

DO THE STATE OF NORTH CARD

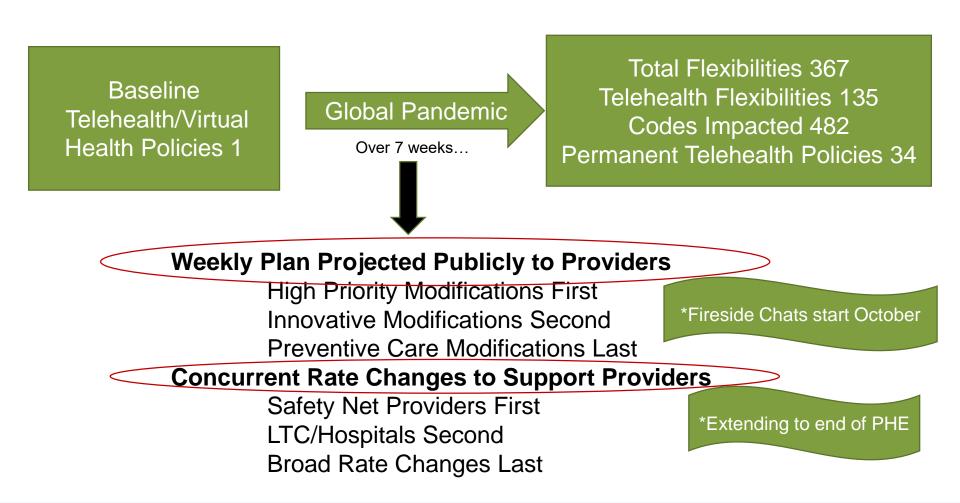
NC Department of Health and Human Services

CHIEF MEDICAL OFFICER (CMO) UPDATE

Shannon Dowler, MD Chief Medical Officer, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting September 18, 2020

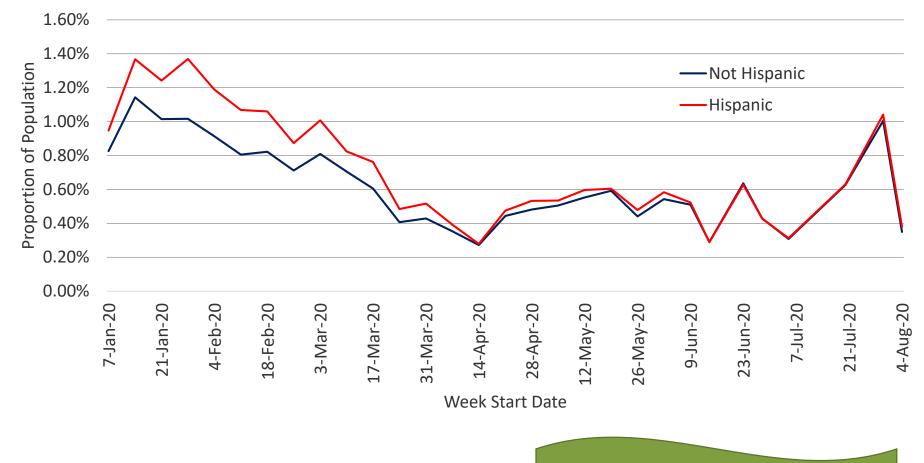
Telehealth Before the Pandemic: In the beginning, there was 1.



Hybrid Visit: Home Health/Telehealth

- Provides coordination of the telehealth visit through a simultaneous home visit
- Enhances physical exam with:
 - Vital sign components
 - Focused exam exploration and documentation
 - Additional testing modalities(spirometry, NST, etc...)
- Allows for survey of home environment
- Can include:
 - Labs(POC and serology)
 - Immunizations
 - Medication Administration

Weekly Proportion of Population¹ Receiving Childhood Immunizations* by Ethnicity



*Keeping Kids Well Initiative

¹A higher value is favorable

HOTSPOTTING TELEHEALTH DESERTS: Provider Outreach

Primary Care Providers - Patient Risk for COVID-19

Pick County Yancey

 \equiv

All providers

ROBERT DALE CLARK 137 NOTALEE ST NEWLAND, 28657 828-528-3009

COVID-19 High Risk Pop.: 7.39 Minority Pop.: 10.11% Access to Care: Adequate High Speed Internet: Yes AMH: Yes

