.
- Medicaid Ambassadors will not collect or ask for Personally Identifiable Information (PII) or Protected Health Information (PHI).

# TOTAL ORGANIZATIONS REGISTERED AS MEDICAID AMBASSADORS: 30

Organization Type	Number Registered
Library	11
Health/Medical Center	10
Children's Health Center	4
University	2
Other	3



# HOW TO BECOME A MEDICAID AMBASSADOR

- On the Medicaid expansion website, select the option to become a Medicaid Ambassador:  
<https://medicaid.ncdhhs.gov/spread-the-word>
- Complete Medicaid Essentials training
- Complete ePASS navigation training by having attended a live ePASS demo or watching the recording posted to the Medicaid expansion website
- Have an established confidentiality agreement with your organization
- Sign the Attestation form with NC Medicaid that you meet all the requirements

## Become a Medicaid Ambassador

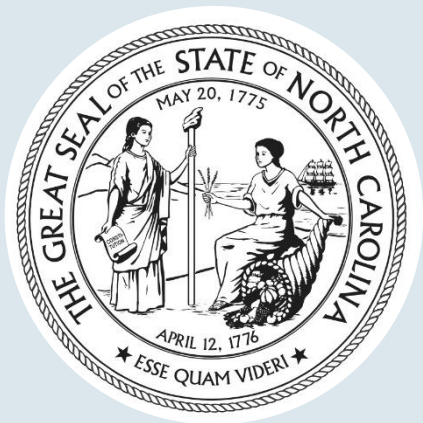
Help people in your community! NC Medicaid Ambassadors:

- Walk people through the online Medicaid application (ePASS or HealthCare.gov) and answer application-related questions.
- Help people understand what information may be needed to complete an application.
- Refer someone to a NC Navigator or their local Department of Social Services (DSS) when needed.

You must be part of a community affiliated organization in order to become a Medicaid Ambassador. A community affiliated organization is defined as <insert answer>.



[Learn more about the application process and the Medicaid Ambassador program](#)



# Total Cost of Care (TCOC) Dashboard

# Objectives & Goals of TCOC Dashboard

- Objective

- Support the 3 aims in NC Medicaid’s Managed Care [Quality Strategy](#)
  - Improving care delivery
  - Fostering healthier communities
  - Promoting smarter spending

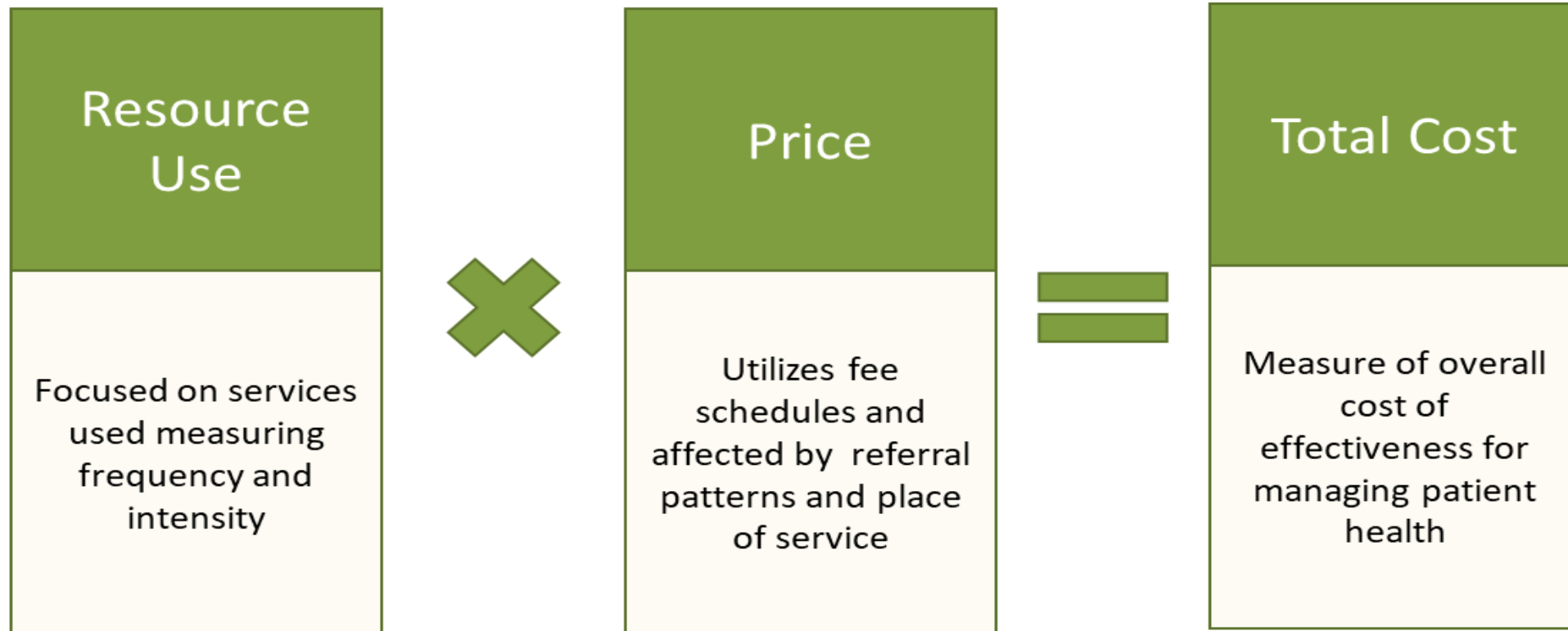
- Goals

- Enhance providers’ understanding of their costs and resource use to help them make informed decisions when entering into Value Based Payment (VBP) arrangements with Prepaid Health Plans (PHPs)
- Help providers and PHPs understand patterns and drivers of potential overuse and/or inefficiency
- Assist state oversight

