

Amendment Number 4/5
Prepaid Health Plan Services
#30-190029-DHB – PHP Name

THIS Amendment to the Prepaid Health Plan Services Contract #30-190029-DHB – PHP Name (Contract) awarded February 4, 2019 and subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (Division), and PHP Name (Contractor or PHP), each, a Party and collectively, the Parties.

Background:

As described in Section I.A of the Contract, the Department’s goal in implementing Medicaid Managed Care is to improve the health of all North Carolinians through an innovative, whole-person centered, and well-coordinated system of care, which purchases health while addressing both medical and non-medical drivers of health. During the ongoing response to the Covonavirus-19 (COVID-19) pandemic, it is critical that the Department work with Contractor to institute efforts to keep Members healthy by taking steps to protect Members from infectious disease, providing access to testing, treatment and vaccine administration for COVID-19, and ensuring care for ongoing chronic or acute conditions. This Amendment sets out requirements to promote health and ensure access to care during the COVID-19 pandemic.

The Parties agree as follows:

1. General Requirements

- a. The PHP shall comply with all Department COVID-19 Policy Flexibilities, including modifications to NC Medicaid Clinical Coverage Policies and other modifications under State authority, and modifications under Federal authority as approved by the Centers for Medicare and Medicaid Services (CMS) and implemented by the Department and as communicated through applicable Special Bulletins and Letters to Managed Care CEOs issued by the Department.
- b. The PHP shall be responsible for ensuring that all guidance, trainings and technical assistance it provides to Members and providers are consistent with Federal and/or State guidance.
- c. The PHP shall appoint an COVID-19 Liaison who is the single point of contact between the Department and the PHP for communications related to the COVID-19.
- d. The PHP COVID-19 Liaison shall participate in mandatory Department meetings related to COVID-19.

2. Member Services

- a. Emergency Member Communication Plan
 - i. Within forty-five (45) Business Days of execution of this Amendment, the PHP shall develop and submit to the Department for review a plan for communicating with Members during COVID-19 response.
 - ii. The Emergency Member Communication Plan shall address how the PHP intends to communicate information related to Members’ health and coverage during the emergency, including:
 - a. What Members should do if they experience symptoms of COVID-19;

- b. Where to access care (through virtual means or otherwise);
 - c. Benefit changes such as availability of telehealth services;
 - d. Eligibility and enrollment changes; and
 - e. Other areas, at the direction of the Department.
 - iii. Within the Emergency Member Communication Plan, the PHP shall describe:
 - a. The modalities, such as mailings, text messages, apps and emails, that will be used to communicate with Members during the COVID-19 response.
 - b. Its proposed messaging to Members on testing, contact tracing, preventing disease spread, vaccine administration, and other aspects of the State's emergency response, as well as its process for regularly reviewing and updating this information to ensure it aligns with the latest public health guidance from the Federal government, State, and/or the counties and localities in which the PHP operates.
 - iv. The Emergency Member Communication Plan must include a timeline for implementation of efforts. The Emergency Member Communication Plan implementation shall begin no later than July 1, 2021 or ten (10) business days after approval by the Department.
 - v. The PHP shall regularly update the Emergency Member Communication Plan and make additional updates at the Department's request.
 - vi. The PHP shall inform all member-facing Subcontractors (e.g. non-emergency medical transportation) of the Emergency Member Communication Plan and identify any changes to PHP benefits, policies or guidance during the term of this Amendment that impact the services the Subcontractor provides.
- b. Education to High-Risk Members
- i. The PHP shall identify Members at high-risk of contracting (e.g., frontline workers) or high-risk of complications associated with (e.g., individuals with multiple co-morbidities) COVID-19 based on Federal and/or State guidance.
 - ii. The PHP shall coordinate with care management efforts to proactively contact and provide assistance and educational materials on COVID-19 to Members determined to be at high-risk for COVID-19.
 - iii. The PHP shall reassess and conduct outreach to high-risk Members not yet contacted as Federal and State guidance on high-risk populations changes.
- c. Member Materials
- i. Within forty-five (45) Business Days of execution of this Amendment, the PHP shall begin including inserts in the Member Welcome Packet and handbooks that address COVID-19.
 - a. The inserts must include links to Federal and State guidance and resources.
 - b. The PHP may distribute COVID-19 inserts to Members without prior approval from the Department, however, the PHP shall make changes to the inserts as requested by the Department after initial distribution.
 - ii. The PHP may include informational materials on COVID-19 when sending other member communications, including but not limited to explanations of benefits and communications for appeals and grievances.