JOSEPH D BARKER 2139 LINVILLE FALLS HWY LINVILLE, 28646 828-733-0270

COVID-19 High Risk Pop.: 7.399 Minority Pop.: 10.63% Access to Care: Adequate High Speed Internet: Yes AMH: No

LEVERNE SMITH FOX JR 2139 LINVILLE FALLS

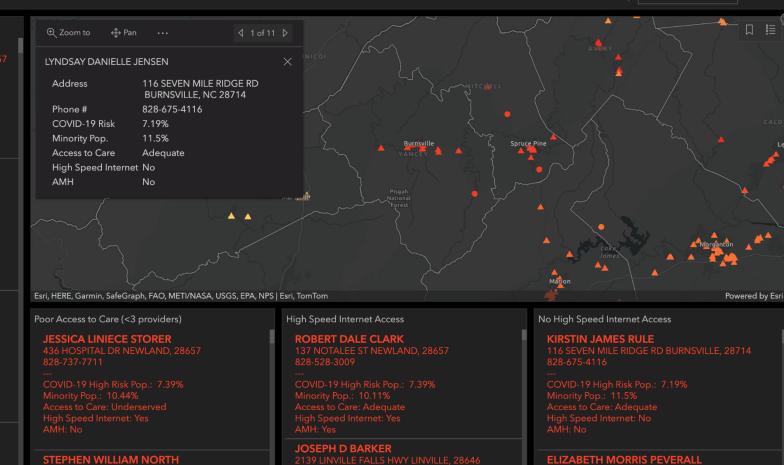
HWY LINVILLE, 28646 877-287-3643

COVID-19 High Risk Pop.: 7.399 Minority Pop.: 10.63% Access to Care: Adequate High Speed Internet: Yes AMH: No

