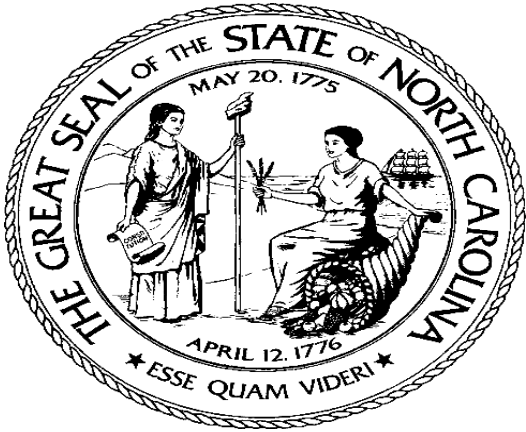


NC Department of Health and Human Services



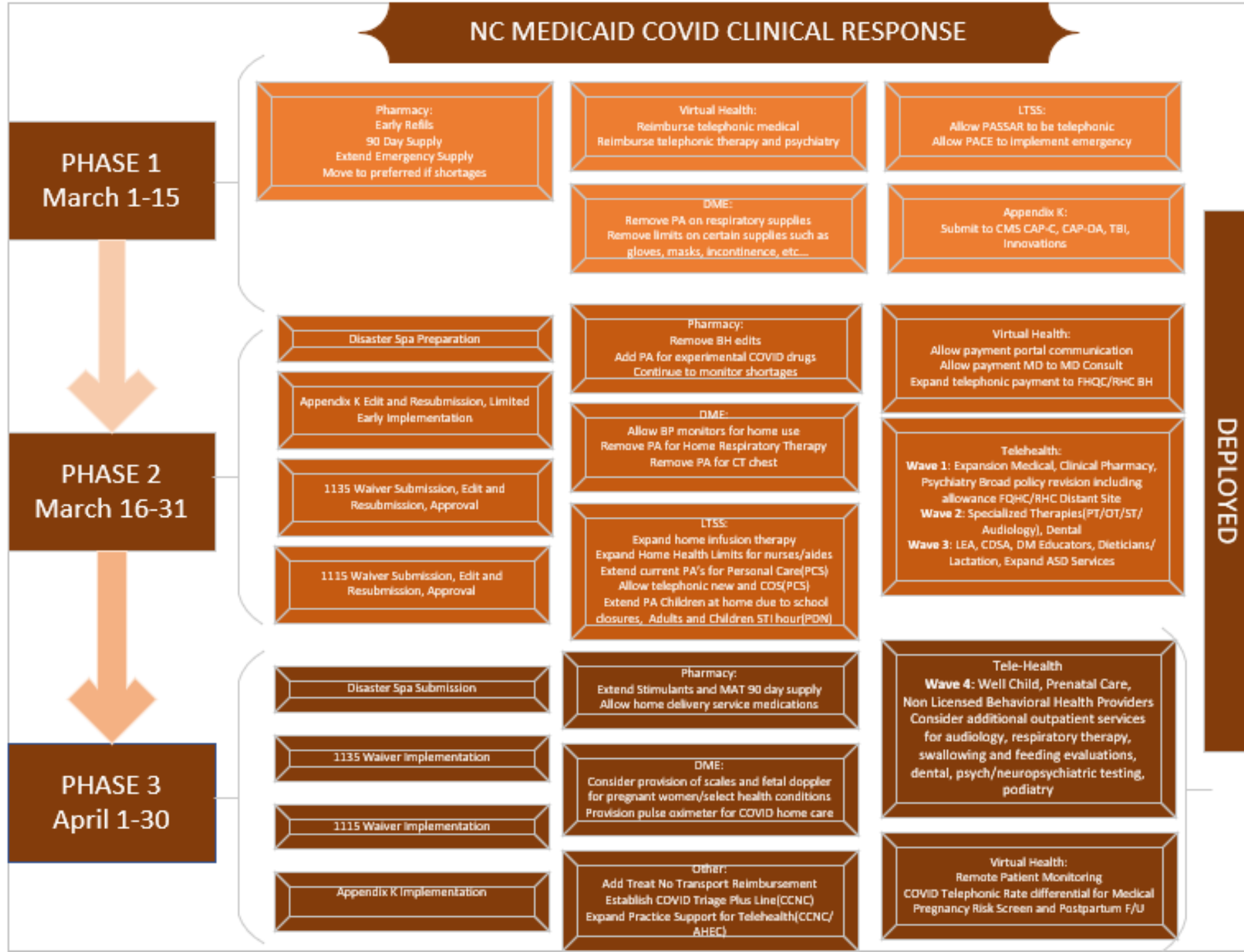
# NC Medicaid COVID-19 Response

Shannon Dowler  
Chief Medical Officer, NC Medicaid

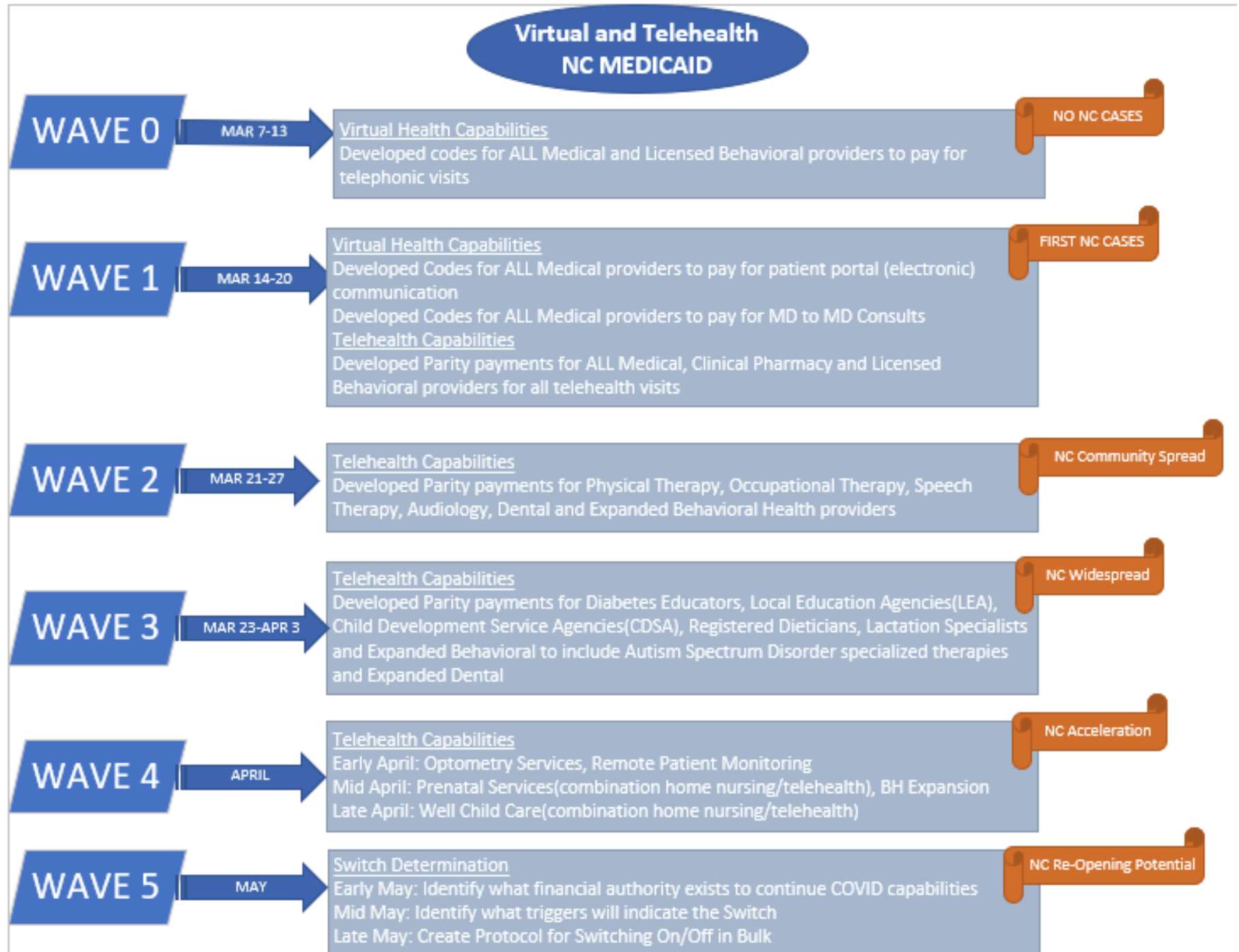
**Medical Care Advisory Committee (MCAC) Meeting  
June 19, 2020**

