NC Department of Health and Human Services
Division of Health Benefits

# NC MEDICAID
# UPDATES FROM THE CMO

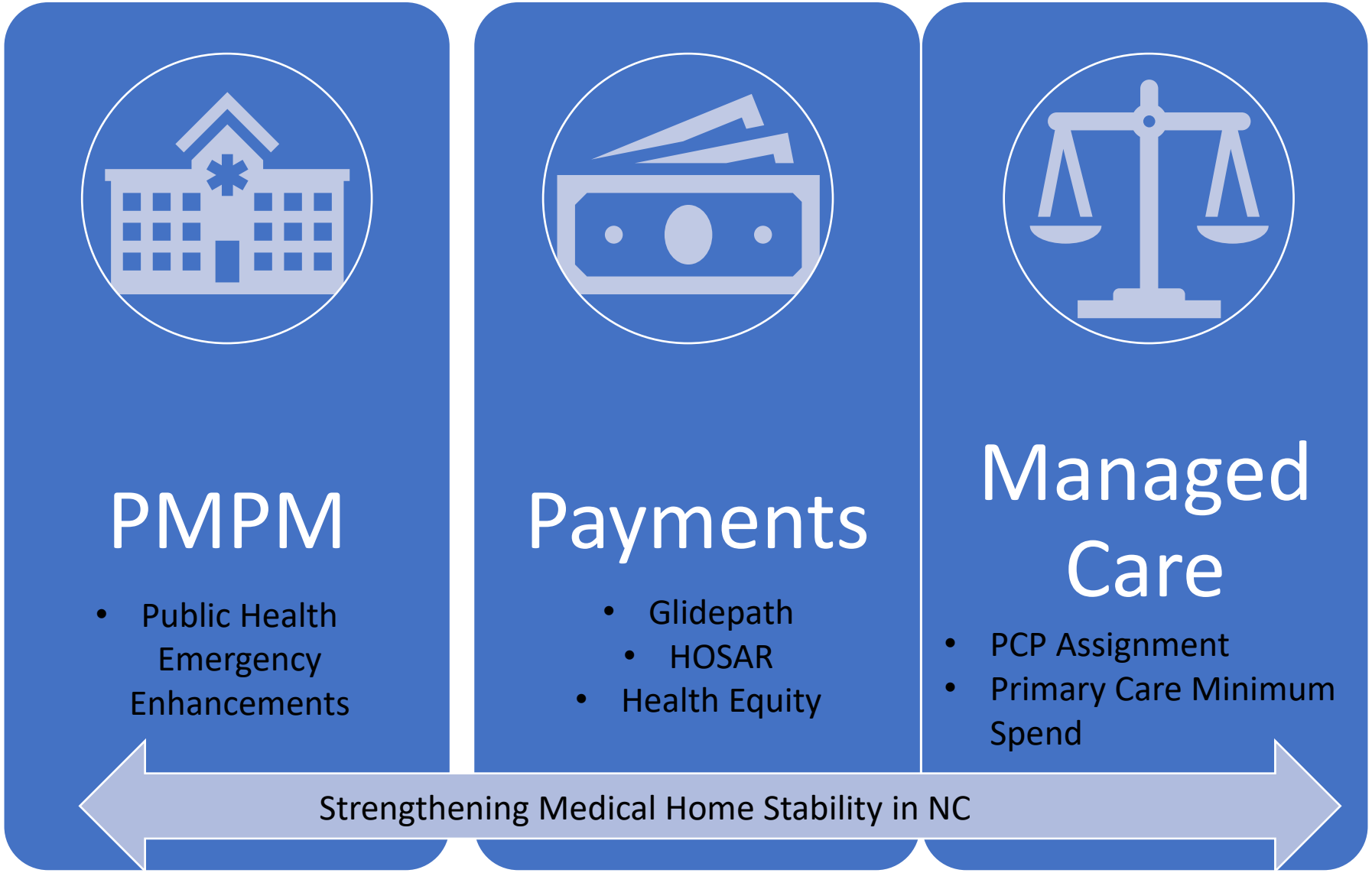

## Shannon Dowler, MD, FAAFP, CME


**Medical Care Advisory Committee (MCAC) Meeting**

**June 11, 2021**

# Medical Home Infrastructure Investments

# Medical Home Infrastructure Investments



# NC Medicaid Remittance – Good news, explained

**Carolina Access PMPM**
**Poverty Tier I**

| | Original | NC Bulletin DHB #74 | NC DHB Notice 2/1/21 | NC DHB Notice 3/19/21 | Total PMPM April -June 2021 |
|---|---|---|---|---|---|
| Medicaid Non ABD | $ 2.50 | $ 2.50 | $ 8.51 | $ 9.00 | **$ 22.51** |
| NCHC Non ABD | $ 2.50 | $ 2.50 | $ 8.51 | $ 9.00 | **$ 22.51** |
| Medicaid ABD | $ 5.00 | $ 5.00 | $ 8.51 | $ 9.00 | **$ 27.51** |

**Carolina Access PMPM**
**Poverty Tier II**

| | Original | NC Bulletin DHB #74 | NC DHB Notice 2/1/21 | NC DHB Notice 3/19/21 | Total PMPM April -June 2021 |
|---|---|---|---|---|---|
| Medicaid Non ABD | $ 2.50 | $ 2.50 | $ 8.51 | $ 18.00 | **$ 31.51** |
| NCHC Non ABD | $ 2.50 | $ 2.50 | $ 8.51 | $ 18.00 | **$ 31.51** |
| Medicaid ABD | $ 5.00 | $ 5.00 | $ 8.51 | $ 18.00 | **$ 36.51** |

Example of a slide from a recent CEO/CMO call for NCCHCA.

# AMH Tier 3 Glidepath

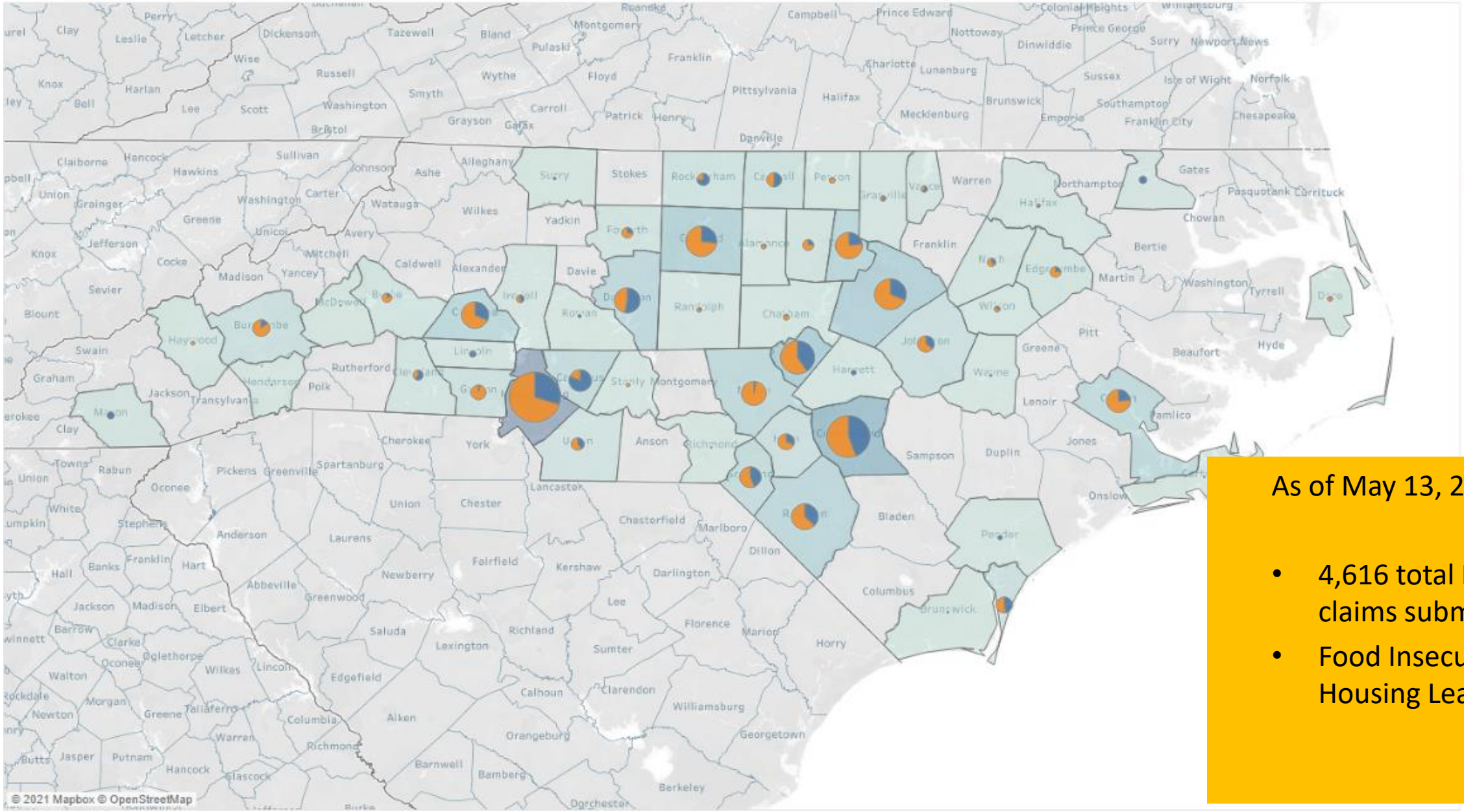
Total AMH Tier 3s Paid

- April: 1098
- May: 1186
- June: 1238

- Total Paid (for all 3 months) - **$31.8m**
  - **75%** of all AMH Tier 3s in final June payment
  - **80%** of SP members attached to the AMH Tier 3s