LEESA ANNE SAMPSON 360 BEECH ST NEWLAND, 28657 828-733-5889

COVID-19 High Risk Pop.: 7.39%

Results sorted by COVID-19 Risk



Results sorted by COVID-19 Risk

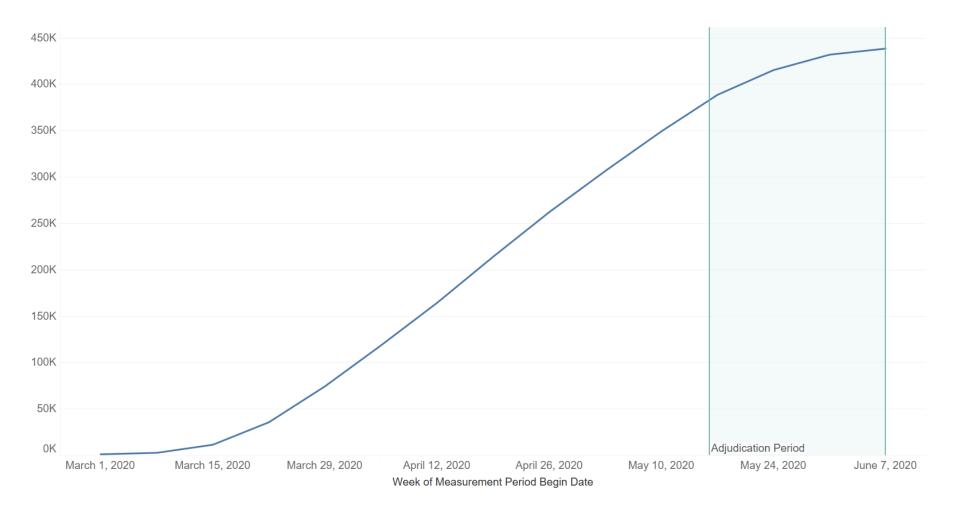
Results sorted by COVID-19 Risk

11 N MITCHELL AVE BAKERSVILLE, 28705 828-467-8815

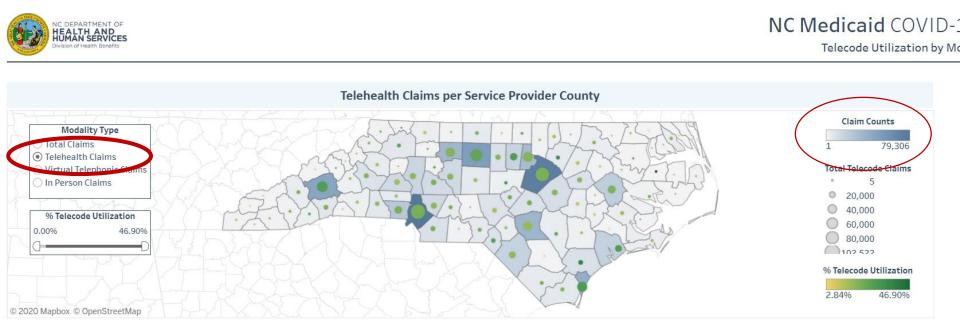
Results sorted by COVID-19 Risk

116 SEVEN MILE RIDGE RD BURNSVILLE, 28714 828-675-4116

Count of Beneficiaries Using Teleservices | 03/01/2020 – 06/07/2020

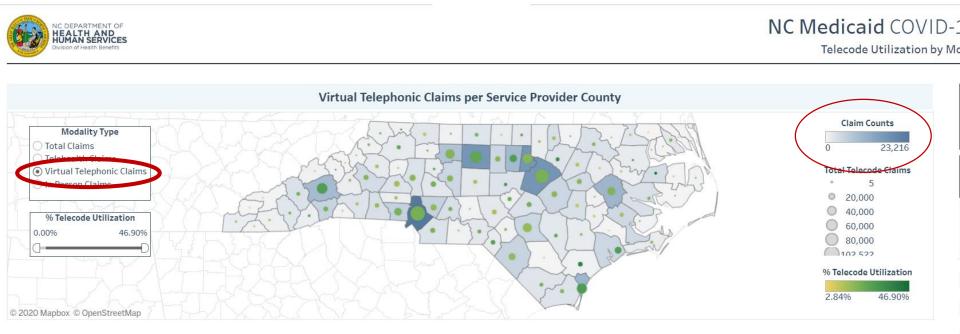


Telehealth Claims – COVID Flexibilities Utilization



Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

Telephonic Claims – COVID Flexibilities Utilization



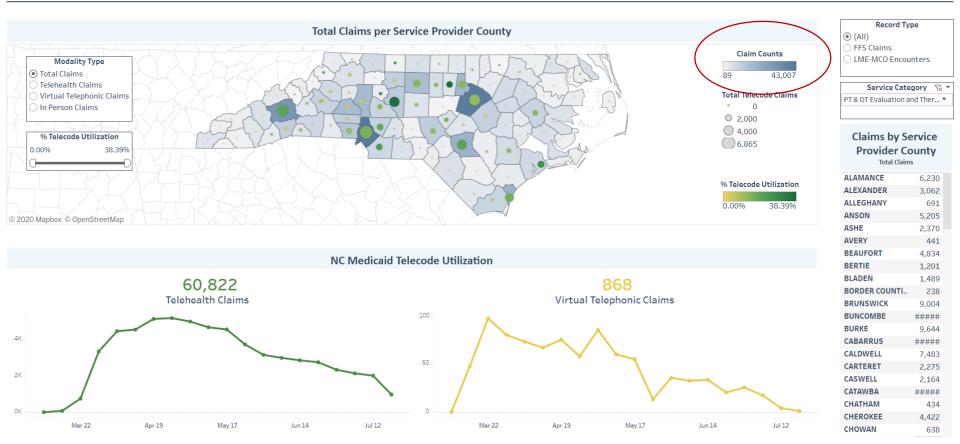
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