# TCOC Dashboard Overview

- There are 3 different versions of the dashboard:
  - NC Medicaid staff view: Launched early March
  - Standard Plan view: Launched early March
  - Advanced Medical Home (AMH) view: Launches mid-April
- This tool will allow entities to access and analyze data related to the TCOC received by their assigned Medicaid members
- Built upon an open-source framework from HealthPartners that includes the following risk-adjusted measures:
  - Resource use
  - Total cost

# HealthPartners Total Cost of Care Overview





# Total Cost of Care Measure Details

- Population-based measure, calculated as the average risk-adjusted cost for health care of an attributed population
  - Data presented as indices measured against a benchmark
  - Includes care delivery in multiple settings:
    - Professional, Outpatient, Inpatient, and Pharmacy
  - Includes all allowed amounts:
    - All payments made by the patient and the insurer
- Dashboard will include several different stratifications, such as age, geography, chronic condition, and more
  - AMHs can view their data for each Standard Plan with whom they contract
- Please note that, in accordance with HealthPartners' recommendation, stratifications with less than 150 attributed members will have their data suppressed

# Dashboard Insights

## What can the TCOC dashboard tell us?

- Allows AMHs and PHPs to see how their resource use and costs compare to their peers.
- Allows AMHs and PHPs to see whether particular conditions, categories of services, or demographics are driving cost or resource use.
- Can help entities identify opportunities for quality improvement initiatives to reduce patterns of inefficiency or unnecessary healthcare utilization.
- Can help providers determine whether a VBP arrangement offered by a Medicaid PHP is a good fit for them.

## What is the TCOC dashboard NOT designed to tell us?

- Does not show member-level data.
- Not intended to inform care management, care delivery, or outreach to individual members. NC Medicaid and its PHPs offer alternative tools and data sets to support this type of work.
- Not intended to indicate anything about quality of care.

The Department does not want to imply that lower costs are always better—but rather to encourage providers and plans to understand their own resource use and how it impacts their costs.

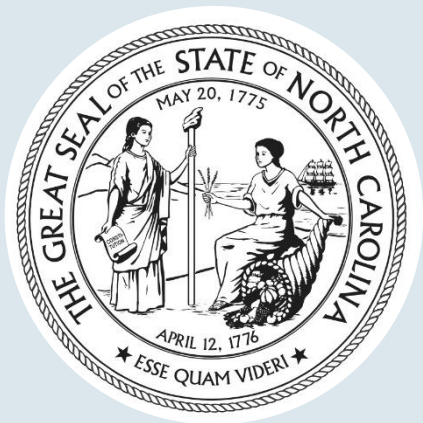
# How might this resource support providers in making decisions related to VBP?

Most AMHs are not yet participating in these more advanced types of VBP arrangements, but this dashboard is designed to serve as a tool as the field moves in this direction.

- Example 1: Shared Savings arrangements
  - Aims to reduce spending for a defined patient population
  - Providers can keep a portion of net savings that results from their efforts—or may need to pay back a portion of extra costs incurred
- Example 2: Capitated arrangements
  - Providers are paid a set fee per person on their patient panel
  - If they spend less, they end up with a net gain; if they spend more, they end up with a net loss
  - Many providers have expressed an interest in this type of arrangement due to increased flexibility

# Providing Access to the TCOC Dashboard

- Each AMH identifies 2 Dashboard Administrators that are directly permissioned by the Department's vendor, Health Services Advisory Group (HSAG)
  - These Administrators will be permissioned to see their entities' data in the dashboard and will manage permissions for up to 2 additional dashboard users within their entity
- NC Medicaid initiated the collection of AMH Dashboard Administrator information in December 2023 by reaching out to individual AMHs based on contact information available in NC Tracks
  - If your AMH would like to set up access to the dashboard and has not been contacted, please reach out to [Medicaid.Evaluation@dhhs.nc.gov](mailto:Medicaid.Evaluation@dhhs.nc.gov)
  - In April 2024, HSAG will contact identified Dashboard Administrators with detailed instructions on setting up dashboard access
- The Department is partnering with AHEC to host 3 training webinars for dashboard users in mid/late April. More information to come.