# Healthy Opportunities Screening, Assessment & Referral (HOSAR)

HOSAR/G9919 Claims **by County**

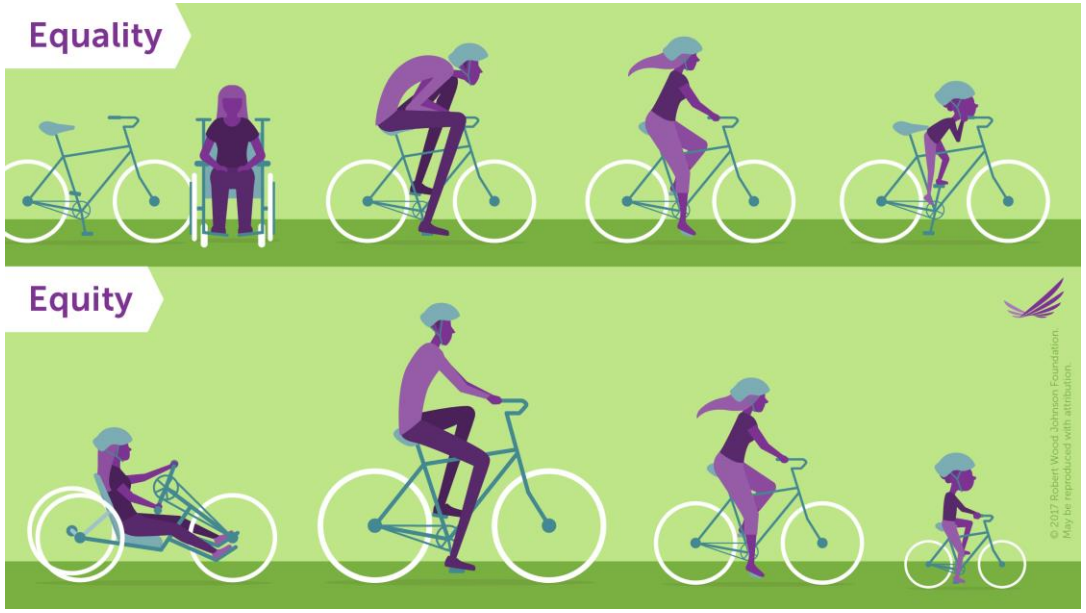



As of May 13, 2021

- 4,616 total HOSAR claims submitted
- Food Insecurity and Housing Lead Needs

# Carolina Access Temporary Health Equity Payments

## NC Medicaid's Focus on Health Equity




Source: Robert Wood Johnson Foundation: https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download

## Proposed Payments

- Available: April – June 2021
- Eligible providers: Carolina Access I and II providers serving beneficiaries from high needs areas.
- Increased PMPM based on practice's mix of beneficiaries (measured by poverty rate at beneficiary's census tract).

# Minimum Required Expenditure on Primary Care

- Proposed design details:
  - Minimum required primary care spend of **90%** of projected amount assumed in capitation rate build up
  - Enforced if actual primary care spend is below target **AND** total service expenditures are below risk corridor target less 0.5% margin
  - Service and quality-related incentive payments to primary care providers are counted (delegated care management not included)
- Categories of service included in calculation of target amount
  - Physician – Primary Care
  - FQHC/RHC
  - Other Clinic
  - Family Planning Services
  - Medical Home Payments

| | | Total Services Spend vs. Target less 0.5% Margin | |
|---|---|---|---|
| | | Over | Under |
| Primary Care Spend vs. 90% Target | Over | No Action Required | No Action Required |
| | Under | No Action Required | Action Required |

- PHPs can also include performance incentive payments and non-claims stabilization payments to primary care providers in reported numerator; payments to providers for delegated care management are excluded
- PHPs not meeting requirement must submit proposal for corrective action for DHHS review and approval, proposal may include:
  - Uniform % increase to all Base AMH Fees
  - Increased quality incentive payments to primary care providers
  - Alternative provider payment approach that promotes Health Equity or otherwise aligns with Department's Quality Strategy

# Beneficiary Reassignment—170,000 members re-assigned

- **Beneficiary Selection Criteria:**
  - **Enrolled in Medicaid before 09/01/2020**
  - **Currently assigned to a PCP**
  - **Does not have any primary care claims with their assigned PCP between 01/01/19 AND 02/28/21**
  - **Has primary care claims with active AMH Tier 2 or 3 practices**
  - **At least one of practices the beneficiary saw is in the same county or an adjacent county to the beneficiary**
  - **At least one of practices the beneficiary saw for primary care was not an urgent care**
- **~170,000 beneficiaries meet these criteria**

- **Each AMH/PCP the beneficiary saw for primary care is assigned a score that factors in the following:**
  - **The number of visits the beneficiary had with the respective AMH/PCP**
  - **The number of days since the beneficiary's most recent visit with the AMH**
  - **Whether the beneficiary lives in the same county as the AMH**

*Total Visits with Respective Provider * ((Total Days Since 1/1/2019 – Total Days Since Most Recent with Respective Provider) * 1.25) + 180 if the Respective Provider is in Same County*

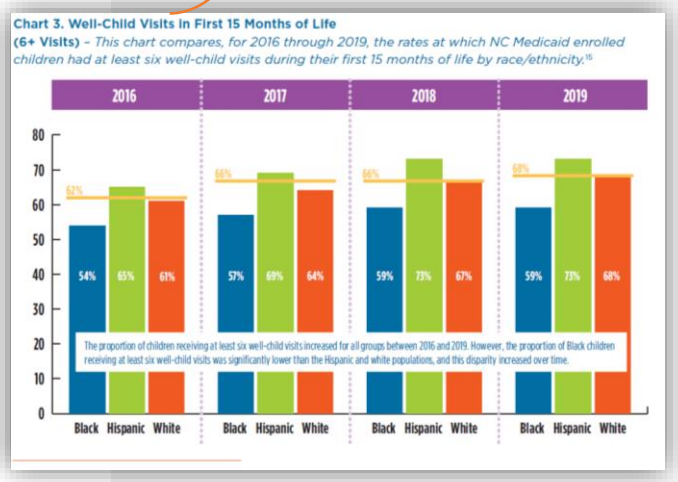
# NC Medicaid Quality Measures and Performance

**Annual Quality Report -**Assessed performance from 2015-19 with accountability for quality measures related to aims and goals of the Quality Strategy

**1) Better Care Delivery, 2) Healthier People and Communities, and 3) Smarter Spending**

-Measures developed by NCIOM, Medicaid MCAC Quality Committee, Medicaid Quality & Health Outcomes Committee, CMS Core Sets

-Measure rates stratified with key disparities highlighted and compared to National Medicaid median where feasible




| AIMS | GOALS | OVERALL PERFORMANCE |
|---|---|---|
| **AIM 1: Better Care Delivery.** Make health care more person-centered, coordinated and accessible. | **GOAL 1:** Ensure appropriate access to care | ★★ |
| | **GOAL 2:** Drive patient-centered, whole-person care | ★★ |
| **AIM 2: Healthier People, Healthier Communities.** In collaboration with community partners improve the health of North Carolinians through prevention, better treatment of chronic conditions and better behavioral health care. | **GOAL 3:** Promote wellness and prevention | ★★ |
| | **GOAL 4:** Improve chronic condition management | ★ |
| | **GOAL 5:** Work with communities to improve population health | ★★ |
| **AIM 3: Smarter Spending.** Pay for value rather than volume, incentivize innovation and ensure appropriate care. | **GOAL 6:** Pay for value | ★★ |

★★★ Performance across all measures in the group was **ABOVE** the national median.
★★ Performance across all measures in the group was **AROUND** the national median.
★ Performance across all measures in the group was **BELOW** the national median.

