



NC Department of Health and Human Services

Personal Care Services Stakeholder Meeting

Renee Stapleton LTSS Service Operations Manager Juanita Jefferson PCS Unit Manager

July 26, 2022

Agenda

- Welcome and Introductions
- Program Updates
 - Return to Face-to-Face Assessments
 - Quality Assurance Activities
- Managed Care Updates
 - Transitions of Care
 - Retro Eligibility
 - Tailored Plan Readiness Resources
- Electronic Visit Verification
- DHB teams and DHHS Divisions
- Stakeholder Feedback
- Provider Resource Section

DHB LTSS

- Sabrena Lea, Deputy Director LTSS
- Beverly Bell, Associate Director LTSS
- Renee Stapleton, Service Operations Manager
- Juanita Jefferson, PCS Unit Manager
- Linda Rascoe, Sr. Policy Analyst, EVV Lead

PCS Staff

- Candace Stancil, PCS Nurse Consultant (Adult)
- Jennifer Winstock, PCS Nurse Consultant (Adult)
- Shada Baumgardner, PCS Nurse Consultant (EPSDT)
- Augustie Patel, PCS Nurse Consultant (EPSDT)
- Evah Glielmi, Administrative Officer
- Crystal Hunter, Administrative Assistant
- Vernell Johnson, PCS Policy Analyst

Personal Care Services Partners

- Liberty Healthcare
 - Natalie Peterson
 - Jeremy Owen
 - Penny Waters
- Viebridge
 - Kevin Goddard
 - Emonique Whitfield
- Sandata

DHB Teams

- Standard Plans
 - Cassandra McFadden
- Finance
 - Reggie Little, Jackie Holloway, Shayla Davis, Katrina Brown
- Office of Compliance and Provider Integrity
 - Patrick Piggott
- Communications
 - Lynette Harris
- Contracts and Procurement
 - Ted Fort
- Provider Operations
 - Alicia Chapman

DHHS Divisions

- Division of Mental Health
 - Tamara Smith
- Division of Health Service Regulation
 - Megan Lamphere and Libby Kinsey

Welcome and Introductions PHP Standard Plan

- Carolina Complete
 - Veronica Piper
 - Tonya Wilson
 - Julie Ghurtskaia
 - Angela Johns

- Wellcare Care
 Management Team
 - Lawanna Gaddy
 - Marla Matthews
 - Linda Purdie
 - Heather Wilman
 - L. Branche
 - Michele Phillips

Welcome and Introductions PHP Standard Plan

- AmeriHealth
 - Shawna Sumerlin
- Healthy Blue
 - Melinda Combast
 - Mary Beth Dahlstein
 - Carole Slocum

- United
 - Bonnie Batten
 - Amanda Taylor
 - Torri Thompson

Program Updates – Return to Pre-COVID Processes

Return to pre-COVID Processes –

- Requirement for beneficiary to be seen by their practitioner within the last 90 days vs. 120 days
- Face to face assessments resumed July 1, 2022
 - Liberty Healthcare and DHB worked on a transition plan
 - 722 Assessments conducted
 - 1 Initial Refusal due to COVID
 - Data as 7/13/2022
 - Beneficiary changed their mind and allowed the assessment

PCS Unit Quality Assurance Activities

- LTSS PCS quarterly audit activities
 - Internal Audit Completed in April 2022
 - Random selection of providers will receive a certified letter requesting either
 - Documentation of mandatory competency training records
 - Documentation of in-home PCS supervisory visits performed by a qualified RN Nurse Supervisor
 - PCS Database will be reviewed to verify the timely submission of the Quality Improvement Attestation Form NC Medicaid-3136
 - Desktop Assessment Review Completed May 2022
 - Beneficiary Satisfaction Survey In progress July 2022

Reminder: Aides are not to fill medication packs for beneficiaries and will be reported to DHSR

Transitions of Care Updates

Continuity of care process overview

- Health plan notifies current providers of the anticipated disenrollment, providing guidance and current prior authorization status
- PCS provider coordinates the completion of the <u>DHB 3051 form</u> with the beneficiary's primary care physician (PCP) or treating physician.
- PCS provider submits the signed 3051 to Liberty Healthcare of North Carolina timely to ensure no delays in payment or services.

Personal Care Services Beneficiary Managed Care Disenrollment Process and Updated Referral Form on July 17, 2021

Retro Disenrollments

 When a beneficiary's enrollment category shows they are excluded from managed care, the system disenrolls them from the PHP.

- If the enrollment category is updated after the fact, the individual may be disenrolled retroactively.
- Reasons beneficiaries are excluded from managed care include
 - Enrollment in Community Alternative Program (CAP)
 - Extended nursing home stay
 - Foster care
 - Dually Eligible

Retro Disenrollments

- Recently, some individuals with Medicare were discovered to be enrolled in managed care.
- When Medicare data is delayed, entering Medicare evidence will trigger a retro disenrollment back to the first day of the month of Medicare effective date.
- To ensure the provider is paid for recouped claims due to no fault of the provider, the provider agency should submit claims to NCTracks for the dates of service that now fall in Medicaid Direct.
- If the provider receives a denial of claims, contact the Managed Care Provider Ombudsman to generate a ticket for claim reprocessing.
- These tickets and the claims they represent will be given high priority.

