NC Medicaid COVID-19 Response

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Chief Medical Officer, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting
June 19, 2020
The Big Picture

PHASE 1
March 1-15

PHASE 2
March 16-31

PHASE 3
April 1-30

MCAC June 2020 Update
Virtual and Telehealth Only

WAVE 0: MARCH 7-13
- Virtual Health Capabilities
  - Developed codes for ALL Medical and Licensed Behavioral providers to pay for telephonic visits

WAVE 1: MARCH 14-20
- Virtual Health Capabilities
  - Developed Codes for ALL Medical providers to pay for patient portal (electronic) communication
  - Developed Codes for ALL Medical providers to pay for MD to MD Consults
  - Telehealth Capabilities
  - Developed Parity payments for ALL Medical, Clinical Pharmacy and Licensed Behavioral providers for all telehealth visits

WAVE 2: MARCH 21-27
- Telehealth Capabilities
  - Developed Parity payments for Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, Dental and Expanded Behavioral Health providers

WAVE 3: MARCH 23-APRIL 3
- Telehealth Capabilities
  - Developed Parity payments for Diabetes Educators, Local Education Agencies(LEA), Child Development Service Agencies(CDSA), Registered Dieticians, Lactation Specialists and Expanded Behavioral to include Autism Spectrum Disorder specialized therapies and Expanded Dental

WAVE 4: APRIL
- Telehealth Capabilities
  - Early April: Optometry Services, Remote Patient Monitoring
  - Mid April: Prenatal Services(combination home nursing/telehealth), BH Expansion
  - Late April: Well Child Care(combination home nursing/telehealth)

WAVE 5: MAY
- Switch Determination
  - Early May: Identify what financial authority exists to continue COVID capabilities
  - Mid May: Identify what triggers will indicate the Switch
  - Late May: Create Protocol for Switching On/Off in Bulk

MCAC June 2020 Update
Bidirectional Communication

Webinars with On the Ground Provider Speakers, Questions and Answers

Dedicated Question Email address: Medicaid.Covid9@dhhs.nc.gov

Rapid Response to Suggested Policy Changes from Field

Regular Stakeholder Engagements with Specialty Societies, Local Health Departments and Federally Qualified Health Centers
Supporting the Medicaid Medical Home

COVID-19 Provider Infrastructure Support Strategy

ADDITIONAL RESOURCES:
- Free Telehealth Platforms w/ CCNC/NCMS
- Additional Telehealth Training ORH
- HRSA Payments to FQHCs
- CARES Act Funding
- Medicare Prepayment Program
- Uninsured COVID Payments (HRSA)

Direct to All NC Medical Providers
- Initiate Virtual Care (telephonic and portal)
- Deployment of MD to MD Consultation Codes
- Cover Broad Telehealth at Parity
- COVID Differential Rate Telephonic at ~80% E&M Parity Retroactive to 3/10/20
- Implement Remote Physiologic Monitoring
- Creation of Enhanced Hybrid Home-Telehealth Visit
- Practice Support through AHEC/CCNC Contracts
- COVID Triage Plus Line through CCNC
- Hardship Payments for Practices

Interim PMPM Payment adjustment
- Pregnancy Medical Home (PMH) Incentive via virtual or telehealth
- PMH Obstetrical Care via Telehealth
- Open Well Child Care via Telehealth
- Interim LHD Rate Increase 140% E&M

Safety Net (FQHC and RHC)
- Allow Distant Site Telehealth
- COVID Differential Core Service at 120% for FTF/Telehealth April-June
- Allow Virtual and Remote Patient Monitoring Payments at FFS

Additional Long Term Care & Hospital Based Financial Supports Not Included In This Document
Understanding Provider Pain: Shift in Priorities Over Time

Note: Each week likely contains different practices reporting their priorities
Since March 2020 and the onset of COVID-19, we have hosted weekly webinars to provide Medicaid guidance and updates to providers.

Total Webinars 14 webinars with 11,461 participants statewide.