Table 5: Goal 4 - Improve Chronic Condition Management

| Measure Name | 2016 Rates % | 2017 Rates % | 2018 Rates % | 2019 Rates % | Comparison to 2019 National Median |
|---|---|---|---|---|---|
| Asthma Medication Ratio (Total Rate) | 62.97 | 63.5 | 64.53 | 65.30 | ★★ |
| Hemoglobin A1c (HBA1c) Testing | 77.71 | 77.35 | 75.71 | 74.76 | ★ |
| Plan All-Cause Readmissions - Observed to expected ratio | – | 0.82 | 0.82 | 0.93 | ◊ 0.83 |
| PQI-01: Diabetes Short-Term Complication Admission Rate | 19.26 | 23.1 | 24.4 | 27.8 | ★★ 19.1[48] |
| PQI-05: COPD or Asthma in Older Adults Admission Rate | 94.37 | 103.4 | 71.91 | 92.7 | ★★ 71.9[49] |
| PQI-08: Heart Failure Admission Rate | 39.19 | 42.57 | 40.79 | 43.5 | ★★ 26.4[50] |

Aligned QI Initiatives included Keeping Kids Well, Opioid Action Plan, Perinatal Health Strategic Plan, and Healthy NC 2030

2020 preliminary HEDIS rates indicate stability in performance despite COVID PHE. Results available in June, 2021

# NC Medicaid CAHPS Survey and Performance

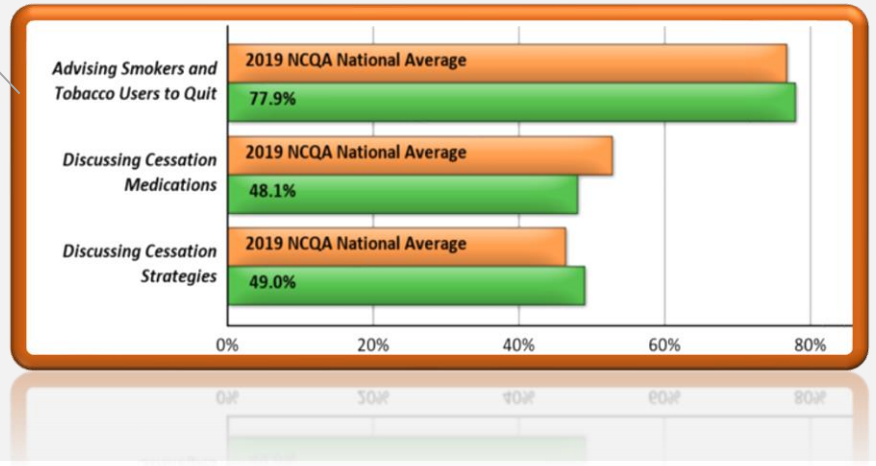
| Measure | HEDIS CAHPS Survey |
|---|---|
| Coordination of Care (Overall beneficiary satisfaction with the helpfulness of their health plan) | X |
| Customer Service (health plan gave necessary information/help) | X |
| Getting Care Quickly (Illness/Injury, Non-Urgent) | X |
| Getting Needed Care (Access to Care, Tests, Treatment & Specialists) | X |
| Flu Vaccinations for Adults Ages 18 and Older | X |
| Medical Assistance with Smoking and Tobacco Use Cessation | X |
| Advising Smokers and Tobacco Users to Quit | X |
| Discussing Cessation Medications | X |
| Discussing Cessation Strategies | X |
| Rating of All Health Care (Experience getting appointments and needed information) | X |
| Rating of Personal Doctor (Clearly explained things, was attentive and respectful, and informed about care received from other providers) | X |
| Rating of Health Plan (Experience getting appointments and needed information) | X |
| Rating of Specialist Seen Most Often (Appointments as soon as needed) | X |

**2019 Adult Performance**

| | | | | | |
|---|---|---|---|---|---|
| Getting Care Quickly (Illness/Injury, Non-Urgent) | – | – | 84.22 | 80.8 | ★★ |
| Getting Needed Care (Access to Care, Tests, Treatment & Specialists) | – | – | 82.99 | 82 | ★★ |

- DHB uses the CAHPS Adult v5.0 and Children v4.0 to assess patient experience in receiving care.
  - Future results will be stratified by health plan, race and ethnicity.
  - Flu vaccination and tobacco cessation Health Plan measures will also be drawn from CAHPS.

**2019 Adult Performance**

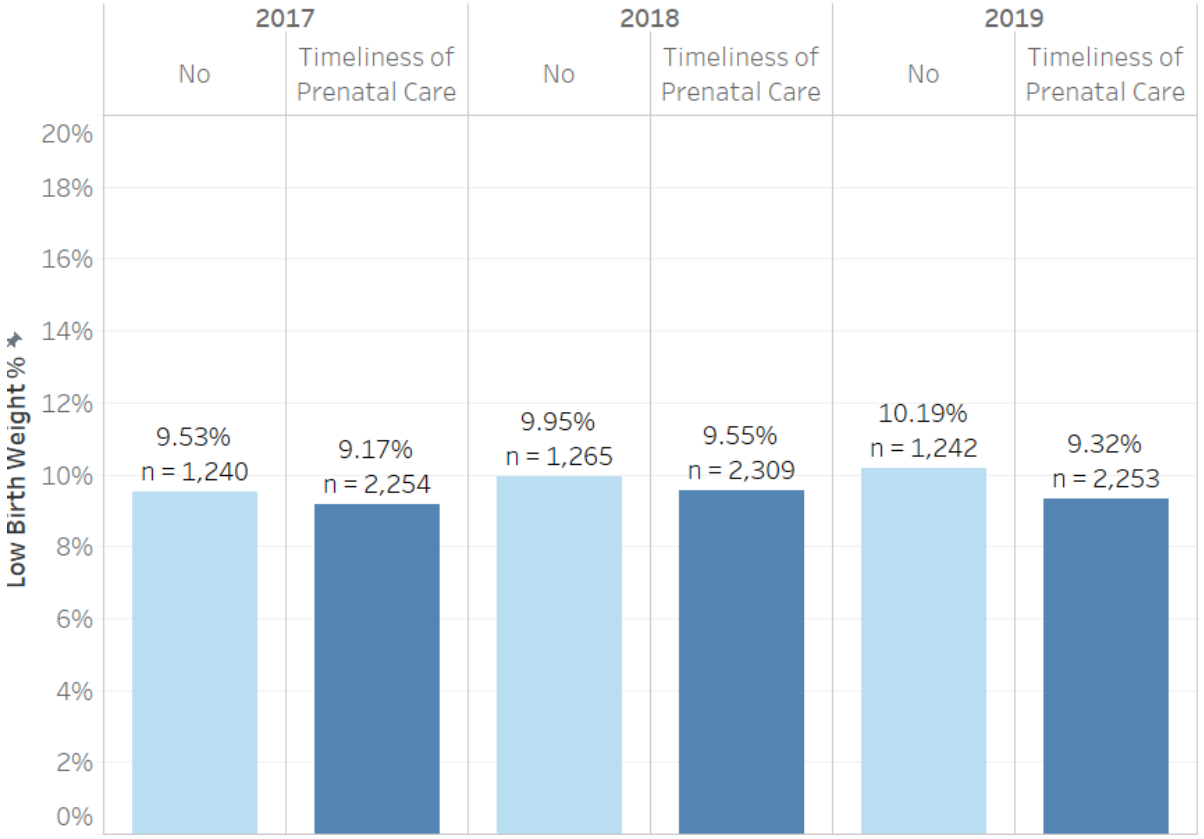



**2021 Survey currently being conducted. Results expected September, 2021**

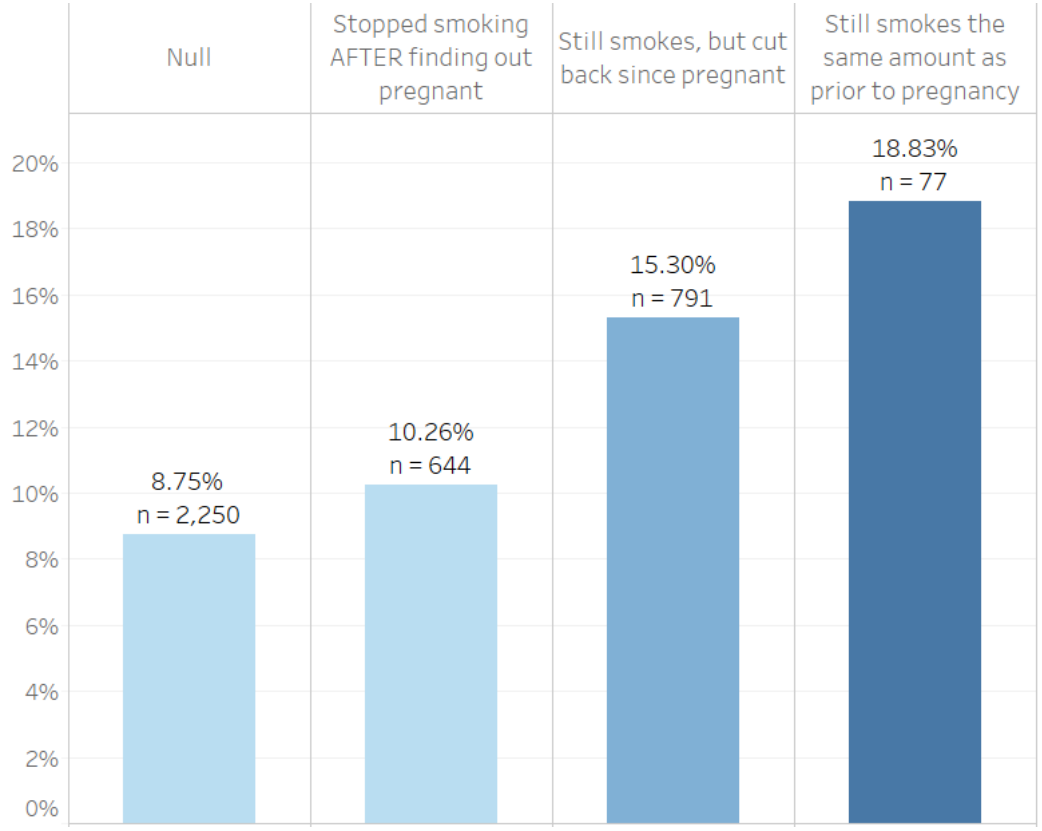
# Pregnancy Risk Screen Analysis

CCNC developed the pregnancy risk screen as a tool to be administered at the first prenatal visit to identify patients at risk of poor birth outcomes. The screening tool captures risk factors associated with preterm birth and potential poor health outcomes.