# The Big Picture

## NC MEDICAID COVID CLINICAL RESPONSE



# Virtual and Telehealth Only



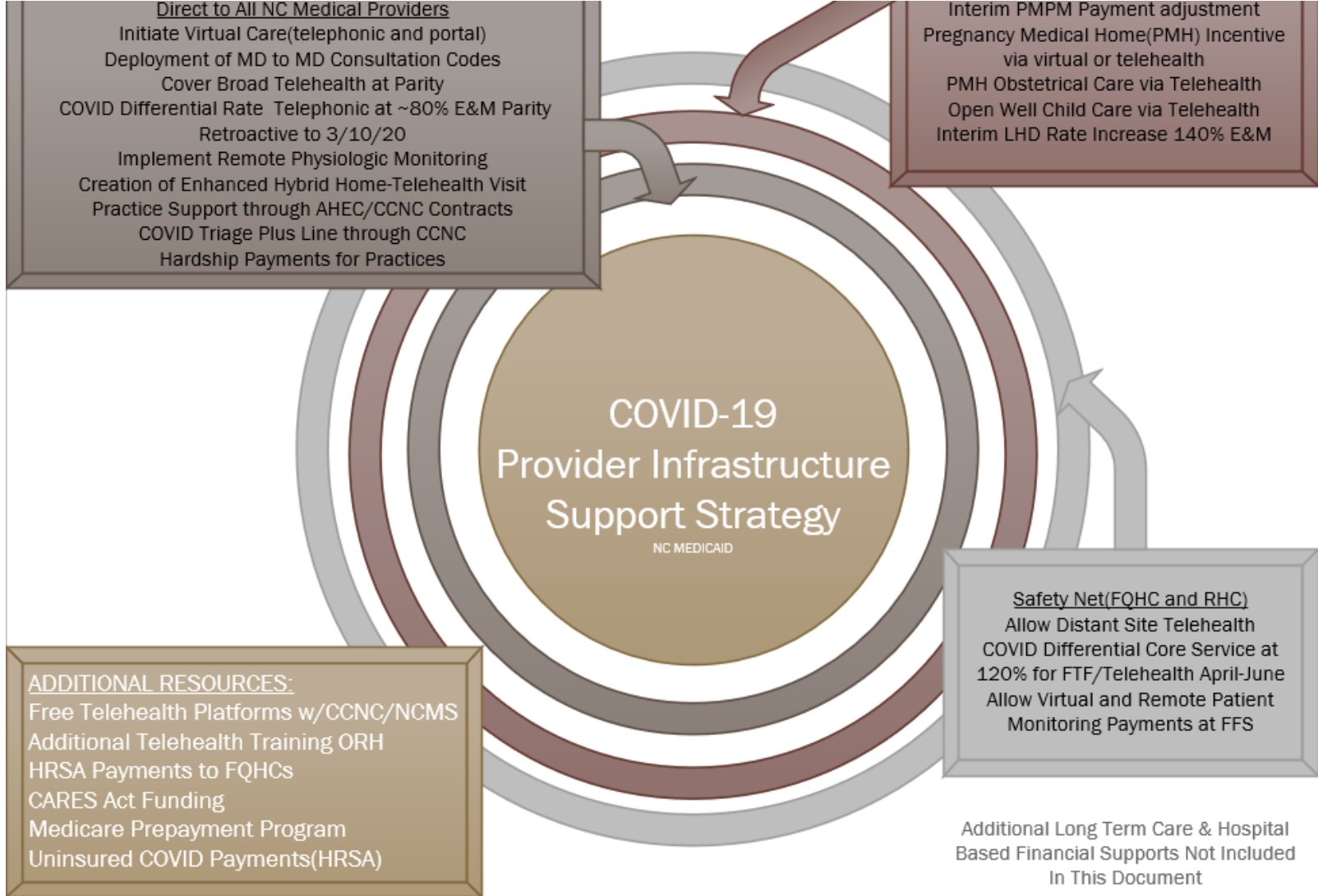
# Bidirectional Communication

Webinars with On the Ground  
Provider Speakers, Questions  
and Answers

Dedicated Question Email  
address:  
[Medicaid.Covid9@dhhs.nc.gov](mailto:Medicaid.Covid9@dhhs.nc.gov)

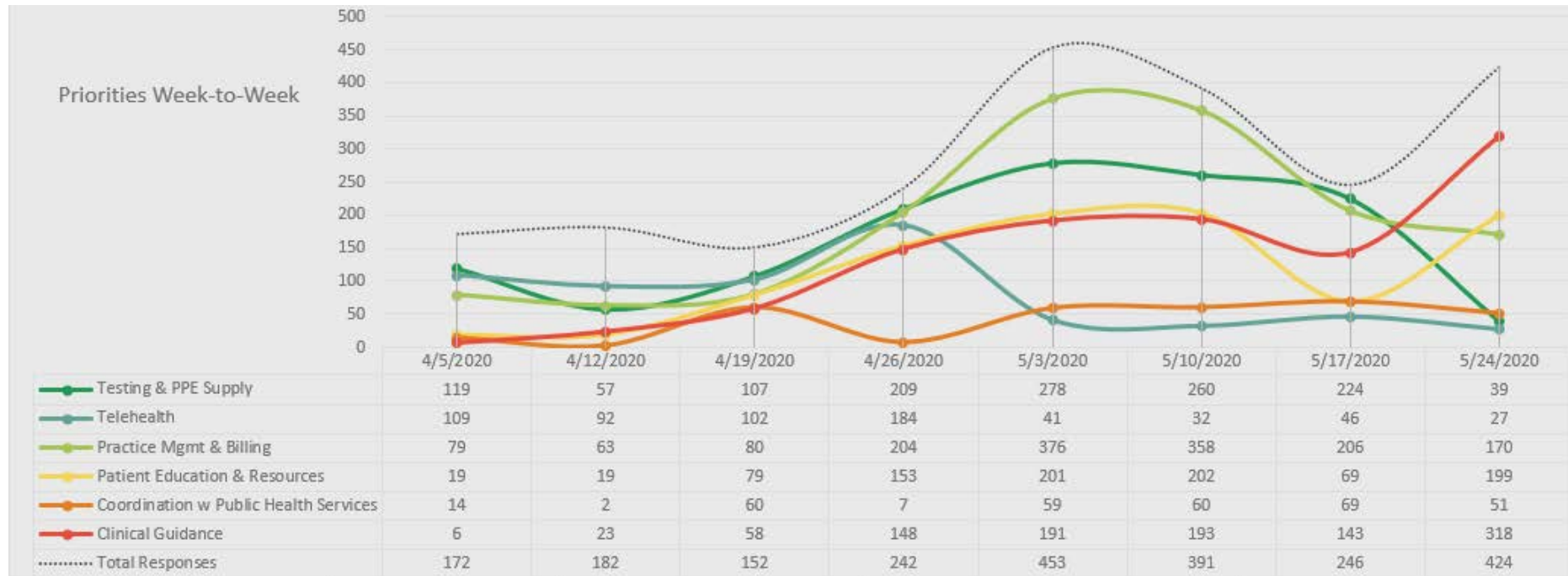
Rapid Response to Suggested  
Policy Changes from Field

Regular Stakeholder  
Engagements with Specialty  
Societies, Local Health  
Departments and Federally  
Qualified Health Centers



# Supporting the Medicaid Medical Home

# Understanding Provider Pain: Shift in Priorities Over Time



Note: Each week likely contains different practices reporting their priorities

# COVID-19 Provider Outreach

Since March 2020 and the onset of COVID-19, we have hosted weekly webinars to provide Medicaid guidance and updates to providers.

**Total Webinars 14 webinars with 11,461 participants statewide.**

## Healthcare Professional Webinar Series

**Purpose:** NC Medicaid, CCNC, and NC AHEC weekly webinar series addresses Medicaid policies, new options for telephonic and telehealth delivery, and response to the changing demands of COVID-19.

**Starting March 8, 2020 - Every Thursday 5:30pm – 6:30pm**

<https://www.ncahec.net/covid-19/webinars/>

Total Webinars: 9  
Total Participants: 6,275

## DHHS Ambulatory Testing & Management Guidance Webinar

**Purpose:** Share Triage, Assessment, Updated testing Guidance, and Payer Alignment: Utilizing Virtual and Telehealth

**March 24, 2020 5:30pm – 6:30pm**

Total Webinars: 1  
Total Participants: 3,067

## Weekly DHHS COVID-19 Update Call with Behavioral

**Purpose:** Focus primarily on telehealth policies and new provider guidance effective for behavioral health and IDD providers.