## Partnerships and Initiatives to Address the Congenital Syphilis Crisis

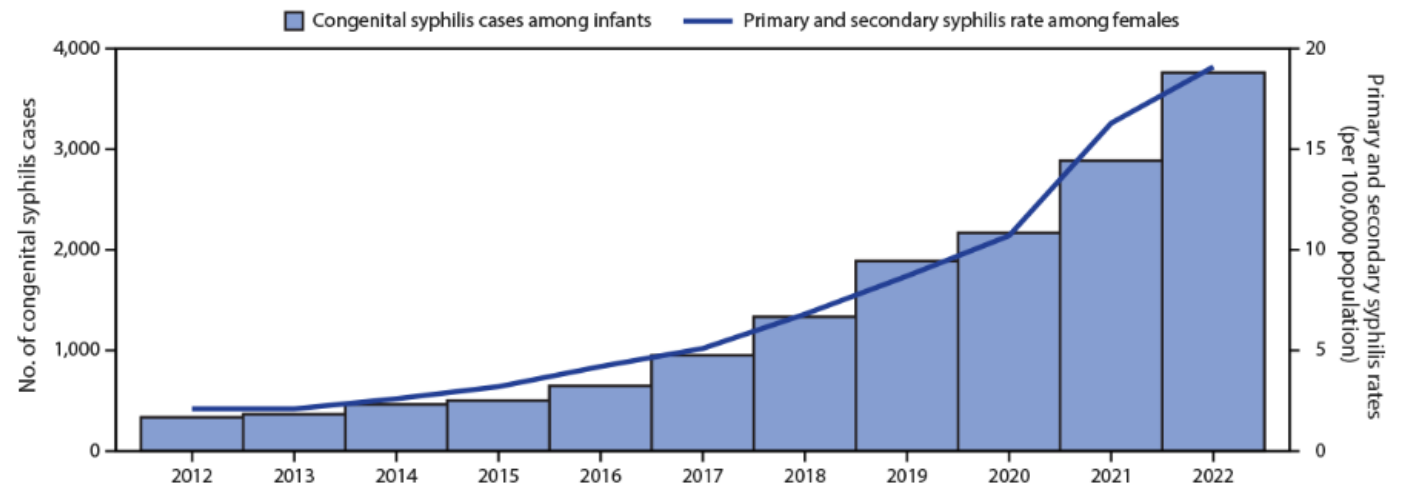
# A national crisis has been declared

The New York Times

## *Infants Are Born With Syphilis in Growing Numbers, a Sign of a Wider Epidemic*

Congenital syphilis has become more than ten times as common over the past decade, the C.D.C. reported. “The situation is dire,” said one expert.

FIGURE 1. Reported number of cases of congenital syphilis among infants, by year of birth, and rates\* of reported cases of primary and secondary syphilis<sup>†</sup> among females aged 15–44 years, by year — United States, 2012–2022

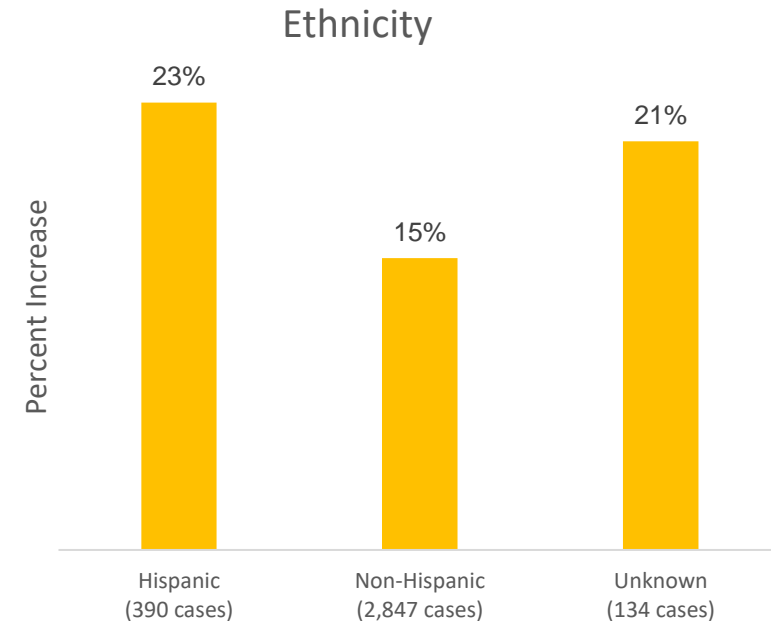
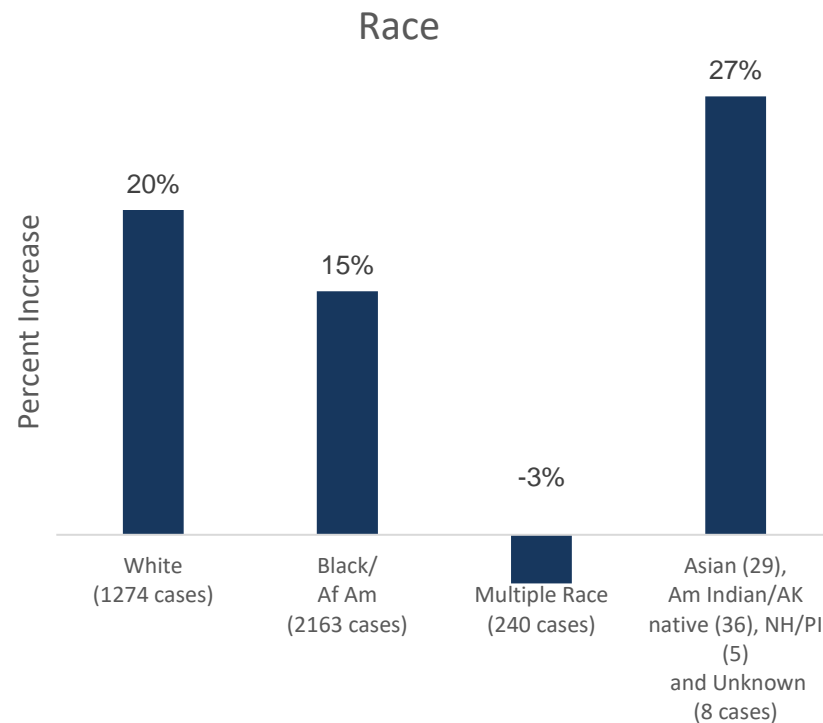


