



Back Porch Chat

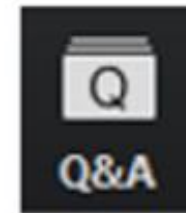
Closed Captioning is available for this webinar

Participants can access real-time captioning by clicking "Show Captions" within Zoom.

October 2023

Logistics for Today's Webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

Medicaid Expansion

02

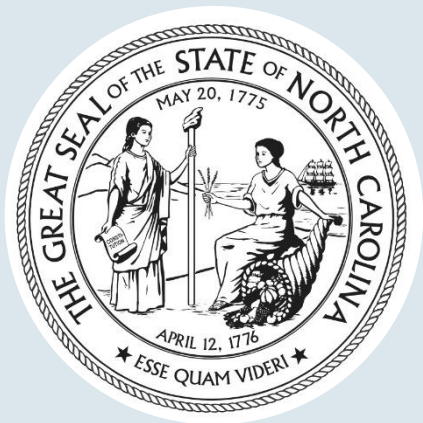
CAHPS Survey Results

03

Hot Topics

04

Q/A



Medicaid Expansion

Audience Response Question

What date is Medicaid Expanding in NC?

- a) It already did!
- b) I heard maybe Nov?
- c) December 1, 2023
- d) Sometime in 2024
- e) I don't think it will actually happen

Who Receives Medicaid in North Carolina Today?

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

Note: Numbers are rounded to the nearest hundred

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.

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

- ~300,000 (of the ~450K) 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.*

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

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.

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

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

Paths to Enrollment

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

How to apply:



ePASS

epass.nc.gov



Paper application

ncgov.servicenow.com



**In person at your
local DSS office**

ncdhhs.gov/localDSS



Call DSS office

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)

Get Engaged

Help North Carolinians get health coverage through Medicaid.

- Go to [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov) and sign up for updates about Medicaid expansion, including new resources.
- Use the Medicaid expansion toolkit to share information with your networks and communities: [medicaid.ncdhhs.gov/north-carolina-expands-Medicaid](https://www.medicaid.ncdhhs.gov/north-carolina-expands-Medicaid).
- Give presentations to help people know if they may be eligible and what to do. The Medicaid expansion toolkit includes a Medicaid Essentials deck with talking points: [medicaid.ncdhhs.gov/medicaid-essentials](https://www.medicaid.ncdhhs.gov/medicaid-essentials).

Be on the lookout for more information about Medicaid Essentials training.

Audience Response Question From August Chat

What excites you most about Medicaid Expansion?

- 1. Reducing uncompensated care in our safety net 14%
- 2. More money coming to health systems to build out their networks 8%
- 3. Getting more individuals a medical home 19%
- 4. Impacting the opioid epidemic with improved access to care and treatment 2%
- 5. Improving maternal health outcomes with earlier and more consistent access to care 5%
- 6. Finally making care available to men without children 15%
- 7. Mitigating health disparities in un- and under-insured people 36%
- 8. Economic benefits to the State with additional resources available 2%
- 9. Wait, what are we expanding? 0%

Audience Response Question From August Chat

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

| | |
|---|-----|
| 1. It is not actually going to happen | 10% |
| 2. All this start and stop is crazy making | 21% |
| 3. Burden of larger Medicaid population shifting practice payer mix | 17% |
| 4. A flood of patients that I don't have room for | 21% |
| 5. More missed appointments/no-shows | 8% |
| 6. Inability to get the referrals for complex unmet needs | 10% |
| 7. The burden of meeting unmet social needs in new population | 8% |
| 8. Teaching a new population how to access healthcare | 0% |
| 9. The cost to the state (will we bankrupt Medicaid?) | 6% |
| 10. Me, worry? I don't worry! | 0% |

Audience Response Question

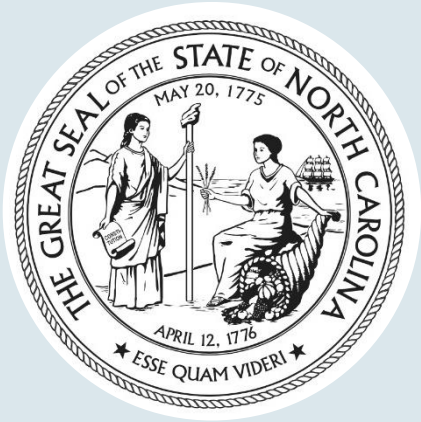
Now that we know it is happening for reals, here's what we are doing to prepare:

- a. We are creating some space in our schedules for new patient appointments!
- b. We are adding more telehealth slots.
- c. We are increasing our Care Management staff.
- d. We are ironing out any remaining billing challenges with PHPs.
- e. All of the Above
- f. None of the Above

Audience Response Question

When I get a survey or patient/provider experience evaluation I complete them:

- a. Exactly 0% of the time.
- b. It's half-half.
- c. Dude, always. I have things to say.
- d. I will complete them 2 or 3 times if they will let me.



2022 CAHPS Survey Results Overview

Hannah Fletcher, MPH, CHES®

NC Medicaid Survey Team Lead – Program Evaluation

Arianna Keil, MD

NC Medicaid Chief Quality Officer

2022 CAHPS Survey Overview

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

surveys administered annually by NC Medicaid

National standard for assessing members' health care experience.

Provide actionable feedback, with goal of improving overall care for beneficiaries.

The survey was administered to adult and child¹ members in:

Five Standard Plans (SP)

Four specific NC Medicaid populations

SP enrollees receiving behavioral health services,

American Indian or Alaska Native individuals enrolled in EBCI Tribal Option,

Members receiving care through Medicaid Direct, and

Medicaid Direct enrollees projected to be eligible for Tailored Plans (TPs).

