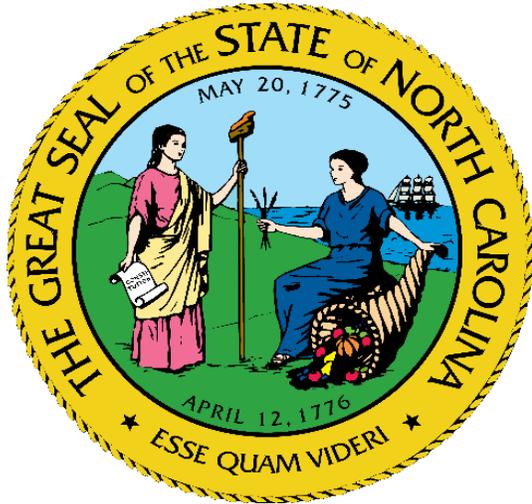


**NC Department of Health and Human Services
Division of Health Benefits (NC Medicaid)**

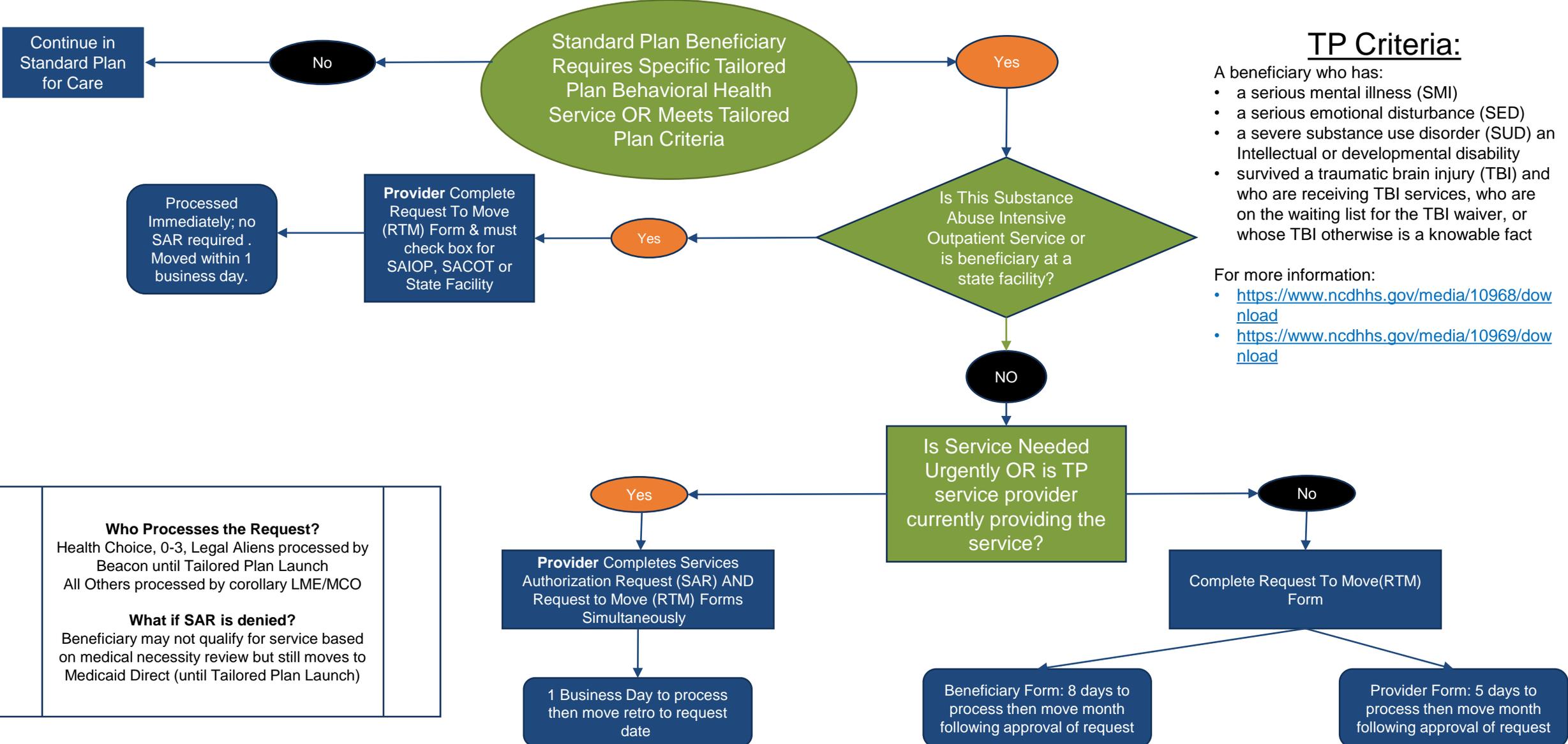


NC Medicaid Chief Medical Officer Update

**Shannon Dowler, MD, FAAFP, CPE
Chief Medical Officer, NC Medicaid**

**Medical Care Advisory Committee (MCAC) Meeting
December 10, 2021**

Standard Plan to Medicaid Direct: The Flow



TP Criteria:

- A beneficiary who has:
- a serious mental illness (SMI)
 - a serious emotional disturbance (SED)
 - a severe substance use disorder (SUD) and Intellectual or developmental disability
 - survived a traumatic brain injury (TBI) and who are receiving TBI services, who are on the waiting list for the TBI waiver, or whose TBI otherwise is a knowable fact

- For more information:
- <https://www.ncdhhs.gov/media/10968/download>
 - <https://www.ncdhhs.gov/media/10969/download>

<p>Who Processes the Request? Health Choice, 0-3, Legal Aliens processed by Beacon until Tailored Plan Launch All Others processed by corollary LME/MCO</p> <p>What if SAR is denied? Beneficiary may not qualify for service based on medical necessity review but still moves to Medicaid Direct (until Tailored Plan Launch)</p>
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Service Authorization Requests

The LME-MCO Service Authorization Request (SAR) or Treatment Authorization Request (TAR) forms can be found at the following links.