All Claims – COVID Flexibilities PT/OT



NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Provider County



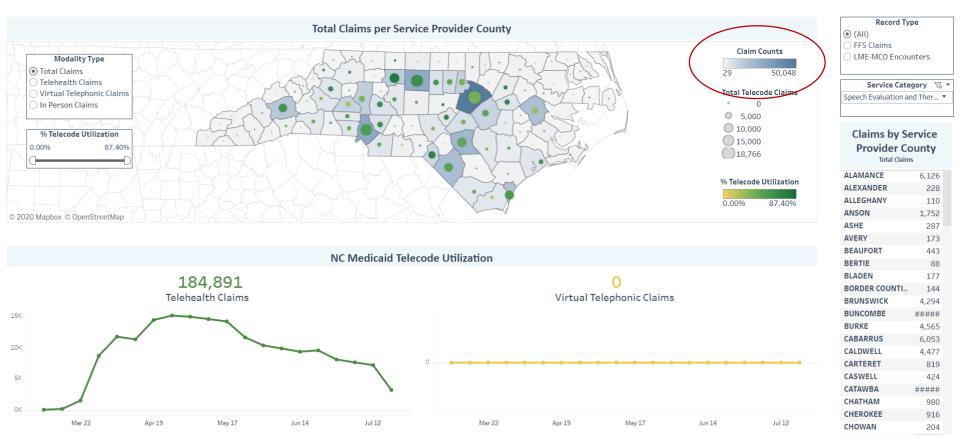
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

All Claims – COVID Flexibilities Speech



NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Provider County



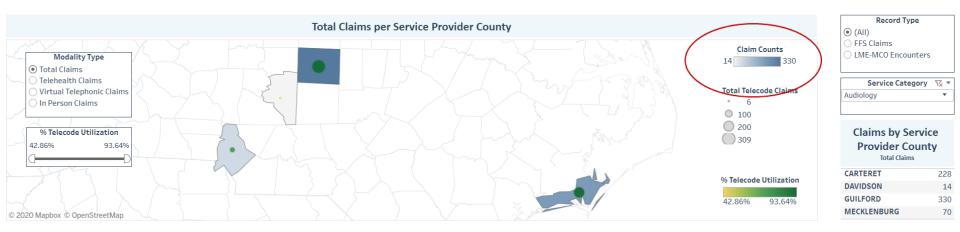
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

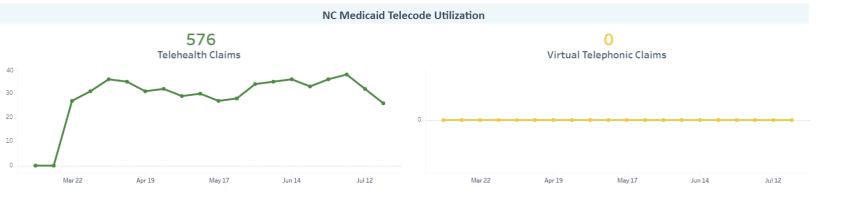
All Claims – COVID Flexibilities Audiology



NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Provider County





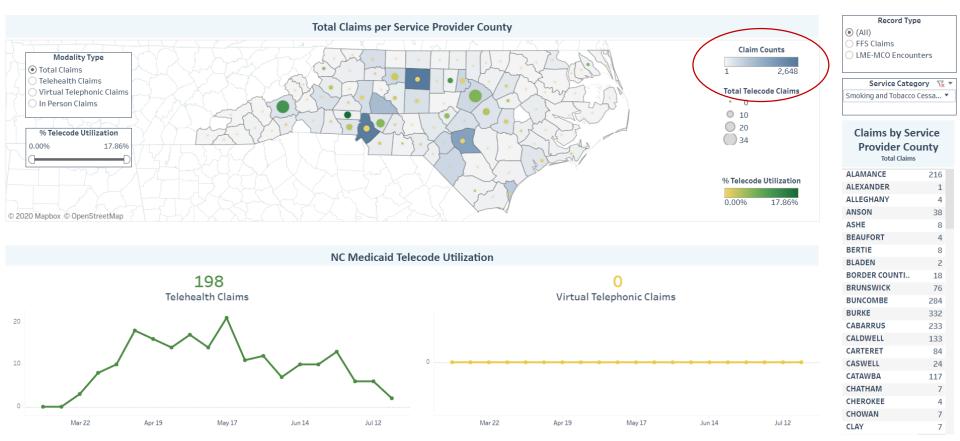
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