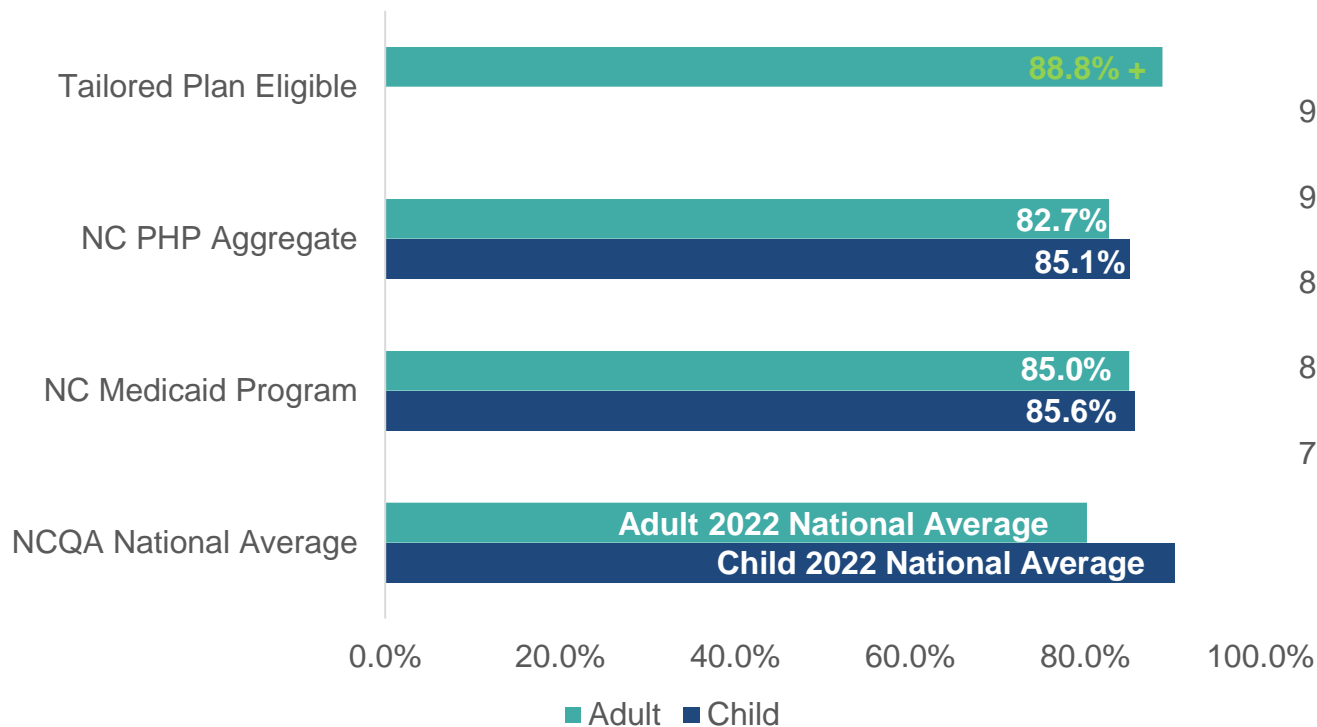
- Beneficiaries completed surveys between June 7 and October 11, 2022, by mail or telephone.
- **All SP and Tribal Option specific results were not reported due to many measures collecting fewer than 100 responses.**

| | Total Surveys Completed | Overall Response Rate |
|-------|-------------------------|-----------------------|
| Adult | 1,029 | 8.3% |
| Child | 1,305 | 9.3% |

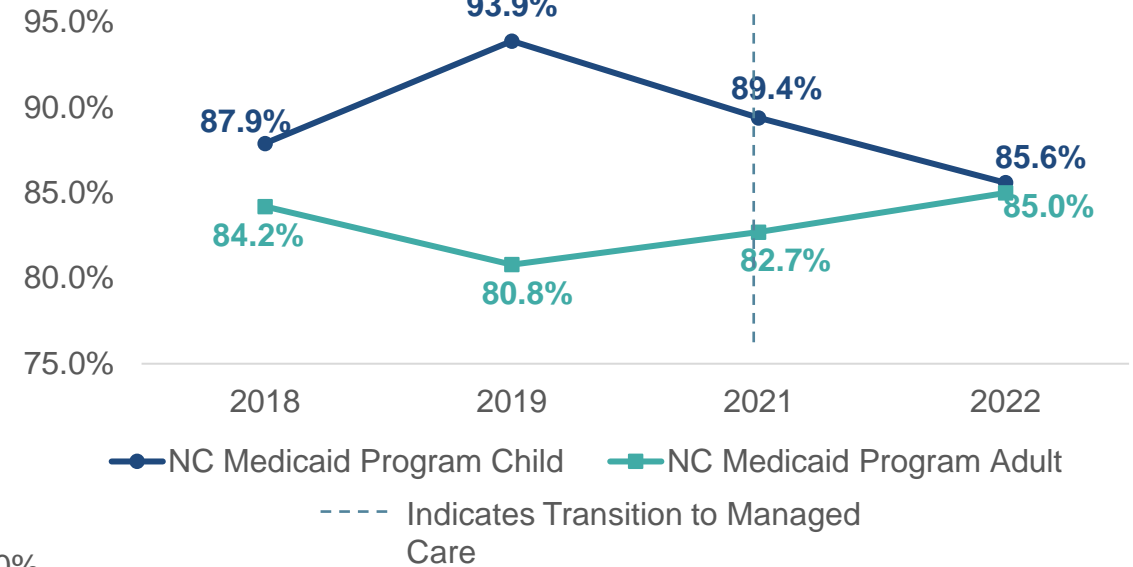
¹Parents or guardians of child members responded on behalf of their child

Ensure Timely Access

Adult and Child Respondents Who Usually or Always Got Care Quickly



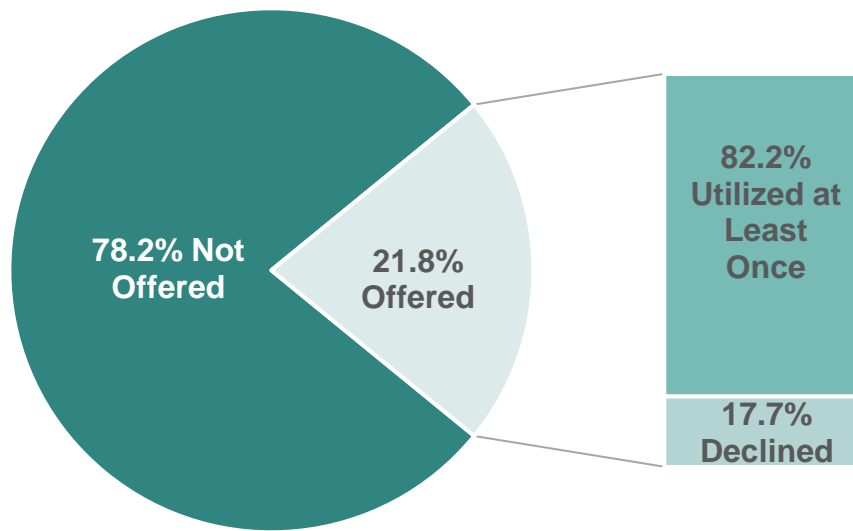
Adult and Child Respondents Who Usually or Always Got Care Quickly