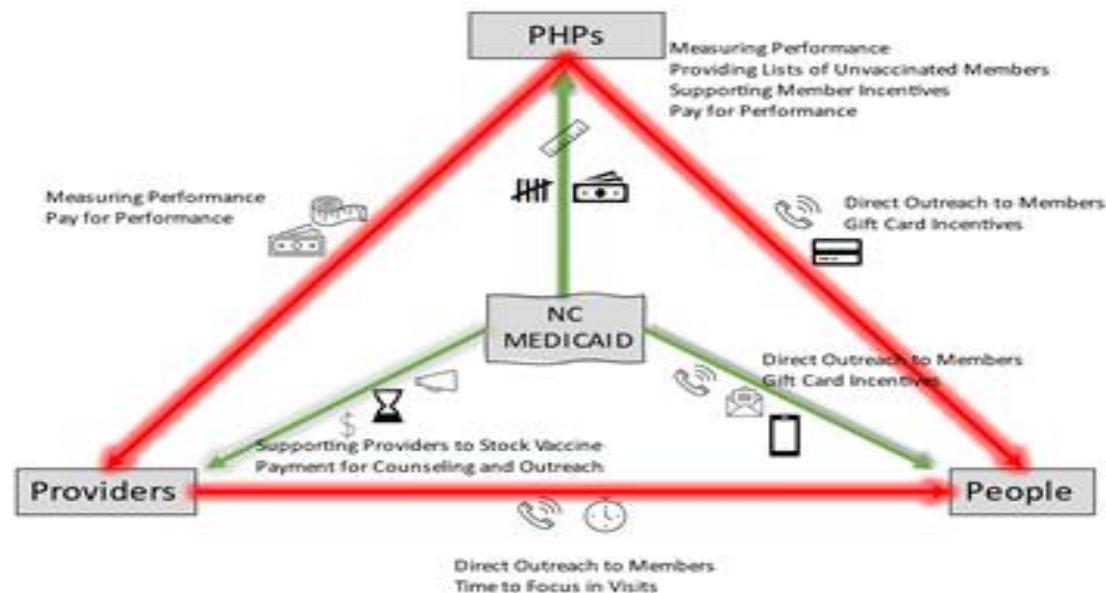
- [Alliance](#)
- [Cardinal](#)
- [Eastpointe](#)
- [Partners](#)
- [Sandhills](#)
- [Trillium](#)
- [Vaya](#)
- [Beacon](#)

Date of Submission: _____	
Provider Name:	
Provider Address:	
Site Code# and Address:	NPI#:

Member Name	Patient's Name:	DATE OF IN	
Member Pa	Social Security #:	DOB:	
SS#:	Current Address:	Phone #:	
Address:	City/State/Zip:		
City, State, &	Medicaid #: - - None	Start Date of Request:	
Legal Guard	Attending Provider:	End Date of Request:	
	Legal Guardian: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> DSS Other:	Patient's Name:	
	Class:	Social Security #:	
	Class:	DOB:	
	Psychosocial Stressors (check all that apply)	Current Address:	
		City/State/Zip:	
		Medicaid #: - - <input type="checkbox"/> None	
		County (Medicaid Eligibility):	
		Legal Guardian: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> DSS <input type="checkbox"/> Other:	
		Name:	
		SERVICE INFORMATION	
		Level of Care (select only one):	Type of Review (select only one):
		<input type="checkbox"/> State Services <input type="checkbox"/> Enhanced Services	<input type="checkbox"/> Concurrent Urgent <input type="checkbox"/> Concurrent
		<input type="checkbox"/> High Risk <input type="checkbox"/> Inpatient Psych <input type="checkbox"/> Outpatient	Routine <input type="checkbox"/> Prospective Urgent
		<input type="checkbox"/> PRTF <input type="checkbox"/> Residential <input type="checkbox"/> ICF/MR	<input type="checkbox"/> Prospective Routine
		<input type="checkbox"/> Innovations/B3	<input type="checkbox"/> Retrospective
		Type of Care (select only one):	Retrospective Medicaid Eligibility
		<input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

The RTM form can be found [here](#)

Levers NC Medicaid Is Using to Increase Vaccination Amongst Beneficiaries



Vaccine Counseling Impact

- The vaccination rate for the counseled population is **25.5% greater** compared to the non-counseled population(all 18+) and **49.9% greater** (12+).
- Early data suggests:
 - 18+, **100** people need to receive counseling for **three** beneficiaries to be vaccinated beyond what would have occurred without counseling. With an average of 1.25 counseling sessions per beneficiary at a cost of \$32 per claim, this correlates to **\$1,333 to shift one person to vaccination.**
 - 12+, 100 people need to receive counseling for seven beneficiaries to be vaccinated beyond what would have occurred without counseling. With an average of 1.25 counseling sessions per beneficiary at a cost of \$32 per claim, this correlates to **\$571 to shift one person to vaccination.**
- Initial evidence indicates that vaccine counseling by trusted providers increases the likelihood that beneficiaries will make the decision to get vaccinated.
- Being vaccinated in NC means a person is 5X less likely to get COVID infection and 20X less likely to die from COVID-19.

COVID Member Incentives

WellCare	United HealthCare	Healthy Blue	AmeriHealth Caritas NC	Carolina Complete Health
Who is Eligible? <ul style="list-style-type: none"> All members 5 years of age and up. 	Who is Eligible? <ul style="list-style-type: none"> Members 5 years of age and up. 	Who is Eligible? <ul style="list-style-type: none"> All members 5 years of age and up. 	Who is Eligible? <ul style="list-style-type: none"> Members age 5 years and older who receive 1st or 2nd COVID Vaccine Doses during the campaign. 	Who is Eligible? <ul style="list-style-type: none"> Current eligible members for the vaccination incentive are age 5 years and older.
Incentive Dates/Timeline <ul style="list-style-type: none"> Members who completed their vaccination (series) on or after 9/1/21 through 6/30/22 are eligible for a \$50 Walmart gift card. Members may attest to their (or their dependent's) vaccination status via web portal, and gift card will be provided to them. 	Incentive Dates/Timeline <ul style="list-style-type: none"> Eligible members will receive an email or direct mail with an invitation to participate Members who receive their first COVID vaccine dose between 11/1/21 and 1/31/22 will receive a \$50 gift card. Program may be extended. 	Incentive Dates/Timeline <ul style="list-style-type: none"> 2021 pilot program dates: October 1st through January 30th 	Incentive Dates/Timeline <ul style="list-style-type: none"> First campaign from 11/1/21-1/31/22 *may be extended through 6/30/22 and adapted based on campaign results and in consultation with NC DHHS. 	Incentive Dates/Timeline <ul style="list-style-type: none"> Eligible members who receive a first, second, or booster COVID-19 vaccination between 11/15/21 and 3/31/22 will receive a \$75 incentive, while rewards last.*
Member Incentive <ul style="list-style-type: none"> Members will receive a Wal-Mart gift card in the amount of \$50. 	Member Incentive <ul style="list-style-type: none"> Incentive offering to all vaccine-eligible members in the form of a \$50 gift card with appropriate restrictions. 	Member Incentive <ul style="list-style-type: none"> Members who receive a series of 2 Moderna, 2 Pfizer, or 1 Johnson & Johnson vaccine(s) choose from a digital or physical gift card received via U.S. postal service. Multiple card selections from retailers, restaurants, Amazon. Reward value: <ul style="list-style-type: none"> November \$100 December \$100 January \$50 	Member Incentive <ul style="list-style-type: none"> Pfizer or Moderna 1st Shot: \$60 Pfizer or Moderna 2nd Shot: \$100 Johnson & Johnson Single Shot: \$100 <p>Rewards are loaded onto the member's pre-paid CARE Card and can be used to purchase OTC health products, wellness products and healthy foods at participating retailers. Member is notified by mail when rewards are loaded to CARE Card.</p>	Member Incentive <ul style="list-style-type: none"> Members will receive \$75 on their My Health Pays Rewards card when they receive a first, second, or booster vaccination.* Every member receives a My Health Pays card within two weeks of enrollment. If the member does not have a My Health Pays Rewards card, they should contact member services.

