

**NC Department of Health and Human Services
Division of Health Benefits**



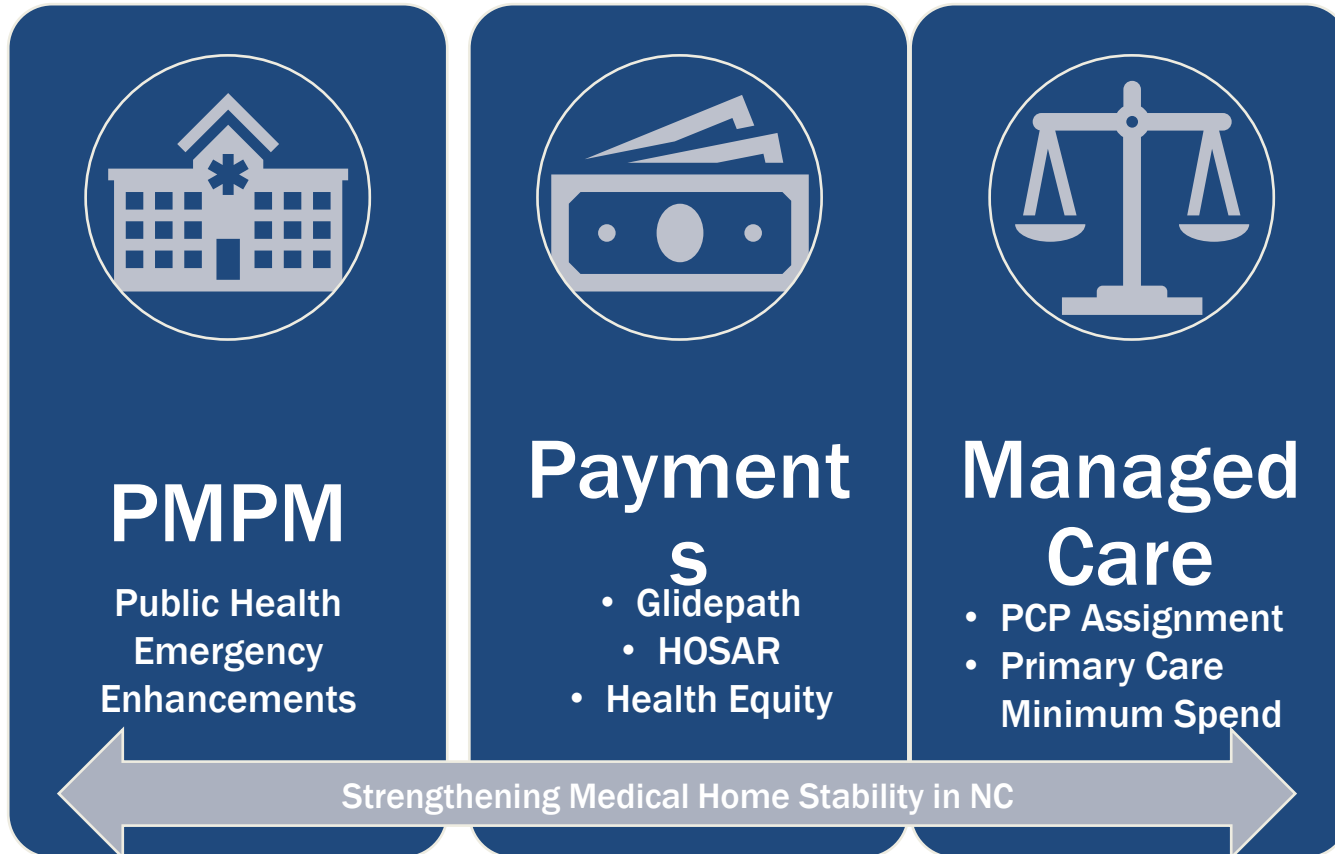
NC MEDICAID CMO UPDATE

Shannon Dowler, MD

Medical Care Advisory Committee (MCAC) Meeting

September 24, 2021

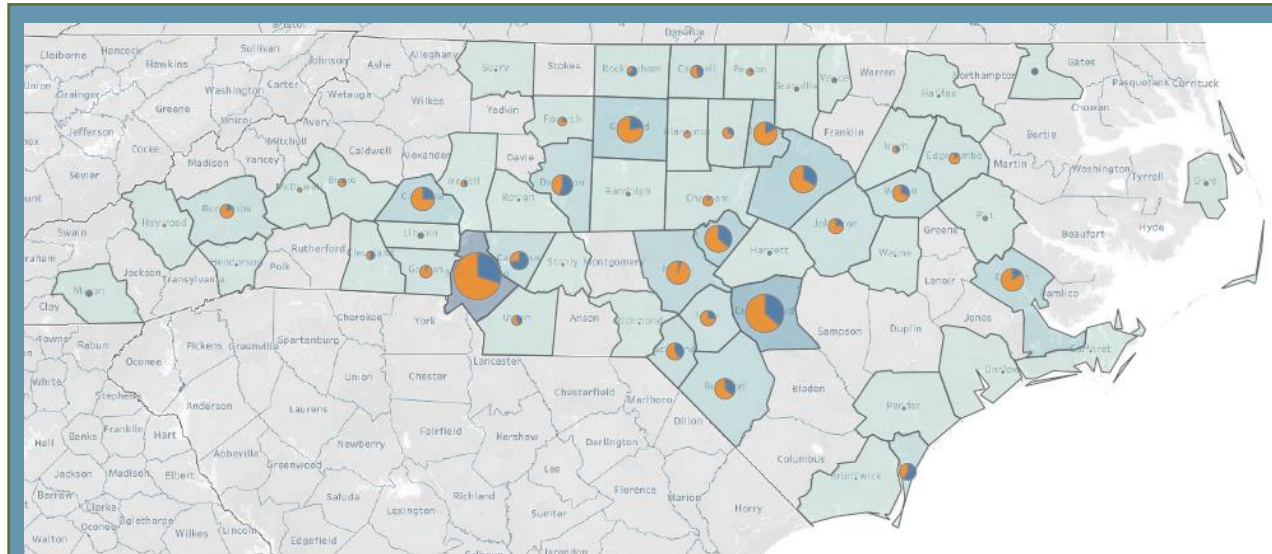
Medical Home Infrastructure Investments



Healthy Opportunities Screening and Referral

- **HOSAR Reimbursement:** Carolina Access II providers reimbursed for positive Healthy Opportunities screenings (January – June 2021)
- **Positive Screening:** At least one unmet need identified using NCDHHS [standard screening questions](#) or an equivalent instrument covering beneficiary