**March 26, 2020 3:00pm – 4:00pm**

Total Webinars: 1  
Total Participants: 1,400

## AHEC-DPH Family Planning webinar

**Purpose:** Medicaid Updates for Family planning and telehealth during COVID-19.

**April 8, 2020**

Total Webinars: 1  
Total Participants: 89

## Local Health Director webinar

**Purpose:** Medicaid Updates and discussion of COVID-19 guidance for telehealth

**April 14, 2020**

Total Webinars: 1  
Total Participants: 510

## NC Medicaid Response to COVID-19: The State of Things

**Purpose:** NC Medical Society and NC Medicaid discuss the current state of NC and the NC Medicaid response to COVID-19  
**April 21, 2020 12:00pm - 1:00pm**

Total Webinars: 1  
Total Participants: 120

## Medicaid Telehealth Provisions Implemented for COVID-19

**NC DHHS Medicaid implemented 125 telehealth flexibilities, which spanned 482 codes, during the public health emergency. Some of the provisions implemented were:**

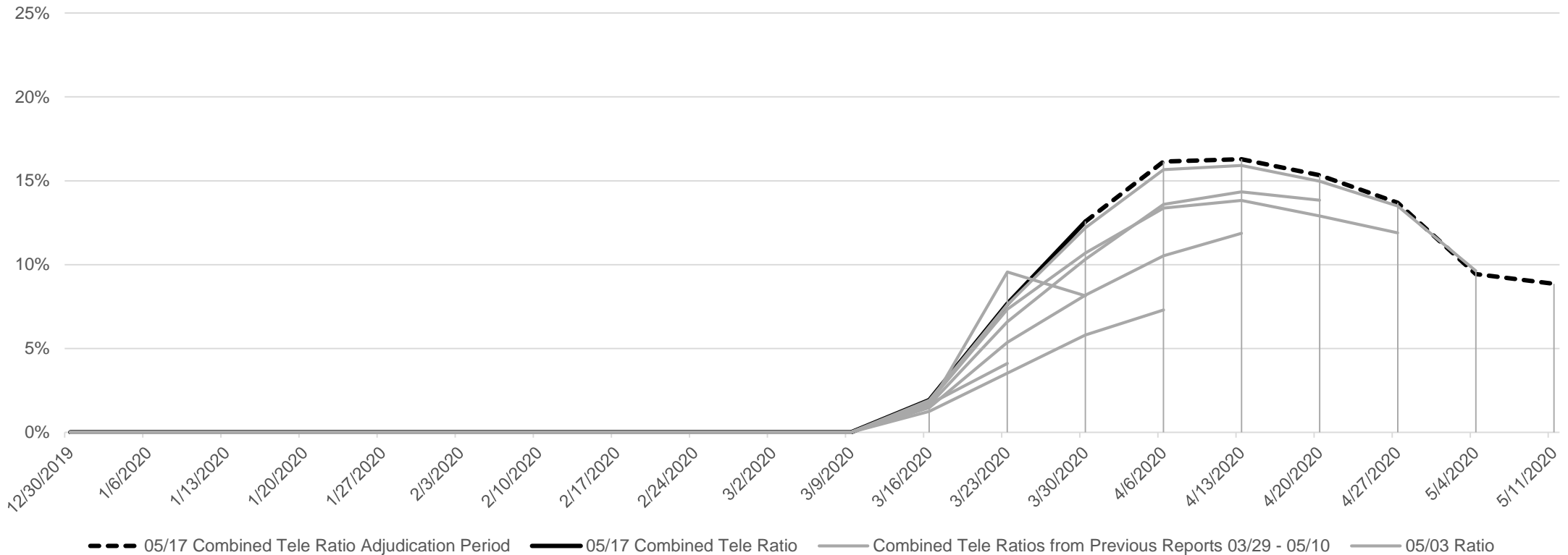
- **56** flexibilities for behavioral health, I/DD and TBI
- **15** flexibilities for CDSAs to bill for telehealth across multiple clinical services
- **6** flexibilities for pregnant and post partum services
- **6** flexibilities for DME prior authorizations
- **5** flexibilities for LEAs to bill across multiple therapies
- **4** flexibilities for teledentistry
- **4** flexibilities for outpatient specialized therapies (PT, OT, and Speech, Audiology)
- **3** flexibilities for Well Child visits
- **3** flexibilities for optometry
- **2** flexibilities for respiratory therapy
- **2** flexibilities for physiological monitoring
- **2** flexibilities for dialysis services (ESRD and training)
- **2** flexibilities for consultations

*There were 15 other general telehealth flexibilities implemented.*



## Trends in Combined Telehealth/Telephonic to In-Person Ratios | 12/29/19 – 05/17/20

- There is significant variance in the week-over-week ratios as claims continue to come in, but the shape of the trends are largely the same.
- Ratios of telehealth/telephonic care continue to adjust upwards suggesting that rates to-date may be artificially deflated as practices get up-to-speed with coding and reimbursement.
- This chart represents overall trends. Variance due to claims run-out is likely to be greater for smaller subgroups.

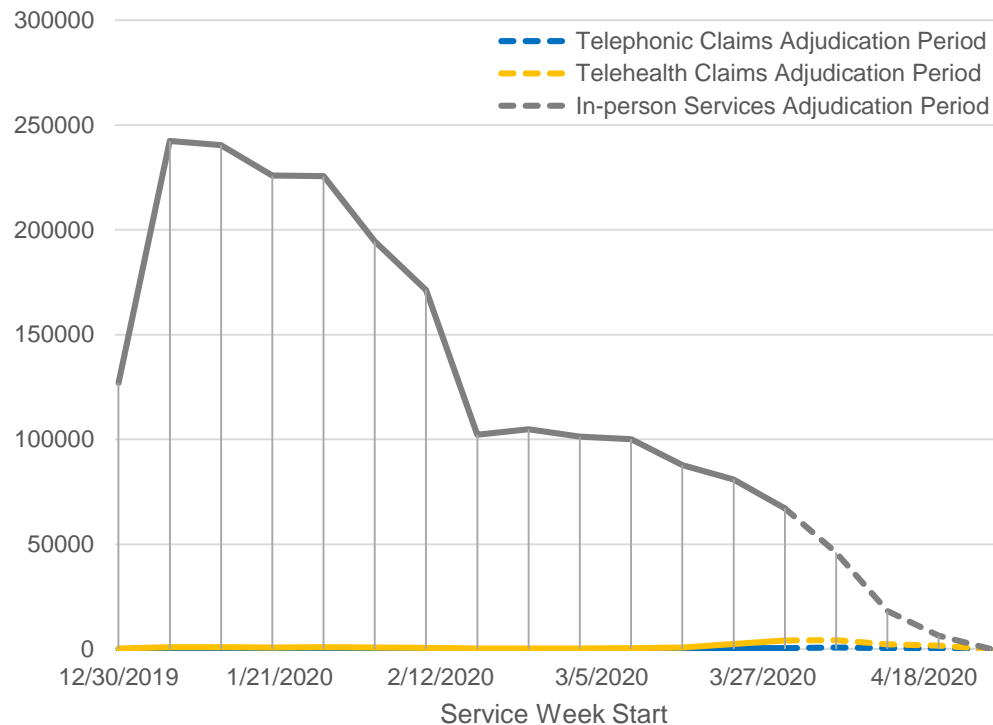


Data pulled from CCNC dashboard, containing mainly primary care and OB claims

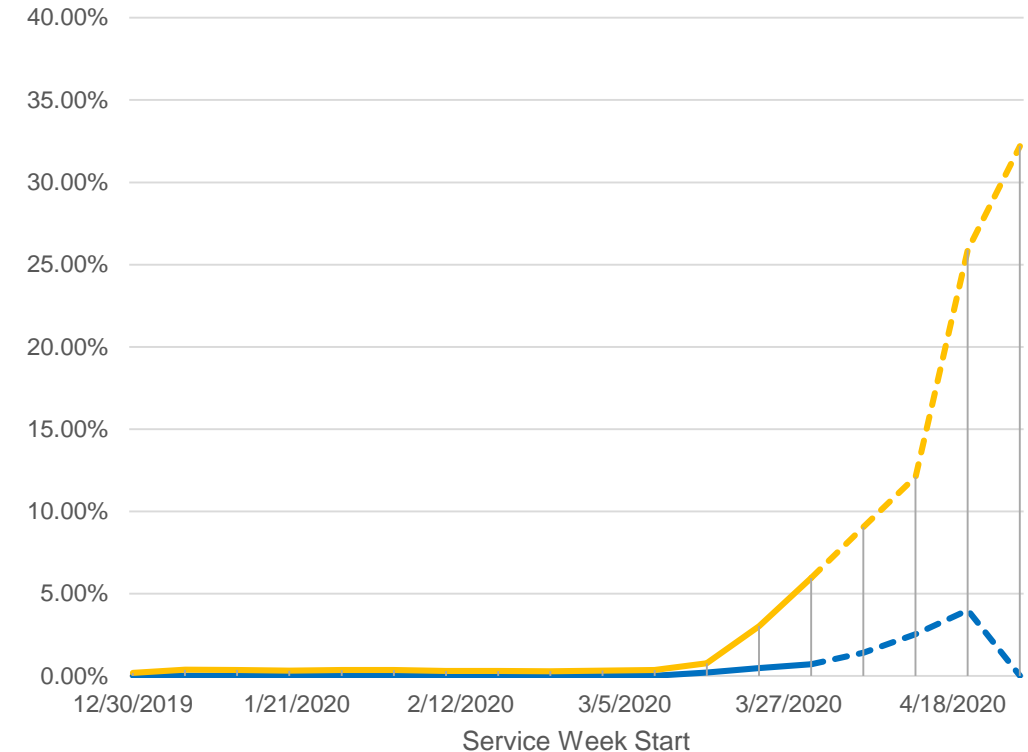
## Behavioral Health Telehealth, Telephonic Uptake | 12/30/19 – 05/03/20

- While in-person behavioral health (BH) claims (grey line, left chart) have decreased telehealth claims (yellow line, left chart) have jumped. This relationship produces the spike in the ratio of telehealth to in-person services represented by the yellow line in the chart on the right.
- BH telehealth ratios for the two most recent weeks are far higher than the ratios for any other service in this analysis.
- **Note:** We believe many BH services provided during COVID (including telehealth/telephonic) do not yet show up in claims/encounters due to the time needed to update various claim systems after DHHS announced each flexibility.