COVID Member Incentives

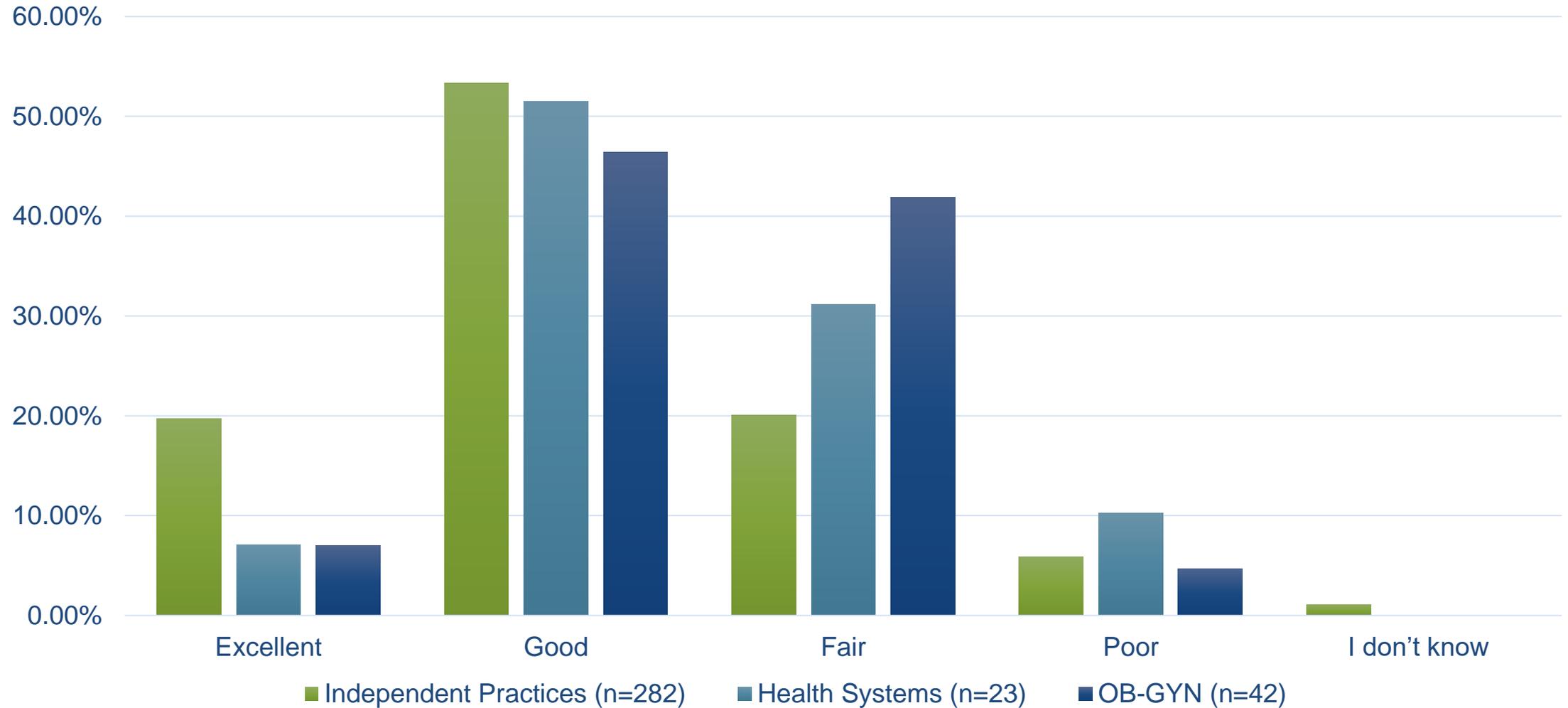
WellCare	United HealthCare	Healthy Blue	AmeriHealth Caritas NC	Carolina Complete Health
<p>How is it verified?</p> <ul style="list-style-type: none"> WellCare of North Carolina members will attest to their vaccination status or a minor under their care’s vaccination status by: <ul style="list-style-type: none"> following a link to a microsite https://wellcarerewardspprd.inspireandperform.com/wellcarerewardspprd.inspireandperform.com entering identifier information entering vaccine information (vaccine brand, date of each shot depending on vaccine) The site will perform authentication by comparing identifier information to enrollment files. 	<p>How is it verified?</p> <ul style="list-style-type: none"> Members will attest to their vaccine status by providing name of vaccine, date received and location Incentive fulfillment available by mail, online or by phone Monitoring of vaccination rates of those receiving the incentive will be performed by comparison to state data 	<p>How is it verified?</p> <ul style="list-style-type: none"> Proof of vaccination provided by member: <ul style="list-style-type: none"> Submit a photo of CDC vaccination card via the HealthyBlueNC.com member portal Call Healthy Blue Member Services to verbally provide vaccination information. 	<p>How is it verified?</p> <ul style="list-style-type: none"> ACNC tracks vaccine claims paid to pharmacies or providers ACNC identifies a member in a data source from the State Member attestation via Member Services or the secure contact form on our website www.amerihealthcaritasnc.com and validated by ACNC 	<p>How is it verified?</p> <ul style="list-style-type: none"> Carolina Complete Health will use claims data to determine when members receive the vaccination and are eligible for the incentive.** If there was not a claim, the member can provide proof of vaccination by uploading a copy of their vaccination card online or mailing a copy to Carolina Complete Health.***
<p>More information for members:</p>	<p>More information for members: https://myuhc.com/CommunityPlan/HealthWellness [myuhc.com]</p>	<p>More information for members: https://member.healthybluenc.com/public/login</p>	<p>More information for members: https://amerihealthcaritasnc.com/covid-19/vaccine-carecard</p>	<p>More information for members: www.carolinacompletehealth.com/vaccine</p>

Managed Care Provider Survey Results Background

Background: DHB worked with The Sheps Center for Health Services Research at UNC-CH to develop a provider experience survey for practice managers, medical directors, or other leaders of systems and practices that deliver primary care and OB-GYN care to Medicaid beneficiaries in the current system.