\* Cases per 100,000 population.

<sup>†</sup> Primary and secondary syphilis case data for all U.S. territories and freely associated states and outlying areas were not available for all years; therefore, rates presented include only the 50 states and the District of Columbia.

# Syphilis is increasing in many North Carolina populations

Increase in Early Syphilis by Race/Ethnicity  
North Carolina, 2023 (preliminary) Compared to Jan-Jun 2020-2022 Average

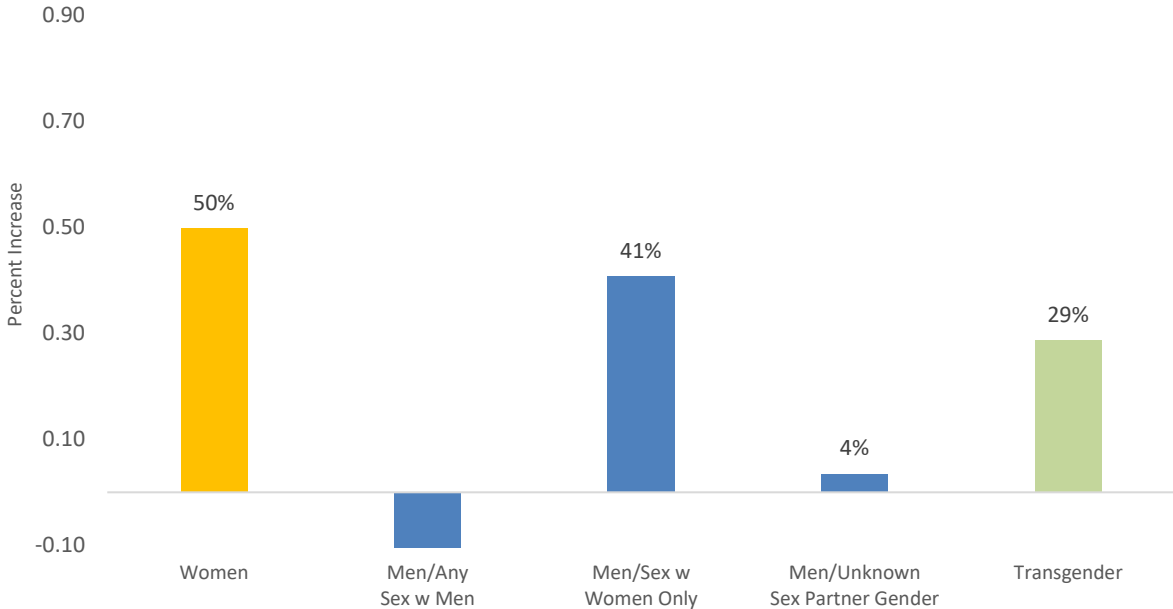


# Syphilis is most common among men, but increasing fastest among women, during 2023 (preliminary data)

Early Syphilis by Gender and Partner Gender  
North Carolina, Jan-June 2023



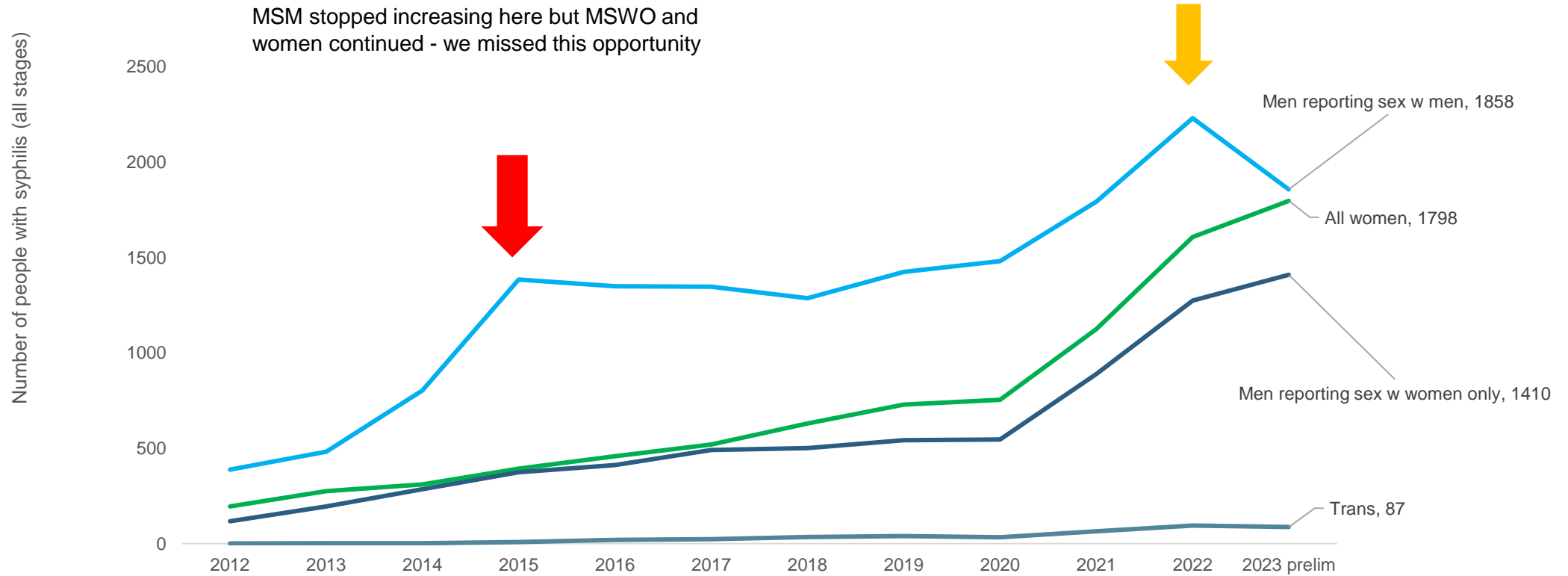
Increase in Early Syphilis by Gender and Partner Gender  
North Carolina, 2023 Compared to Jan-Jun 2020-2022 Average





# Syphilis by Gender and Partner Gender North Carolina

MSM are decreasing and while the increase in MSWOWomen is continuing, the curve is bending. Keep working!