All Claims – COVID Flexibilities Smoking and Tobacco Cessation



NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Provider County



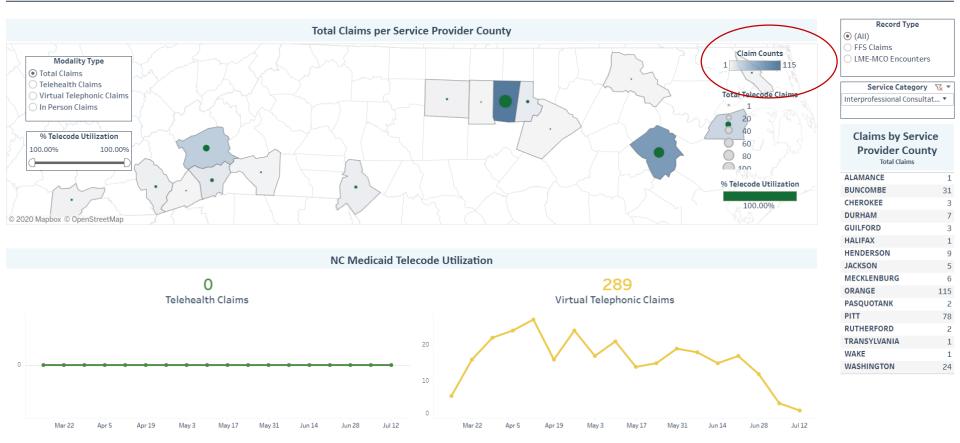
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

All Claims – COVID Flexibilities Interprofessional Consult



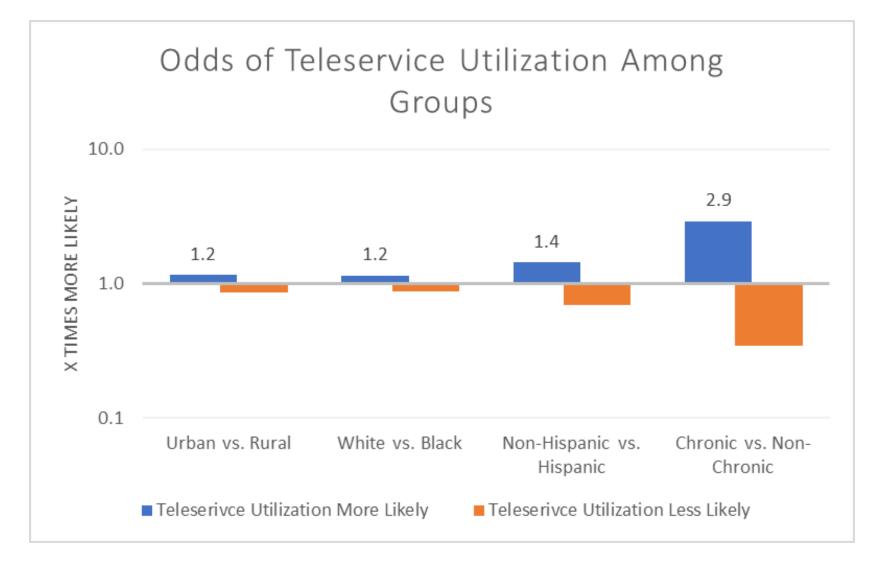
NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Provider County