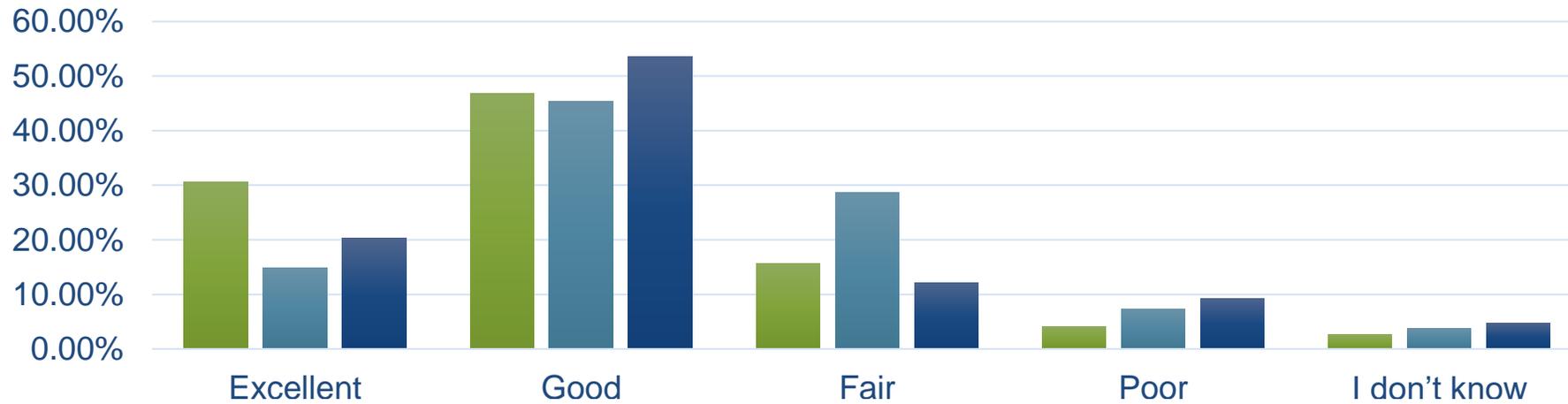
- Historical experience with Medicaid support for healthcare quality
 - Historical experience with Medicaid administrative process
 - Experience with PHPs during the contracting phase
-
- **Future Iterations of the Provider Survey**
 - Add other provider types
 - We will use survey findings as a leading indicator for PHP quality improvement.
 - We will do more specific/detailed investigation of issues and opportunities for improvement via other data collection (e.g., focus groups, interviews, claims analyses)
-
- **Response Rate 58.8%**

