



PDN Stakeholder Engagement Session

March 22, 2019 - Q&A

Question: What is the difference between PDN and medically needy?

Response: Private Duty Nursing is a NC Medicaid State Plan program that provides nursing services to qualified beneficiaries. Medically needy is a Medicaid eligibility classification.

Question: In regard to the NC Medicaid CMS-485 audit, how far back will the audit go?

Response: The audit will be conducted on Prior Approval (PA) requests authorized by NC Medicaid from November 1, 2017 to March 31, 2019.

NC Medicaid will be conducting an audit of authorized PDN PAs to determine if providers have submitted a CMS-485 every 60 days as required by the PDN Clinical Coverage Policies, 3G-1 and 3G-2, effective November 1, 2017.

From April 1, 2019 – May 31, 2019, providers are being given the opportunity to review their approved PAs in NCTracks and submit any missing CMS-485s prior to initiation of the PDN audit.

Question: Is there an opportunity to change the outcome of some of the denials during this April 1, 2019 – May 31, 2019 period so providers can recoup some of the reimbursement?

Response: No, this 60-day period is only to give providers an opportunity to achieve compliance with the policy requirement for submission of CMS-485s every 60-days for approved PAs. PA requests that were denied for any reason will not be included in the audit.

Question: Does the department have data to show the difference between authorized PDN weekly hours and billed hours [as a means of evaluating the extent of hours that could not be staffed by nurses]?

Response: There are number of variables that would impact the variance between the number or hour billed versus authorized. NC Medicaid will explore options for obtaining these data in a manner that will support an accurate analysis.

Question: Can you explain more about Electronic Visit Verification (EVV) and how that will affect Community Alternatives Program for Children (CAP/C) clients?

Response: Section 12006 of the CURES Act requires states to implement an EVV system for Personal Care Services by January 1, 2020 and for Home Health Care Services by January 1, 2023. Additional information about EVV and its impact on NC Medicaid's home and community-based programs is located at: <https://medicaid.ncdhhs.gov/electronic-visit-verification>.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Question: I am unfamiliar with PCS. Is that Personal Care Services?

Response: Yes, the NC Medicaid Personal Care Services program covers personal care services (hands on assistance with activities of daily living) by paraprofessional aides to qualified Medicaid beneficiaries. Additional information is available at: https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/3L_2.pdf.

Question: Will NC Medicaid policy consider allowing family members who are nurses (RN, LPN) to work as a paid provider to close the gap of lack of nursing? It is difficult to get any type of nursing much less quality nursing especially in the more rural areas of the state.

Response: Consumer direction, at an aide level of service, is an option for beneficiaries enrolled in the Community Alternatives Program for Children (CAP/C) and the Community Alternatives Program for Disabled Adults (CAP/DA). Consumer directed services are not available through NC Medicaid State Plan PDN.

Question: Has the state considered allowing nurses to independently contract with Medicaid rather than an agency to get a higher rate of pay and get better, quality nurses for medically fragile patients?

Response: Per NC Division of Health Service Regulation (DHSR), PDN services must be provided by home care agencies accredited with Joint Commission, Community Health Accreditation Partner (CHAP), or Accreditation Commission for Health Care (ACHC) and they must hold a current license from the NC DHSR or as applicable, Eastern Band of Cherokee providers must be a Medicare Certified Home Health Agency.

Question: I have a question about retention of services for my child's particular case, but I know you requested questions avoid case specifics for HIPAA reasons. Who can I direct these questions to?

Response: For case specific questions, please reach out to the Long Term Services and Supports (LTSS) nursing unit by email at: Medicaid.homecareservice@dhhs.nc.gov or by phone at: 919-855-4380.

Question: Will just PDN patients enroll in managed care?

Response: In year one of managed care (Phase 1 - begins November 2019 and Phase 2 – begins February 2020), LTSS beneficiaries that are Medicaid only, and are enrolled in PCS, Home Health, PDN, Hospice, Home Infusion Therapy, HIV Case Management, the Aged, Blind and Disabled, or in a Nursing Facility (only up to 90 days), will transition to managed care.

LTSS beneficiaries that are excluded from managed care enrollment during years 1 - 4 include: 1915(c) CAP/DA and CAP/C waiver participants, individuals who are dually eligible (Medicare/Medicaid) and Medicaid only enrollees in nursing homes for more than 90 days. PDN beneficiaries that are enrolled in the CAP/C or CAP/DA waiver programs and those who are dually eligible are included in this category.

Certain LTSS beneficiaries are carved out, or excluded, from Medicaid managed care enrollment. This population includes the Medically Needy, Medicaid enrollees in State Operated Facilities, and those enrolled in the Program of All-Inclusive Care for the Elderly (PACE).

For up-to-date information on North Carolina's Medicaid transformation, please visit:

<https://www.ncdhhs.gov/assistance/medicaid-transformation>.

Question: Is there going to be a rate increase to help offset the pay requirements to obtain and retain qualified nursing staff for these PDN clients?

Response: A rate increase requires approval by the NC General Assembly.

Question: Will the new PDN forms be in a typable format?

Response: Yes, once the new PDN forms have been finalized they will “fillable”, meaning that you have the capability to complete the forms by typing the information into the displayed fields.

Question: Is there a provider appeals process when a claim is denied for provided services and what are the steps?

Response: For assistance with denied claims providers should contact the NCTracks Call Center at 1-800-688-6696.

Question: Is there a point person that providers should reach out to when it has been more than 15 days since a PA was submitted?

Response: If a PA is submitted with missing or incomplete documentation, a Request for Additional Information (RAI) notice will be available in your NCTracks NPI-specific mailbox. Please be sure to monitor your NCTracks mailbox. If it has been longer than 15 business days since a PA was submitted and you have not received a notice in your NC Tracks mailbox, please contact your assigned regional LTSS nurse or email an inquiry to: Medicaid.homecareservice@dhhs.nc.gov.

Question: What is the timeframe for submitting a physician signed 485? A verbal order is being submitted as a place holder per the policy. How long does a provider have to obtain a signature and upload it into NCTracks?

Response: The physician-signed CMS-485 must be uploaded to obtain PA authorization. If it is not uploaded prior to the end of the current PA authorization, there may be a break in service approval.

Question: What is the benefit of moving away from fee for service to managed care?

Response: NC Medicaid is implementing managed care to advance high-value care, improve population health, and establish a sustainable program with predictable costs. DHHS’ goal is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care, which addresses both medical and non-medical drivers of health. For more information, please visit: <https://www.ncdhhs.gov/assistance/medicaid-transformation>.

Question: Any suggestions for starting a PDN Stakeholder group in my state?

Response: It may be helpful to contact the Medicaid agency and any related provider associations in your state.

Question: What about sending surveys to beneficiaries also?

Response: The LTSS Nursing unit is interested in hearing ideas and suggestions from all stakeholders to enhance the PDN program. In addition to quarterly stakeholder engagement sessions, surveys will be distributed to providers, beneficiaries, and other stakeholders to obtain input on a variety of program topics, such as the process for agency transfers and the sharing of authorized PDN hours among providers to meet beneficiary’s needs.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Question: When a client is admitted or discharged from the hospital, the agency cannot bill for any PDN provided that day. It is not unusual to provide 12 or more hours at the home on a discharge or admission day. Can this be addressed?

Response: NC Medicaid will research this issue.