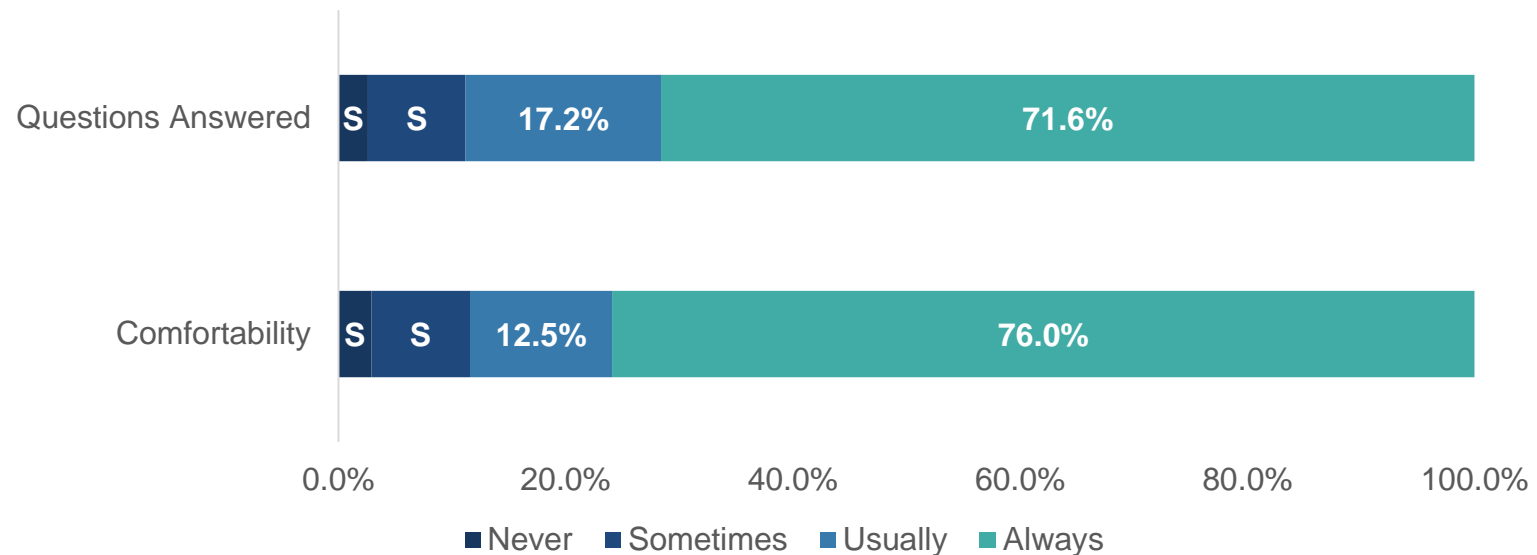
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 Green text indicates the score is significantly higher than the NCQA National Average

Ensure Timely Access: Telehealth

Adult Respondents Offered **Telehealth** Instead of In-Person and Utilization When Offered



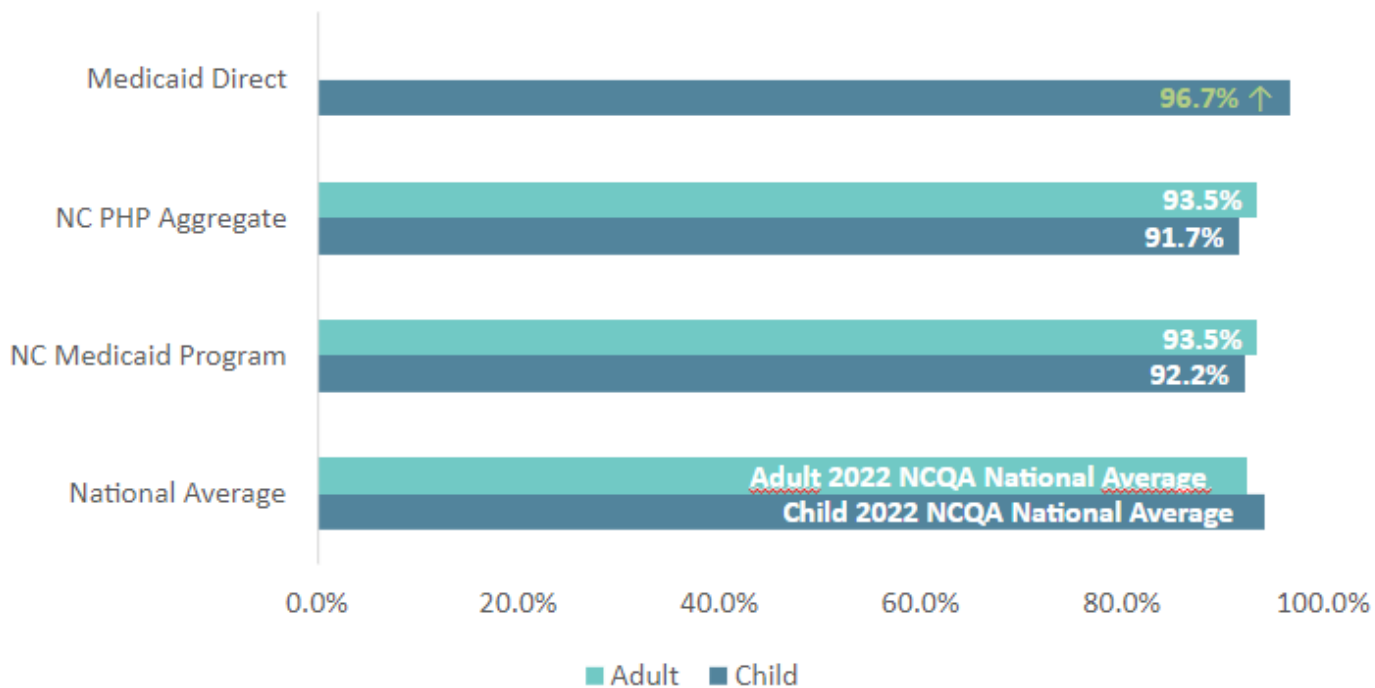
Adult Respondents Who Utilized **Telehealth**: How often their questions were answered during the appointment and how often they felt comfortable with how to take care of their health