Overall Experience with NC Medicaid

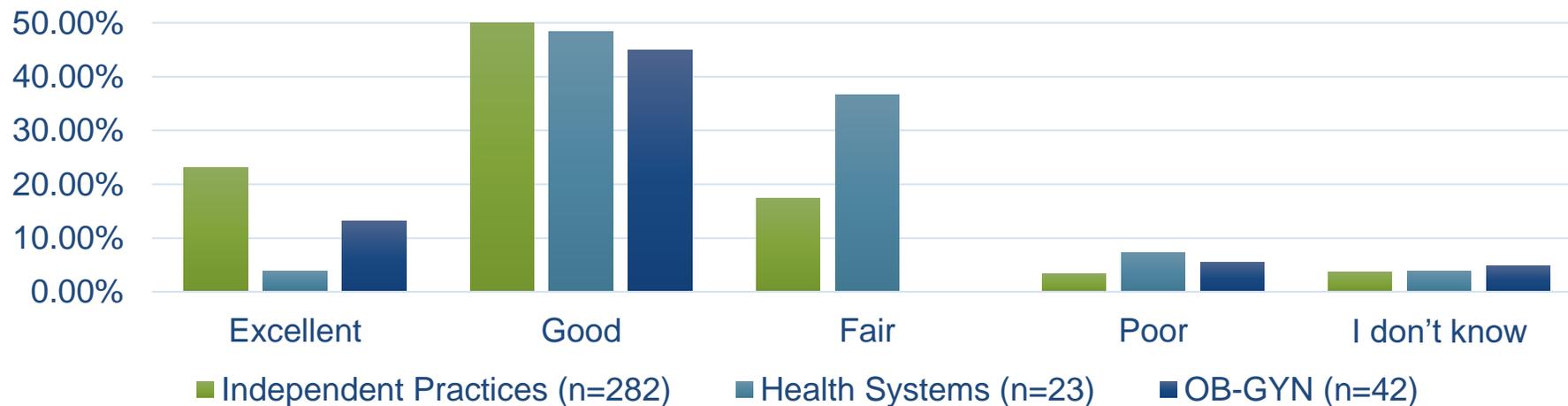


NC Medicaid – Claims processing

Timeliness of claims processing

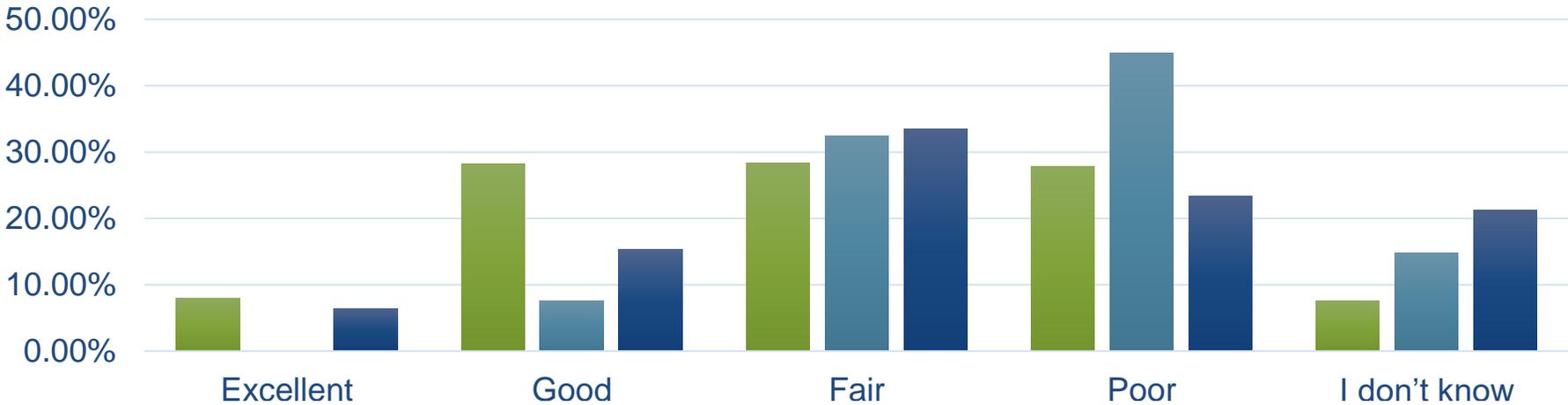


Accuracy of claims processing

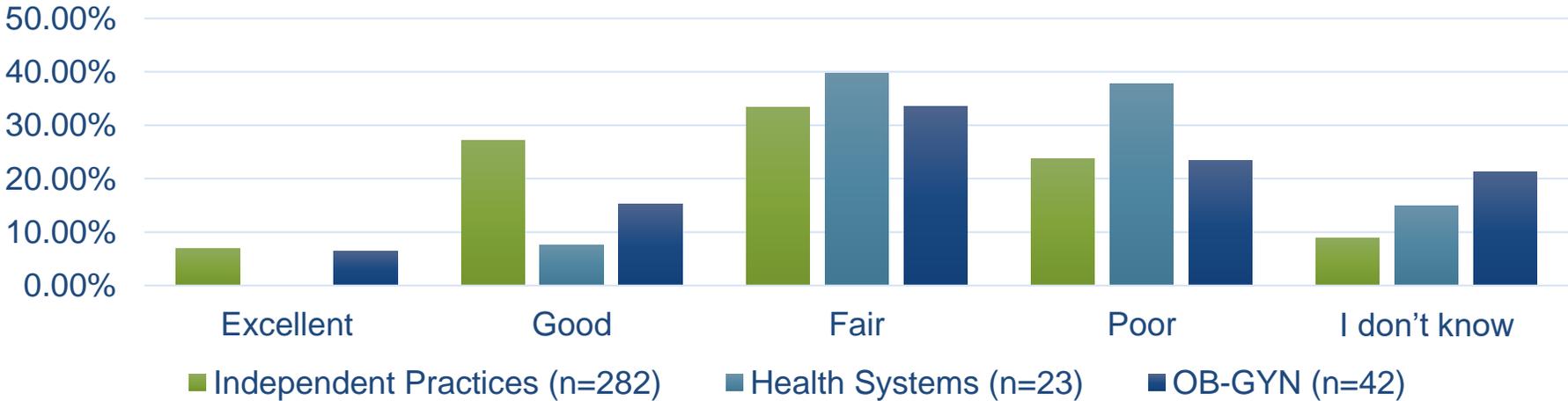


NC Medicaid - Access to Behavioral Health

Access to behavioral health prescribers for Medicaid patients



Access to behavioral health therapists for Medicaid patients



Coverage for Psychiatric Collaborative Care Management Throwback to 10/18:

In response to provider requests and to allow reimbursement for behavioral health integration in primary care settings, North Carolina Medicaid added coverage for the following evaluation and management codes effective October 1, 2018:

- 99492 – Initial psychiatric collaborative care management, first 70 minutes in the first calendar month
- 99493 – Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities
- 99494 – Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or non-physician practitioner (NPP), typically 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.

For more information, please visit the [Coverage for Psychiatric Collaborative Care Management Bulletin](#)

Collaborative Care Claims Summary (July 2019-June 2021)

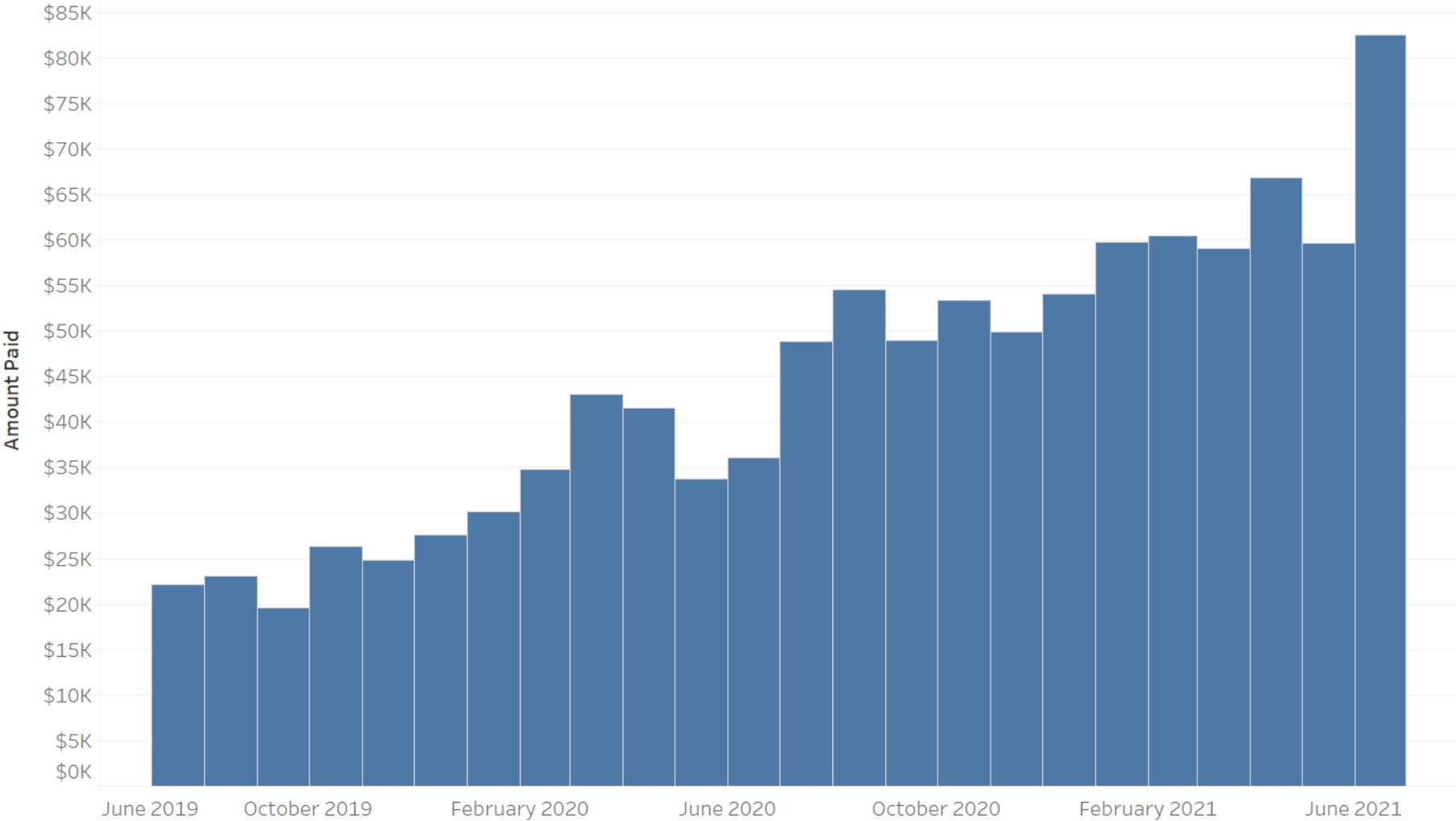
- 2,480 beneficiaries have at least 1 paid claim
- \$1,061,300 paid out over 2-year period
- 11,712 paid claims
- Average payment of \$90.62 per claim

99492 – Initial psychiatric collaborative care management, first 70 minutes in the first calendar month

