NC MEDICAID UPDATE

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Medical Care Advisory Committee (MCAC) Meeting
June 19, 2020
Agenda

- Opening Remarks/State Level Update
- NC Medicaid Update
- Q&A
State Level Update

• Current Statewide Priorities
  • Slowing the Spread of COVID
  • Testing & Tracing
  • Addressing Health & Racial Inequities
• Legislative Short Session
  • Medicaid Budget
  • SB 808
• DHHS Plan Return to Worksite
  • Model in development
  • Leveraging the model
# NC Medicaid COVID-19 Response Accomplishments

## Member Experience and Access to Quality Care
- 125 Telehealth flexibilities implemented, which spanned 482 codes
- 110+ Service Tickets & FMRs completed to support Clinical changes
- 200+ individual flexibilities implemented across LME-MCOs
- 25+ New ILOS services being made available by LME-MCOs
- 1.2M Letters mailed about COVID

## Provider Enablement and Financial Support
- 65 Disaster applications processed
- 92 Provider closures managed, n impacted members successfully transitioned
- Reverifications Due Dates pushed out for 1268 Providers
- $11M + issued to 18 outbreak providers
- $32.5M sent to non-outbreak sites
- 25+ New ILOS services being made available by LME-MCOs
- 658 inquiries received through COVID-19 Mailbox, 90% Addressed
- 200+ individual flexibilities implemented across LME-MCOs
- 25+ New ILOS services being made available by LME-MCOs

## Process Efficiencies and Automation
- Streamlined FAQs/Inquiries Management
  - 545 Incidents opened since 3/27
  - 500 Incidents have been resolved
- Knowledge Management
  - COVID-19 Knowledge Base enabled on 4/24: 84 FAQ’s and 66 Bulletin incorporated
- Circuit Breaker Process
  - 44 Flexibility groups were recommend to continue
  - 62 Flexibility group were recommend to continue with changes
- 11 Federal Documents sent to CMS; 7 Approved
- 160 Strategies & Flexibilities sent to CMS; 113 Approved

## Communication and Education
- 59 Provider webinars hosted with 26,764 attendees
- 95 COVID-19 Special Medicaid Bulletins published
- 75 NCTracks blasts to providers covering 90+ topics
- 658 inquiries received through COVID-19 Mailbox, 90% Addressed
- 26,193 Calls Offered, 25,515 handled
- 3% abandonment rate, 16 sec avg wait
- COVID-19 Triage Plus line enabled with CCNC

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## Monitoring and Evaluation
- 11+ Clinical, Financial and Enrollment Dashboards developed
- 16 Telehealth uptake analysis visualizations developed
- 29 Telehealth Evaluation questions developed
Managed Care Current Activities

Prior to the suspension, the Department was assessing PHP readiness across 5 key areas. Some of these assessments will continue, while others are slowed or suspended until a later date:

- **CMS Readiness Review:** Assess ability/capacity to operationalize Managed Care
- **Inbound Deliverables:** Review and/or approve contractual deliverables as part of DHHS oversight (e.g., clinical coverage policies, annual compliance plans, etc.)
- **System Testing:** Assess ability to ingest, process and transmit data and information with DHHS and vendors
- **Network Adequacy:** Ensure we have sufficient providers contracted to provide services to Medicaid beneficiaries
- **Technology Operations:** Monitor call center/website issues and technology-related defects/issues (e.g., daily file exchanges, file defects)

**PHP Priorities for engagement**

- Ensure beneficiaries have a clear message on what to do know and what to do when managed care restarts
- Continue provider engagement, training and contracting
- Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion
Resuming Managed Care Implementation – Highlight of Activities

• Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
• Formulate capitation rates and submit to CMS for approval
• Re-review and resubmit to CMS for approval several health plans’ contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
• Upgrade the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)
• Test Primary Care Provider Auto Assignment between NCFAST, NCTRACKS, health plans and providers
• Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse
• Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired
• Re-evaluate internal Division of Health Benefit staff readiness
• Complete provider contracting (health plans and providers)
• Analyze health plan network adequacy to ensure adequate provider networks and processes
North Carolina Testing
& Contact Tracing
Update

June 8, 2020
Strategic testing framework

NC DHHS Testing Short-Term Strategic Objectives
Develop Testing strategy and operating model to support implementation and expansion of testing by the counties and LHDs.