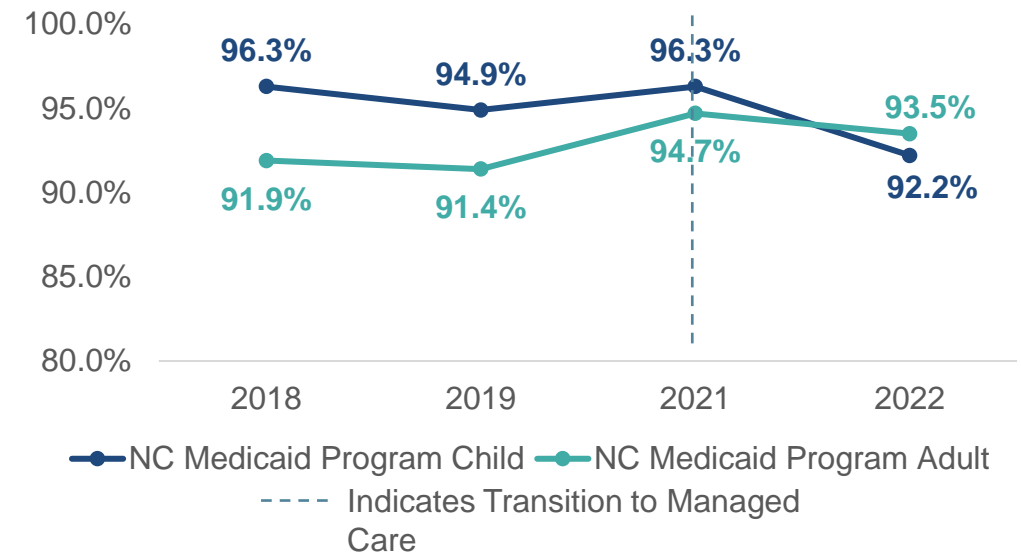
- ★ Adult members who utilized telehealth at least once: 85.3% positively rated their telehealth care experience.
- ★ 65.6% experienced no technical issues.

Promote Patient Engagement

Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well With Them/Their Child



Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well With Them/Their Child

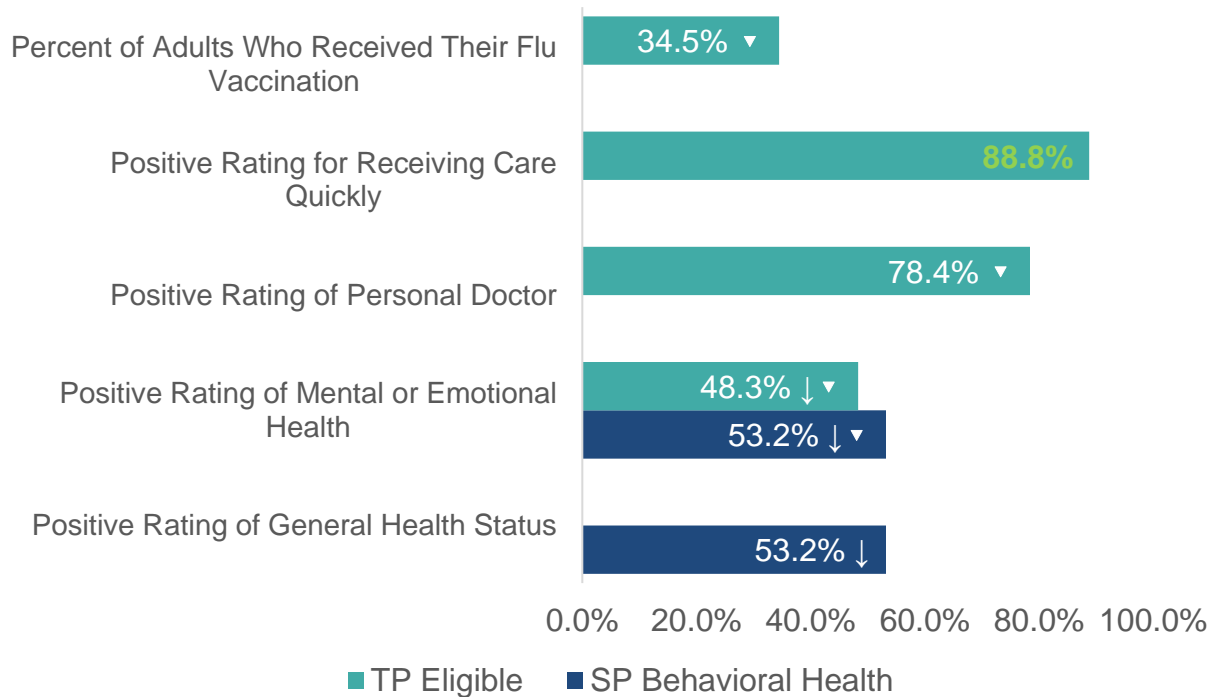


Green text indicates the score is significantly higher than the NCQA National Average

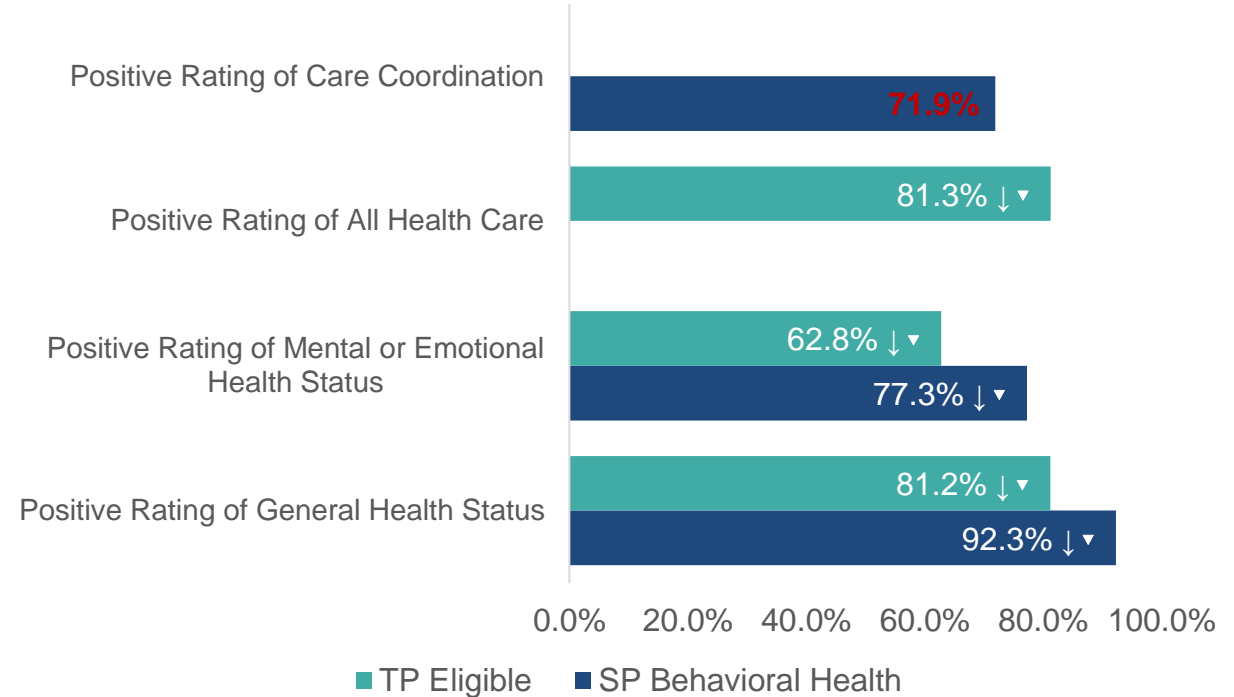
↑ Indicates the score is significantly higher than the NC PHP Aggregate