needs related to DHHS four priority domains (food, housing/utilities, transportation and interpersonal safety)
- **Coding:** Z codes indicating a patient's identified resource need(s) when submitting claims for Healthy Opportunities screenings. G9919 billing code With Place of Service Indicator (school, homeless shelter, FQHC, Urgent Care, etc.)

medicaid.ncdhhs.gov/blog/2021/02/01



What We Learned

- 6400 Claims January-June
- Top Needs Identified:
 - Access to Food
 - Covering the Cost of Heat, Electricity and Water
 - Transportation to Medical Care

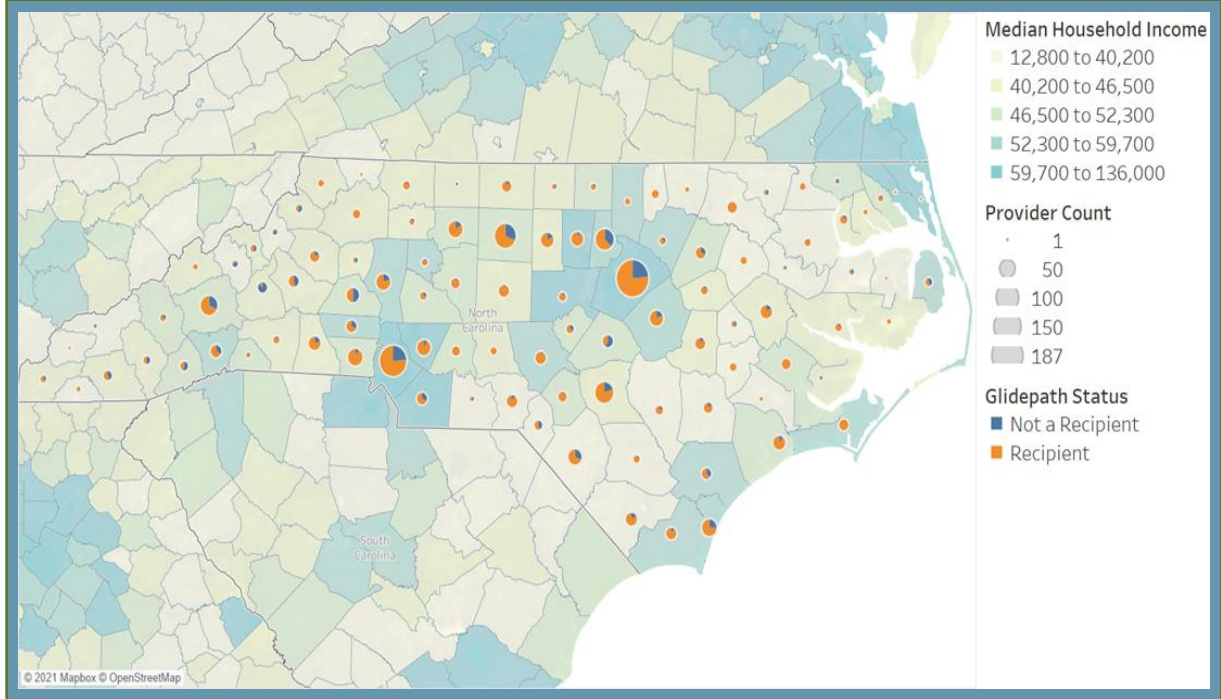
AMH Counts by County by Glidepath Status