Not shown: Men with unknown partner gender (23% of total men)

# What is congenital syphilis?

- Syphilis transmitted from pregnant parent to baby during pregnancy or delivery
- It can lead to:
  - Miscarriage
  - Issues with placenta and umbilical cord
  - Stillbirth
  - Low birth weight
  - Severe and life-long birth defects
  - Premature birth
  - Neonatal death

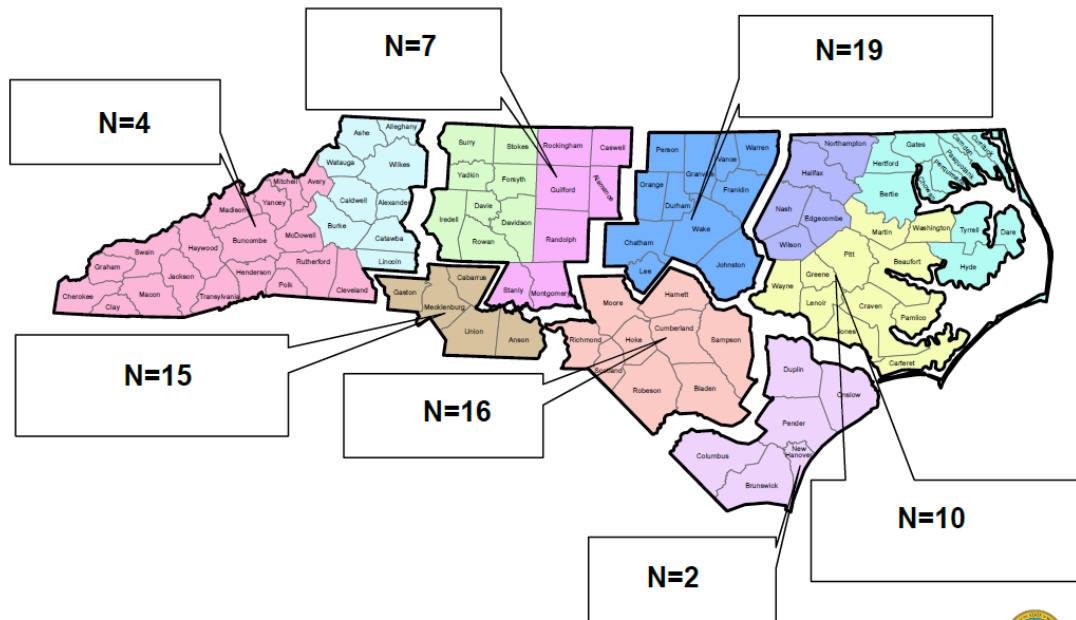
**It's also preventable!  
That's what we're here  
to do.**



# Congenital syphilis is experienced across North Carolina.

(preliminary)

2023 Congenital Syphilis Cases



## Contributing Factors in 2023:

- 90% of CS mothers were asymptomatic at time of diagnosis
- 30% of CS mothers had no prenatal care
- Of women who accessed prenatal care; 55% started prenatal care late (in the 2nd or 3rd trimester).
- Women reported drug use
  - 18% reported cocaine/crack use
  - 19% reported opioid use
  - 3% reported methamphetamine use