Improve Care for People with Behavioral Health Concerns

Adult Significant Differences Stratified by SP Behavioral Health and TP Eligible Respondents



Child Significant Differences Stratified by SP Behavioral Health and TP Eligible Respondents



Green text indicates the score is significantly higher than the NCQA National Average

Red text indicates the score is significantly lower than the NCQA National Average

↓ Indicates the score is significantly lower than the NC PHP Aggregate

▼ Indicates the score is significantly lower than the NC Medicaid Program

Strengths and Growth Opportunities

NC Medicaid Aggregate Star Ratings Comparing Positive Ratings Results to the NCQA National Percentiles

| Measure | NC Medicaid Program Compared to NCQA National Percentiles | | |
|--------------------------------------|---|---------------|------------|
| | Adult | General Child | CCC |
| Rating of Health Plan | ★★ 76.3% | ★ 83.5% | ★ 80.3% |
| Getting Needed Care | ★★★★ 83.9% | ★★ 83.6% | ★★ 86.5% |
| Coordination of Care | ★★★★ 88.2% | ★★ 83.0% | ★ 81.5% |
| Getting Care Quickly | ★★★★ 85.0% | ★★ 85.6% | ★★ 90.7% |
| Rating of Specialist Seen Most Often | ★★★★ 86.4% | ★★★★ 88.9% | ★★★ 88.1% |
| How Well Doctors Communicate | ★★★★ 93.5% | ★ 92.2% | ★★★★ 95.4% |
| Customer Service | ★★★★ 90.3% | ★ 82.5% | N/A 86.7% |

Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile

Promote Health Equity

Ethnicity

- Hispanic members reported *significantly lower* positive ratings for many measures across both adult and child populations

Race

- Compared with White respondents, Adult Black respondents reported
 - *Significantly higher* positive ratings for measures that address tobacco use
 - *Significantly lower* positive ratings for several measures
- Child respondents reported less significant differences by race than adult respondents
 - Some exceptions
 - Parents of Black children reported significantly lower positive ratings on Rating of Health Plan
 - Parents of Black children with chronic conditions reported significantly lower positive ratings on Rating of All Health Care.

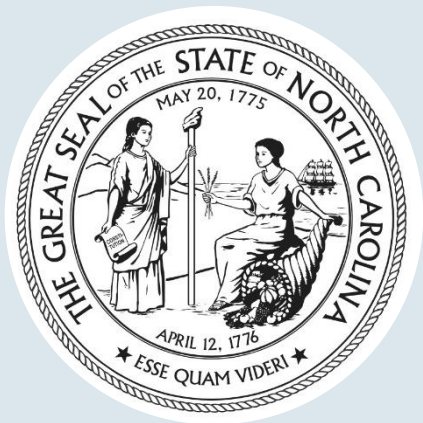
2022 CAHPS Survey Results Resources

Aggregate report

<https://medicaid.ncdhhs.gov/nc-cahps-2022-survey-full-report/download?attachment>

Summary document

<https://medicaid.ncdhhs.gov/nc-cahps-2022-survey-report-two-page-summary/download?attachment>



Hot Topics

Audience Response Question

In our Post Pandemic reality, I spend most of my clinic time worrying about:

- a. Making ends meet for my practice budget.
- b. Staffing to capacity.
- c. Filling our schedules.
- d. Making telehealth modernizations part of our normal culture.
- e. Getting patients needed referrals
- f. Coding things the right way
- g. Closing care gaps
- h. Fat Bear Week
- i. Not a worrier