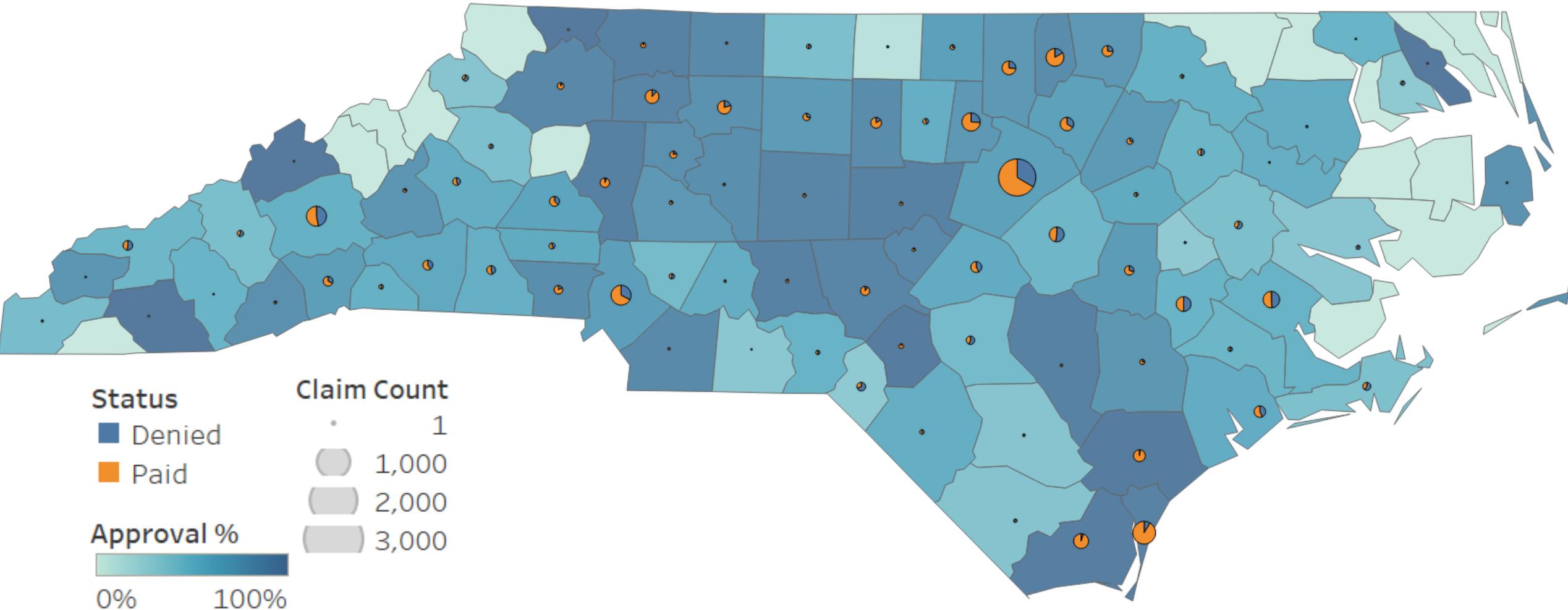
99493 – Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities

99494 – Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month

Monthly Collaborative Care Payments (July 2019-June 2021)



Collaborative Care Claims by County (July 2019-June 2021)



Collaborative Care Claims Overview (July 2019-June 2021)

- **Utilization by Plan:** 43% SP members; 35% TP members; 22% Medicaid Direct.
- **Utilization by race:** 47% White/Caucasian; 42% Black/AA (who represent 35% of our population)
- **Utilization by ethnicity:** 91% Non-Hispanic/Latinx; 9% Hispanic/Latinx (members trend younger)
- **Utilization by age:** 29% (under age 18) and 71% (over 18); compared to general Medicaid population: 47% (under age 18) and 53% (over 18)
- Majority of utilization **clusters around major hospitals/cities.**

Why Aren't Practices Providing CoC?

Barriers We Have Heard About:

Medicare Rules aren't the same as Medicaid Rules

- Who can do BH coordination

Lack of connection or access to a psychiatry partner

- Complexity to contract or find a partner

Administrative burden to manage population

- Standing up a registry is difficult

Too much going on

- Need support to set up, understand, and implement

Troubleshooting all alone is hard

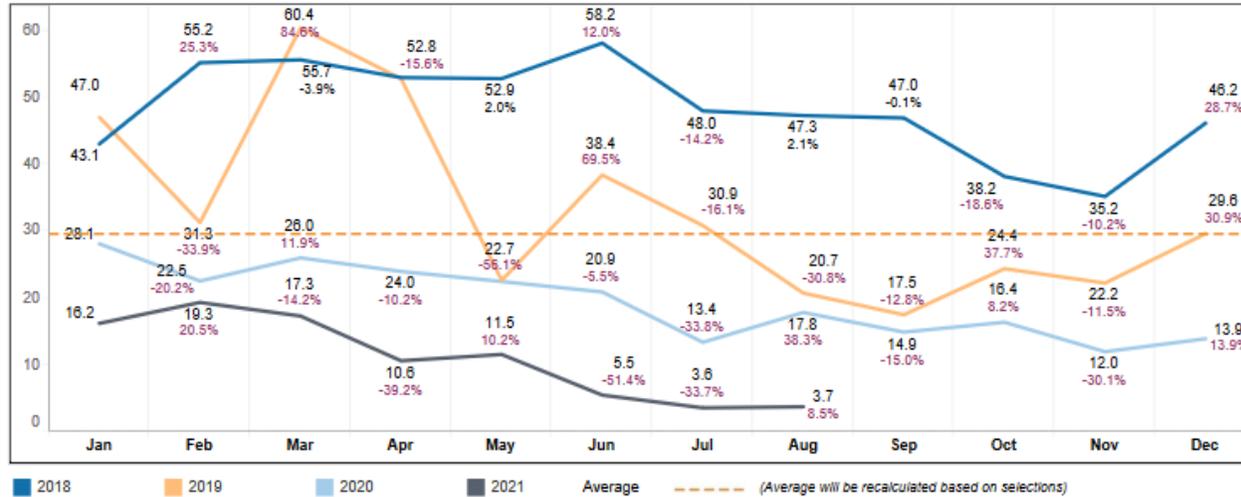
- No clear place to learn from others



CMO Reviews For Program Oversight

Data Included: January 2018 - August 2021

Biliblankets
Total (Paid and Denied) Claims, Rate Per 1000 Members



Global Filters

Claim Payment Status
 All
 Paid
 Denied

Rates/Counts
 Show Rates
 Show Counts

Select Years
All

Select Months
All

Select a Measure
Biliblankets

Bottom Viz Filters

Select Months for Rate graph
Multiple values

Select PHP or Medicaid Direct
All

- AmeriHealth Caritas
- Carolina Complete Health
- Healthy Blue

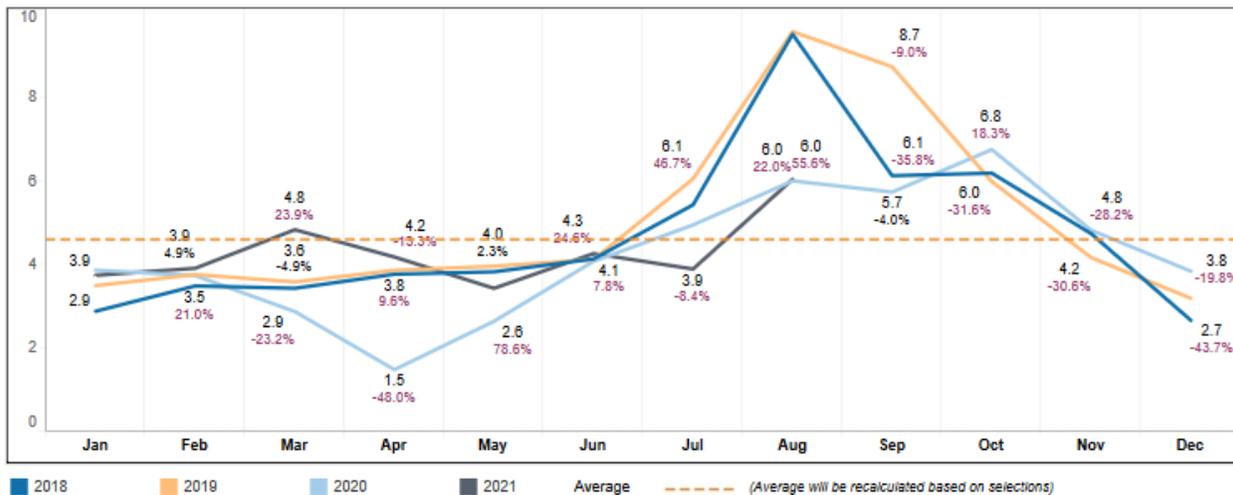
Biliblankets - Rate of Total (Paid and Denied) Claims Per 1000 Members Within Plan



Oversith Insight

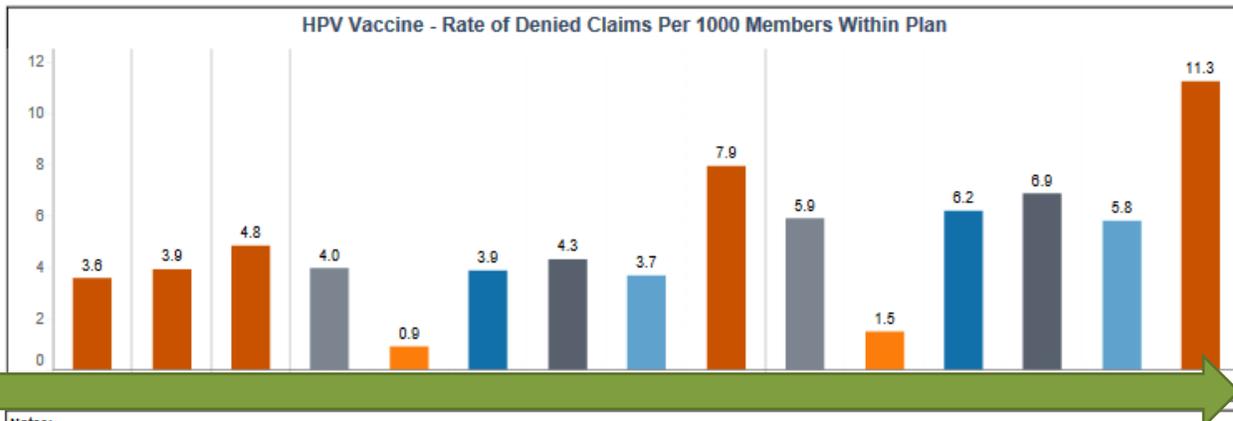
HPV Vaccine Denied Claims, Rate Per 1000 Members

Crosstab PDF



Global Filters

- Claim Payment Status
 - All
 - Paid
 - Denied
- Rates/Counts
 - Show Rates
 - Show Counts
- Select Years
 - All
- Select Months
 - All
- Select a Measure
 - HPV Vaccine