### Telehealth, Telephonic and In-person Services Volume



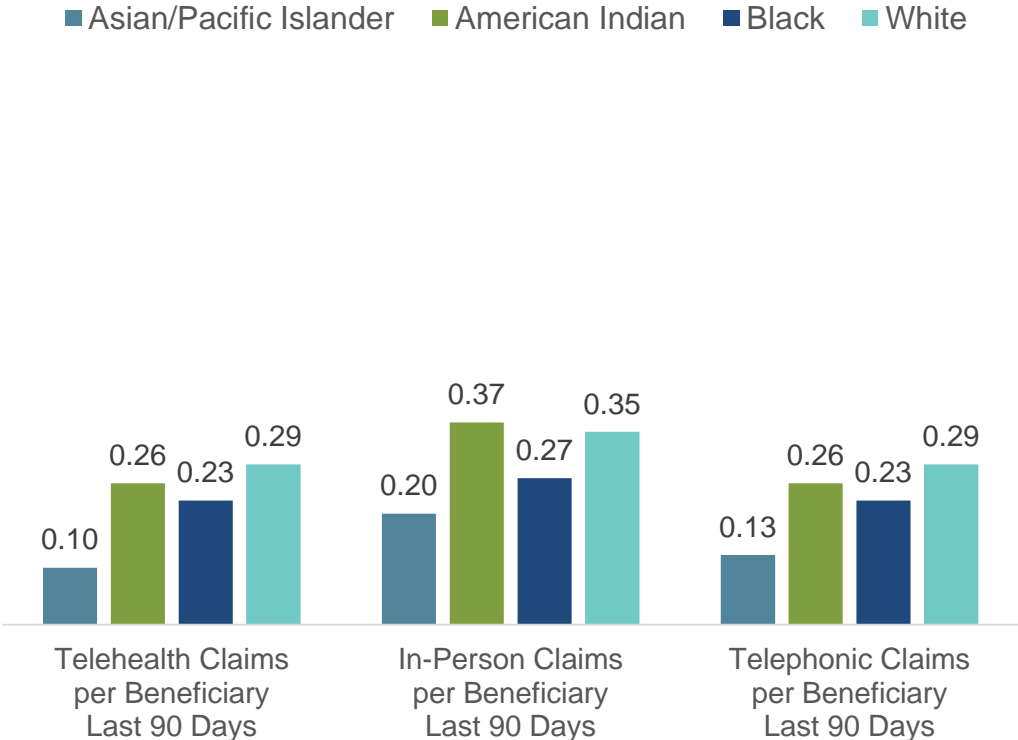
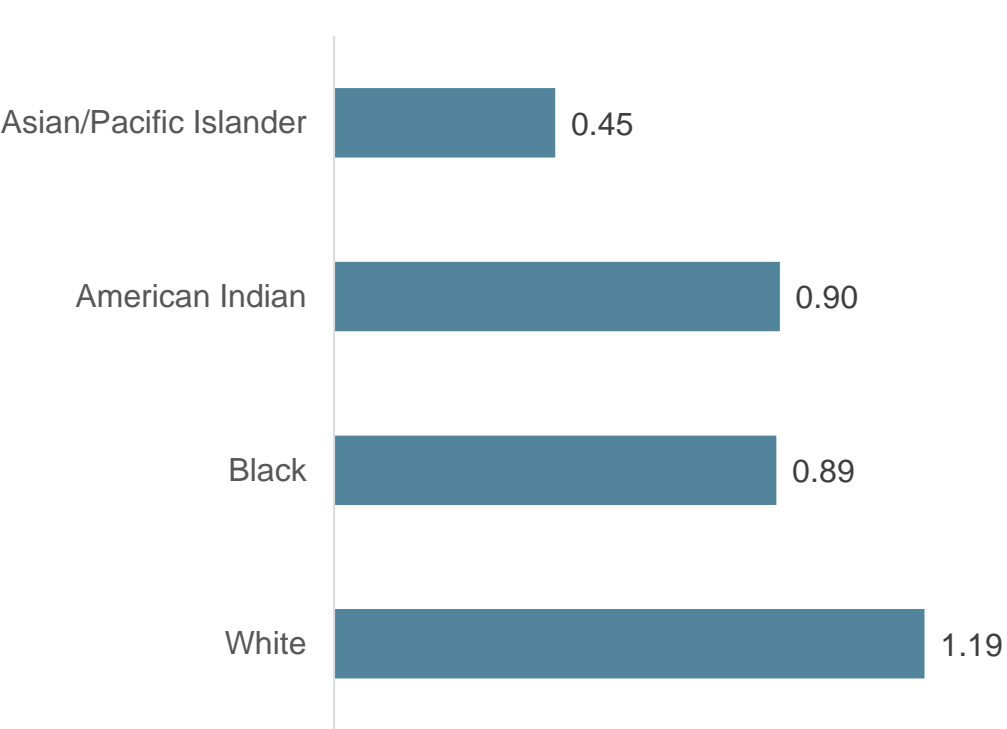
### Telehealth and Telephonic to In-Person Service Ratios



Data pulled from CCNC dashboard

## Telehealth Analysis by Race | 12/30/19 – 5/17/20

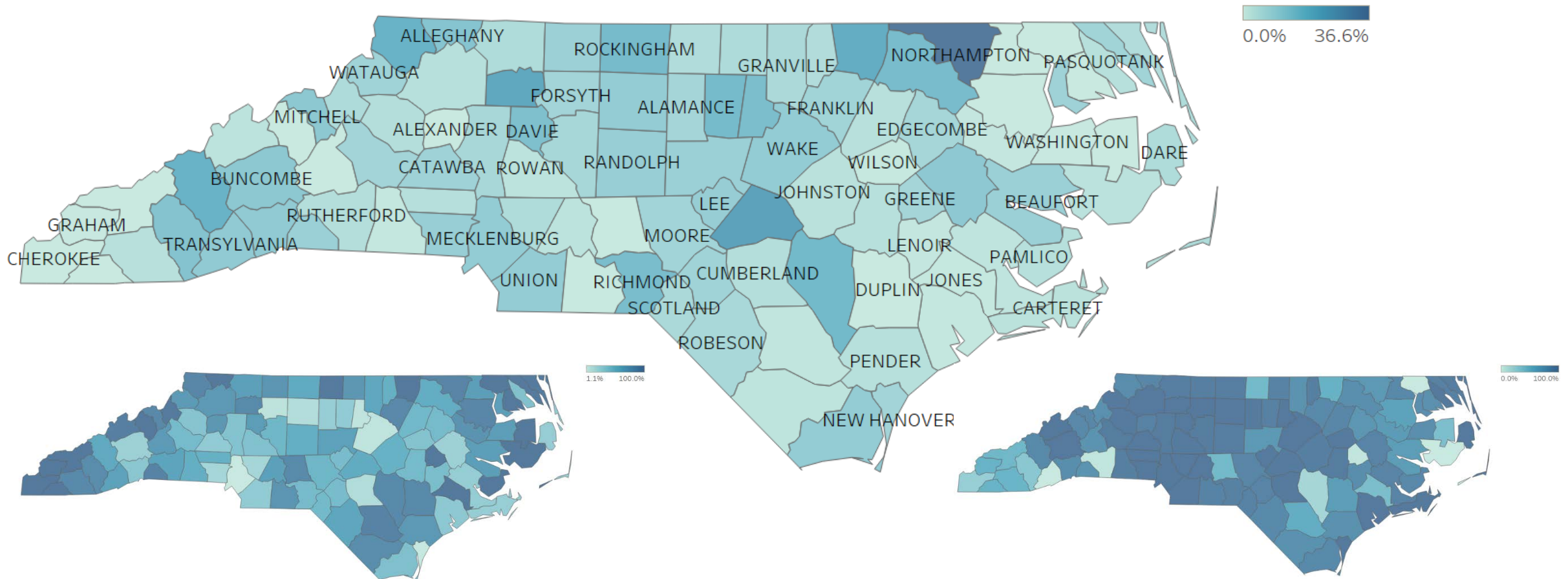
- The chart on the left compares claims per beneficiary by race. The white subgroup has a disproportionately high number claims relative to their share of the NC Medicaid population.
- The chart on the right shows this same metric broken out for telehealth, telephonic and in-person modalities.



Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims  
Enrollment demographic data pulled from DHB's Enrollment Snapshot Demographic Overview dashboard

## Percent of Services Not In-Person by County | 3/9/2020 – 5/17/2020

A county's percent of services that were telehealth or telephonic (top center) does not significantly correlate with the percent of the respective county's population living in rural areas (bottom left) or with the population's broadband access (bottom right).



Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims

Rurality and Broadband data pulled from the Federal Communication Commission's Mapping Broadband Health in America project - <https://www.fcc.gov/health/maps/developers>

# Provider Outreach Map

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.: 7.39%  
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.: 7.39%  
Minority Pop.: 10.63%  
Access to Care: Adequate  
High Speed Internet: Yes  
AMH: No

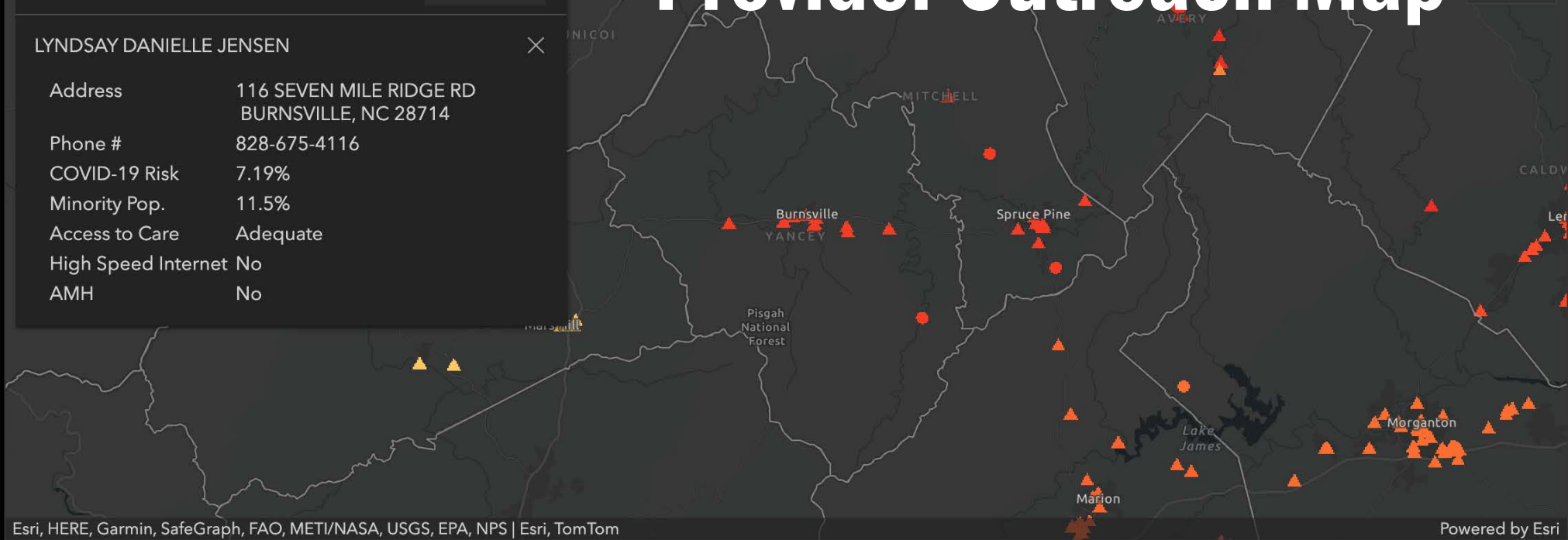
**LEESA ANNE SAMPSON**  
360 BEECH ST NEWLAND, 28657  
828-733-5889

---  
COVID-19 High Risk Pop.: 7.39%

Zoom to Pan ... 1 of 11

LYNDSAY DANIELLE JENSEN

Address 116 SEVEN MILE RIDGE RD  
BURNSVILLE, NC 28714  
Phone # 828-675-4116  
COVID-19 Risk 7.19%  
Minority Pop. 11.5%  
Access to Care Adequate  
High Speed Internet No  
AMH No



Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, EPA, NPS | Esri, TomTom

Powered by Esri

Poor Access to Care (<3 providers)

**JESSICA LINIECE STORER**  
436 HOSPITAL DR NEWLAND, 28657  
828-737-7711

---  
COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.44%  
Access to Care: Underserved  
High Speed Internet: Yes  
AMH: No

**STEPHEN WILLIAM NORTH**  
11 N MITCHELL AVE BAKERSVILLE, 28705  
828-467-8815

Results sorted by COVID-19 Risk

High Speed Internet Access

**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

Results sorted by COVID-19 Risk

No High Speed Internet Access

**KIRSTIN JAMES RULE**  
116 SEVEN MILE RIDGE RD BURNSVILLE, 28714  
828-675-4116

---  
COVID-19 High Risk Pop.: 7.19%  
Minority Pop.: 11.5%  
Access to Care: Adequate  
High Speed Internet: No  
AMH: No

**ELIZABETH MORRIS PEVERALL**  
116 SEVEN MILE RIDGE RD BURNSVILLE, 28714  
828-675-4116

Results sorted by COVID-19 Risk

# Consumer Telehealth Engagement Workgroup Deliverables

## Patient/Consumer Telehealth Resources

Telehealth is the use of technology for health care appointments and services. It allows you to "see" your doctor without having to go to the doctor's office. You can use telehealth to receive many services such as physical therapy, counseling or diabetes care. Telehealth can also be referred to as virtual visits, video visits, and or virtual care. These are all ways to describe telehealth because it is a way to receive care from your provider without being face-to-face.

This page contains information for consumers and patients who want to find out more about telehealth. This is general information around telehealth, for more specific information please reach out to your health care provider or health plan.



**Telehealth Information Flyer:** Learn how telehealth can help avoid exposure to COVID-19; the types of health care services available through telehealth; and how to talk with your doctor about a telehealth appointment. This resource was created for NC Medicaid Beneficiaries, but the information is valuable for all consumers. [English](#) [Spanish](#)

[NC MEDICAID Telehealth Resources](#) offers several resources for you about telehealth specific to COVID-19.

[Federal Health and Human Services](#) has created a website specifically for telehealth. You can find out what telehealth is and what to expect from a visit as well as tips on finding telehealth options.

Telehealth Frequently Asked Question Resources:

- [AHEC Patient FAQs](#)
- [Doctors Technology Office FAQs](#)
- [National Consortium of Telehealth Resource Centers](#): How you can engage and start receiving telehealth services.

### Telehealth

[Patient/Consumer Telehealth Resources](#)

[Provider Telehealth Education](#)

[Provider Telehealth Resources](#)

[Provider Telehealth Technical Assistance](#)

The TER Workgroup and the Consumer Engagement Workgroup worked together to develop a [DHHS Telehealth Webpage](#) which contains resources for providers and consumers related to telehealth.

**NCDHHS** Search All DHHS Websites... NCDHHS COVID-19 NC.GOV AGENCIES JOBS 1

Home Assistance Divisions Documents Providers News About Contact

NCDHHS » About » Department Initiatives » Telehealth

## Telehealth

**Why telehealth is important**

Telehealth is a great way to connect with your provider from the comfort of your home using a computer, tablet, smart phone or other technology. Learn more about telehealth by watching this video.

Watch "Why Telehealth" Video (3 mins) →

Telehealth is an important tool in providing access to healthcare for all North Carolinians. NC DHHS is invested in providing resources to health care providers and all consumers to increase equitable access to care and utilization of telehealth across the state.

For health care providers there are technical assistance, education and resources available to support telehealth implementation and utilization within your organization. For consumers there are resources on how and when to use telehealth and its benefits.

- Patient/Consumer Telehealth Resources**  
Patient/Consumer telehealth resources and information.
- Provider Telehealth Technical Assistance**  
Information about telehealth technical assistance.
- Provider Telehealth Education**  
Telehealth webinars, virtual events and academic articles.
- Provider Telehealth Resources**  
Provider telehealth resources and information.