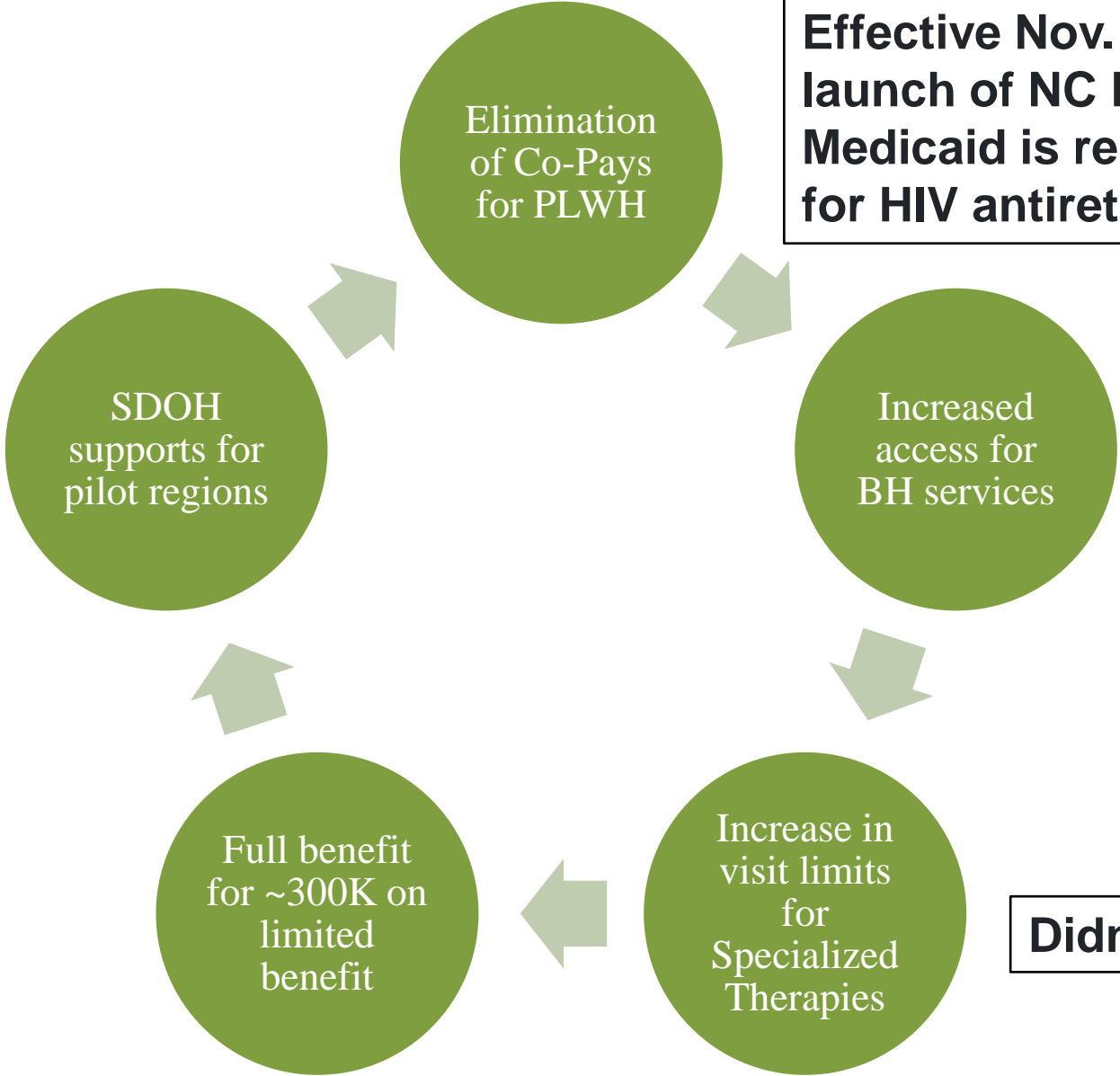


Do you know...

Who's Who on the Medicaid Medical Leadership team?

Some Expansion Clinical Impacts

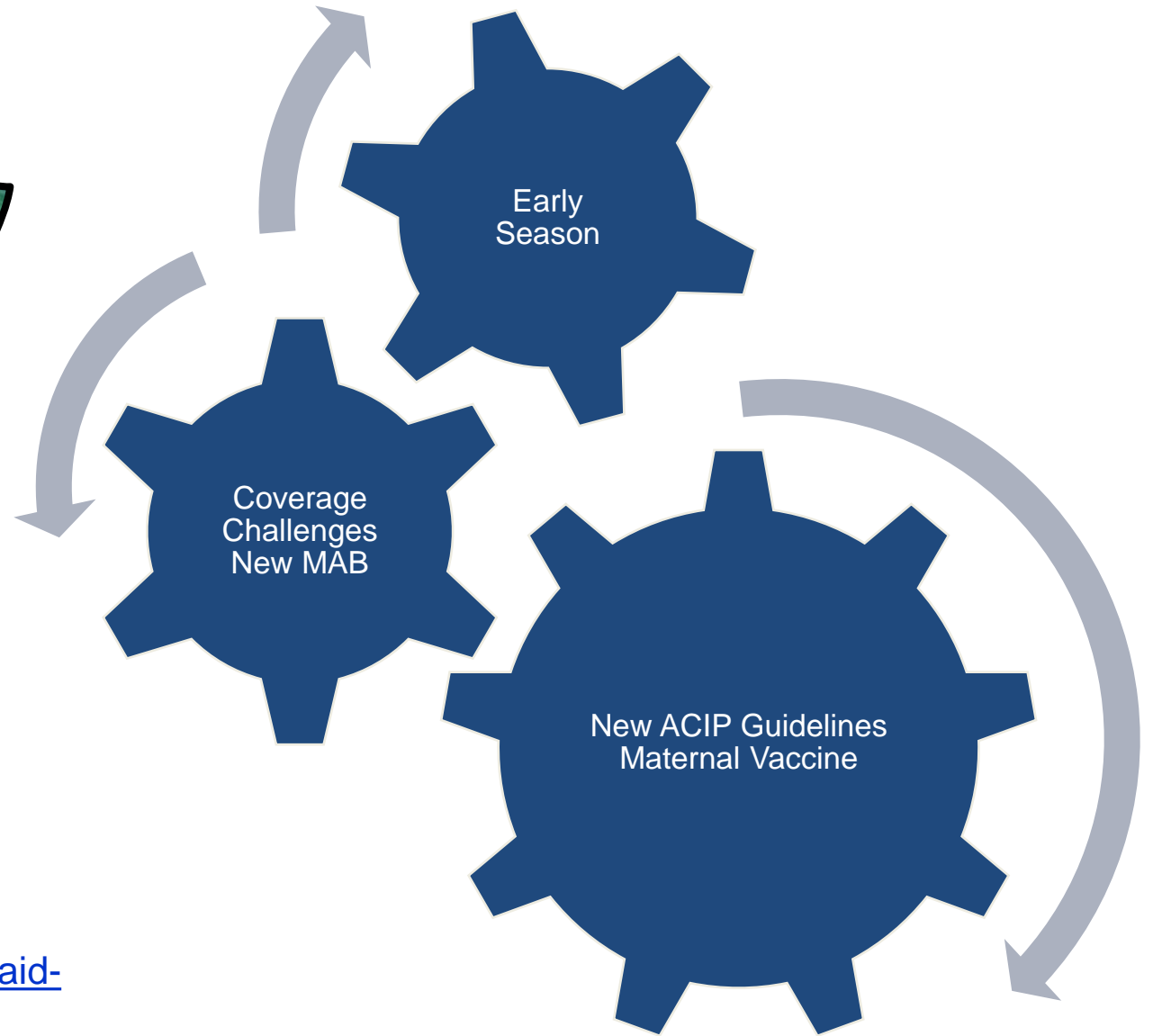
Effective Nov. 1, 2023, in preparation for the launch of NC Medicaid Expansion, NC Medicaid is removing copayment requirements for HIV antiretroviral (ARV) medications.



Upcoming budget impacts of rate modernizations!

Didn't see that coming!!