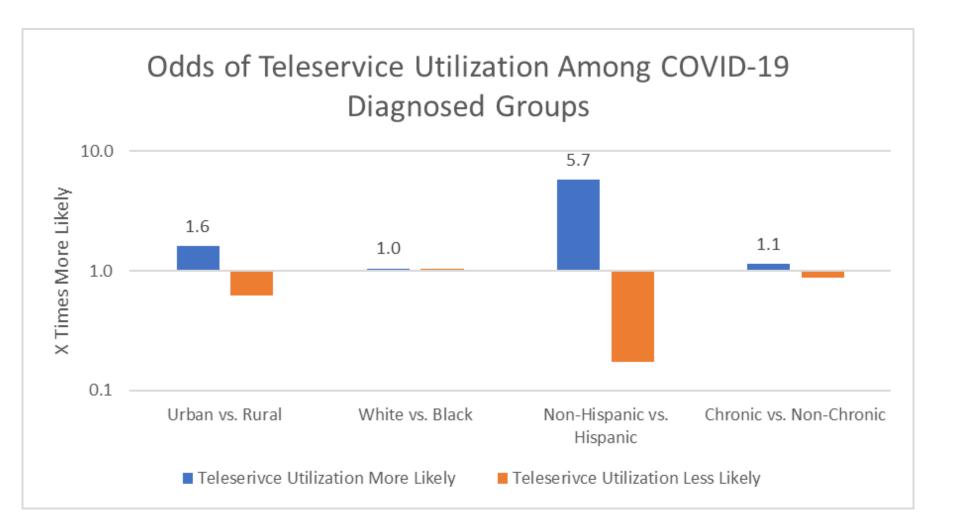


Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

Teleservice Utilization Odds by Geography, Race and Disease Type



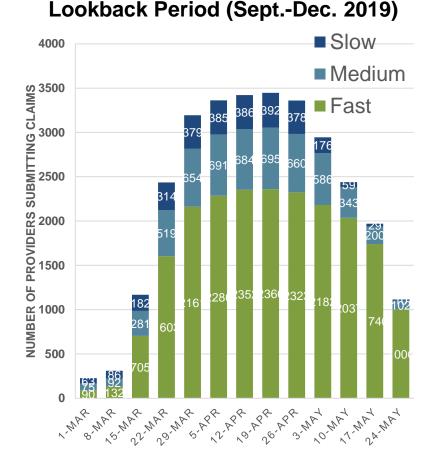
Teleservice Utilization Odds by COVID-19 Diagnosed Groups



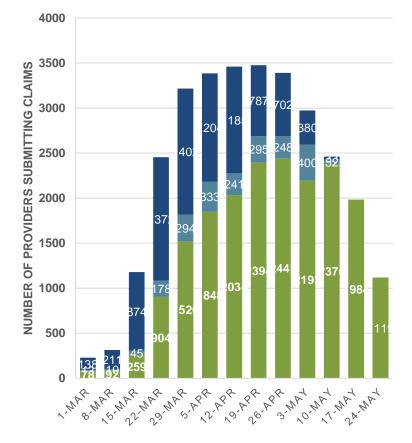
Rates of Telehealth Among ABD Beneficiaries

Total Patients	Total Telehealth	Client ABD Status	Percent Telehealth
21,124	2,797	NULL	13.24%
410,777	86,848	Νο	21.14%
114,680	31,745	Yes	27.68%

Providers engaged in teleservices were slower to bill



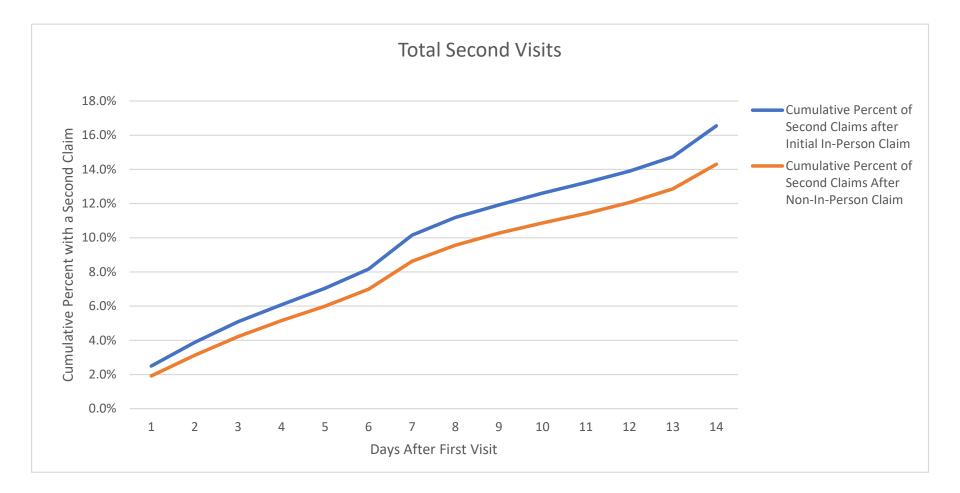
COVID-19 Period (March-May 2020)