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

March 2024

# Congenital syphilis is preventable!

By testing and treating, we prevented 71% of congenital syphilis cases in 2023

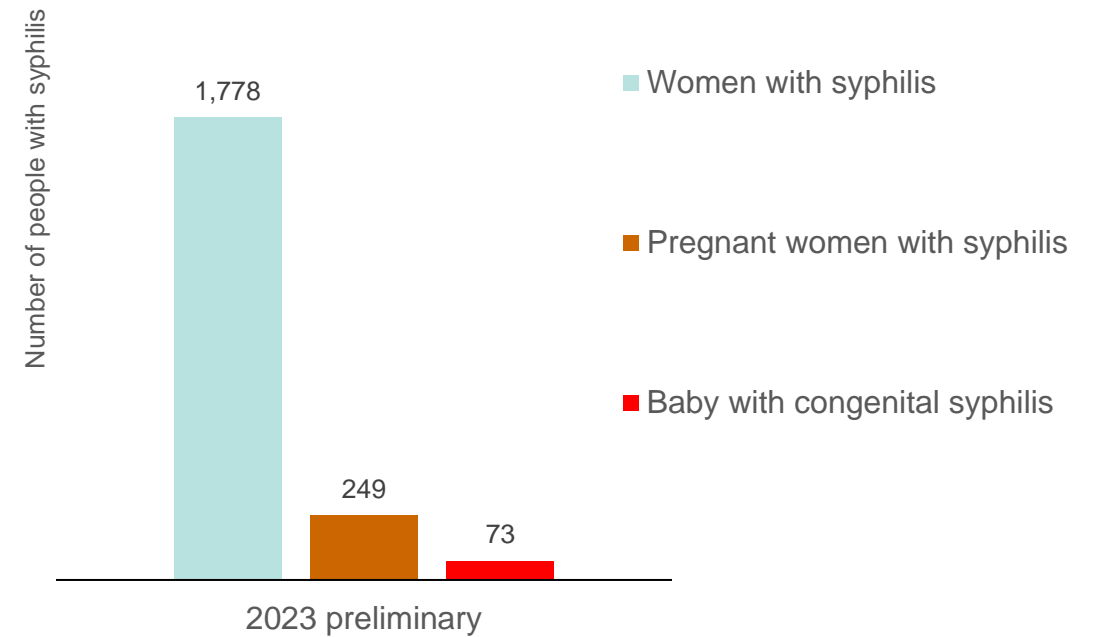


1<sup>st</sup> Prenatal Care Visit

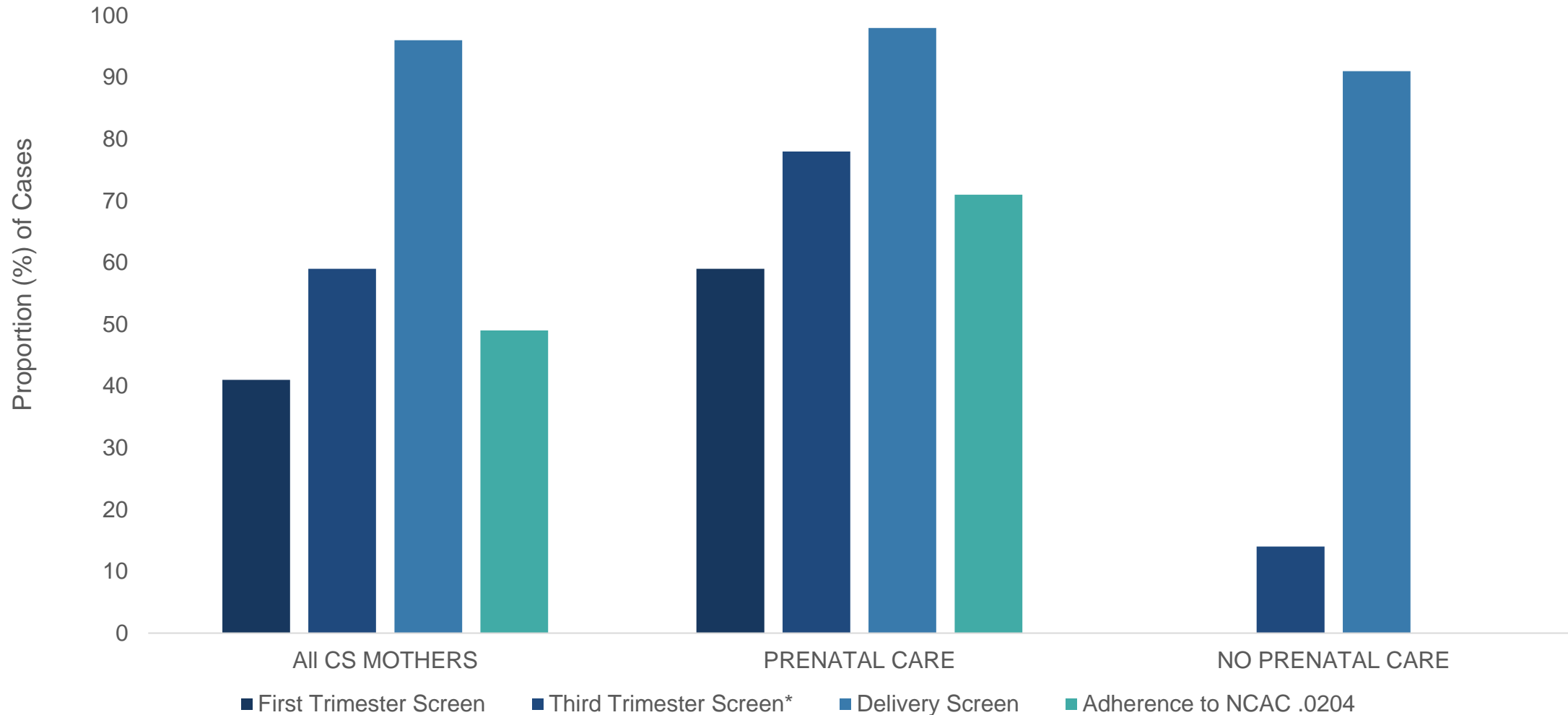
28-30 weeks gestation

Delivery

Women with Syphilis (all stages), NC 2023

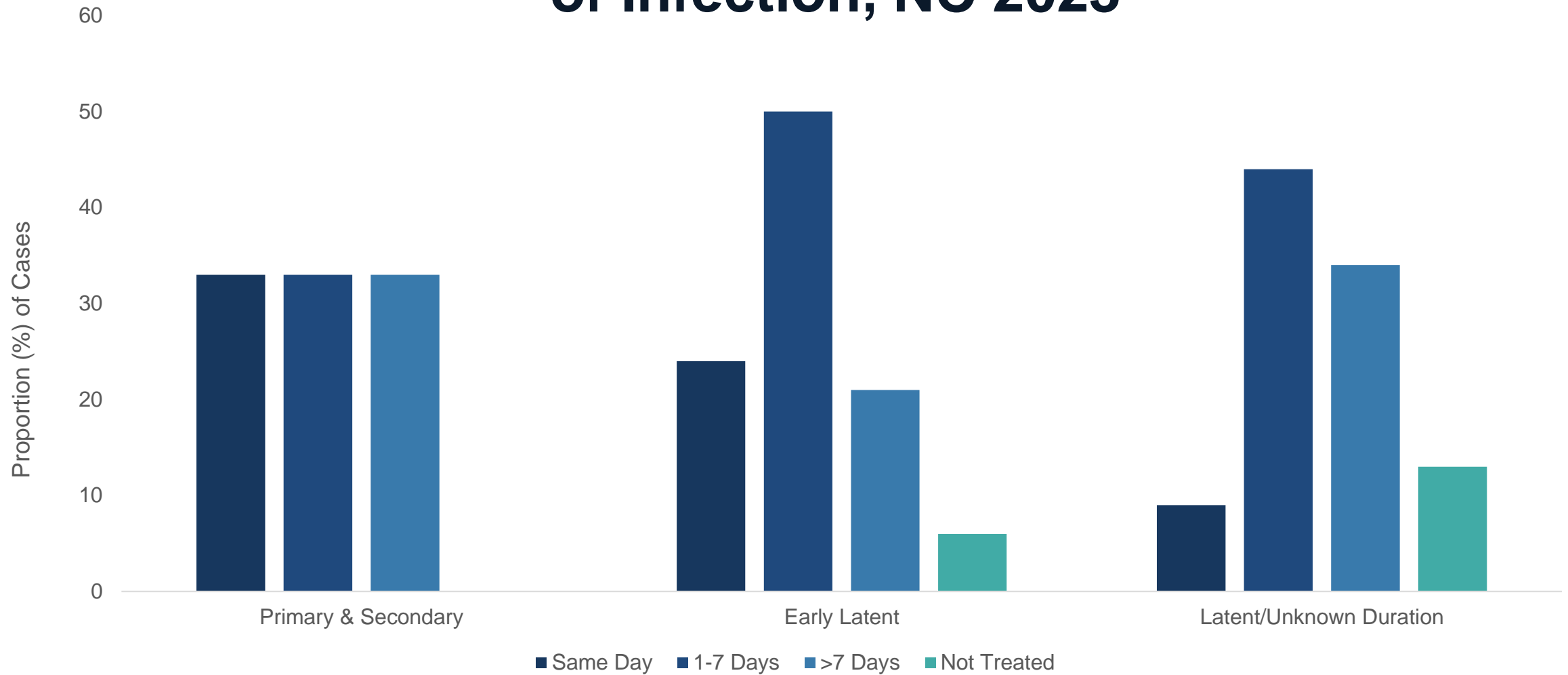


# Syphilis Screening of CS Mothers During Pregnancy by Prenatal Care Status, NC 2023



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of January 25, 2024).

# Time From Diagnosis to Treatment Initiation by Stage of Infection, NC 2023



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of January 25, 2024).

# Here's what we're doing about it.

- **Congenital syphilis quarterly review board**
- **Increase awareness about the epidemic and how to prevent/treat**
  - Public health alert to NC clinicians - November 9, 2023
  - New provider webpage with resources
  - Social Media
  - Media campaign (*December 2023 – June 2024*)
- **Expanding access to syphilis point of care testing**
  - Engaging clinics, CBOs, SSPs, other safety net venues
- **Mobilize levers for change within our payer infrastructure**
  - Hosted SE Congenital Syphilis Payer Summit - October 17, 2023

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/syphilis/congenital-syphilis-provider-resources>



**STOP  
SYPHILIS  
IN ITS  
TRACKS**

As a health care provider,  
you play an important role in  
reducing congenital syphilis.