# Transitioning & Preserving Telehealth Gains Workgroup Recommendations

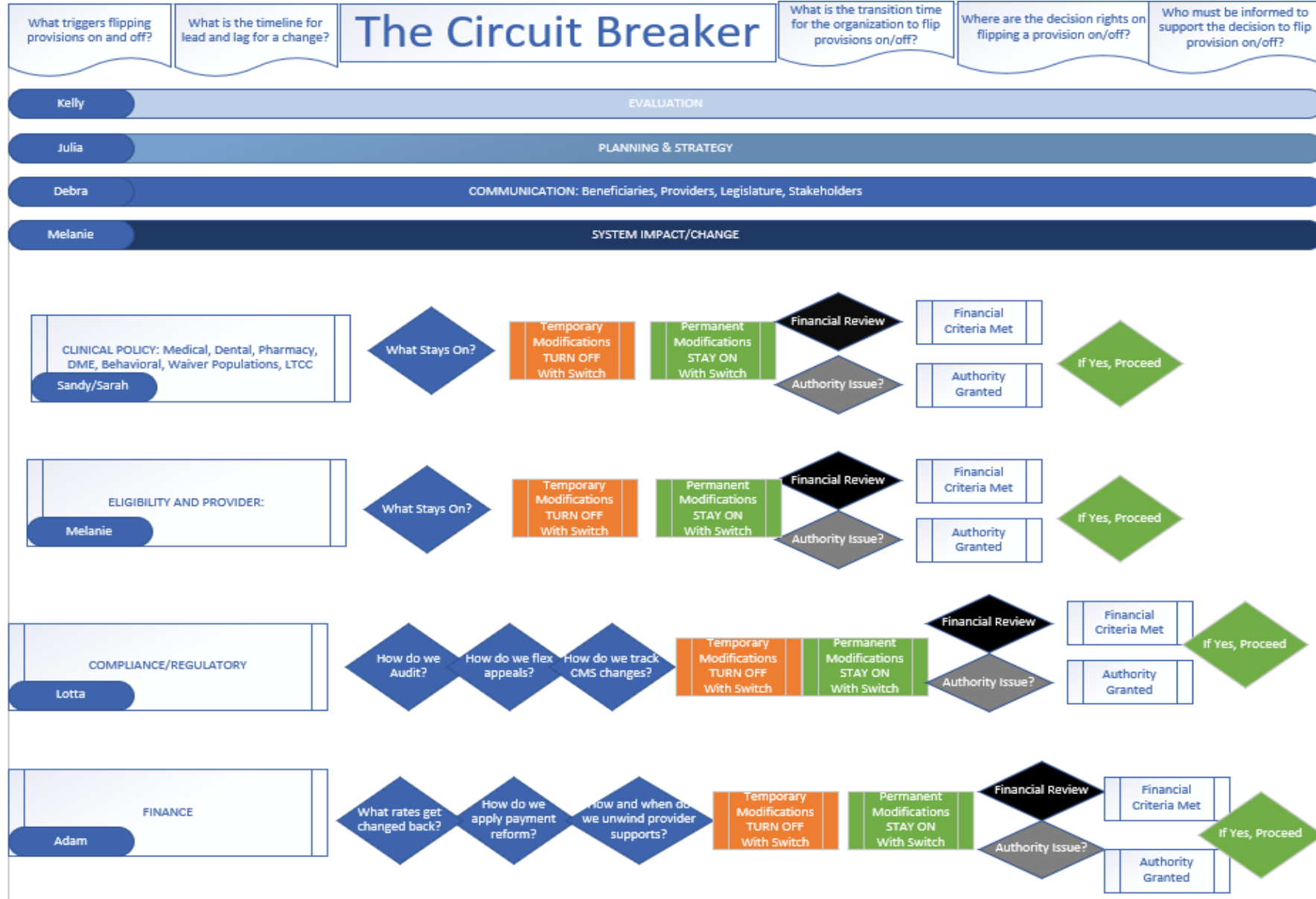
Below are ranked telehealth and virtual flexibilities that the Transitioning and Preserving Workgroup recommends keeping:

RANK	Flexibility
0	<b>Outpatient E&amp;M; Outpatient and INPT consultation E&amp;M</b>
1	<b>Consultation/referral not required for telehealth services</b>
2	<b>Originating and distant site restrictions removed</b>
3	<b>Tablets and cell phones with video permitted</b>
4	<b>FQHC/RHC allowed as distant sites</b>
5	<b>Telephone E&amp;M codes (prescribers)</b>
6	<b>Interprofessional/ physician consultation</b>
7	<b>Expanded psychotherapy codes</b>
8	Perinatal depression screening
9	<b>Smoking cessation</b>
10	<b>Online digital E&amp;M codes</b>
11	<b>Psychotherapy telephonic visits</b>
12	<b>Psychotherapy – expanded licensures</b>
13	OB/GYN pre/post-natal visits; LHD maternal supports
14	BP self-monitoring
15	Remote patient monitoring
16	Hybrid telemedicine with home visit
17	<b>Diabetes self-management education</b>
18	Inpatient subsequent and discharge day (psychiatry only)
19	Dietary evaluation and counseling
19	<b>Family planning</b>
21	Telephone A&M codes (licensed psychotherapists)
22	Medical lactation support
23	<b>ESRD capitation and training</b>
24	<b>Applied behavioral analysis/RB-BHT</b>
25	Speech therapy
26	Dental
27	Audiology
28	Respiratory therapy

**Note:** Items in **bold** indicate that this flexibility was “strongly recommended” for care and access for vulnerable populations. The Transition and Preservation Workgroup feels that improving care and access to services for vulnerable populations (e.g., ABD populations, rural populations, and people of color) is especially important when considering which telehealth/virtual flexibilities that should be retained after the COVID-19 crisis.



# The Circuit Breaker Approach



# At the End of the Day...

Circuit Breaker Recommendations	#	%
Recommended Keep	44	11.8%
Recommend keep with changes	62	16.7%
Consider Keep	10	2.7%
Recommend to not keep	256	68.8%
<b>Grand Total</b>	<b>372</b>	<b>100.0%</b>

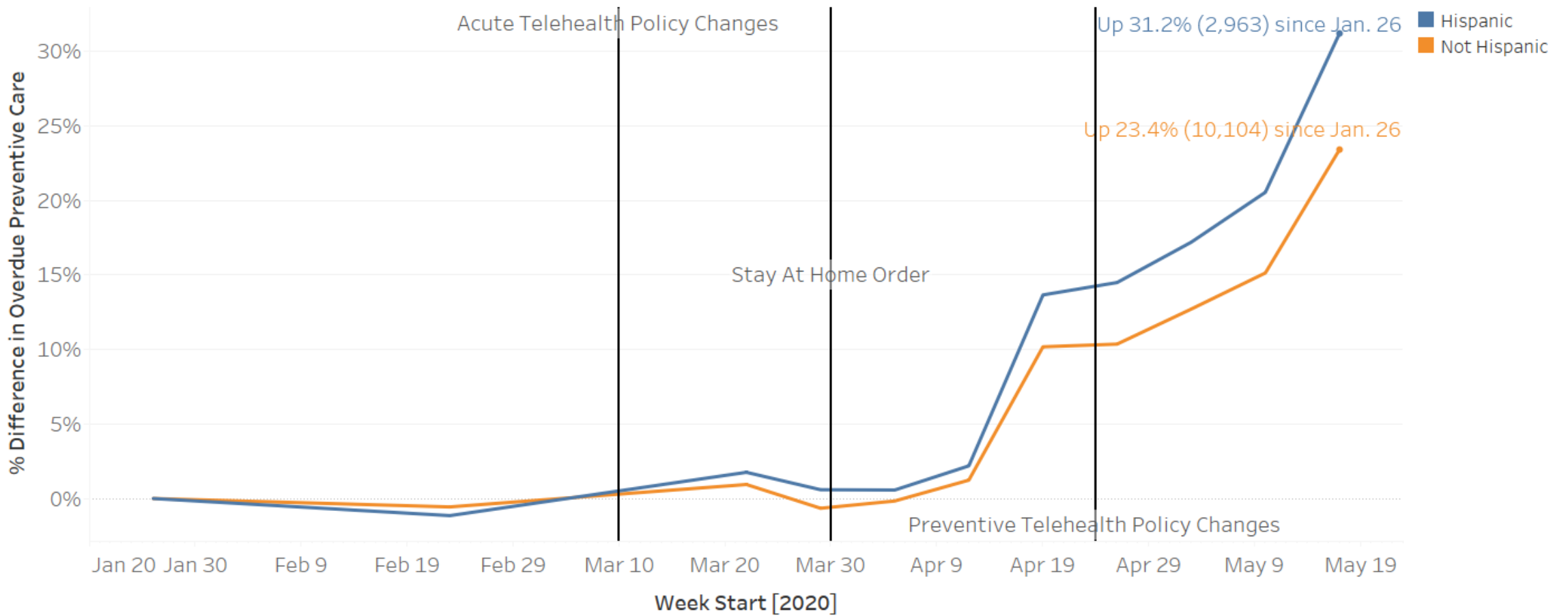
Pending Authority and  
Financial Reviews

Workstream Recommendations	#	%
<b>Benefits</b>	<b>130</b>	<b>34.9%</b>
Recommended Keep	17	4.6%
Recommend keep with changes	39	10.5%
Consider Keep	3	0.8%
Recommend to not keep	71	19.1%
<b>Finance and Rate Setting</b>	<b>20</b>	<b>5.4%</b>
Recommended Keep	6	1.6%
Recommend keep with changes	3	0.8%
Recommend to not keep	11	3.0%
<b>LME-MCO</b>	<b>200</b>	<b>53.8%</b>
Recommended Keep	20	5.4%
Recommend keep with changes	20	5.4%
Consider Keep	6	1.6%
Recommend to not keep	154	41.4%
<b>Member Services</b>	<b>8</b>	<b>2.2%</b>
Recommend to not keep	8	2.2%
<b>Pharmacy</b>	<b>8</b>	<b>2.2%</b>
Recommended Keep	1	0.3%
Consider Keep	1	0.3%
Recommend to not keep	6	1.6%
<b>Provider Operations</b>	<b>6</b>	<b>1.6%</b>
Recommend to not keep	6	1.6%
<b>Grand Total</b>	<b>372</b>	<b>100.0%</b>

# Change in Volume of Overdue Preventive Care by Ethnicity - 1/26/20 – 5/23/20

Overdue preventive care has increased more among Hispanic beneficiaries than non-Hispanic beneficiaries across almost all categories.