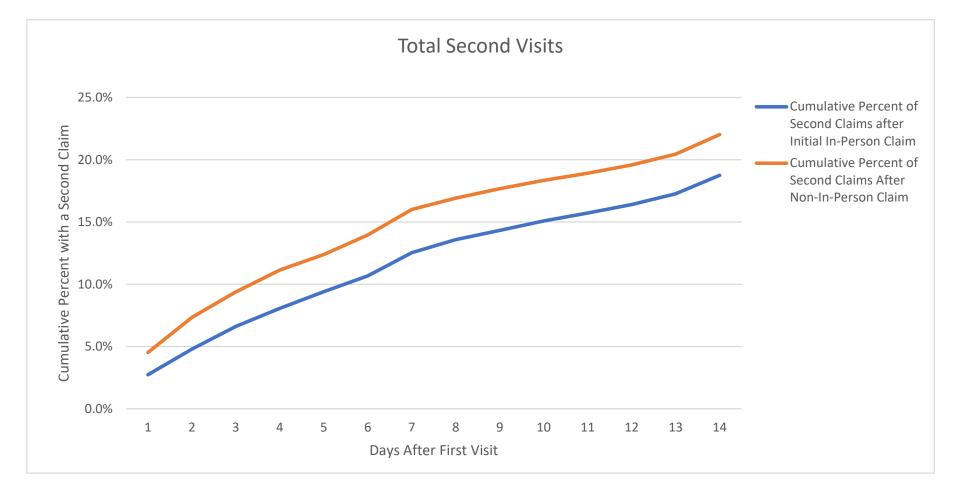
Using Teleservices to Close Care Gaps: Primary Care

Primary care practices'		# of Patients	Est. % of Panel
level of teleservice claims		Receiving	Accessing
through May 2020	# of Practices	Primary Care	Practice
HIGH (100+)	91	111493	32%
MED (20-99)	357	87059	22%
LOW (1-19)	586	60922	20%
NONE	586	64829	16%
Grand Total	1620	324303	22%

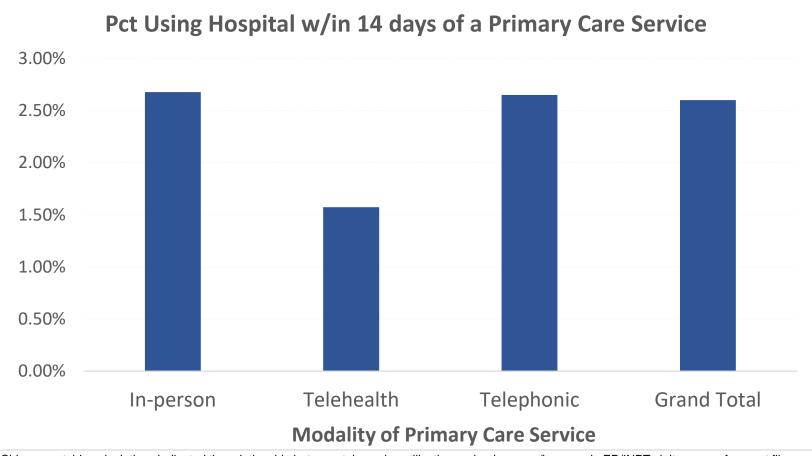
A Second Visit Was Less Likely After Teleservices



A Second Visit Was <u>MORE</u> Likely After Teleservices for ILI Symptoms



Hospitalization Following Primary Care Visit



*Chi-square table calculations indicated the relationship between teleservice utilization and a decrease/increase in ED/INPT visits among frequent flier populations was not statistically significant.

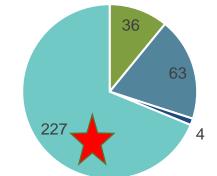
Impact on Total Cost of Care

\$1,600							
\$1,400							
\$1,200							
\$1,000							
\$800							
\$600							
\$400			_				
\$200							
\$0							
·	Telephonic	Telehealth	In-person	Telephonic	Telehealth	In-person	
	Non-ABD	Non-ABD	Non-ABD	ABD	ABD	ABD	