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<tr>
<td><strong>Purpose:</strong> NC Medicaid, CCNC, and NC AHEC weekly webinar series addresses Medicaid policies, new options for telephonic and telehealth delivery, and response to the changing demands of COVID-19. <strong>Starting March 8, 2020 - Every Thursday 5:30pm – 6:30pm</strong> <a href="https://www.ncahec.net/covid-19/webinars/">https://www.ncahec.net/covid-19/webinars/</a></td>
<td><strong>Purpose:</strong> Share Triage, Assessment, Updated testing Guidance, and Payer Alignment: Utilizing Virtual and Telehealth <strong>March 24, 2020 5:30pm – 6:30pm</strong></td>
<td><strong>Purpose:</strong> Focus primarily on telehealth policies and new provider guidance effective for behavioral health and IDD providers. <strong>March 26, 2020 3:00pm – 4:00pm</strong></td>
<td><strong>Purpose:</strong> Medicaid Updates for Family planning and telehealth during COVID-19. <strong>April 8, 2020</strong></td>
<td><strong>Purpose:</strong> Medicaid Updates and discussion of COVID-19 guidance for telehealth <strong>April 14, 2020</strong></td>
<td><strong>Purpose:</strong> NC Medical Society and NC Medicaid discuss the current state of NC and the NC Medicaid response to COVID-19 <strong>April 21, 2020 12:00pm - 1:00pm</strong></td>
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<td>Total Webinars: 9</td>
<td>Total Webinars: 1</td>
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<td>Total Participants: 6,275</td>
<td>Total Participants: 3,067</td>
<td>Total Participants: 1,400</td>
<td>Total Participants: 89</td>
<td>Total Participants: 510</td>
<td>Total Participants: 120</td>
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NC DHHS Medicaid implemented **125** telehealth flexibilities, which spanned **482** codes, during the public health emergency. Some of the provisions implemented were:

- **56** flexibilities for behavioral health, I/DD and TBI
- **15** flexibilities for CDSAs to bill for telehealth across multiple clinical services
- **6** flexibilities for pregnant and post partum services
- **6** flexibilities for DME prior authorizations
- **5** flexibilities for LEAs to bill across multiple therapies
- **4** flexibilities for teledentistry
- **4** flexibilities for outpatient specialized therapies (PT, OT, and Speech, Audiology)
- **3** flexibilities for Well Child visits
- **3** flexibilities for optometry
- **2** flexibilities for respiratory therapy
- **2** flexibilities for physiological monitoring
- **2** flexibilities for dialysis services (ESRD and training)
- **2** flexibilities for consultations

*There were 15 other general telehealth flexibilities implemented.*
There is significant variance in the week-over-week ratios as claims continue to come in, but the shape of the trends are largely the same.

Ratios of telehealth/telephonic care continue to adjust upwards suggesting that rates to-date may be artificially deflated as practices get up-to-speed with coding and reimbursement.

This chart represents overall trends. Variance due to claims run-out is likely to be greater for smaller subgroups.

Data pulled from CCNC dashboard, containing mainly primary care and OB claims
While in-person behavioral health (BH) claims (grey line, left chart) have decreased telehealth claims (yellow line, left chart) have jumped. This relationship produces the spike in the ratio of telehealth to in-person services represented by the yellow line in the chart on the right.

BH telehealth ratios for the two most recent weeks are far higher than the ratios for any other service in this analysis.

Note: We believe many BH services provided during COVID (including telehealth/telephonic) do not yet show up in claims/encounters due to the time needed to update various claim systems after DHHS announced each flexibility.

Data/Mapping Telehealth Utilization Workgroup Deliverables

Behavioral Health Telehealth, Telephonic Uptake | 12/30/19 – 05/03/20

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Telehealth, Telephonic and In-person Services Volume

Telehealth and Telephonic to In-Person Service Ratios

Data pulled from CCNC dashboard
Telehealth Analysis by Race | 12/30/19 – 5/17/20

- The chart on the left compares claims per beneficiary by race. The white subgroup has a disproportionately high number of claims relative to their share of the NC Medicaid population.
- The chart on the right shows this same metric broken out for telehealth, telephonic, and in-person modalities.

Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims
Enrollment demographic data pulled from DHB’s Enrollment Snapshot Demographic Overview dashboard
A county’s percent of services that were telehealth or telephonic (top center) does not significantly correlate with the percent of the respective county’s population living in rural areas (bottom left) or with the population’s broadband access (bottom right).

Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims.
Rurality and Broadband data pulled from the Federal Communication Commission’s Mapping Broadband Health in America project - [https://www.fcc.gov/health/maps/developers](https://www.fcc.gov/health/maps/developers)
Primary Care Providers - Patient Risk for COVID-19

ROBERT DALE CLARK
137 NOTALEE ST NEWLAND, 28657
828-528-3009
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.11%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: Yes

JOSEPH D BARKER
2139 LINVILLE FALLS HWY LINVILLE, 28646
828-733-0270
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.63%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: No

LEVERNE SMITH FOX JR
2139 LINVILLE FALLS HWY LINVILLE, 28646
877-227-3643
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.63%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: No