Tailored Plan Readiness Resources

Tailored Plans

Behavioral Health I/DD - starts Dec. 1, 2022

- There are published documents related to provider contracting on the Medicaid website.
 - <u>https://medicaid.ncdhhs.gov/providers/provider-</u> <u>contracting-health-plans#tailored-plans</u>
 - Contract Deadlines for Inclusion in Beneficiary Choice Period and Auto-Assignment
 - Contracting Deadlines Questions and Answers
 - Contracting with Tailored Plans

Tailored Plan 101: "Ready, Set, Launch" webinar series

Medicaid Managed Care Back Porch Chat series

The Medicaid Managed Care Back Porch Chat is scheduled for: Thursday August 18, from 5:30 p.m. to 6:45 p.m. Hosted by Shannon Dowler, MD, the Chief Medical Officer for NC Medicaid

This webinar will include critical background you need to be ready for Tailored Plan launch, including:

- Key aspects of the Tailored Plan program and the history of how we got here
- What your patients should know now
- What providers of all types should be doing now to prepare

https://zoom.us/webinar/register/WN_m_8q640tQvqv5cm-uKNohg Tailored Plan 101: "Ready, Set, Launch" webinar series

EVV Manual Visit Entries

CMS 21st Century Cures Act Required Elements

- Enter all data at time of visit
- Review to verify completion
- Missing data elements

Best Practices:

- Enter all information
- Review to ensure there is no missing data
- Access educational material on Sandata's website
 - Refreshers, new staff, how to information, etc.

Take aways:

- Providers not following the State and Federal guidance are out of compliance
- Medicaid is focusing on reducing the high numbers of manual visits within the next 90 days
- Audits will be conducted, and potential penalties assessed for non-compliance

Updated ALT EVV Requirements

• By Oct. 1, 2022, the Department expects all EVV vendors to require location in their systems.

Expectations -

- All visits will require a "Visit Location Type"
- 1=Home or 2=Community required for each visit.
- The visit will not be in a verified status until that data is provided.

Reports from Division or DHB Teams

OCPI: Patrick Piggott
 -3136 Audit
 -PCS Audit

Liberty Healthcare: Natalie Peterson

- Provider training August 16th 10:00- 11:30 am
 - North Carolina Medicaid Personal Care Services Independent Assessment | Liberty Healthcare of North Carolina (nc-pcs.com)
- Operations Manual

Stakeholder Feedback

- Open forum to hear from you.
- To ask a question
 - Raise your hand to be unmuted.
 - Enter a question in the chat.
 - Email your questions to PCS email address <u>PCS Program Questions@dhhs.nc.gov</u>
- All questions received, along with the response will be included in the Q&A document on the PCS webpage along with the PowerPoint presentation.
- When asking a question, include your name and agency name or whether you are a caregiver or advocate

Open Discussion and Questions

 Opportunity for any of our State partners, vendors or PHPs to make comments or provide updates.



Thank you for your time this afternoon

PCS Program Questions@dhhs.nc.gov

Resources

Managed Care Provider Resources

Provider Quick Reference

https://medicaid.ncdhhs.gov/day-one-provider-quickreference-guide/open

Medicaid Managed Care Provider
 Ombudsman:

Phone: 866-304-7062

Email: Medicaid.ProviderOmbudsman@dhhs.nc.gov

NC Medicaid Providers website

https://medicaid.ncdhhs.gov/providers

Managed Care Provider Resources

• Provider Playbook:

https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaidmanaged-care

Fact Sheets

https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaidmanaged-care/fact-sheets

EVV Provider Contact Information

• NC Medicaid Direct:

- Sandata Customer Support: 855-940-4915 <u>NCCustomerCare@Sandata.com</u>
- Sandata Alternate EVV Support: 844-289-4246 or <u>NCAItEVV@Sandata.com</u>
- EVV Policy Questions: 919-855-4360 or <u>Medicaid.EVV@dhhs.nc.gov</u>
- NCTracks at 800-688-6696
- LME/MCOs:
 - <u>https://www.ncdhhs.gov/providers/Ime-mco-directory</u>
- Provider Health Plans (PHPs)
 - https://medicaid.ncdhhs.gov/transformation/health-plans

EVV Vendor Resource

NC utilizes an open vendor model approach to EVV implementation. The open vendor model allows states to contract with a single EVV vendor but allows providers and PHPs to utilize their own vendor (Third Party/Alternate EVV solution).

Sandata is NC Medicaid's EVV vendor for data aggregation. This EVV vendor is free of charge to providers.

There are three (3) Medicaid payer types, and each has a free vendor:

- NC Medicaid Direct \rightarrow Sandata
- Standard Plans \rightarrow HHA exchange <u>except</u> Healthy Blue.

 $\textbf{Healthy Blue} \rightarrow \textbf{CareBridge}$

• LME/MCOs \rightarrow HHA Exchange

*LME/MCOs become Tailored Plan (TP) 12/1/22