- iii. No later than July 1, 2021, the PHP shall make available within two clicks of the homepage of its member website information regarding changes to benefits, eligibility, and enrollment during the term of this Amendment.
 - a. The PHP shall include within one click of the homepage information on what Members should do if they are experiencing symptoms of COVID-19.
 - b. The PHP shall include link(s) on its member website to the State website on the COVID-19 response.
- iv. No later than July 1, 2021, the PHP shall update member smartphone apps to include information on benefit, eligibility and enrollment changes during the term of this Amendment, what the Member should do if they experience symptoms of COVID-19, and links to the State website on the COVID-19 response.
- v. All updates to Member materials will be subject to language and accessibility requirements in *Section V.B.3.h* of the Contract.
- vi. The Department reserves the right to review and request changes to the PHP's COVID-19 updates to any required member materials or marketing materials defined in the Contract.
- d. Member Advisory Committee

The PHP shall consult with its Member Advisory Committee and LTSS Member Advisory Committee on the PHP's response to COVID-19.
- e. Call Centers
 - i. No later than July 1, 2021, the PHP shall ensure all call center staff are aware of and are prepared to answer Member questions related to changes in eligibility, enrollment, benefits and provider networks related to COVID-19.
 - ii. The PHP shall ensure Member services call center, nurse staff line and behavioral health crisis line staff:
 - a. Are aware of and can direct Members to further information on statewide programs and initiatives related to COVID-19, best practices for limiting disease spread, testing sites, vaccine administration, and policy changes stemming from COVID-19;
 - b. Are able to refer Members to housing specialists, as needed;
 - c. Are able to assist Members in finding providers offering telehealth and other virtual care;
 - d. Are able to inform Members of resources to meet unmet health-related resource needs, such as food, housing and transportation, and direct Members to additional information on these resources; and
 - e. Are able to link to Member's care manager, as applicable.
 - iii. The PHP shall ensure nurse staff lines are aware of and can refer Members to guidance for prevention, symptom monitoring, and testing, as well as refer members to other State resources related to the COVID-19 response.
 - iv. The PHP shall update call center scripts to include the information required in this Section and submit to the Department as defined in the Contract.

3. Benefits

a. Access to Care

The PHP shall ensure that non-emergency medical transportation (NEMT) is available to/from all covered services, including sites where an individual can be tested for COVID-19, other sites related to treatment or vaccination, and quarantine sites.

4. Care Management

a. Care Management Plan

i. Within thirty (30) Business Days of execution of this Amendment, the PHP shall develop and submit to the Department a COVID-19 Care Management Plan.

a. The COVID-19 Care Management Plan shall address how the PHP intends to use its care management processes and staff, either internal or contracted, to support COVID-19 response activities during the term of this Amendment.

b. The Care Management Plan shall describe:

a. How care management activities will be performed (e.g., virtual vs. in person) and how care management processes will be changed (e.g., changes to identification/outreach, new triggers for engagement, changes to Care Needs Screenings/Comprehensive Assessments/Care Plans, etc.);

b. How the PHP will conduct outreach to and alter care management processes for select populations that are at high-risk of contracting or high-risk of complications associated with COVID-19;

c. How the PHP will educate and train care managers in a manner that is aligned with Federal and/or State guidance, and collaborate with contracted delegated care management entities, including Tier 3 Advanced Medical Homes (Tier 3 AMHs) and Local Health Departments (LHDs) on the COVID-19 response;

d. How the PHP will provide care managers with information on Members impacted by COVID-19; and

e. How PHPs will connect care managers with information on testing, contact tracing, support services, vaccine administration and other aspects of the public health response to COVID-19 that aligns with Federal and/or State guidance to share with Members.

ii. The Care Management Plan shall describe Long-Term Services and Supports-specific (LTSS) care management provisions, including:

a. How the PHP will ensure that Members using LTSS who are engaged in care management are receiving no less than the number of care management contacts typically provided outside of the COVID-19 response;

b. Innovative approaches to communicate with Members using LTSS and their families or authorized representatives;

c. Strategies to address barriers to community transitions related to transportation and housing; and

d. Approach for addressing the unique needs of different populations (e.g., Members in nursing homes, Members using home health or personal care services).

