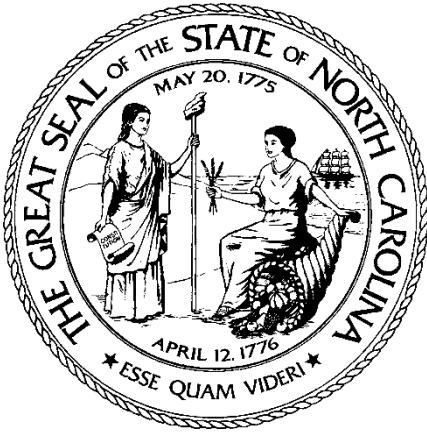


NC Department of Health and Human Services



NC MEDICAID UPDATE

Dave Richard
Deputy Secretary, NC Medicaid

Jay Ludlam
Assistant Secretary, NC Medicaid

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

Agenda

- Opening Remarks/State Level Update
- NC Medicaid Update
- Q&A

State Level Update

- Current Statewide Priorities
 - Slowing the Spread of COVID
 - Testing & Tracing
 - Addressing Health & Racial Inequities
- Legislative Short Session
 - Medicaid Budget
 - SB 808
- DHHS Plan Return to Worksite
 - Model in development
 - Leveraging the model

NC MEDICAID COVID-19 RESPONSE ACCOMPLISHMENTS



Member Experience and Access to Quality Care

- **1.2M** Letters mailed about COVID
- **125 Telehealth** flexibilities implemented, which spanned **482 codes**
- **110+** Service Tickets & FMRs completed to support **Clinical** changes
- **200+** individual flexibilities implemented across LME-MCOs
- **25+ New** ILOS services being made available by LME-MCOs



Authority

- **11** Federal Documents sent to CMS; **7** Approved
- **160** Strategies & Flexibilities sent to CMS; **113** Approved



Provider Enablement and Financial Support

- **65** Disaster applications processed
- **92** Provider closures managed, **n** impacted members successfully transitioned
- Reverifications Due Dates pushed out for **1268** Providers
- **\$11M +** issued to **18** outbreak providers
- **\$32.5M** sent to non-outbreak sites



Process Efficiencies and Automation

Streamlined FAQs/Inquiries Management

- **545** Incidents opened since 3/27
- **500** Incidents have been resolved

Knowledge Management

- COVID-19 Knowledge Base enabled on 4/24: **84** FAQ's and **66** Bulletin incorporated

Circuit Breaker Process

- **44** Flexibility groups were recommend to continue
- **62** Flexibility group were recommend to continue with changes



Communication and Education



- **59** Provider webinars hosted with **26,764** attendees
- **95** COVID-19 Special Medicaid Bulletins published
- **75** NCTracks blasts to providers covering 90+ topics
- **658** inquiries received through COVID-19 Mailbox, **90%** Addressed
- **26,193** Calls Offered, **25,515** handled
- **3%** abandonment rate, **16 sec** avg wait
- **COVID-19 Triage Plus** line enabled with CCNC



Monitoring and Evaluation

- **11+** Clinical, Financial and Enrollment Dashboards developed
- **16** Telehealth uptake analysis visualizations developed
- **29** Telehealth Evaluation questions developed

Managed Care Current Activities

Prior to the suspension, the Department was assessing PHP readiness across 5 key areas. Some of these assessments will continue, while others are slowed or suspended until a later date:

- **CMS Readiness Review:** Assess ability/capacity to operationalize Managed Care
- **Inbound Deliverables:** Review and/or approve contractual deliverables as part of DHHS oversight (e.g., clinical coverage policies, annual compliance plans, etc.)
- **System Testing:** Assess ability to ingest, process and transmit data and information with DHHS and vendors
- **Network Adequacy:** Ensure we have sufficient providers contracted to provide services to Medicaid beneficiaries
- **Technology Operations:** Monitor call center/website issues and technology-related defects/issues (e.g., daily file exchanges, file defects)

PHP Priorities for engagement

- Ensure beneficiaries have a clear message on what to do now and what to do when managed care restarts
- Continue provider engagement, training and contracting
- Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion

Resuming Managed Care Implementation – Highlight of Activities

- Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- Formulate capitation rates and submit to CMS for approval
- Re-review and resubmit to CMS for approval several health plans' contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
- Upgrade the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)
- Test Primary Care Provider Auto Assignment between NCFAST, NCTRACKS, health plans and providers
- Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse
- Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired
- Re-evaluate internal Division of Health Benefit staff readiness
- Complete provider contracting (health plans and providers)
- Analyze health plan network adequacy to ensure adequate provider networks and processes