NC Medicaid offered time-limited payments to Advanced Medical Home (AMH) Tier 3s who demonstrated successful readiness for AMH Tier 3 responsibilities.

AMH Glide Path Eligibility

- Program offered \$8.51 PMPM to AMHs to support Managed Care Launch April–June 2021, if the AMH:
- Attested with DHHS as a Tier 3 AMH
- Active AMH Practices (NPI + Location) must have attested as an AMH Tier 3 within NC Tracks Provider Portal
- Completed contracting with at least two PHPs at the AMH Tier 3 level
- Successful Data Exchange

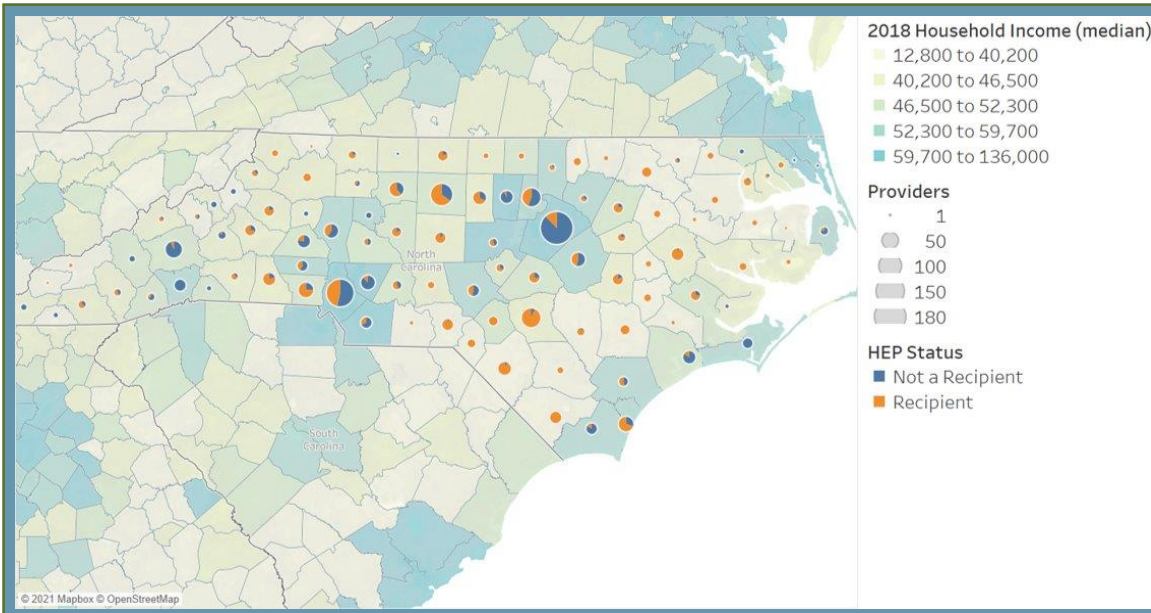
NC DHHS conducted validation prior to initiating payment for each month.



nc.gov/ncdma/documents/Transformation/NCMT-PopHealth-Glidepath-FINAL-1-20-21.pdf

Health Equity Payments (HEP)

Tier 3 Practice Count by County by HEP Status



medicaid.ncdhhs.gov/blog/2021/03/19/health-equity-payment-initiative

- 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).
- **\$53.9 million distributed March–June across 1804 primary care practices**
- **Payments for Health Equity Incentive Poverty Tier 1 (poverty scores 17% - 21%) received \$9 PMPM**
- **Payments for Health Equity Incentive Poverty Tier 2 (poverty scores > 21%) received \$18 PMPM**