LEESA ANNE SAMPSON
360 BEECH ST NEWLAND, 28657
828-733-5880
- COVID-19 High Risk Pop.: 7.39%

Results sorted by COVID-19 Risk

LYNDSAY DANIELLE JENSEN
116 SEVEN MILE RIDGE RD BURNsville, NC 28714
Phone #: 828-675-4116
- COVID-19 Risk: 7.19%
- Minority Pop.: 11.5%
- Access to Care: Adequate
- High Speed Internet: No
- AMH: No

JESSICA LINIECE STORER
436 HOSPITAL DR NEWLAND, 28657
828-737-7711
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.44%
- Access to Care: Underserved
- High Speed Internet: Yes
- AMH: No

STEVEN WILLIAM NORTH
11 N MITCHELL AVE BAKERSVILLE, 28705
828-247-8815

Results sorted by COVID-19 Risk

ROBERT DALE CLARK
137 NOTALEE ST NEWLAND, 28657
828-528-3009
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.11%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: Yes

JOSEPH D BARKER
2139 LINVILLE FALLS HWY LINVILLE, 28646
828-733-0270

Results sorted by COVID-19 Risk

KIRSTIN JAMES RULE
116 SEVEN MILE RIDGE RD BURNsville, 28714
828-675-4116
- COVID-19 High Risk Pop.: 7.19%
- Minority Pop.: 11.15%
- Access to Care: Adequate
- High Speed Internet: No
- AMH: No

ELIZABETH MORRIS PEVERALL
116 SEVEN MILE RIDGE RD BURNsville, 28714
828-675-4116

Results sorted by COVID-19 Risk
Patient/Consumer Telehealth Resources

Telehealth is the use of technology for health care appointments and services. It allows you to "see" your doctor without having to go to the doctor’s office. You can use telehealth to receive many services such as physical therapy, counseling or diabetes care. Telehealth can also be referred to as virtual visits, video visits, and in virtual care. There are all ways to describe telehealth because it is a way to receive care from your provider without being face-to-face.

This page contains information for consumers and patients who want to find out more about telehealth. This is general information around telehealth. For more specific information please reach out to your health care provider or health plan.

Telehealth Information Flyer: Learn how telehealth can help avoid exposure to COVID-19; the types of health care services available through telehealth; and how to talk with your doctor about a telehealth appointment. This resource was created for NC Medicaid Services; but the information is valuable for all consumers. [Download](https://www.ncmedicaid.gov/telehealth-factsheet.pdf)

NC Medicaid Telehealth Resources offer several resources for you about telehealth specific to COVID-19.

Federal Health and Human Services has created a website specifically for telehealth. You can find out about telehealth and what to expect from a visit as well as tips on finding telehealth options.

Telehealth Frequently Asked Question Resources:
- [AHEC Patient FAQs](https://www.ahec.org/telehealth-factsheet)
- [Doctors Extension Office FAQs](https://www.docsexthensionoffice.org/telehealth-factsheet)
- [National Consortium of Telehealth Resource Centers](https://www.telehealthconsortium.org/telehealth-factsheet) How you can engage and start receiving telehealth services.

Link: Consumer/Patient Telehealth Resources
The TER Workgroup and the Consumer Engagement Workgroup worked together to develop a [DHHS Telehealth Webpage](https://www.dhhs.nc.gov/telehealth) which contains resources for providers and consumers related to telehealth.
Below are ranked telehealth and virtual flexibilities that the Transitioning and Preserving Workgroup recommends keeping:

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<thead>
<tr>
<th>RANK</th>
<th>Flexibility</th>
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<tbody>
<tr>
<td>0</td>
<td>Outpatient E&amp;M; Outpatient and INPT consultation E&amp;M</td>
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<tr>
<td>1</td>
<td>Consultation/referral not required for telehealth services</td>
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<tr>
<td>2</td>
<td>Originating and distant site restrictions removed</td>
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<td>3</td>
<td>Tablets and cell phones with video permitted</td>
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<tr>
<td>4</td>
<td>FQHC/RHC allowed as distant sites</td>
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<tr>
<td>5</td>
<td>Telephone E&amp;M codes (prescribers)</td>
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<tr>
<td>6</td>
<td>Interprofessional/ physician consultation</td>
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<tr>
<td>7</td>
<td>Expanded psychotherapy codes</td>
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<tr>
<td>8</td>
<td>Perinatal depression screening</td>
</tr>
<tr>
<td>9</td>
<td>Smoking cessation</td>
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<tr>
<td>10</td>
<td>Online digital E&amp;M codes</td>
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<tr>
<td>11</td>
<td>Psychotherapy telephonic visits</td>
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<tr>
<td>12</td>
<td>Psychotherapy – expanded licensures</td>
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<tr>
<td>13</td>
<td>OB/GYN pre/post-natal visits; LHD maternal supports</td>
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<tr>
<td>14</td>
<td>BP self-monitoring</td>
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<td>15</td>
<td>Remote patient monitoring</td>
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<tr>
<td>16</td>
<td>Hybrid telemedicine with home visit</td>
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<tr>
<td>17</td>
<td><strong>Diabetes self-management education</strong></td>
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<tr>
<td>18</td>
<td>Inpatient subsequent and discharge day (psychiatry only)</td>
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<tr>
<td>19</td>
<td>Dietary evaluation and counseling</td>
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<tr>
<td>19</td>
<td><strong>Family planning</strong></td>
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<tr>
<td>21</td>
<td>Telephone A&amp;M codes (licensed psychotherapists)</td>
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<tr>
<td>22</td>
<td>Medical lactation support</td>
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<tr>
<td>23</td>
<td><strong>ESRD capitation and training</strong></td>
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<tr>
<td>24</td>
<td>Applied behavioral analysis/RB-BHT</td>
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<tr>
<td>25</td>
<td>Speech therapy</td>
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<tr>
<td>26</td>
<td>Dental</td>
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<tr>
<td>27</td>
<td>Audiology</td>
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<tr>
<td>28</td>
<td>Respiratory therapy</td>
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**Note:** Items in **bold** indicate that this flexibility was “strongly recommended” for care and access for vulnerable populations. The Transition and Preservation Workgroup feels that improving care and access to services for vulnerable populations (e.g., ABD populations, rural populations, and people of color) is especially important when considering which telehealth/virtual flexibilities that should be retained after the COVID-19 crisis.
At the End of the Day…

Pending Authority and Financial Reviews
Overdue preventive care has increased more among Hispanic beneficiaries than non-Hispanic beneficiaries across almost all categories.
Overdue preventive care has increased at similar rates for female and male beneficiaries across all categories.
Change in Volume of Overdue Preventive Care by Race - 1/26/20 – 5/23/20

For all age groups, overdue well-child visits have increased more among Asian/Pacific Islander and white beneficiaries.
Change in Volume of Overdue Well Child Visits - 1/26/20 – 5/23/20

- Acute Telehealth Policy Changes
  - Up 18.4% (10,385) since Jan. 26
  - Up 14.2% (10,767) since Jan. 26

- Stay At Home Order
  - Up 7.8% (11,392) since Jan. 26
  - Up 5.7% (13,076) since Jan. 26

- Preventive Telehealth Policy Changes

Acute Telehealth Policy Changes

Stay At Home Order

Preventive Telehealth Policy Changes

Up 16.1% (813) since Jan. 26

% Difference in Overdue Preventive Care

Week Start [2020]
**AHEC**
- Use AHEC/DHB co-branded material, partner with NC Pediatric Society to promote importance of Well Child Visits and Child/Adolescent Immunizations
- 4 month Strategy- Plan A and Plan B with documentation if NC experiences a second wave of COVID-19

**AHEC/CCNC**
- Weekly workgroup meetings for this campaign
- Practice Support for potential Curbside Immunizations
- Use Claims Data to break out immunizations by type to help close gaps
- Cross-reference pediatric well child checks and immunizations with the practice level data for prioritization approach

**CCNC**
- Work with Practices to get patients into the office safely to receive needed services
- Extract practice specific data from NCIR/claims, specifically around the pediatric well child checks and immunizations

**CC4C**
- Webinars for staff targeted for specific populations to encourage well child visits and immunizations
- Targeted outreach/communications through care management

**DHB**
- Reach out and Read- Increase targeted population to reach more at risk beneficiaries
- Member Education- Create campaign videos for social media marketing to promote Well Child Visits and Immunizations
- An Event or media outreach with the Secretary (press release or as part of COVID briefing)
• 1) reviewing Prior Approval decision points for conditions / procedures with known health disparities

• 2) reviewing clinical criteria in Pharmacy with focus on diagnoses in populations at risk/known health disparities

• 3) reviewing criteria for Durable medical equipment and supplies
Next Steps: Getting to Normal

• Complete Circuit Breaker Authority and Finance impact and decide on Telehealth Policy Modernization persisting modifications

• Inform the field that we will give them 4 weeks notice before turning off Telehealth Modalities

• Continue Provider Webinars to roll out changes and encourage bidirectional communication

• Develop new portal for provider/stakeholder facing recommendations for clinical policy changes that follows automated and transparent process

• Closing care gaps!!!