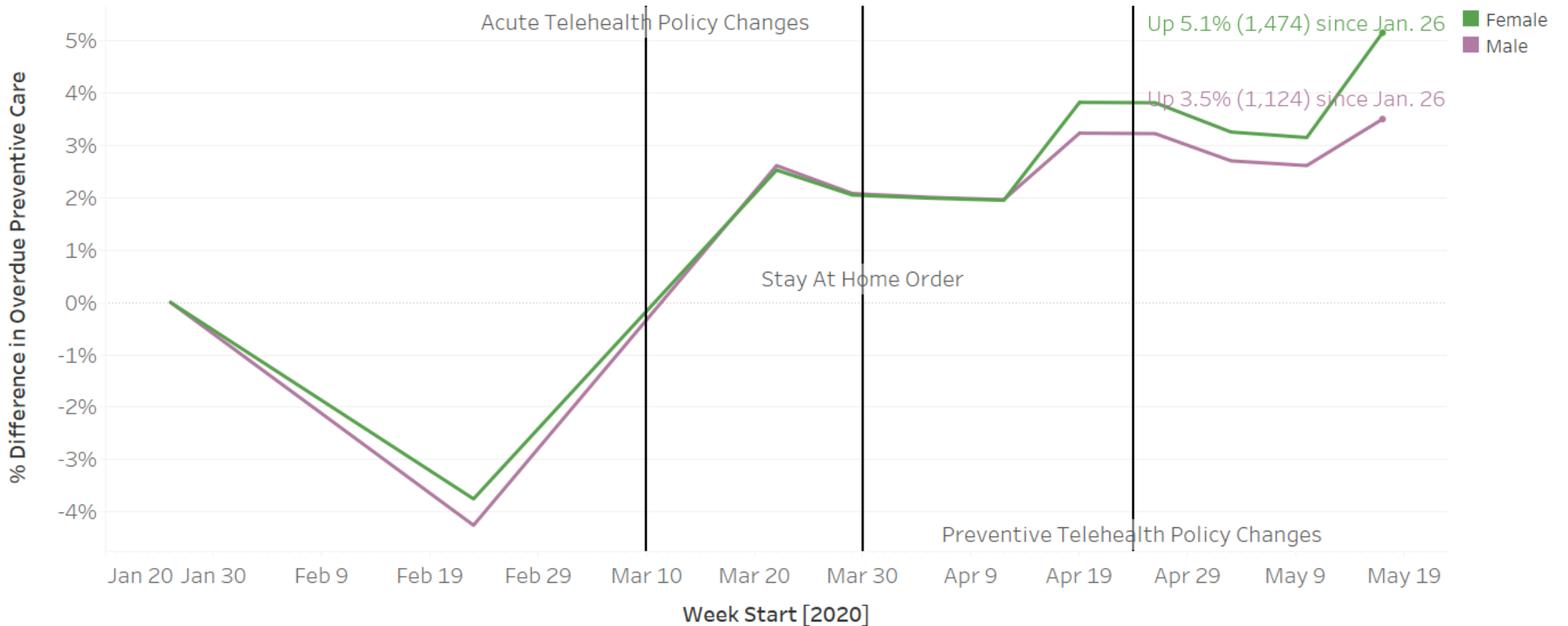
Well Child Visits 0-2



# Change in Volume of Overdue Preventive Care by Gender - 1/26/20 – 5/23/20

Overdue preventive care has increased at similar rates for female and male beneficiaries across all categories.

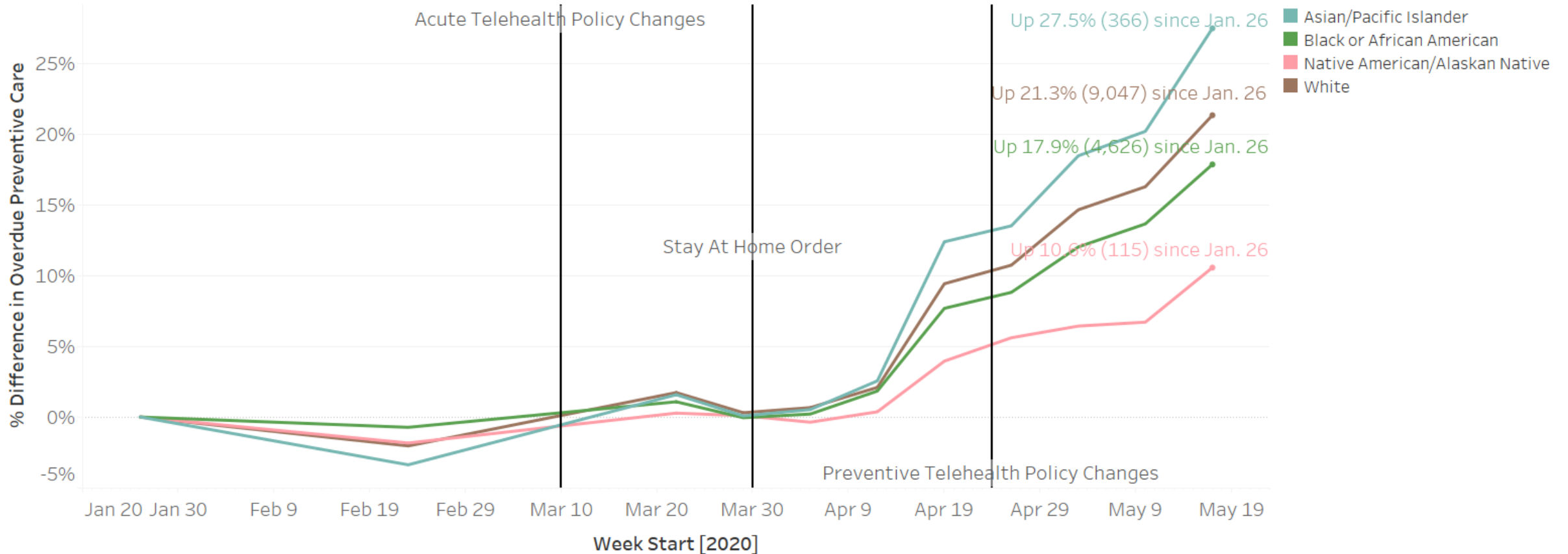
Adolescent Immunizations



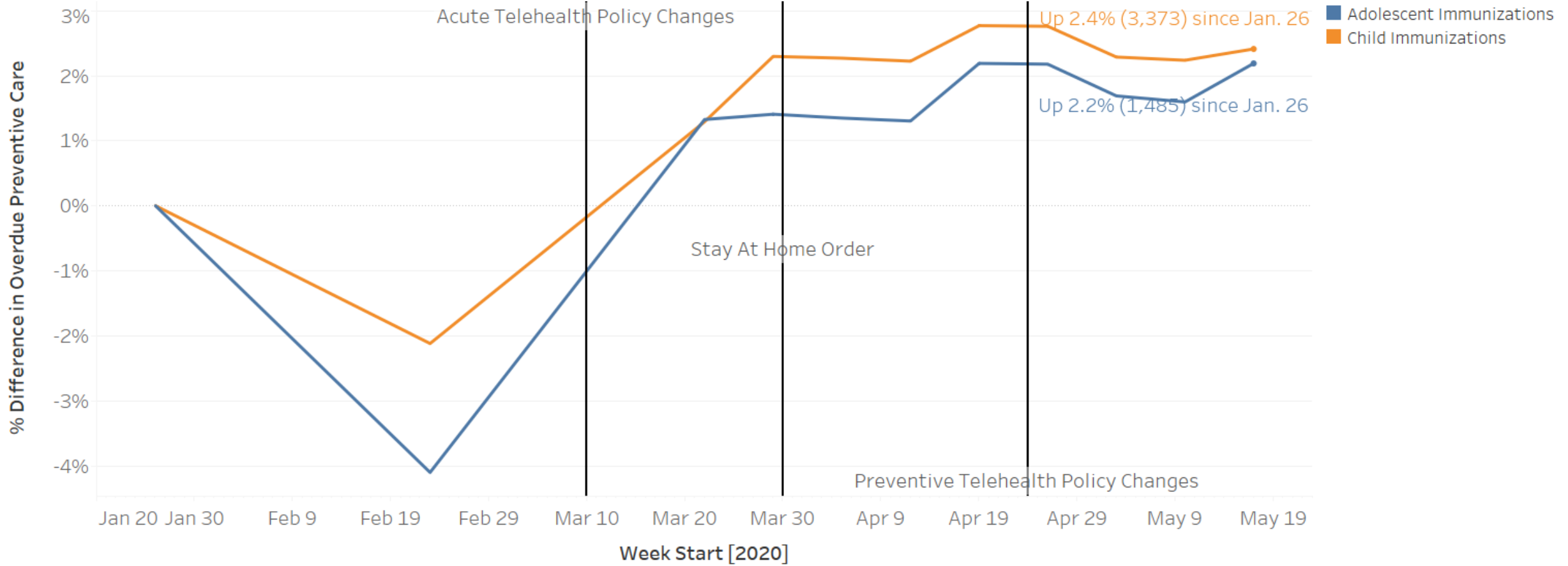
# Change in Volume of Overdue Preventive Care by Race - 1/26/20 – 5/23/20

For all age groups, overdue well-child visits have increased more among Asian/Pacific Islander and white beneficiaries.