**HERE'S HOW YOU CAN DO YOUR PART!**

- Complete a sexual health history for all your patients.
- Test all pregnant women for syphilis at the first prenatal visit, between 28-30 weeks gestation, **AND** at delivery.
- Treat patients with syphilis immediately.
- Know mom's delivery syphilis test results before the newborn goes home.
- Immediately report syphilis and congenital syphilis infections to **Public Health**.

# What providers should do?

1. **Adhere to NC's requirements for syphilis screening during pregnancy.** *Because a large percentage of mothers of infants with congenital syphilis have little or no prenatal care, it is important that non-prenatal healthcare encounters, such as urgent care or emergency room visits, are also utilized to provide syphilis screening.*
2. **Follow the [CDC guidelines](#) for treating syphilis in pregnancy with Benzathine penicillin G 2.4 million units, intramuscularly:**
  - ⇒ 1 dose if syphilis was acquired within the prior 12 months, or
  - ⇒ 3 doses, spaced 7-9 days apart, if syphilis was acquired >12 months prior. *If doses are missed or further than 9 days apart, treatment must be restarted.*
3. **Advise your patients to notify all sex partners of their exposure** to prevent re-infection. People can anonymously notify sex partners using [TellYourPartner.org](https://www.tellyourpartner.org)
4. **Wait to discharge newborns from the hospital** until the mother's delivery syphilis testing results are known.
5. **Report all newly diagnosed syphilis and HIV infections** to your [local health department](#) or to the NC Communicable Disease Branch at 919-733-3419 within 24 hours of diagnosis.
6. **Offer syphilis screening to all sexually active people** aged 15-44 years in counties with high rates of syphilis in women of reproductive age. County-level syphilis rates for women can be accessed here: [County-level Syphilis Rates | AtlasPlus | NCHHSTP | CDC](#)



## State Law





# Syphilis

[Print](#)

## Bicillin L-A® Shortage

The FDA has listed penicillin G benzathine injectable suspension products (Bicillin L-A®) on [their drug shortage webpage](#), noting limited supply due to increased demand. The FDA website includes an expected duration for the shortage. CDC continues to monitor the situation and will post updates as needed.

On 1/16/2024, the FDA announced that they have [exercised enforcement discretion for a temporary importation and use of Extencilline](#) (benzathine benzylpenicillin injection, powder, for suspension) to mitigate the effects of Bicillin L-A® drug shortage. See more in this [CDC letter](#).

Bicillin L-A® is the first-line recommended treatment for syphilis and the recommended treatment option for some patients.

During this time, programs can see [Clinical Reminders during Bicillin L-A® Shortage](#) for priority actions they can take.

## NC Medicaid to Cover Imported Benzathine Benzylpenicillin (Extencilline): Billing Guidelines

Effective with date of service Jan. 16, 2024, NC Medicaid covers benzathine benzylpenicillin (Extencilline)

NC Medicaid will now cover, effective for dates of service from Jan. 16, 2024, and limited to FDA authorization for importation, the following presentations of imported benzathine benzylpenicillin (Extencilline) for use in outpatient medical drug claims when billed with HCPCS code J0561 - Injection, penicillin g benzathine, 100,000 units and at outpatient pharmacy (point-of-sale).

This new coverage is being added to address the ongoing shortages of Bicillin® L-A (penicillin G benzathine injectable suspension). NC Medicaid coverage of imported Extencilline will end when the shortage has resolved. This applies to NC Medicaid Direct and NC Medicaid Managed Care.

The FDA has provided Extencilline distribution and administration information in [a letter to healthcare providers](#). Please note that the preparation and administration of Extencilline and the contraindications for prescribing differ from those for Bicillin® L-A. Benzathine benzylpenicillin is another name for Penicillin G benzathine. Extencilline will only be available by prescription in the



### FDA Info on Distribution & Administration

## NC Medicaid and Public Health Joint Statement on Congenital Syphilis

NC Medicaid and the Division of Public Health (DPH) are alerting providers to the increased prevalence of syphilis in women of reproductive age; existing standards of care include testing all pregnant women at first prenatal visit, between 28-32 weeks and at delivery; and NC state law on sexually transmitted diseases.

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Congenital syphilis rates are on the rise nationwide, with the Southern United States accounting for the majority (53%) of reported cases in 2022. In North Carolina (NC), over half the births are to Medicaid-eligible women, making Medicaid a pivotal player in addressing this issue. A recent [Vital Signs report](#) from Centers for Disease Control and Prevention (CDC) highlights missed opportunities for preventing congenital syphilis.

Collaborative efforts between Medicaid and public health leaders across the Southeast are underway to develop effective strategies that address this critical issue. Congenital syphilis is preventable, but can lead to still birth, blindness, deafness, developmental delay, and more if left untreated.



**More to come...**



**QUESTIONS?**