## Low Birth Weight by Timeliness of Prenatal Care



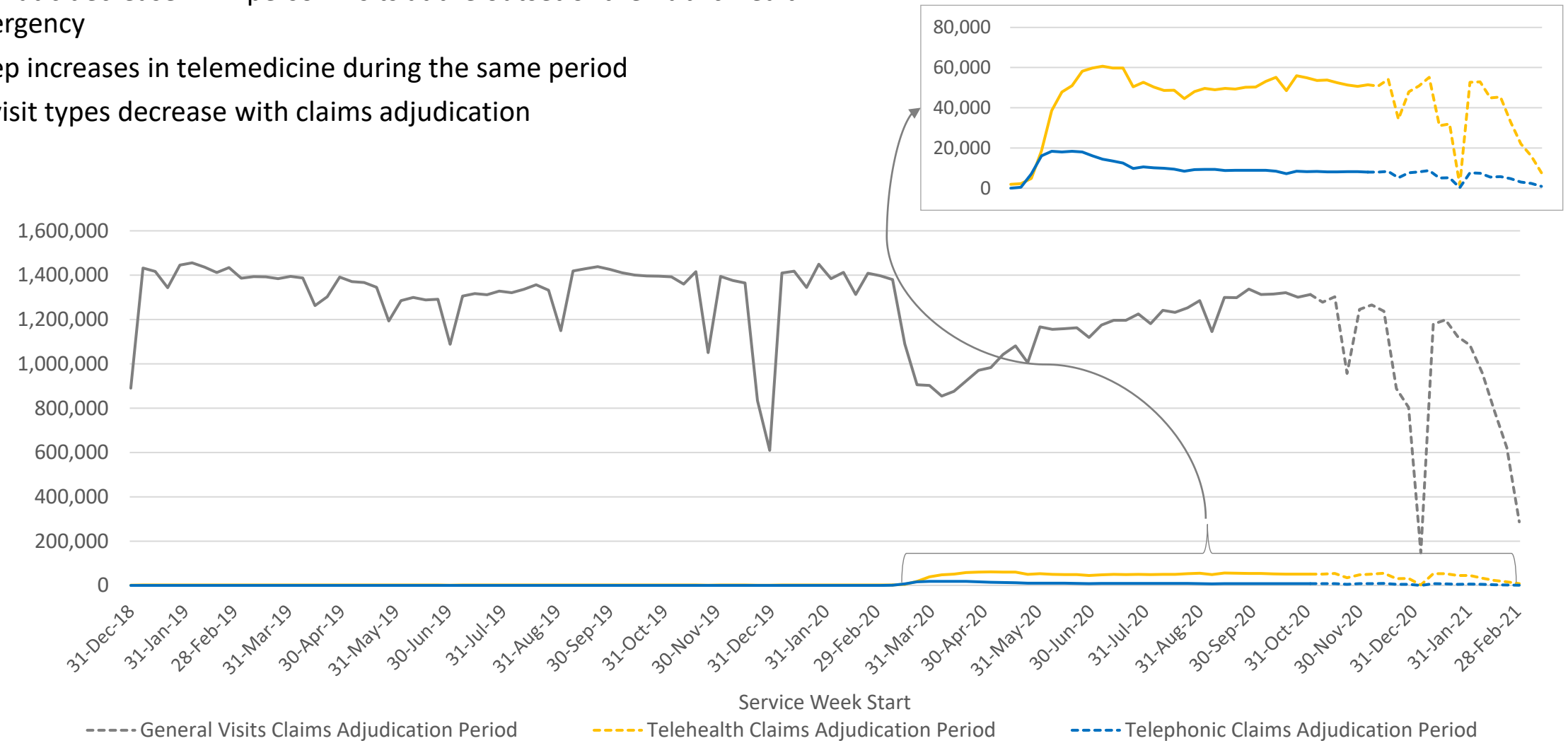

## Low Birth Weight by level of Tobacco Use, 2019




This analysis demonstrates that timely access to prenatal care, with appropriate care management and access to high quality care for the physical and mental health needs are essential to improving maternal health and infant outcomes.

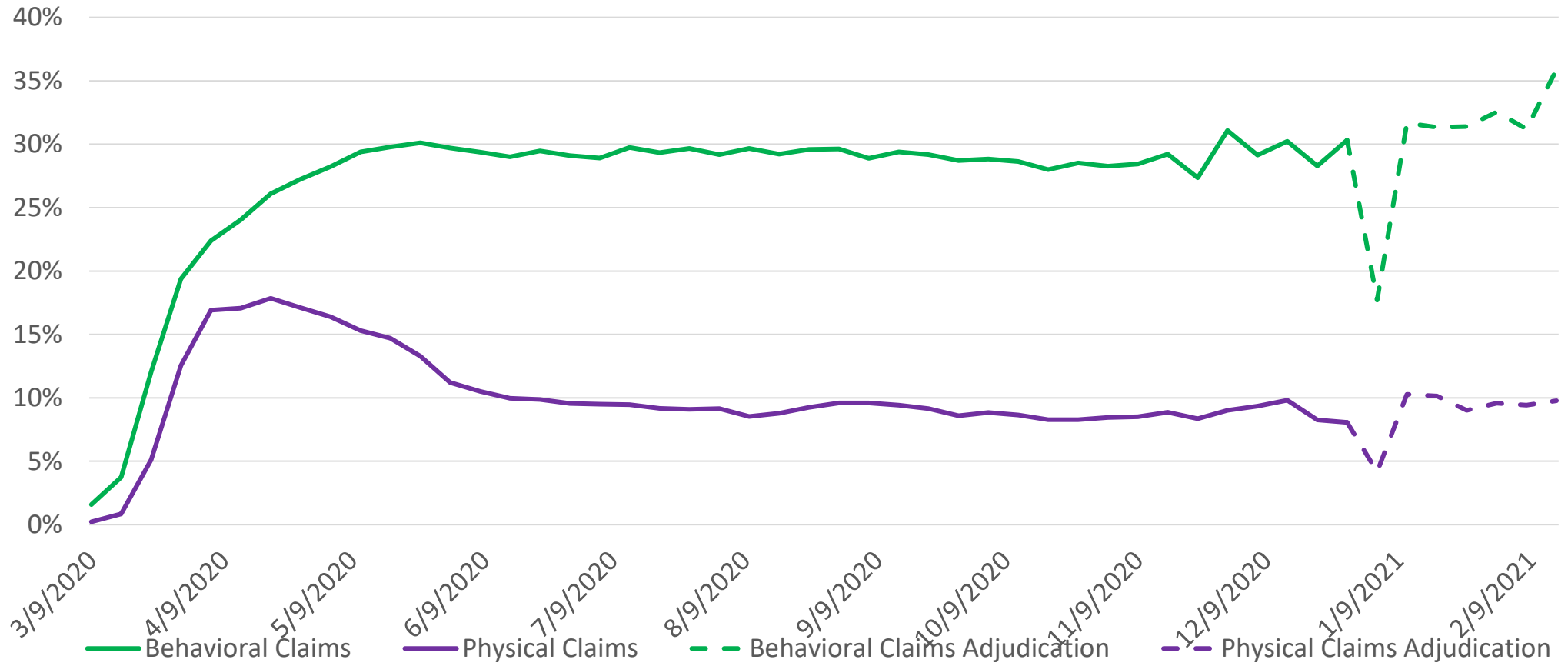
# Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 – 03/01/2021

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication



# % Telehealth[1] for Physical vs. Behavioral Health | 3/09/2020 – 2/15/2021

Compared to other types of care telemedicine made up a much larger proportion of behavioral health visits