- iii. The PHP shall include within its COVID-19 Care Management Plan a timeline for implementation of efforts.
- b. Virtual Care Management Flexibilities

The PHP shall permit all care management contacts to be conducted virtually, via audio-only and audio-video modalities, as the PHP and the Member deem necessary to promote social distancing.
- c. Additional PHP Care Management Requirements
 - i. The PHP shall use claims and other available data and tools to identify COVID-19 outbreaks of clusters, and defined by NCDHHS, and direct care coordination and care management services to those locations.
 - ii. The PHP shall incorporate questions into the Care Needs Screening and/or Comprehensive Assessment about individuals' medical and social needs related to COVID-19. Updates to the Care Needs Screening may include questions to screen Members for their ability to access virtual care and any technological limitations.
 - iii. The PHP shall identify through the Care Needs Screening Members at high-risk of contracting or high-risk of complications associated with COVID-19 and those without the ability to access virtual care, and conduct outreach to remove barriers to care.
 - iv. The PHP shall assess and address Members' social needs related to the COVID-19 through NCCARE360, as available (including through re-screenings, as appropriate). Delegated care management entities, including but not limited to Tier 3 AMHs and LHDs, are encouraged, but not required, to use NCCARE360 for the functions.
 - v. The PHP shall prioritize referrals to community-based resources that:
 - a. Are able to deliver services virtually or through low-contact delivery; and
 - b. Are able to deliver services that meet COVID-19 needs, particularly regarding housing, nutrition and employment.
 - vi. The PHP shall direct Members to federal and state benefits related to COVID-19, such as FEMA-funded non-congregate shelter, benefits authorized by Congressional or state legislative funding, or SNAP pandemic-EBT benefits.
 - vii. The PHP shall redeploy its housing specialist(s) as needed, which may include on housing related policies (such as eviction and/or utility shut-off moratoriums) or non-congregate shelter initiatives.
- d. Local Care Management
 - i. The PHP shall ensure that its care managers, as well as delegated care management entities, including Tier 3 AMH practices' and LHDs' care managers, assess COVID-19 risks and provide information on best practices for prevention at all member touchpoints, including but not limited to the Comprehensive Assessment, transitional care management contacts, and care coordination phone calls.
 - a. The assessment of risks should include, at minimum, gathering information on physical symptoms, temperature, and known exposure to individuals who have tested positive for COVID-19.
 - b. Prevention information should include as applicable, clear, actionable information on high-risk activities that should be avoided and recommended protective measures.

- c. The PHP and its delegated care management entities, including Tier 3 AMH practices and LHDs, shall connect identified possible positive cases with testing, contact tracing, and isolation resources.
 - ii. The PHP shall ensure Care Plans address positive diagnoses, exposures to, and other health-related risks of COVID-19.
 - iii. For individuals who are symptomatic or have a known exposure to a positive case, the PHP shall ensure that its care managers and care managers at delegated care management entities, including Tier 3 AMH practices and LHDs, develop a self-monitoring, treatment, and self-isolation plan in collaboration with other care team Members (e.g. community health workers, peer support specialists) and refer the individual to a contact tracer.
 - iv. The PHP shall ensure its care managers and care managers at delegated care management entities, including Tier 3 AMH practices and LHDs' care managers, are aware of and able to assist Members with accessing COVID-19 emergency resources, including information on prevention best practices, free or reduced-cost personal protective equipment (PPE) and sanitary supplies, testing sites, isolation supports, public assistance programs (including enhanced unemployment benefits), how to connect individuals to contact tracing and community health workers, vaccine administration and other resources, as appropriate.
 - v. The PHP's care managers and care managers at delegated care management entities, including Tier 3 AMH practices and LHDs, shall provide referrals and information to Members in cases of provider network disruptions caused by COVID-19 and shall follow up with Members to ensure access to needed services.
- e. Care Management and Care Transitions for Members Using LTSS
 - i. Care Management.
 - a. For Members using any type of LTSS, the PHP shall ensure that its care managers and care managers at delegated care management entities, including Tier 3 AMH practices and LHDs, assess whether additional care management contacts are needed during the term of this Amendment.
 - b. The PHP shall work with institutional providers to support Members to connect with care managers and authorized family Members virtually (e.g. through two-way audio/video communication) if in-person visitation is restricted.
 - ii. Care Transitions
 - a. The PHP shall make best efforts to coordinate with the Department to ensure that Members seeking placement in institutional settings are not placed in settings that the Department has identified as in noncompliance with Federal and State guidance on public health infection control and prevention.
 - b. The PHP shall continue to work to effectuate transitions from institutional to community-based settings that are in process, provided that the PHP confirms that the community-based setting is safe based on information available from the Department.
- f. Care Management for Members with Mental Health Conditions
 - i. The PHP shall provide care managers with up to date information regarding available screening and treatment resources across the continuum of care for mental health services in order to direct Members to available resources.