Moving Past the Pandemic: Policy Permanence

Circuit Breaker Recommendati	ons 👻	#	%
Recommended Keep		43	11.7%
Recommend keep with changes		68	18.5%
Consider Keep		4	1.1%
Recommend to not keep		252	68.7%
Grand Total		367	100.0%
Workstream Recommendations 👻	#	%	
Benefits	121	33.0%	
Recommended Keep	14	3.8%	
Recommend keep with changes	39	10.6%	
Consider Keep	3	0.8%	Clinical F
Recommend to not keep	65	17.7%	
Finance and Rate Setting	20	5.4%	
Recommended Keep	6	1.6%	
Recommend keep with changes	3	0.8%	
Recommend to not keep	11	3.0%	
□ LME-MCO	200	54.5%	
Recommended Keep	19	5.2%	
Recommend keep with changes	24	6.5%	
Consider Keep	1	0.3%	
Recommend to not keep	156	42.5%	227.
Member Services	8	2.2%	
Recommend to not keep	8	2.2%	
🗏 Pharmacy	9	2.5%	
Recommended Keep	3	0.8%	
Recommend to not keep	6	1.6%	
Provider Operations	6	1.6%	5
Recommend to not keep	6	1.6%	Recommended
Command Center 2		0.5%	Consider
Recommend keep with changes	2	0.5%	
🗏 Contact Center	1	0.3%	
Recommended Keep	1	0.3%	
Grand Total	367	100.0%	

Clinical Provisions N=332



Recommend Keep Keep with Changes

DO NOT KEEP

Pandemic Clinical Policy

Dependent on Federal Public Health Emergency

Waiver Document	Expiration	Implementation Requirement (e.g., State <u>may</u> vs. State <u>must</u> implement)	Authority to End Early (e.g., State may end early vs. must remain through end of Waiver period)
1115 Waiver	Expires at end of PHE + 60 days (evaluation due 1 year after end of demonstration completion)	State may implement granted flexibilities	State may end early
1135 Waiver	Expires at end of PHE	State may implement granted flexibilities	State may end early
Medicaid Disaster SPAs	Expires at end of PHE	State must implement granted flexibilities	State may end early
CHIP Disaster SPA	Expires at end of PHE or state-declared emergency	State must implement granted flexibilities	State may end early
CMS Blanket Waivers	Expires at the end of the PHE	State <u>must</u> implement granted flexibilities for Medicare*	Flexibilities remain through PHE**
Concurrence Letter	Expires at the end of the PHE	State may implement granted flexibilities	State may end early
Appendix Ks	Expires on March 12, 2021	State must implement granted flexibilities	State may end early

- Open Comment on 1-H: Closed Initial Public Comment, Up for additional 2 weeks
 - SPA Required
- Open Comment on Permanent Changes closing soon
 - SPA Required
- Coverage of Antigen Testing
- Rate Extensions

SHOULD IT STAY OR SHOULD IT GO? Using Data to Inform Policy Change Challenging Assumptions & Getting Past the Noise

NC Medicaid COVID-19 Monitoring

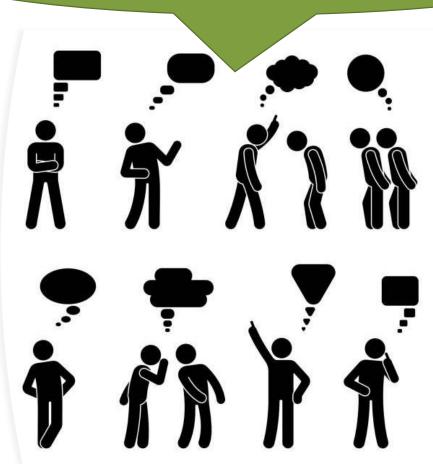
Telecode Utilization by Modality - Service Category



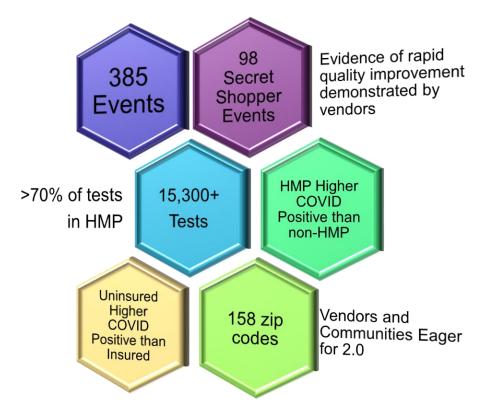
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Equity Lens in Clinical Policy

Where and when does Medicaid policy and/or process inadvertently contribute to health inequities?



Point of Personal Privelege: CHAMP 1.0 Preliminary Highlights



Final Data Analysis Anticipated 9/15/20