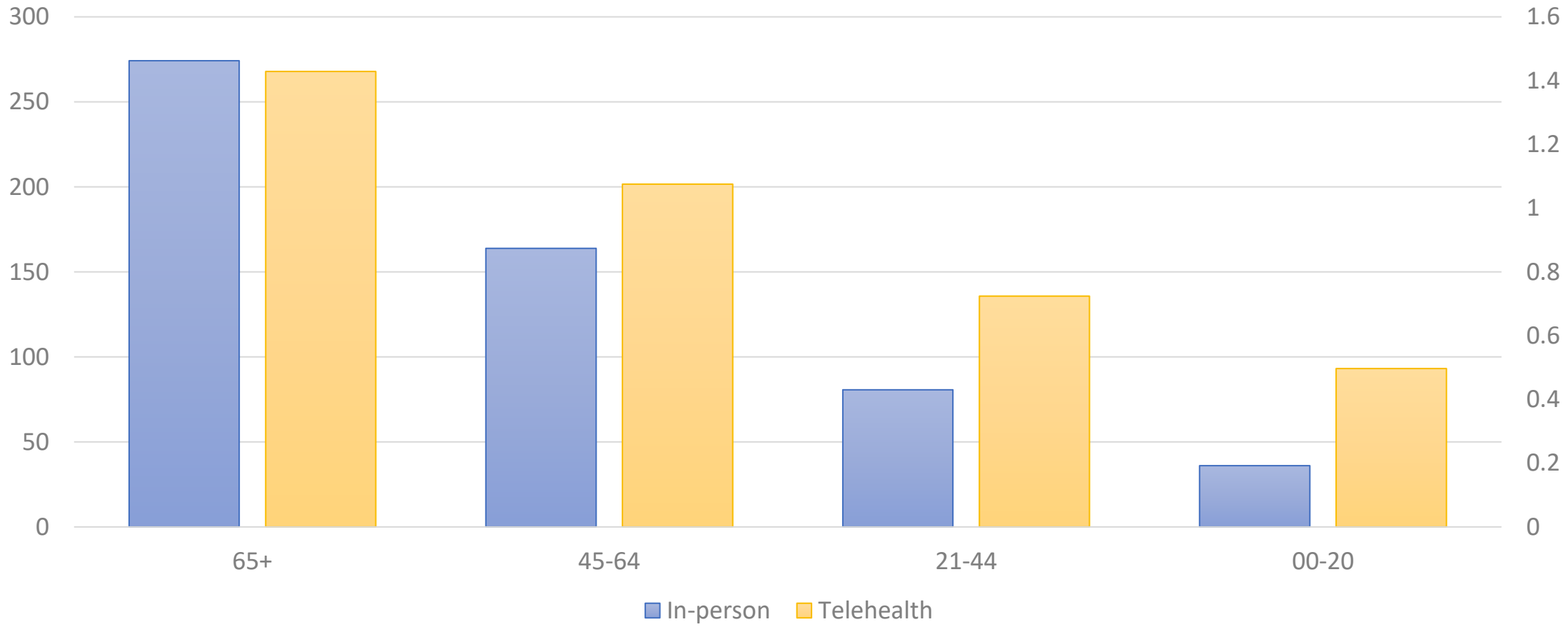



1. Remote encounters that include both audio and video

# Visits Per 1k Beneficiaries by Modality and Age

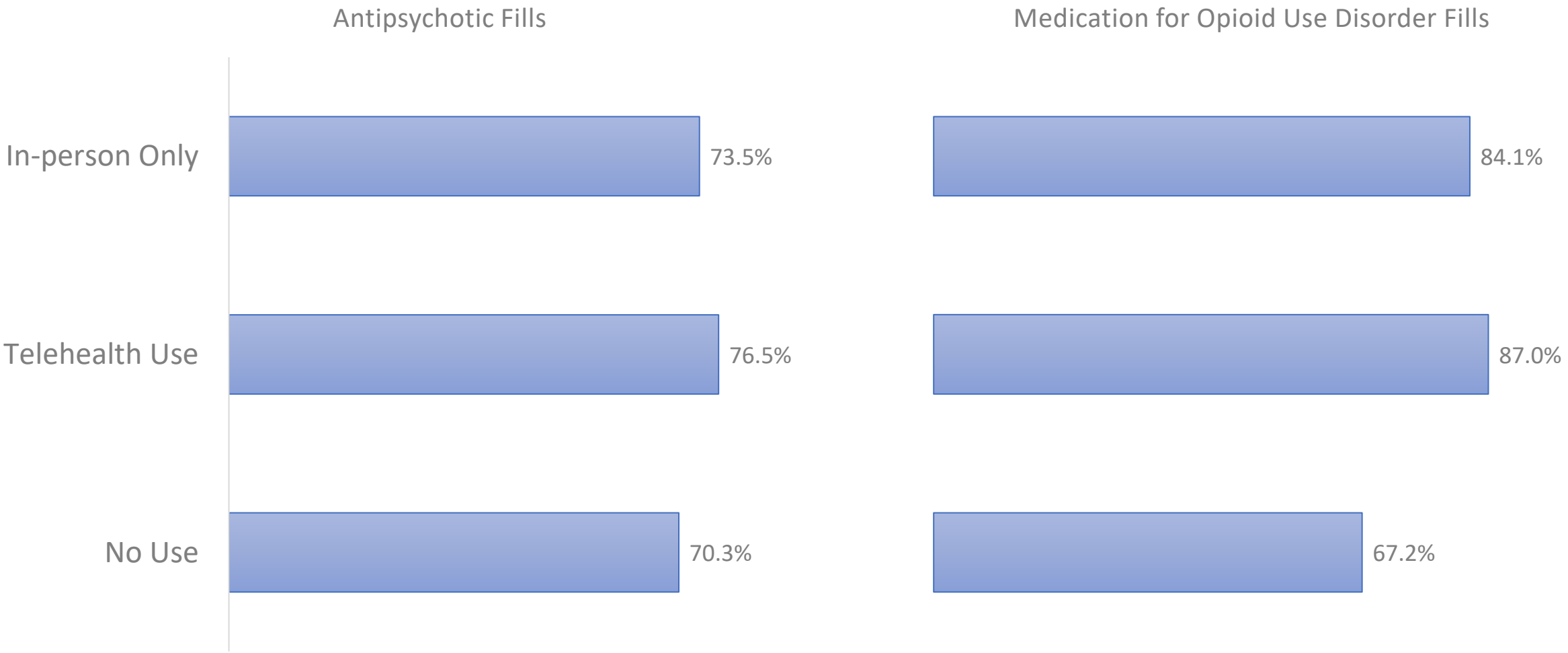
1/1/2020 to 5/14/2021

Younger beneficiaries are engaging in telehealth at higher rates.[1]



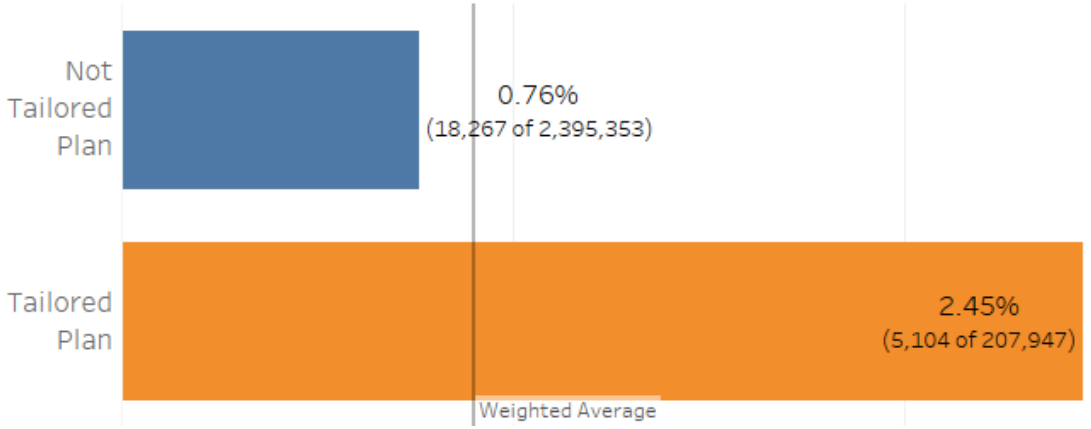

1. Because telehealth volume is so much lower than in-person, we had to put the telehealth visits on a second axis (right axis is telehealth/left axis is in person) to make the two comparable on the same chart.