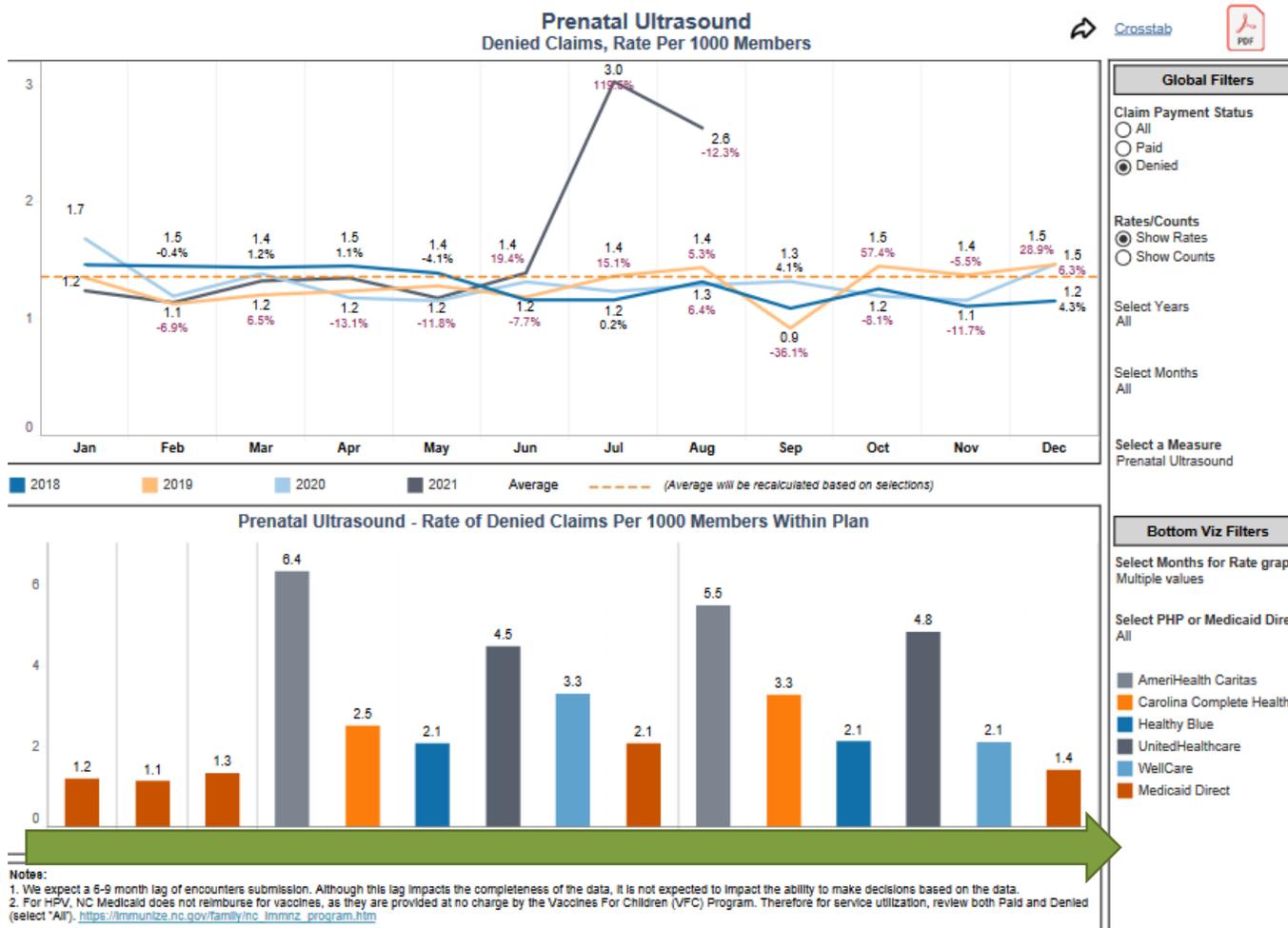
Bottom Viz Filters

- Select Months for Rate graph
 - Multiple values
- Select PHP or Medicaid Direct
 - All

Oversight Insight

Notes:

Oversight Insight





QUESTIONS?

Provider Resources

- **NC Medicaid Managed Care Website**
 - [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)
 - Includes County and Provider Playbooks
 - [Fact Sheets](#)
 - Day One Quick Reference Guide
- **NC Medicaid Help Center**
 - [medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)
- **Practice Support**
 - [ncahec.net/medicaid-managed-care](https://www.ncahec.net/medicaid-managed-care)
 - NC Managed Care Hot Topics Webinar Series, hosted by Dr. Dowler on the first and third Thursday of the month
- **Regular Medicaid Bulletins**
 - [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)



What should Providers do if they have issues?

1

Check in NCTracks for the Beneficiary's enrollment (Standard Plan or Medicaid Direct) and Health Plan

If you still have questions, call the NCTracks Call Center: 800-688-6696

2

Connect with the Health Plan (PHP) for coverage, benefits, and payment questions.

You can find a list of health plan contact information at [health-plan-contacts-and-resources](#)
Also, please refer to the [Day One Provider Quick Reference Guide](#) for more information on how to contact PHPs

3

Consult with the Provider Ombudsman on unresolved problems or concerns.

Call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov

Day 1 Quick Reference Guide

VERIFICATION OF ELIGIBILITY AND PLAN

- **NCTracks:** Providers will be able to verify eligibility and Managed Care enrollment through the NCTracks Recipient Eligibility Verification function available in the Provider Portal
- **Real Time Eligibility Verification Method**
 - a. Log into the NCTracks Provider Portal: <https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP>
 - b. Follow the Eligibility > Inquiry navigation
 - c. Populate the requested provider, recipient and time period information
- **NCTracks Call Center:** 800-688-6696

PROVIDER PORTAL / PROVIDER SERVICES

- **AmeriHealth Caritas:** <https://navinet.navimedix.com> / Provider Services: 888-738-0004
- **Carolina Complete:** <https://network.carolinacompletehealth.com> / Provider Services: 833-552-3876
- **Healthy Blue:** <https://provider.healthybluenc.com> or <https://www.availity.com> / Provider Services: 844-594-5072
- **United Healthcare:** <https://www.uhcprovider.com> / Provider Services: 800-638-3302
- **WellCare:** <https://provider.wellcare.com> / Provider Services: 866-799-5318
- **NC Medicaid Provider Playbook:** <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

PRIOR AUTHORIZATIONS

- **AmeriHealth Caritas: Online:** Provider Portal / **Phone:** 833-900-2262 / **Pharmacy:** 866-885-1406
- **Carolina Complete: Online:** Provider Portal / **Phone:** 833-552-3876 / **Pharmacy:** 833-585-4309
- **Healthy Blue: Online:** Provider Portal / **Phone:** 844-594-5072 / **Pharmacy:** 844-594-5072
- **United Healthcare: Online:** UHCProvider.com / **Pharmacy: Phone:** 855-258-1593 **Online:** CoverMyMeds: <https://www.covermymeds.com/main/prior-authorization-forms/optumrx/>; SureScripts: <https://providerportal.surescripts.net/ProviderPortal/optum/login>; Pharmacy Resources and Physician Administered Drugs: UHCprovider.com
- **WellCare: Online:** Provider Portal / **Phone:** 866-799-5318 / **Pharmacy:** Fax: 800-678-3189 or SureScripts: <https://providerportal.surescripts.net/providerportal/>

Day 1 Quick Reference Guide

CLAIMS

- **AmeriHealth Caritas:** Online: <https://navinet.navimedix.com> / Phone: 888-738-0004
- **Healthy Blue:** Online: www.availity.com / Phone: 844-594-5072
- **Carolina Complete:** Online: <https://network.carolinacompletehealth.com>
- **United Healthcare:** Online: <https://www.uhcprovider.com> / Phone: 800-638-3302
- **WellCare:** Online: <https://www.wellcare.com/en/North-Carolina/Providers/Medicaid/Claims> / Phone: 866-799-5318

Two Claims Submission Fact Sheets are available on the Provider Playbook at: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care> that address filing managed care claims.

NON-EMERGENCY MEDICAL TRANSPORTATION & NON-EMERGENCY AMBULANCE TRANSPORTATION

- **AmeriHealth Caritas, Carolina Complete, Healthy Blue, United Healthcare:**
ModivCare Health Care Provider Line: 855-397-3606 / ModivCare Transportation Provider Line: 855-397-3604
 - **WellCare:** One Call Health Care Provider Line: 877-598-7602 / One Call Transportation Provider Line: 877-598-7640
- If you are helping a member arrange transportation, call the PHP Member Services line on the member's Medicaid ID card.

PROVIDER OMBUDSMAN

Medicaid Managed Care Provider Ombudsman: Phone: 866-304-7062 / Online: Medicaid.ProviderOmbudsman@dhhs.nc.gov

HEALTH PLAN QUICK REFERENCE GUIDE LOCATION

- AmeriHealth Caritas: <https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-reference-guide.pdf>
- Carolina Complete: <https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCHNCurrent-PDF-QRG-Form.pdf>
- Healthy Blue: https://provider.healthybluenc.com/docs/gpp/NC_CAID_QuickReferenceGuide.pdf
- United Healthcare: <https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/training/NC-Medicaid-QRG.pdf>
- WellCare: <https://www.wellcare.com/North-Carolina/Providers/Medicaid>