- ii. The PHP shall adjust the frequency of care manager contacts required for Members with mental health conditions who are assessed to be at risk of a mental health crisis.
- g. Care Management for Members with Substance Use Disorder
 - i. The PHP shall provide care managers with up to date information regarding available screening, harm reduction, treatment and detoxification resources across the continuum of care for SUD and recovery resources in order to direct Members to available resources.
 - ii. The PHP shall adjust the frequency of care manager contacts required for Members with SUD who are assessed to be at high-risk of overdose.
- h. Care Management Training
 - i. The PHP shall develop and implement a plan to educate and inform delegated care management entities, including Tier 3 AMH practices and LHDs, on all requirements contained in *Section 4. Care Management* of this Amendment including:
 - a. Providing technical resources (e.g. instructions on how to use telehealth platforms) for helping patients access virtual care;
 - b. Providing best practices on identifying symptoms of COVID-19; and
 - c. Providing information on how to link Members to resources on testing, treatment, and vaccine administration.
 - i. PHP Care Management Oversight
 - i. The PHP shall perform oversight of delegated care management entities, including Tier 3 AMH practices and LHDs, to ensure the care management requirements in this Amendment are being met.
 - ii. The PHP shall participate in Department-sponsored trainings and collaborative efforts aimed at COVID-19 care management practices.

5. Population Health

- a. The PHP shall use claims, encounters and other publicly available data sources to identify potential COVID-19 outbreaks and clusters, as defined by the Department. The PHP shall notify the Department of any potential outbreaks and clusters within one (1) Business Day of identification.
- b. No later than August 1, 2021, the PHP shall conduct outreach to Members under 18 years of age to encourage routine immunization and provide information on how to safely access routine immunizations.
- c. The PHP shall develop and implement new health education programs to educate Members about symptoms, prevention guidance, and treatment for COVID-19.

6. Provider Communications

The PHP shall post through appropriate channels provider-focused guidance developed by the Department in response to COVID-19 including changes to eligibility, benefits, new Federal and State flexibilities, payment processes and how to comply with Federal and/or State guidance.

7. Provider Oversight

The PHP shall notify the Department of providers who may or suspected to be out of compliance with Federal or State guidance on public health infection control and prevention, to the extent the PHP becomes aware of such potential non-compliance.

8. Provider Payments

- a. The PHP shall update providers reimbursements, consistent with rate floor requirements, to reflect Department defined COVID-19 related fee schedule changes as defined in the Contract.
- b. Effective on July 1, 2021 and until such time as the Department provides notice by publication of a Special Medicaid Bulletin of an end date for these rates, the PHP shall pay the Medical Home Fees to AMH Tiers 1 – 3 practices:
 - i. \$2.00 PMPM for Tier 1 practices,
 - ii. \$5.00 PMPM for Members not in the aged, blind and disabled eligibility category for Tier 2 and 3 practices,
 - iii. \$10.00 PMPM for Members in the aged, blind and disabled eligibility category for Tier 2 and 3 practices (consistent with Carolina ACCESS II in the Medicaid Fee-for-Service program), and
 - iv. \$67.82 PMPM for Members assigned to CIHA as AMH/PCP.
- c. For providers without a rate floor requirement, the PHP shall adjust negotiated provider reimbursement rates by an amount no less than the associated dollar change in the fee schedule made by the Department in the fee-for-service program in response to COVID-19.

9. Quality

- a. Provider Supports and In-Person Regional Forums
 - i. The PHP shall comply with any Department directives to collect COVID-19 feedback from network providers.
 - ii. The PHP shall be permitted to administer Regional Forums in a virtual format during COVID-19.

12. Reservation of Rights: The Department reserves the right to:

- a. Waive any of the requirements in this Amendment by providing written notice of such waiver; and
- b. Institute additional requirements not outlined in this Amendment, as needed, through Department-issued guidance or subsequent amendments to the Contract.

13. Effective Date and Term:

- a. Except as otherwise provided, this Amendment is effective the later of the execution dates by the Parties, subject to approval by CMS.
- b. The requirements stated within this Amendment are time limited and specific to the Department's response to the COVID-19 pandemic and shall remain in effect until terminated by the Department as provided herein.

14. Termination: The Department may terminate this Amendment in whole or in part by providing sixty (60) days prior written notice to Contractor.

15. Other Requirements: Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

Execution:

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

PHP Name

PHP Authorized Signature

Date: _____

Department of Health and Human Services

Dave Richard
Deputy Secretary
NC Medicaid

Date: _____