# Probability of medication use between June 2020-January 2021 was higher for beneficiaries that received some services during March 2020 – May 2020

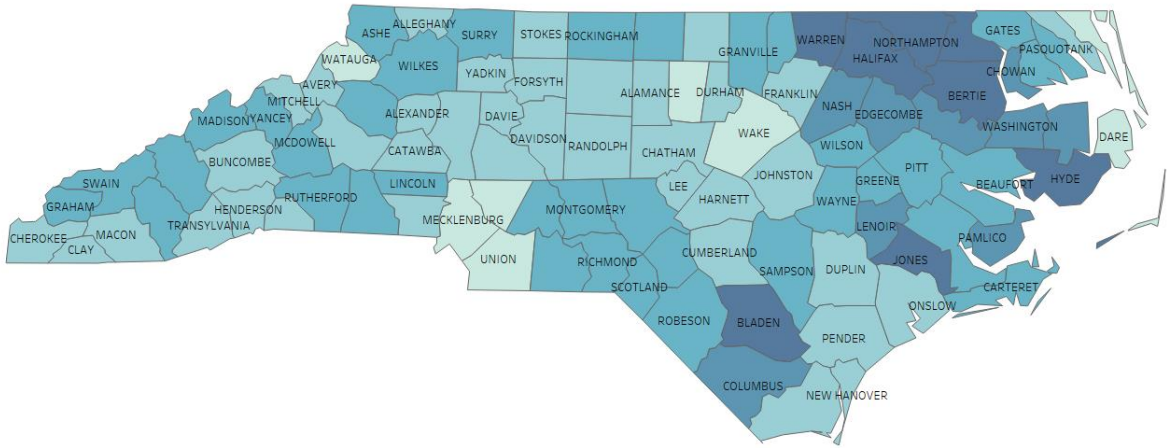


# Chronic Disease Prevalence as of 05/17/2021

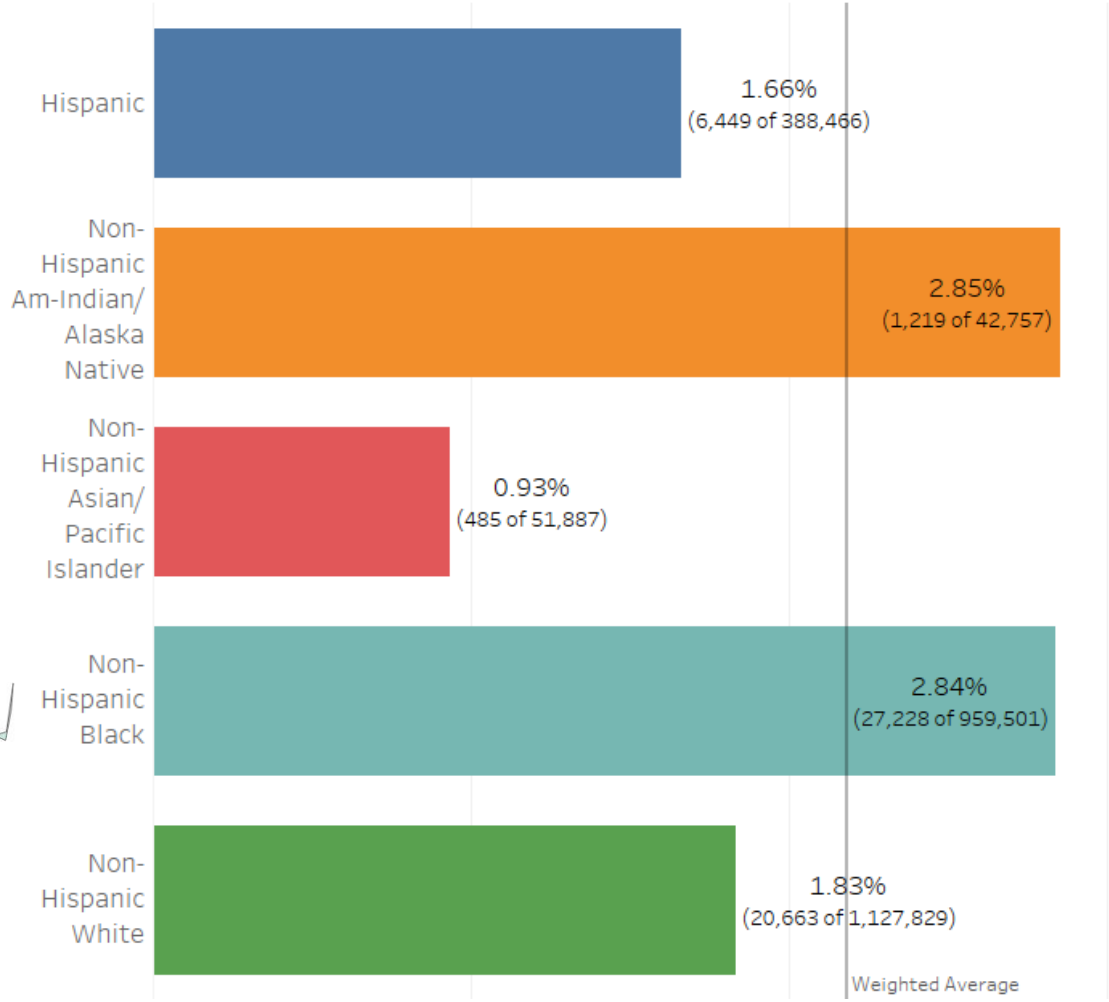
CVD Rate by *Is Tailored Plan?*




Diabetes Rate by County




Asthma Rate by *Race/Ethnicity*



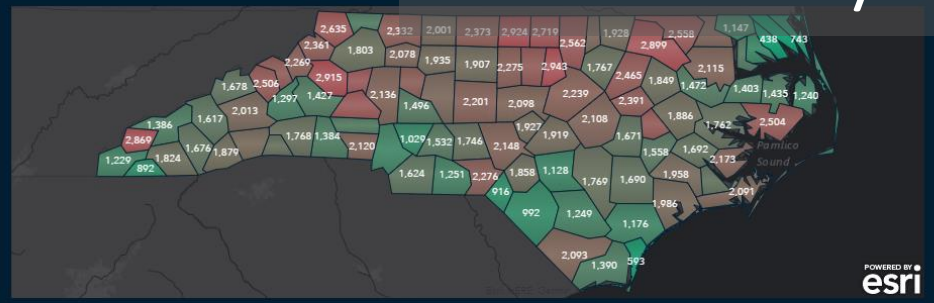
# Medicaid/HIEA Covid-19 Dashboard

Choose Filters

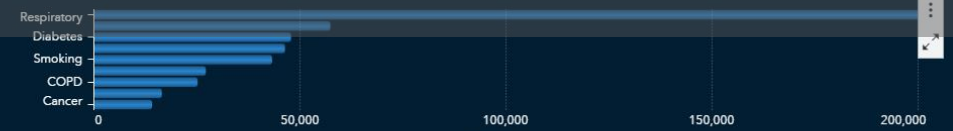
NC HealthConnex
Powering Health Care Outcomes

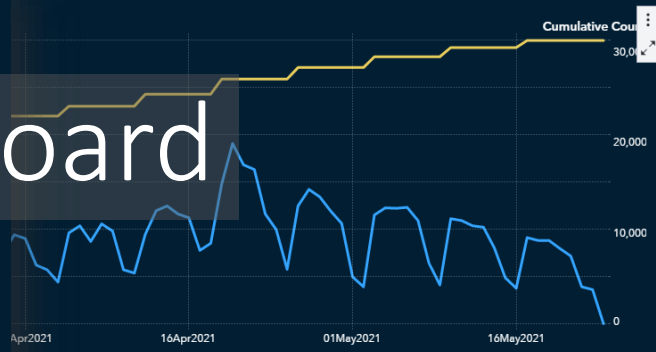
| Cohort | Patient Count |
|---|---|
| CLI | 19,160 |
| Deaths | 1,814 |
| Extended | 396 |
| ILI | 54,622 |