RSV Keeping Us Awake



<https://medicaid.ncdhhs.gov/blog/2023/10/05/nc-medicaid-respiratory-syncytial-virus-rsv-guidelines-2023-2024>



COVID Vaccine
Reimbursement



Over The
Counter COVID
Tests



COVID
Counseling
Reimbursement

<https://medicaid.ncdhhs.gov/blog/2023/07/14/special-bulletin-covid-19-268-covid-19-testing-vaccination-and-counseling-coverage-after-federal>

Sunset of Enhanced Medical Home PMPM for TCM-Eligible Members

- Effective Oct. 1, 2023, the medical home PMPM rates paid to AMHs for **TCM-eligible** ABD (Aged, Blind and Disabled) and Non-ABD beneficiaries will return to their original levels, as follows:
 - **ABD Beneficiaries:** \$5.00 PMPM
 - **Non-ABD Beneficiaries:** \$2.50 PMPM
- [Public Notice](#)
- This update is based on various factors, including a reassessment of Medicaid's funding structure





- The rate of overdose deaths **increased by 21.77%** compared to the **prior demonstration year**.
- Among the following sub-populations, the overdose death rate:
 - increased by **34.50%** among **beneficiaries with OUD**
 - **increased by 36.69%** among **beneficiaries under age 18**
 - increased by **4.23%** among **beneficiaries age 18 to 64**
 - **decreased by 38.06%** among **beneficiaries age >65**



Telehealth Policy Paper

The brief highlights North Carolina's approach to telehealth policymaking, both in response to the COVID-19 pandemic and thereafter, to serve as a model to other states undertaking telehealth policymaking and evaluation.



<https://www.ncdhhs.gov/tele-transformation-north-carolina-sept-2023/download?attachment>

Is your practice looking for a psychiatric consultant trained in Collaborative Care?

The American Psychiatric Association trained ~4000 psychiatrists and 400 primary care physicians around the country in the Collaborative Care Model (CoCM) and many of them are here in North Carolina!

These trained psychiatrists are ready to start working with you to implement the model in your practices!

Please visit www.ncpsychiatry.org/cocm-matching to provide a description of your practice. The type of questions asked will include:

- Location of your practice in NC
- Size of your practice (number of physicians in practice, size of your full patient panel)
- Patient population (adult, child, adolescent, geri, etc)
- Your timeline for implementing
- Diagnoses targeted for CoCM (anxiety, depression, etc.)

What you will receive back:

- Name, profile, and contact information of interested psychiatrists

Please send any questions to info@ncpsychiatry.org with the subject line "Consulting Psych Match"

Provider Associations (Family Medicine, Pediatrics, Psychiatry) creating "matches" between PCPs and Psychiatrists, Hosting Kick Offs, Training Annual Meetings Promoting CME and Best Practice Models

PLUS: Access to no cost Registry tool through CCNC partnership.

Collaborative Care Model (CoCM)



An Evidence-Based Approach for Integrated Behavioral Health in Primary Care Settings

What is the Collaborative Care Model (CoCM)?

Collaborative Care Model (CoCM) is an integrated modality that provides patients with medical and behavioral health care in a primary care setting. An increasing number of primary care settings are incorporating behavioral health services. Benefits of CoCM include better patient outcomes, improved patient and provider satisfaction, and reduction in health care costs. In addition, using CoCM may reduce health disparities in access to behavioral health. Most payors in North Carolina already cover the CoCM billing codes.

The Collaborative Care Model leverages a team-based, interdisciplinary and systematic approach to screen, diagnose, treat, and provide follow-up care. The CoCM includes:

- A team made up of a **Primary Care Provider (PCP)** who leads the team, a **Behavioral Health Care Manager (BHCM)**, and a **Psychiatric Consultant**;
- care coordination and management;
- regular/proactive monitoring and treatment using validated clinical rating scales;
- and systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.

NC AHEC Learning Collaborative(supported with Medicaid funding):

- **Practice Support:** coaches with expertise in primary care and behavioral health work w/practices to implement the model w/best practice standards.
- **Educational Courses:** important Collaborative Care topics are provided online to any provider or practice; continuing education credits offered.
- **Virtual Peer Collaboratives:** provide both a learning and networking opportunity with Subject Matter Experts presenting and facilitating.

<https://www.ncahec.net/practice-support/collaborative-care/>

COLLABORATIVE CARE MANAGEMENT

Rate Increase for Psychiatric Collaborative Care Management Effective Dec. 1, 2022

In response to provider requests and to better align with the Centers for Medicare and Medicaid Services (CMS) on reimbursement for behavioral health integration in primary care settings, NC Medicaid has increased the rates for Psychiatric Collaborative Care codes 99492, 99493 and 99494. NC Medicaid's updated coverage for collaborative care management was [previously published Nov. 21, 2022](#). Notably, the reimbursement rate has now increased to 120% of Medicare rates to demonstrate the state's commitment to improving access to high-quality behavioral health services through Medicaid.

Claims submitted prior to rate implementation in NC Tracks on Dec. 13, 2022, will be systematically processed. No provider action is required.

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or advanced practice provider (APP) (e.g., Nurse Practitioner/Physician Assistant (NP/PA) in a primary care setting. These services are rendered when a beneficiary has a diagnosed psychiatric disorder and requires assessment, care planning and provision of brief interventions. These beneficiaries may require assistance engaging in treatment or further assessment prior to being referred to a psychiatric care setting.

[Link to NC Medicaid Bulletin on Updated Clinical Coverage for Psychiatric Collaborative Care Management](#)

NC Medicaid Alignment of clinical coverage policies; enhanced reimbursement

DMHDDSAS Coordination with NCPAL, Supporting Work Groups, Advising Consortium

Clinical Coverage Requests for External Stakeholders



- Historically, people outside of Medicaid did not have a consistent path for requesting coverage.
 - PAG is positioned to respond to Medicaid policies as submitted, not request coverage.
 - Health Plans have ability to expand beyond the floor for most policies except where mandated.
- COVID created an urgent need to expedite clinical coverage changes and identified an opportunity to create a more streamlined and reliable process.
- NC Medicaid started formally receiving requests for coverage from external stakeholders November 2020.
 - With the launch of this process, the [Provider/Stakeholder Request for Coverage Form webpage](#) was also launched.
 - Despite this process, the field continues to find creative ways through lobbyists, "inside connections", and one-off emails to request approvals.

Audience Response Question

Regarding the Clinical Coverage Request Process:

- a. I did not know it was a thing
- b. I think NC Medicaid is perfect the way it is
- c. Is there a limit to how many things we can ask for?
- d. This is pretty cool. I'm stoked. But will never use it.
- e. I tried using it and it didn't work.

Provider Reverification

Due to the pause in reverification, NC Medicaid had an inventory of almost 30,000 providers whose reverification was delayed. As a result, there is a special effort underway to bring reverification activities current.