NC Medicaid COVID Surge Response Actions

WHAT	WHEN	DETAILS	AFFECTS	IMPACT	COST	HOLDER
Hospital at Home Reimbursement for CMS Waived Hospitals https://medicaid.ncdhhs.gov/blog/2021/09/01/special-bulletin-covid-19-178-temporary-provisions-covid-surge-post-acute-pa-exceptions-and-hospital	Sept 1-Dec 30	Only CMS Waived hospitals *encourage all payers to follow Excluded from CON	Hospitals	Opening Beds, Moderate	Neutral	Sandy Reggie
Medicaid/PHP Waive Prior Authorization for Post Acute Care https://medicaid.ncdhhs.gov/blog/2021/09/01/special-bulletin-covid-19-178-temporary-provisions-covid-surge-post-acute-pa-exceptions-and-hospital	Sept 1-Sept 30	Bulletin *encourage all payers to follow	Hospitals LTAC SNF Home Health/Hospice	Opening Beds, Low	Neutral	Sandy Beverly
RSV Early Season Provision of Synagis https://medicaid.ncdhhs.gov/blog/2021/08/11/procedures-prior-authorization-palivizumab-synagis-respiratory-synctial-virus-season-2021-2022	Aug 15-Mar 30	Initiate Coverage Allow up to 8 doses *encourage all payers to follow	Ambulatory Providers	Preventing Admissions, Moderate	<1M State	Angela
Monoclonal Antibody Provision https://medicaid.ncdhhs.gov/blog/2021/08/31/special-bulletin-covid-19-177-casirivimab-and-imdevimab-approved-emergency-use	NOW	Allow coverage for FQHC/RHC	Ambulatory Providers	Preventing admissions, Moderate-High,	TBD Potentially State or CARES Fund for FQHC/RHC Coverage	Beth Reggie
Medicaid/PHP Out of Network Extensions https://medicaid.ncdhhs.gov/blog/2021/08/19/extension-out-network-provisions	July 1-Nov 30	All providers considered in network	Hospitals Ambulatory Providers	Reducing Administrative Burden, High Opening Beds, Low	Neutral	Cassandra
Medicaid/PHP In Network PA Extension https://medicaid.ncdhhs.gov/blog/2021/08/27/network-provisions-extended-through-september	Sept 1-Sept 30	Allows for delayed PA	Hospitals Ambulatory Providers	Reducing Administrative Burden, Moderate Opening Beds, Low	3M State	Cassandra
Swing Bed Provisions	Mar 2020-present	See 1135, K, and Disaster Waivers	Hospitals	Opening Beds, Moderate	Neutral	Sandy Reggie
Skilled Nursing Surge Facilities	September	Contracting with 4 facilities to create bed capacity; expanding.	Hospitals	Opening Beds, Moderate	Neutral	Sabrina Reggie
COVID Vaccine Incentives	September	PHPs devote resources to incentivize members	All Providers	Decrease COVID Cases Overall	2.5M State	Julia Sarah
Public Health Emergency Provisions Remain, Including Payment Increases	Mar 2020-present	See 1135, K, and Disaster Waivers	All Providers	Broad Impact	TNTC	ALL
3rd Dose Vaccine Covered Benefit https://medicaid.ncdhhs.gov/blog/2021/08/19/special-bulletin-covid-19-176-third-covid-19-vaccine-available	August	Bulletin	All Providers	Broad Impact	TBD	Angela Reggie
COVID Vaccine Administration Rate	September, Retro 4/1/21	D-SPA	All Providers	Broad Impact	Neutral, 100% Match	Emma Reggie/Adam
COVID Vaccine Incentive (P4P)	September, Retro 4/1/21	D-SPA	All Providers	Broad Impact	Neutral, 100% Match	Emma
NEMT/NEAT Modifications	September	Bulletin	All Providers	Opening Beds, Mild	Neutral	Sarah/Mike

NC Medicaid Busy Responding to COVID-19 SURGE*

*Meanwhile, we are continuing all existing temporary rate increases at this time.

NC Medicaid 2020 Quality Measure Performance

Rates available:

2020 HEDIS

- Statewide rates
- Available for further drill down and stratification
- By PHP, Medicaid Direct, Race, Ethnicity, Age, Primary Language, Disability Status, Geography

Rates available later this year:

2020 Non-HEDIS

- Survey Measures, Opioid, EPSDT, Developmental Screening, Family Planning, Utilization (PQI-AHRQ)
- Statewide rates
 - With further drill down and stratification
 - By PHP, Medicaid Direct, Race, Ethnicity, Age, Primary Language, Disability Status, Geography

HEDIS Measurement Year 2020

Results, especially in prevention, screening, and access to primary care measures indicate majority have little variability from prior year rates, despite COVID PHE. Slight improvement in some with slight decline in areas indicated below.

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.