North Carolina Testing & Contact Tracing Update

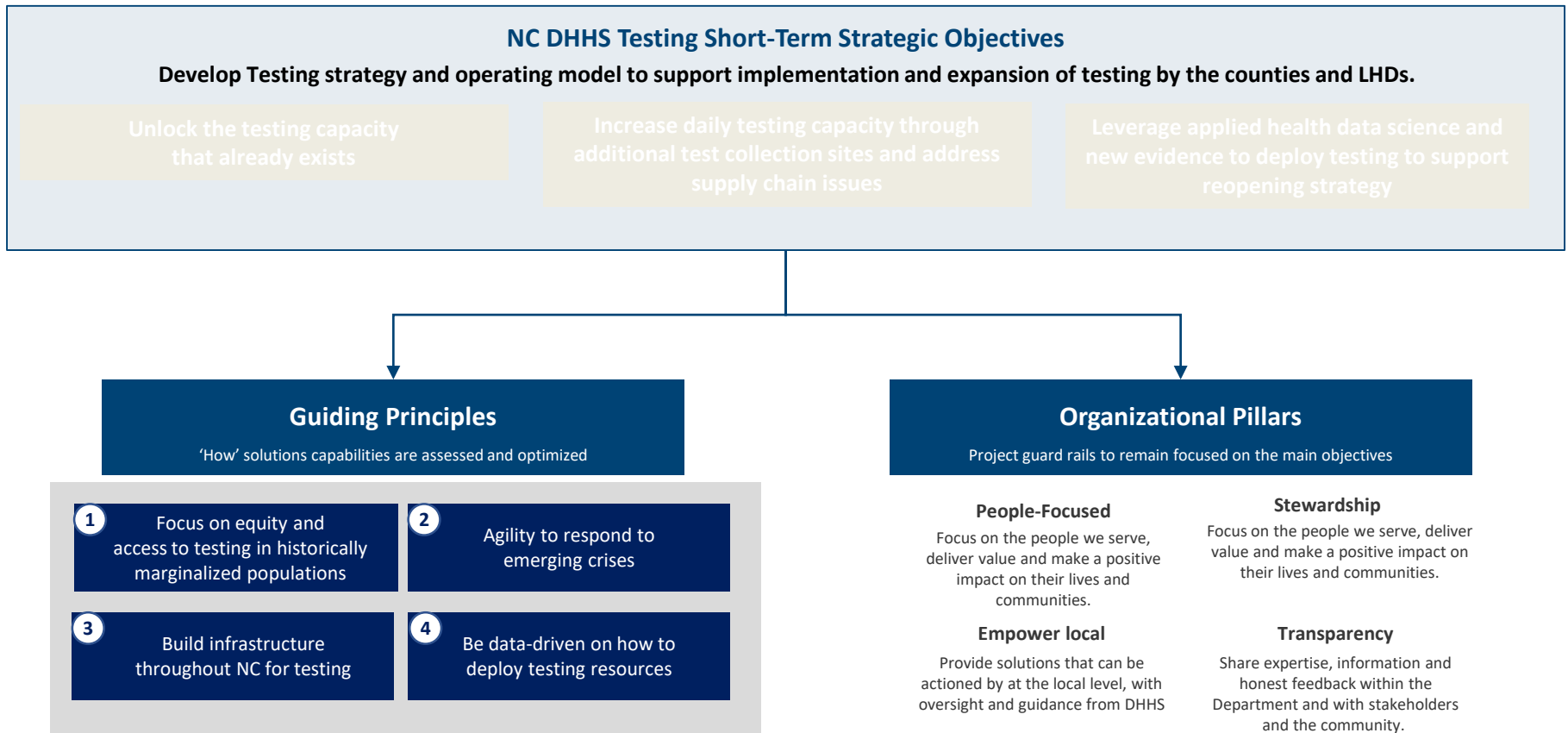
June 8, 2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

NC DHHS COVID – 19 Response

Strategic testing framework



Increasing Testing Access in Historically Marginalized Populations

Objective: Protecting Historically Marginalized Populations from COVID infection, complications when infected, and transmission in the community



Developed and published best practices for COVID-19 Community Testing in Historically Marginalized Populations, providing guidance on identifying community partners, testing, test modalities, personal protective equipment and more.



Released the testing and tracing vendor Request for Qualifications (RFQ), with a strong emphasis on minority-owned businesses. We released an additional amendment to extend the Q&A period.



Integrated the Testing Surge Workgroup into the five Historically Marginalized Population workstreams, ensuring stakeholder involvement within each workstream.



Ongoing coordination efforts with the North Carolina Growers Association, federally qualified health centers, and other partners to reach and support migrant farmworkers, inclusive of HRSA grant submissions to obtain funding for enhanced testing (staff, training, outreach, support, etc.)