Unlock the testing capacity that already exists
Increase daily testing capacity through additional test collection sites and address supply chain issues
Leverage applied health data science and new evidence to deploy testing to support reopening strategy

Guiding Principles
‘How’ solutions capabilities are assessed and optimized

Organizational Pillars
Project guard rails to remain focused on the main objectives

1. Focus on equity and access to testing in historically marginalized populations
2. Agility to respond to emerging crises
3. Build infrastructure throughout NC for testing
4. Be data-driven on how to deploy testing resources

People-Focused
Focus on the people we serve, deliver value and make a positive impact on their lives and communities.

Empower local
Provide solutions that can be actioned by at the local level, with oversight and guidance from DHHS

Stewardship
Focus on the people we serve, deliver value and make a positive impact on their lives and communities.

Transparency
Share expertise, information and honest feedback within the Department and with stakeholders and the community.
Increasing Testing Access in Historically Marginalized Populations

Objective: Protecting Historically Marginalized Populations from COVID infection, complications when infected, and transmission in the community

Developed and published best practices for COVID-19 Community Testing in Historically Marginalized Populations, guidance on identifying community partners, testing, test modalities, personal protective equipment and

Released the testing and tracing vendor Request for Qualifications (RFQ), with a strong emphasis on minority, released an additional amendment to extend the Q&A period.

Integrated the Testing Surge Workgroup into the five Historically Marginalized Population workstreams, stakeholder involvement within each workstream

Ongoing coordination efforts with the North Carolina Growers Association, federally qualified health centers, reach and support migrant farmworkers, inclusive of HRSA grant submissions to obtain funding for enhanced testing (staff, training, outreach, support, etc.)

NCCARE360 has now gone live in all 100 counties, improving our ability to connect Historically Marginalized services and resources

CCNC hired 249 contact tracers, ensuring that individuals hired represent the demographics of the community. Of the 249 contact tracers hired, 78 (31%) were Black or African American and 43 (17%) were Hispanic or Latina. All contact tracers hired are bilingual, exceeding the original goal of 35%.
Weekly testing goals

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
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<table>
<thead>
<tr>
<th>Testing Goal</th>
<th>3,500</th>
<th>5,500</th>
<th>8,000</th>
<th>10,000</th>
<th>12,000</th>
<th>14,000</th>
<th>16,520</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Day Rolling Avg</td>
<td>4,846</td>
<td>6,424</td>
<td>7,522</td>
<td>10,025</td>
<td>10,784</td>
<td>13,412</td>
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- **Average number of tests/day**
  - April: 4,046
  - May: 8,715
  - June: 14,133
    - *Data updated through 6/9*

- **Total tests June 1-9: 113,063**
  - *Data updated through 6/9*

- **7 Day Rolling Avg June 3-9: 14,399**

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**Data as of 6/9**

<table>
<thead>
<tr>
<th># of sites**</th>
<th># of total tests completed</th>
<th>% positive</th>
<th># of tests per 1000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>461</td>
<td>520,113</td>
<td>7%</td>
<td>49.6</td>
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**Total tests per week***

*Data from KFF**  
**Data from Castlight as of 6/9**  
***https://covid19.ncdhhs.gov/dashboard/testing**
Key Metrics to Drive Goals

**Increase testing**

100,790 tests were completed over the past week (6/3-6/9)
- **14,399** 7 day rolling average
  - [Source: covid19.ncdhhs.gov/dashboard/testing](https://covid19.ncdhhs.gov/dashboard/testing)

777 people completed Check My Symptoms (as of 6/7)
- 585 individuals received a text/email
- 2,665 individuals started, but did not complete the checker

**Expand lab capacity**

~32 private and hospital labs performing COVID-19 testing
- [Source: SERT ExSUM](https://sert.exsum.com/)

**Equity access of testing**

- Rate of verified diagnostic testing sites in NC and county
- Race of individuals
- Ethnicity of individuals
- Availability of diagnostic testing sites in zip codes with >25% of residents coming from HMP backgrounds

**Expand collection sites**

~461 verified test collection sites posted online
- Includes- health systems, FQHCs, community practices, urgent care.
Contact Tracing Key Metrics – updated 6.9.20

1. There are ~1,500 Staff supporting contact tracing efforts at the LHD level

2. 1,169 LHD and Staff users have completed State-led training on Contact Tracing

3. Of the 252 CCNC staff hired:
   - Bilingual staff exceeded goal of 35% at 41%

4. AHEC training milestones for Contact Tracers
   - 140 trained by 5/24 – Complete
   - 220 trained by 5/31 – Complete
   - 250 trained by 6/8 – Complete
Questions / Discussion