- **Childhood immunizations (Combo 10) (+1.14%)**
 - **Timeliness of Prenatal Care (+4.45%)**
 - **Antidepressant Medication Management (+2.56%)**
 - **Asthma Medication Ratio (+7.46%)**
 - **Avoidance of Antibiotics for Acute Bronchitis (Total,+3.73%)**
-
- **Postpartum Care (-4.26%)**
 - **Follow up after Hospitalization for MH (30-day) (-3.2%)**
 - **Breast Cancer Screening (-6%)**
 - **Diabetes Screening: Schizophrenia/Bipolar and Antipsychotics (-5%)**
 - **Annual Dental Visit (-10.51%)**



HEDIS Measurement Years 2019-2020 Comparison

Pediatric

- Measure changes 2020 for **Well Child Visits 0-21 years**- Submeasures indicate stability in comparison 2019-2020
- **Childhood immunizations (Combo 10) (+1.14%)**
- **Immunizations for Adolescents (Combo 2) (-0.34%)**
- **Annual Dental Visit (-10.51%)**
- **Lead Screening (+1.94%)**
- **Weight Assessment and Counseling for Children- BMI (+1.43%), Nutrition (+3.73%), Physical (+2.63%)**
- **Appropriate Pharyngitis Testing (Ages 3-17yrs) (+.34%)**
- **Appropriate URI Treatment (3mo-17yrs) (+1.01%)**
- **Avoidance of Antibiotic Treatment for Acute Bronchitis (3mo-17yrs) (+3.07%)**
- **Metabolic Monitoring for Children and Adolescents on Antipsychotics: Metabolic Testing (-3.86%)**
- **Follow up Care for Children on ADHD Medications: Initiation (+1.64%), Continuation (-0.67)**
- **Use of First Line Psychosocial Care for Children and Adolescents(-1.27%)**

HEDIS Measurement Years 2019-2020 Comparison

Adult

- **Colorectal Cancer Screening (+.07%)**
 - **Appropriate Pharyngitis Testing (+.49%)**
 - **Appropriate URI Treatment (+1.95%)**
 - **Asthma Medication Ratio-Total Rate (+7.46%)**
 - **Avoidance of Antibiotic Treatment for Acute Bronchitis (+5.34%)**
 - **Use of Spirometry Testing for COPD (-2.25%)**
 - **Pharmacotherapy Management of COPD (Bronchodilator +.81%, Corticosteroid (-.44%))**
-
- **Plan All Cause Readmission- Observed to Expected Ratio (-.06)**
 - **Use of Imaging Studies for Low Back Pain (-.83%)**
 - **Follow-up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (NEW, 47.32%)**
 - **Adult Access to Preventive Services (-2.83%)**

HEDIS Measurement Years 2019-2020 Comparison

Adult

- **Cardiac Rehabilitation - NEW**
 - Initiation
 - Engagement > 12 sessions within 90 days
 - Engagement > 24 sessions within 180 days
 - Achievement > 36 sessions within 180 days
 - **Controlling High Blood Pressure** (HIE data not yet included)
 - **Persistence of Beta Blocker Treatment (+1.56%)**
 - **Statin Therapy for Patients With Cardiovascular Disease**
 - **Statin Therapy for Patients With Diabetes**
-
- **Comprehensive Diabetes Care**
 - HbA1c Tested (-2.18%)
 - **Kidney Health Evaluation for Patients With Diabetes (NEW)**

HEDIS Measurement Years 2019-2020 Comparison

Women's and Maternal Health

- **Breast Cancer Screening (-6.00%)**
- **Cervical Cancer Screening (-0.99%)**
- **Chlamydia Screening (Total Rate -.1.03%)**
- **Timeliness of Prenatal Care:**
 - **Prenatal Care (+4.45%)**
 - **Postpartum Care (-4.26%)**

HEDIS Measurement Years 2019-2020 Comparison

Behavioral Health and Substance Use

- **Adherence to Antipsychotics: Schizophrenia (+1.81%)**
- **Antidepressant Medication Management (Acute +1.95%, Continuance +2.56%)**
- **Cardiovascular Monitoring: Cardiovascular Disease and Schizophrenia (-5.85%)**
- **Diabetes Monitoring: Diabetes and Schizophrenia (-3.74%)**
- **Diabetes Screen: Schizophrenia or Bipolar and Antipsychotics (-5.00%)**

- **Follow-up after ED Visit for AOD (7-day -1.41%, 30-day -1.99%)**
- **Follow-up after ED Visit for Mental Illness (7-day -.94%, 30-day -.36%)**
- **Follow-up After Hosp for Mental Illness (7-day -1.80%, 30-day -3.20%)**
- **Follow-Up After Care for Substance Use Disorder (7-day -2.03%, 30-day -1.59%)**
- **Initiation and Engagement of AOD (Initiate -1.47%, Engagement -2.02%)**