Patients | Patients per 100k Pop | Patients per 100k Medicaid | SVI | Facilities

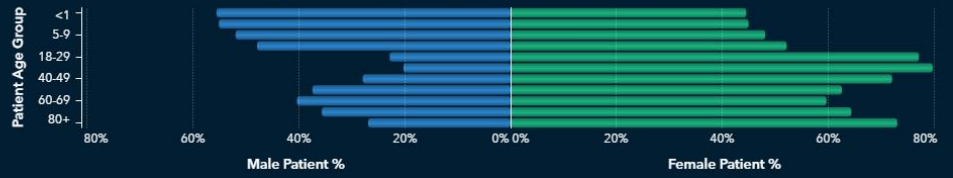



Comorbidities | Diagnosis




Gender by Age | Gender | Age Group | Race | Ethnicity

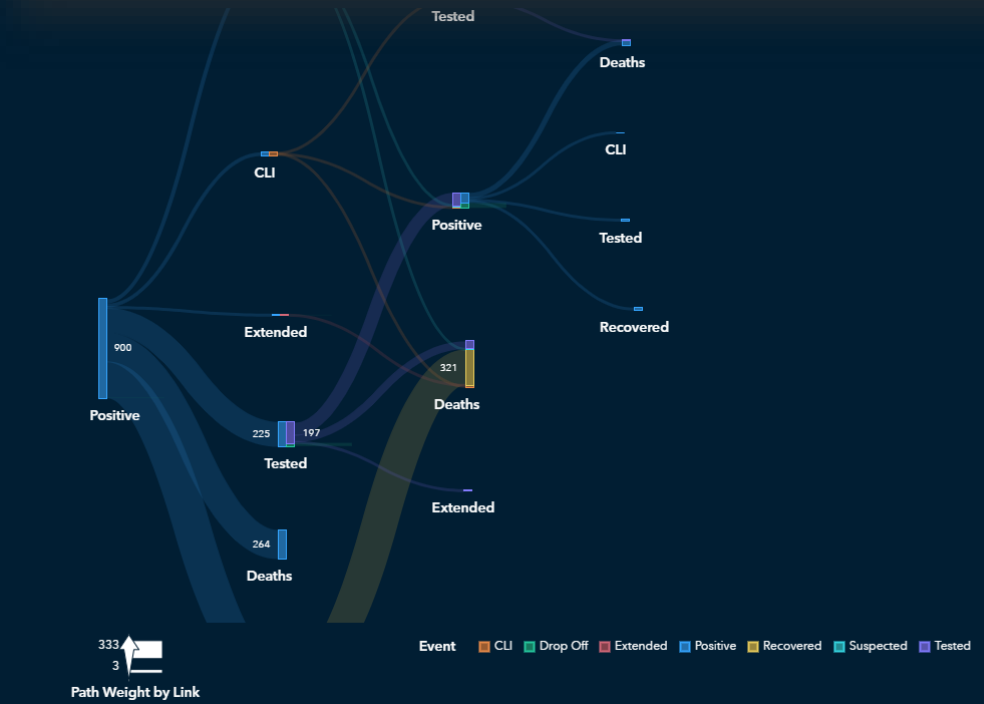



Total Patients Across Years
58,447

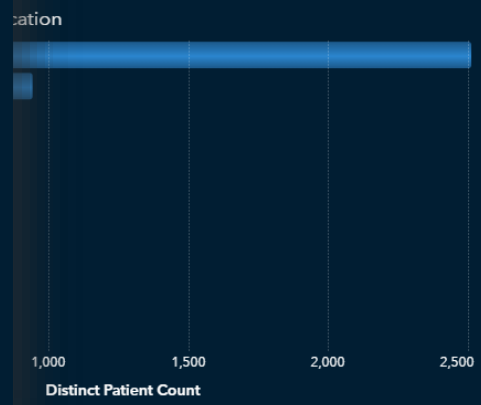
*: Indicates a county metric reported from https://www.countyhealthrankings.org/app/north-carolina/2019/overview.

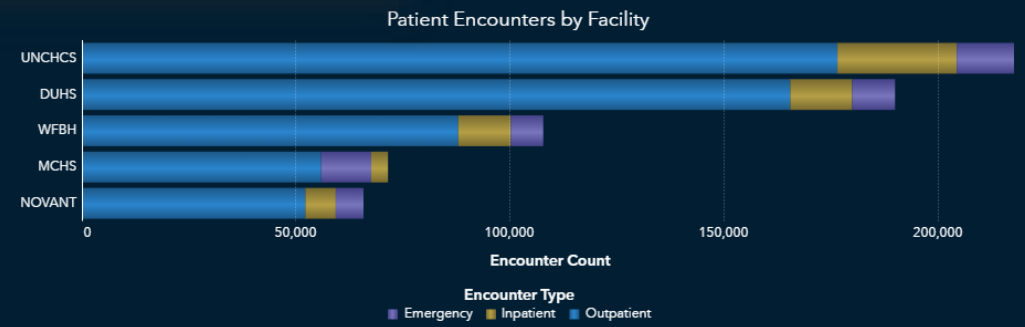
| GEF Refresh Date | HIE Clinical Refresh Date |
|---|---|
| 05/24/2021 | 05/24/2021 |

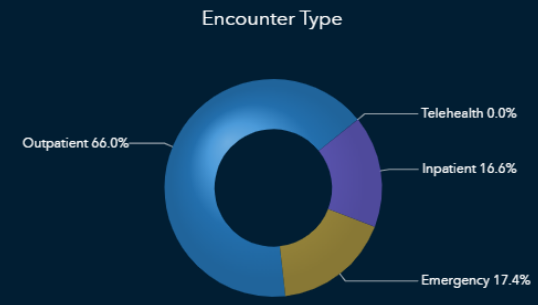
Key County Metrics




| Patient Count |
|---|
| 263,143 |
| 168,758 |
| 58,376 |
| 54,622 |
| 45,009 |
| 19,160 |
| 1,809 |
| 396 |



# Keeping Kids Well

## Program Highlights

- **Launched August 3, 2020**
- **3-pronged approach**
  - Patient Outreach – English/Spanish and Latinx/African American
  - Practice Support – 1:1 Coaching to 300 practices with > 500 care alerts
  - Advisory Group- NCAFP, NC Peds, Reach Out and Reach, ORH, DPH, LHD
- **9 Interventions – EHR list generation most utilized. WCV/Immunization month success story**
- **Partnerships – Health Systems and Pharmaceutical companies (Pfizer VAKS program)**

## Achievements

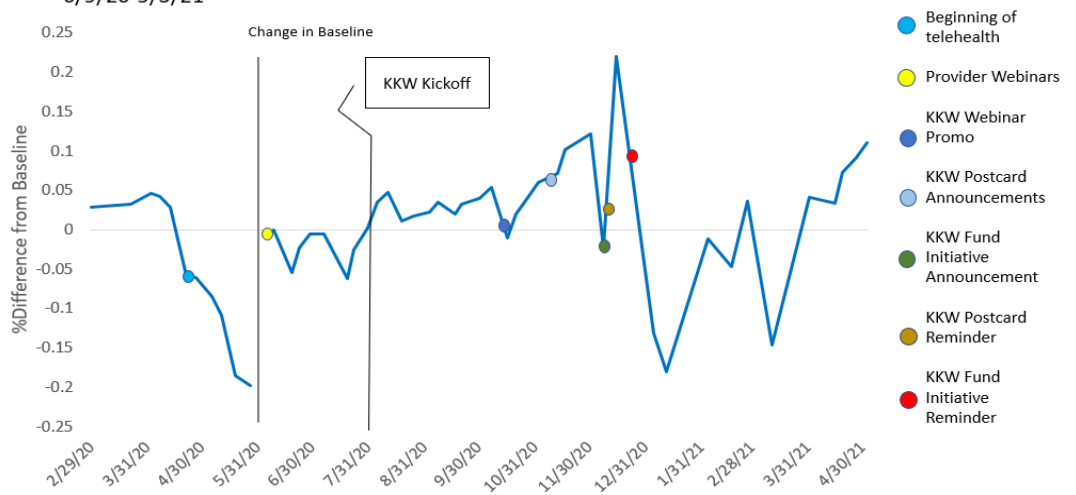
- **Flattened the curve of outstanding immunizations**
- 85% identified high-risk practices did engage
- 79% operationalized interventions

## Next Steps

- Sunset KKW June 30, 2021
- **Kickoff Managed Care QI priorities July 1, 2021**
  - Clinical Child PIP - Childhood Immunization Status- CIS (Combo 10)
  - Clinical Maternal Health PIP – Timeliness of Prenatal Care
  - Clinical Adult PIP - Comprehensive Diabetes Care: HbA1C Poor Control (>9.0%)

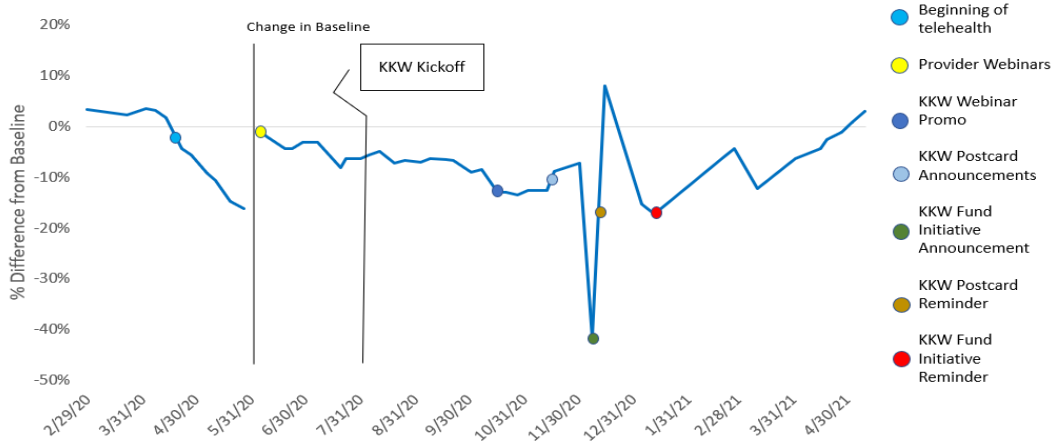
### Percent Difference from Baseline of Timely Well Child Visits for 0-2 year-olds

Baseline of 1/31 is used for data 2/29/20-6/5/20 and baseline of 6/5/20 is used for data 6/9/20-5/3/21




### Percent Difference from Baseline of Timely Well Child Visits 3-6 Overall

Baseline of 1/31 is used for data 2/29/20-6/5/20 and baseline of 6/5/20 is used for data 6/9/20-5/3/21