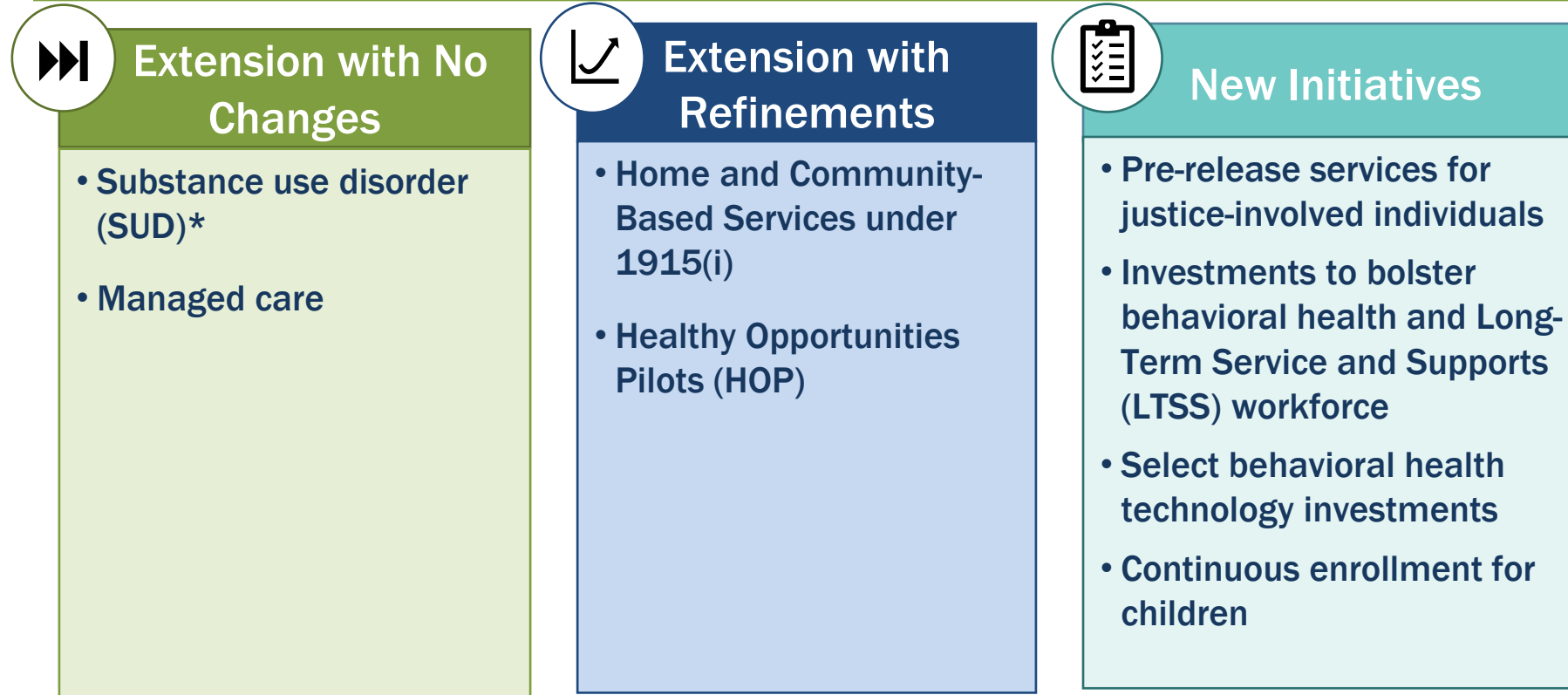
As of September 30, 2023:

- 15,008 letters sent
- 7,174 reverification application received (48% response rate)
 - 73% have been approved
 - 1% denied
 - 12% withdrawn
 - 3% abandoned
 - 11% pending
- 1,685 providers were suspended
- 729 providers terminated



Proposed Initiatives in 1115 Demonstration Renewal

North Carolina is requesting the following in its demonstration renewal application: extensions of ongoing initiatives that were approved for the original 1115 demonstration, refinements of ongoing initiatives and select new waiver initiatives.



Improving health access is at the center of both the broader Medicaid managed care program and the new initiatives the State will include in its 1115 waiver renewal.

*SUD waiver extension request was submitted on June 14, 2023.

Managed Care Interim Evaluation Report Background

- **Evaluates progress on the first two goals of the 1115 waiver**
 - 1) To improve Medicaid beneficiary health outcomes through the implementation of a new delivery system,
 - 2) To enhance the viability and sustainability of the NC Medicaid program by maximizing the receipt of high-value care
- **Examines**
 - Changes in measures reflecting quality of care, process of care, and health outcomes
 - Clinician provider feedback via qualitative interviews and Medicaid Provider Survey
- **Evaluation study period: November 1, 2019 – February 28, 2023**
 - Baseline: November 2019 (flag identifying beneficiaries eligible for SPs became available)–June 2021
 - SP intervention period: July 2021-February 2023
- **Most of the analyses compare the trends in metrics before and after launch of SPs, while controlling observable variables such as comorbidities and demographic characteristics.**
- **Important limitation: Cannot untangle impact of PHE from MC launch impact**

Audience Response Question

Of all the things in 1115 Waiver I am MOST excited about:

- a. Expanding the Healthy Opportunities Pilots statewide
- b. Moving into jails and prisons for supports
- c. Continuous enrollment for kids 0-5
- d. Increasing enrollment intervals to 24 months for 2-5
- e. Workforce investments for LTSS and BH
- f. BH technology investments
- g. Home and Community Based services in 1915i
- h. I know you just had a slide about this, but I have no idea what you are talking about!



QUESTIONS?

Provider Reverification - Resources

**AVOID
SUSPENSION:
CHECK YOUR
RE-VERIFICATION
DUE DATE TODAY**

Online

- [NCTracks Provider Reverification/Recredentialing Webpage](#): Basic Information and links to the following additional resources.
- [NCTracks Reverification/Recredentialing FAQs](#)
- [NCTracks User Guide](#): “How to Complete Re-verification in NCTracks”
- [Reverification Due Date List](#): List of providers and their due date. Only updated biannually.
- [NC Medicaid Provider webpage](#): Access to Medicaid Bulletin articles and Provider Enrollment information

Contacts

- NCTracks Call Center: 800-688-6696
- Medicaid Provider Ombudsman:
Medicaid.ProviderOmbudsman@dhhs.nc.gov

Since March of 2022, over 40 articles published by NC Medicaid of the reinstatement and need to reverify.