- **Pharmacotherapy for Opioid Use Disorder (NEW) 45.83%**
- **Use of Opioids at High Dosage (NEW) 7.19%**
- **Use of Opioids From Multiple Providers (NEW)**
 - **Multiple Prescribers, Pharmacies, Multiple Prescribers and Pharmacies**

Standard Plan Measures: Pediatric

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	AMH Measure
Adolescent Well-Care Visit (AWC)*		Pediatric	43.4	57.18	-	x*
Childhood Immunization Status (Combination 10) (CIS-CH)	0038	Pediatric	35.02	37.47	36.16	x
Percentage of Low Birthweight Births	N/A	Pediatric	11.5	9.5	-	
Follow-Up After Hospitalization for Mental Illness	0576					
7- Day Follow-up (Ages 0-18)		Pediatric	-	-	38.16	
30-Day Follow-up (Ages 0-18)		Pediatric	-	-	60.98	
7- Day Follow-up (Ages 19-20)		Pediatric	29	-	-	
30-Day Follow-up (Ages 19-20)		Pediatric	47	-	-	
Immunization for Adolescents (Combination 2) (IMA)	1407	Pediatric	31.55	36.86	31.21	x
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	N/A	Pediatric	52.1	49.1	-	
Screening for Depression and Follow-Up Plan (CDF)	0418/ 0418e	Pediatric/Adult	-	-	-	x
Total Eligibles Receiving at least One Initial or Periodic Screen (Federal Fiscal Year)	N/A	Pediatric	52.98	-	-	
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	2801	Pediatric	52.09	64.89	50.82	
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)*	1392	Pediatric	65.71	67.88	62.3	x*
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*	1516	Pediatric	70.48	74.7	-	x

* Measure included here to report historical rates. PHPs will report the revised NCQA measures, **W30 and WCV**; are also AMH measures.

Standard Plan Measures: Adult

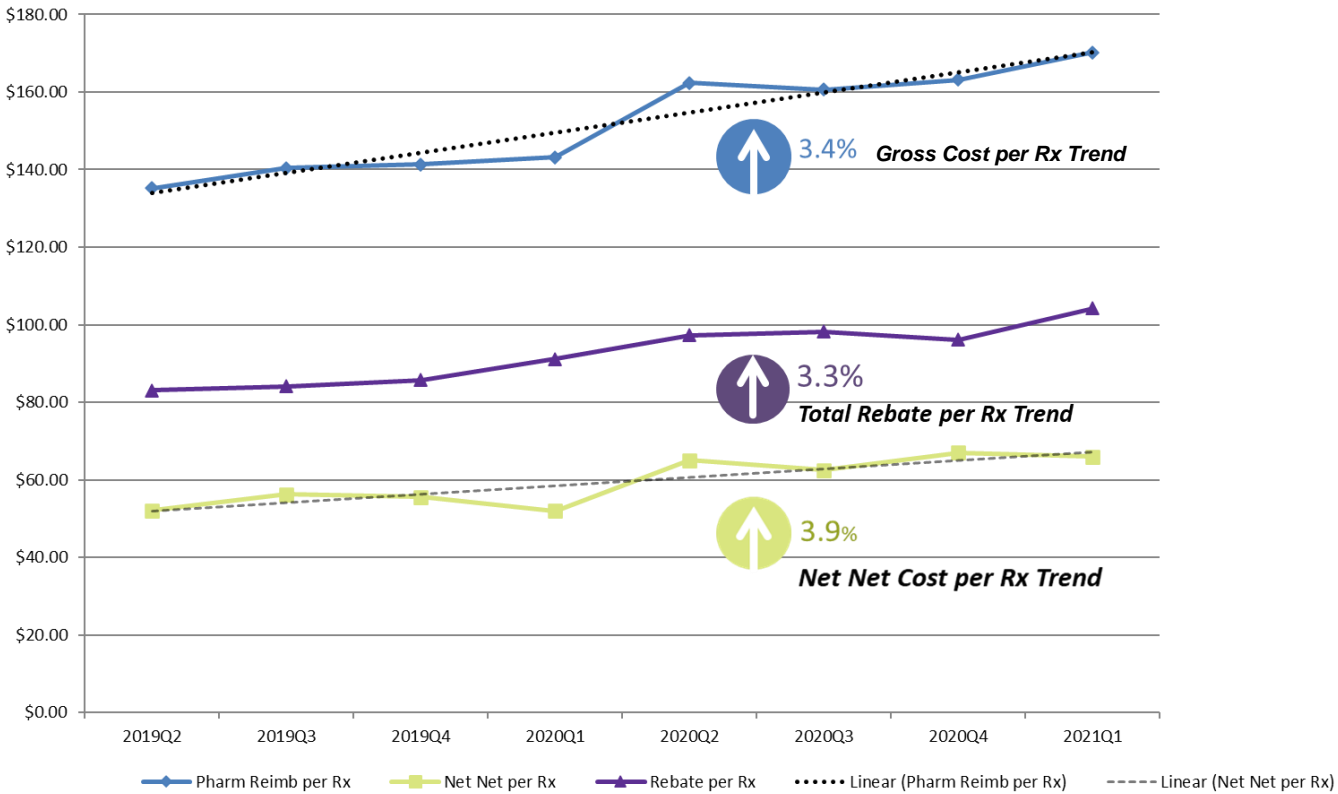
Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	AMH Measure
Cervical Cancer Screening (CCS)	0032	Adult	43.82	61.31	42.83	x
Chlamydia Screening in Women (Total Rate) (CHL)	0033	Adult	58.22	58.44	57.19	x
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)	0059	Adult	-	-	-	x
Concurrent Use of Prescription Opioids and Benzodiazepines (COB)	3389	Adult	14.86	-	-	
Controlling High Blood Pressure (CBP)	0018	Adult	-	61.8	-	x
Follow-Up After Hospitalization for Mental Illness	0576					
7- Day Follow-up (Age 21+)		Adult	30	-		
30-Day Follow-up (Age 21+)		Adult	45	-		
Flu Vaccinations for Adults (FVA)	0039	Adult	42.9	43.44	-	
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	0027					
Advising Smokers and Tobacco Users to Quit		Adult	77.9	77.66	-	
Discussing Cessation Medications		Adult	48.1	54.15	-	
Discussing Cessation Strategies		Adult	49.0	47.92	-	
Plan All-Cause Readmissions - Observed to expected ratio (PCR)	1768	Adult	0.93	-	0.99	x
Use of Opioids at High Dosage in Persons Without Cancer (OHD)	2940	Adult	-	-	-	