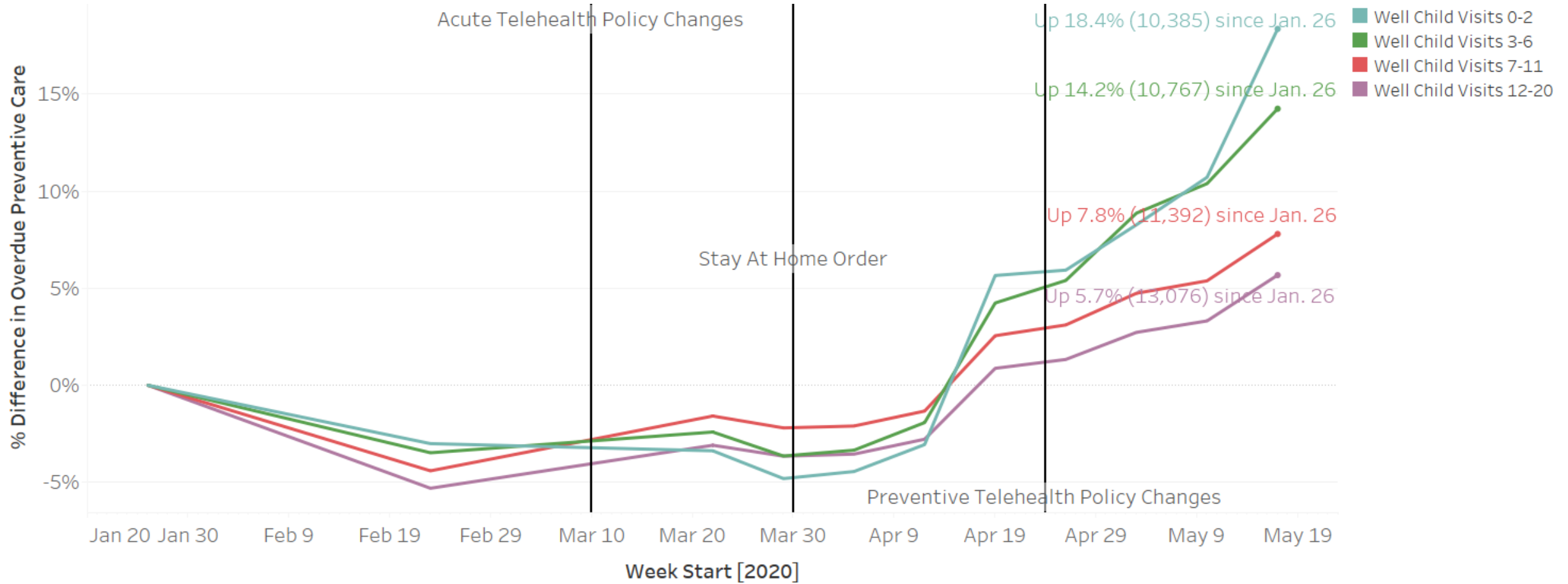
Well Child Visits 3-6



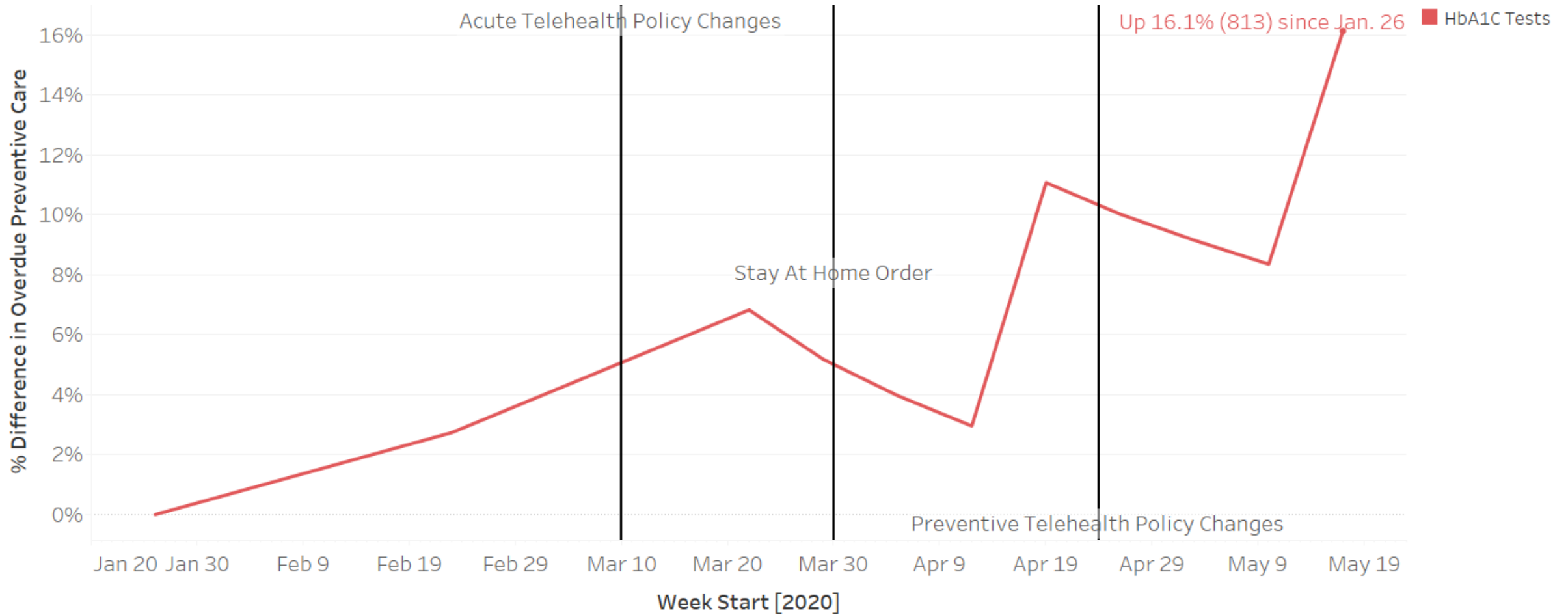
# Change in Volume of Overdue Immunizations - 1/26/20 - 5/23/20



# Change in Volume of Overdue Well Child Visits - 1/26/20 – 5/23/20



# Change in Volume of Overdue HbA1C Tests- 1/26/20 – 5/23/20





# Action Plan - Well Child Visits and Child/Adolescent Immunizations



## AHEC

- Use AHEC/DHB co-branded material, partner with NC Pediatric Society to promote importance of Well Child Visits and Child/Adolescent Immunizations
- 4 month Strategy- Plan A and Plan B with documentation if NC experiences a second wave of COVID-19



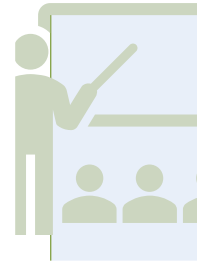
## AHEC/CCNC

- Weekly workgroup meetings for this campaign
- Practice Support for potential Curbside Immunizations
- Use Claims Data to break out immunizations by type to help close gaps
- Cross-reference pediatric well child checks and immunizations with the practice level data for prioritization approach



## CCNC

- Work with Practices to get patients into the office safely to receive needed services
- Extract practice specific data from NCIR/claims, specifically around the pediatric well child checks and immunizations



## CC4C

- Webinars for staff targeted for specific populations to encourage well child visits and immunizations
- Targeted outreach/communications through care management



## DHB

- Reach out and Read- Increase targeted population to reach more at risk beneficiaries
- Member Education- Create campaign videos for social media marketing to promote Well Child Visits and Immunizations
- An Event or media outreach with the Secretary (press release or as part of COVID briefing)

- **1) reviewing Prior Approval decision points for conditions / procedures with known health disparities**
- **2) reviewing clinical criteria in Pharmacy with focus on diagnoses in populations at risk/known health disparities**
- **3) reviewing criteria for Durable medical equipment and supplies**

# Next Steps: Getting to Normal

- **Complete Circuit Breaker Authority and Finance impact and decide on Telehealth Policy Modernization persisting modifications**
- **Inform the field that we will give them 4 weeks notice before turning off Telehealth Modalities**
- **Continue Provider Webinars to roll out changes and encourage bidirectional communication**
- **Develop new portal for provider/stakeholder facing recommendations for clinical policy changes that follows automated and transparent process**
- **Closing care gaps!!!**