# PROVIDER ENGAGEMENT THROUGH WEBINARS & AHEC PARTNERS

| Row Labels | Number Participants | Average of Total Participants |
|---|---|---|
| **1st Thursday** | **4554** | **569** |
| Medicaid Managed Care Fireside Chat: Beneficiary Attribution dec | 574 | |
| Medicaid Managed Care Fireside Chat: Beneficiary Attribution jan | 561 | |
| Medicaid Managed Care Fireside Chat Webinar Series Oct | 833 | |
| Medicaid Managed Care Fireside Chat Webinar Series Nov | 687 | |
| Medicaid Managed Care Fireside Chat: Quality, Tracking quality performance, outcomes and expectations Feb | 618 | |
| Medicaid Managed Care Fireside Chat: Policy Approvals, Process Changes, and Appeals March | 284 | |
| Medicaid Managed Care Back Porch Chat Webinar Series: Hot Topics in Medicaid Transformation April | 419 | |
| NC Medicaid Managed Care Hot Topics Webinar Series – 1st Thursday May | 578 | |
| **3rd Thursday** | **2807** | **401** |
| Clinical Quality Webinar Series Oct | 293 | |
| Clinical Quality Webinar Series- Women's Health Nov | 327 | |
| Clinical Quality Webinar Series: Behavioral Health Dec | 301 | |
| Clinical Quality Webinar Series: COVID Vaccine Administration Jan | 496 | |
| Clinical Quality Webinar Series: COVID19 Vaccine Administration Feb | 442 | |
| Clinical Quality Webinar Series March | 450 | |
| Clinical Quality Webinar Series: Hot Topics in Medicaid Transformation April | 498 | |
| **Advanced Medical Home** | **1901** | **317** |
| Advanced Medical Home: Series Kickoff Dec | 329 | |
| Advanced Medical Home: Tier Support Tool Jan | 286 | |
| Advanced Medical Home Webinar Series: AMH Glide Path Feb | 362 | |
| Advanced Medical Home: Transition of Care at Managed Care Launch (Crossover) March | 372 | |
| Advanced Medical Home Series: Transition of Care Part 2: Ongoing Transition of Care Post Launch April | 248 | |
| Advanced Medical Home Webinar Series \| AMH Refresher May | 304 | |
| **Meet and Greets** | **3329** | **555** |
| Health Plan Virtual Meet and Greets: PRIMARY CARE & SPECIALTY PROVIDERS #1 March | 1428 | |
| Health Plan Virtual Meet and Greets: LONG-TERM SERVICES & SUPPORTS #1 March | 272 | |
| Health Plan Virtual Meet and Greets: BEHAVIORAL HEALTH PROVIDERS #1 March | 589 | |
| Health Plan Virtual Meet and Greets: PRIMARY CARE & SPECIALTY PROVIDERS #2 April | 541 | |
| Health Plan Virtual Meet and Greets: LONG-TERM SERVICES & SUPPORTS #2 April | 117 | |
| Health Plan Virtual Meet and Greets: BEHAVIORAL HEALTH PROVIDERS #2 April | 382 | |
| **Virtual Office Hours** | **718** | **239** |
| Virtual Office Hours for Providers March | 452 | |
| Virtual Office Hours for Providers: Carolina Access Health Equity Payments March | 138 | |
| Virtual Office Hours for Providers: Provider Directory, Enrollment News, and Hot Topics April | 148 | |
| **Grand Total** | **13309** | **444** |

# Physical Health Telehealth Services Continuing After End of PHE (January 1, 2022)

| Description of Temporary Flexibility Made Permanent | Policy Impacted | Permanent Policy Beyond PHE |
|---|---|---|
| Childbirth Education Sessions by Local Health Departments | 1M-2: Childbirth Education | Temporary policy is being extended permanently. |
| Perinatal Visits<br><br>Enabled Post Partum Screenings to be delivered via Audio/Visual | 1E-5: Obstetrical Services | Temporary policy is being extended permanently. |
| Pregnancy Medical Home Postpartum Screening | 1E-6: Pregnancy Medical Home | Temporary policy is being extended permanently. |
| Smoking and Tobacco Cessation Counseling | 1E-5: Obstetrical Services | Temporary policy is being extended permanently. |
| Family Planning Services for MAFDN Beneficiaries | 1E-7: Family Planning Services | Temporary policy is being extended permanently except for delivery via telephone, which will be sunset at the end of the PHE. |
| In Home Visits- Both for Well Child and Non- Well Child | 1H: Telehealth, Virtual Patient Communications and Remote Patient Monitoring | Temporarily policy is being extended permanently with the exception that Well-Child services may not be delivered via hybrid telemedicine with supporting home visit. |
| Allowing:<br>• SNFs to bill for Telehealth as the originating site<br>• New codes for Remote Physiological Monitoring Treatment Management Services<br>• New codes for Self Measured Blood Pressure Monitoring<br>• Telephonic Evaluation and management was enabled with payment parity<br>• New Online Digital E/M Services between QHP providers and patients<br>• New Virtual QHP to MD Consult Codes (Interprofessional Consults) | 1H: Telehealth, Virtual Patient Communications and Remote Patient Monitoring | Temporary policy is being extended permanently. |
| Outpatient Respiratory Therapy Treatments | 10D: Respiratory Therapy Services | Temporary policy is being extended permanently for selected outpatient respiratory therapy treatment interventions using a telehealth delivery method. |
| Telehealth Enabled for Diabetes Management G0108 | 1A-24: Diabetes Self-Management Education | Temporary policy is being extended permanently. |
| For End Stage Renal Disease (ESRD) Services, enabled the delivery of dialysis training services via telehealth. | 1A-34: End-Stage Renal Disease (ESRD) Services | Temporary policy is being extended permanently. |

# Physical Health Telehealth Services Continuing After End of PHE (January 1, 2022)

| Description of Temporary Flexibility Made Permanent | Policy Impacted | Permanent Policy Beyond PHE |
|---|---|---|
| Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics | 1D-4: Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics | Temporary policy is being extended permanently. |
| Telehealth Enabled for Dietary Evaluation and Counseling and Medical Lactation Services | 1-I: Dietary Evaluation and Counseling and Medical Lactation Services | Temporary policy is being extended permanently. |
| Enabled LCSWs at LHDs to conduct Health and Behavior Intervention visits for pregnant and postpartum women with psychosocial needs via telemedicine. | 1-M3: Health and Behavior Intervention | Temporary policy is being extended permanently. |
| Allowed Beneficiaries to Receive Services in Home Rather Than in a Dedicated Infusion Center. | 3H-1: Home Infusion Therapy | Temporary policy is being extended permanently and coverage was added for immunotherapy and hydration therapy. |
| Added New Teledentistry Codes (D9995 and D9996).<br><br>Enabled Use of Oral Evaluation Codes (D0140/D0170) Via Telehealth. | 4A: Dental Services<br>4B: Orthodontic Services | Temporary policy is being extended permanently. |

# Behavioral Health Telehealth Services Continuing After End of PHE (January 1, 2022)

| Description of Temporary Flexibility Made Permanent | Policy Impacted | Permanent Policy Beyond PHE |
|---|---|---|
| Facility-Based Crisis (psychiatric evaluation only) | 8A-2: Facility Based Crisis Services | The temporary policy is being extended permanently with changes to allow components of the service to be provided via telehealth by the psychiatrist. |
| Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers (excludes psychological testing and certain Evaluation and Management and add on codes) | 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers | Temporary policy is being extended permanently for therapy codes and expanded eligible provider types to deliver select assessment and psychotherapy services via telehealth. |
| Research-Based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD) | 8F: Research-based Behavioral Health Treatment for Autism Spectrum Disorder | Temporary policy is being extended permanently to enable the delivery of Research-based Behavioral Health Treatment for Autism Spectrum Disorder services via telehealth and guidelines were added for delivering services via telephone. |
| Peer Support Services (excluding group) | 8G: Peer Supports | Temporary policy is being extended permanently for telehealth and telephonically with parameters*. |
| North Carolina Innovations | 8P: NC Innovations | Temporary policy is being extended permanently. |
| (b)(3) In Home Skill Building, Intensive Recovery Support, Supported Employment | N/A | Will continue to allow for services to be provided via telehealth when clinically appropriate. |
| Children's Developmental Service Agencies (telehealth only includes Diagnostic Assessment and Outpatient Behavioral Health Codes – excluding psychological testing) | 8-J: Children's Developmental Service Agencies (CDSAs) | Temporary policy is being extended permanently for a subset of services enabled during the temporary policy, to include: 1. Office or other outpatient service and office and inpatient consultation codes 2. Psychiatric diagnostic evaluation and psychotherapy. |
| Local Education Agencies Psychological and Counseling Services Treatment | 10C: Local Education Agencies (LEAs) | Temporary policy is being extended permanently for selected psychological and counseling treatment interventions using a telehealth delivery method. |

# Medicaid Policies Are The Floor – PHPs May Be Less Restrictive, But Not More Restrictive

PHPs can be less restrictive with BH I/DD required policies related to PA requirements.

- 8A, Enhanced Mental Health and Substance Abuse Services
- 8A-2, Facility-Based Crisis Service for Children and Adolescents
- 8B, Inpatient Behavioral Health Services
- 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- 8F, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)
- 8I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21
- 8J, Children's Developmental Service Agencies (CDSAs)

For the remainder of the Behavioral Health Policies, the PHP must consider the policies the floor.