Standard Plan Measures: Maternity

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	PMP Measure	CMARC/CMHRP Measure
Percentage of Low Birthweight Births (modified measure)	N/A	Maternity	11.5	9.5	-	x	x
Prenatal and Postpartum Care (Both Rates) (PPC)						x	x
Timeliness of Prenatal Care		Maternity	35.53	89.05	39.98	x	x
Postpartum Care		Maternity	68.77	76.40	64.51	x	x
Timeliness of Prenatal Care (NC HEDIS-like)		Maternity	83.34	N/A	-		
Postpartum Care (NC HEDIS-like)		Maternity	73.49	N/A	-		
Rate of Screening for Pregnancy Risk	N/A	Maternity	77.5	N/A	-		

Measure rates suggest that NC Medicaid performed **significantly below the national median**, indicating a possible area for improvement. However, the pregnant Medicaid population can also be identified using one or more claims with a pregnancy diagnosis code and then capturing other claims for pregnancy related labs and radiology procedures, indicating a likely visit. Thus, **the HEDIS-like measure rate reflect a more accurate picture of the timeliness of prenatal care.**

Two-Year Trend – All Drugs



Magellan Rx

Top 10 by Net Spend

1. Dupixent syringe (Subcut, atopic dermatitis)
2. Vraylar (PO, antipsychotics)
3. Invega Sustenna (IM, antipsychotics)
4. Stelara syringe (INJ, plaque psoriasis and psoriatic arthritis)
5. Epidiolex (PO, anticonvulsant)
6. Suboxone Film (Sublingual, opiate dependence)
7. Abilify Maintena (IM, antipsychotics)
8. Mavyret (PO, hepatitis C)
9. Ingrezza (PO, movement disorders)
10. Rexulti (PO, antipsychotics)