NCCARE360 has now gone live in all 100 counties, improving our ability to connect Historically Marginalized populations to services and resources.

CCNC hired 249 contact tracers, ensuring that individuals hired represent the demographics of the community. Of the 249 contact tracers hired, 78 (31%) were Black or African American and 43 (17%) were Hispanic or Latinx. All contact tracers hired are bilingual, exceeding the original goal of 35%.

Weekly testing goals

Testing – Planned to actual (Daily average)

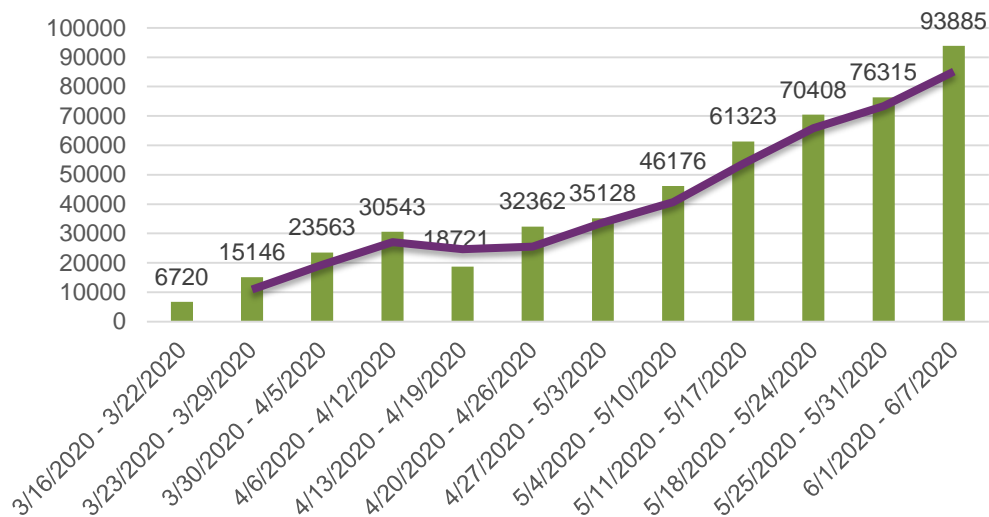
	Week 1 4/27-5/3	Week 2 5/4-5/10	Week 3 5/11-5/17	Week 4 5/18-5/24	Week 5 5/25-5/31	Week 6 6/1-6/7	Week 7 6/8-6/14
Daily Testing Goal	3,500	5,500	8,000	10,000	12,000	14,000	16,520
7 Day Rolling Avg	4,846	6,424	7,522	10,025	10,784	13,412	

Data as of 6/9*

# of sites**	# of total tests completed	% positive	# of tests per 1000 pop
461	520,113	7%	49.6

- Average number of tests/day
 - April: 4,046
 - May: 8,715
 - June: 14,133
 - *Data updated through 6/9
- Total tests June 1-9: 113,063
 - *Data updated through 6/9
- 7 Day Rolling Avg June 3-9: 14,399

Total tests per week***



*Data from KFF

**Data from Castlight as of 6/9

***<https://covid19.ncdhhs.gov/dashboard/testing>

Key Metrics to Drive Goals



Increase testing

100,790 tests were completed over the past week (6/3-6/9)

- **14,399** 7 day rolling average
 - *Source:* covid19.ncdhhs.gov/dashboard/testing

777 people completed Check My Symptoms (as of 6/7)

- 585 individuals received a text/email
- 2,665 individuals started, but did not complete the checker



Expand lab capacity

~**32** private and hospital labs performing COVID-19 testing

- *Source:* SERT ExSUM



Equity access of testing

- Rate of verified diagnostic testing sites in NC and county
- Race of individuals
- Ethnicity of individuals
- Availability of diagnostic testing sites in zip codes with >25% of residents coming from HMP backgrounds



Expand collection sites

~**461** verified test collection sites posted online

- Includes- health systems, FQHCs, community practices, urgent care.
- *Source:* covid19.ncdhhs.gov/about-covid-19/testing/covid-19-testing-locations

Contact Tracing Key Metrics – updated 6.9.20

1.

There are **~1,500** Staff supporting contact tracing efforts at the LHD level

2.

1,169 LHD and Staff users have completed State-led training on Contact Tracing

3.

Of the **252** CCNC staff hired:

- Bilingual staff exceeded goal of 35% at 41%

4.

AHEC training milestones for Contact Tracers

- 140 trained by 5/24 – Complete
- 220 trained by 5/31 – Complete
- 250 trained by 6/8 – Complete

Questions / Discussion