Data Source: MagellanRx 3QSFY21

Top 10 by Claim Count

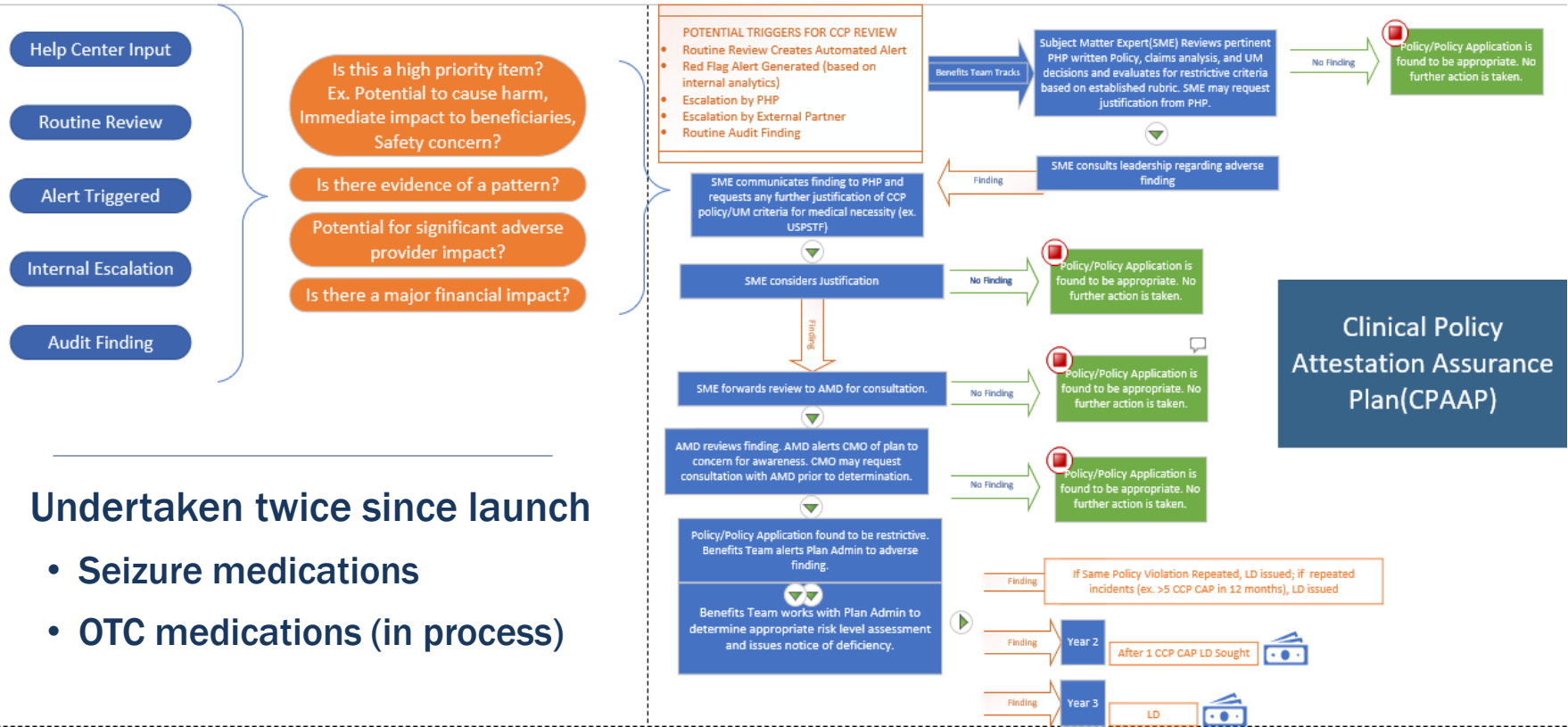
1. Cetirizine (PO, antihistamine)
2. Gabapentin cap (PO, neuropathic pain)
3. Fluticasone (NASAL, intranasal rhinitis)
4. Omeprazole (PO, proton pump inhibitor)
5. Sertraline tab (PO, antidepressant, SSRI)
6. Cetirizine soln (PO, antihistamine)
7. Trazodone (PO, antidepressant, other)
8. Clonidine (PO, antihypertensive)
9. Atorvastatin (PO, statin)
10. Ibuprofen tab (PO, NSAID)

Data Source: MagellanRx 3QSFY21

COVID-19 Related Work

- **Reimbursement for COVID-19 vaccines and Monoclonal Antibodies**
 - Rates match Medicare rates (\$40 per vaccine, \$450 per MAB injection)
 - \$2,634,602 paid for 147,386 vaccine administration claims since December 2020
 - \$38,314 paid for 500 MAB claims since December 2020
 - Programming set for payment of administration of third vaccine dose
- **Synagis**
 - Implementation of Synagis PA for early RSV season start (8/15/2021)
 - Monitoring Synagis utilization via claims and encounters data
 - Monitoring RSV activity - local and national trends
- **Ivermectin**
 - Reports of toxicity, ED visits, poison control calls, prescribing of Ivermectin for COVID-19 in NC
 - Clinical criteria established for coverage only for parasitic infections and only for doses appropriate for parasitic infections
 - Prior approval form created
 - To be implemented across FFS and five Managed Care Plans

Clinical Policy Attestation Oversight Process (CPAP)



Undertaken twice since launch

- Seizure medications
- OTC medications (in process)