Transcript for Medicaid Managed Care Webinar Series: COVID-19 Surge Updates & Hot Topics

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5:30-6:30 pm

Presenters:

Dr. Shannon Dowler

Dr. George Cheely

Dr. Michelle Bucknor

Dr. Eugenie Komives

Dr. William Lawrence

Dr. Michael Ogden

Hugh Tilson

Good evening, everybody on this cold dreary night. Hope everybody's 2022 is off to a great start. And thank you so much for joining us for this evenings back porch chat for Medicaid providers. Our chat tonight will is part of a series of informational sessions put on by Medicaid and they act as support providers with Medicaid managed care implementation. And tonight you'll get a quick look ahead into the future you get some updates on some of the hot topics, and we'll talk about COVID response. As a reminder, we put on these back porch chats to give you timely information and to give you the opportunity to ask questions of DHB and our PHP leaders so we'll have a chance for questions at the end. I'll turn it over to Dr. Dowler shortly but I'll run through some logistics first. You can adjust the proportions of the slides in the speaker by clicking to the gray bar just to the right of the slide and then dragging it to either side. So you can adjust that. We also have a lot of presenters you can see only who's speaking by clicking on that view button in the upper right hand side of the image and click side by side speaker. And then you'll just see who's speaking in the slides. I'll put these instructions in the q&a so you'll have them we should have plenty of time for questions at the end as a reminder, everybody other than our presenters is muted. So the only way you can send in a question is by using the q&a feature in the black bar at the bottom of the screen. Or if you're dialing in, you can send an email to questions COVID-19 webinar@gmail.com. Please know that our goal is going to be to respond to as many questions as possible during this webinar. If your question isn't answered, either live or in the q&a, reach out to your PHP for an answer. And if they can't respond, then reach out to the provider ombudsman. We've posted the slides on the website and I'm getting ready to add on link to them into the q&a. So you'll have those so you can follow along and then we'll add all that to the ncha website to the NC AHEC website soon as possible probably tomorrow morning. Now let me turn over to Dr. Dowler.

Dr. Shannon Dowler

Thank you Hugh, had a little flashback there. Right. Yes. So thank you AHEC for your partnership and working with us on these chats. We really appreciate it and everybody out there. Thank you for making the time tonight to get the Medicaid updates. We know you're all working really hard and super busy. Yes, that is an actual fire behind me. I decided I would do the fireside chat in front of the fire today. That's my dedication to the cause. So thank you for joining us. We've got a lot of topics we're gonna cover tonight. We'll go through them quickly so that we make sure we have time to answer your questions. Because that's really the most important thing I think we can do tonight. So if you go on to the next slide them and I just wanted to touch base about what some of my priorities are as the CMO for Medicaid. And what I'm going to be thinking about focusing on in 2022 I think all of our teams have been the burning the candle at both ends through the pandemic. We've been certainly at Medicaid, launching managed care doing all the other things the regular day work at the same time as building the tailored plans and responding to a pandemic which feels like it's never going to end. So I'm trying to be a little bit more streamlined and my goals for the year and when I'm thinking about the number one thing I'm thinking about I've got three buckets of priorities. One is around integrated physical and behavioral health. I think this is probably one of the most important things that we can work on this year. We have an opportunity with managed care to move together the whole person and their care. And it's gonna take a lot of intentional work to do that. And so you're gonna see a lot of focus in this space. Another area is equity. We have worked on equity as long as I've been at Medicaid and there's just so much to be done. One of the areas that I'm really thinking about in the equity space is our care of pregnant women. And how do we get over some of our disparities that we have? One area of focus I really want to get into is how fast can we get women enrolled in pregnancy Medicaid. So even though we have six weeks, how can we do it faster? How can we make sure pregnant women are getting the services right away?

Another area I'm really focused on is our CAPC program or community alternative program for children. Children across our state and our Medicaid program are from a diverse background, except for we looked at our membership of CAPC. It's not very diverse. So that's an area that I'd like to lean into this year. The final area, which is sort of a big bucket, but I'm going to try to keep it focused is clinical policy modernization. What is it in Medicaid, we're not doing that standard of care. What are we not covering that we should be covering because it's the right thing to do and the standard to do. An example of that is our telehealth modernisations that we've worked on through the pandemic? We've also done a lot around genetic testing and more is coming on that in the next couple of months. But what are we doing in transgender healthcare, what are we doing in preventive how are we really covering all the things we need to be covering? So that's an area that I'll be focusing on. And that certainly requires input from you out there in the field because you're the one that's most likely to be able to say, Hey, guys, you're not doing this right. There's a better way to do this. And so we look forward to your input. Of course, big things are always in the works at Medicaid. We've got the North Carolina Integrated Care for Kids program that's launching in the central part of the state soon, of course, our healthy opportunity pilots that are spread across the state. We've got our tailor planned launch coming at the end of the year and shortly after that we'll be getting into our foster care plan. So, so much work happening at Medicaid. Next slide.

I wanted to give you some legislative updates. You may have been too busy dealing with COVID and all of your daily work to follow along with all the legislative changes that came out of the long session. But there's some pretty notable things. I think the one thing that everyone I've talked to has been super excited about is that extension of postpartum coverage. So women that are pregnant on Medicaid will actually get 12 months of coverage now and not the six weeks that starts in April. So be looking for more information on that a lot more information coming in that space. And then another one, which is a huge win is parents of foster children. So if a parent loses custody of a child that changes their eligibility for Medicaid, and a lot of them will lose services at a time when they probably need them the most. Maybe they're working through substance use disorder and they're really trying to engage in treatment. Well, the chances of them reuniting with their child is very low if they don't have health care coverage. So as long as parents are making ongoing efforts to for reunification, they're going to be able to stay enrolled in Medicaid and that's a huge win for our legislature. One of the things that is going to happen is copayments for many services are going to go up to $4 this year. There are also a huge number of home and community based service investments that the legislature put into place for North Carolina in direct care worker wage increases and bonuses. We also got some new waiver slots which is exciting 1000 new innovation slots and community alternative program for adults 114 new slots and we have a huge waiting list for that program. So we're really grateful for that. If you go into the next slide.

Um, there are a few provider changes and LME MCO changes and I just put them in the slide deck so you'd be aware of them some of the stuff we were doing anyway but never hurts to have it in legislation. An example of that would be the podiatrist for reasons that are unclear to me, podiatrists were not allowed to prescribe their own DME, so they would have to send the patient back to their primary care who would then prescribe the orthotic that the podiatrist wanted them to have, which is silliness. So that is something that we are changing. So there are some other changes here on the slide just to make you aware of those legislative changes. Alright, if you will move on to the next slide.

I did want to hit on a few managed care updates. So the next slide is just raising your awareness that some medical homes a small number of medical homes have an impact are related to the North Carolina integrated care for children program, if you're one of those you've heard from the program, so this shouldn't be a surprise but there's a bulletin about it as well. Next slide. This is the dashboard I've been talking about for four months. We don't have the full dashboard out there yet, but we do have the denial dashboard out there. So this is the way you can go in, click on a link and see how the plans are doing as far as covering services, denial of services. Where are the areas where there are problems? What are the most common reasons for denial of service, this can be really helpful for you as you sort out the challenges that you're having to see if yours are common problems or if you're having something really unique. So I hope you'll take advantage of this transparency that we have committed to you from the beginning in the managed care process. There will be other claim denial dashboards coming. Another area that we've gotten some feedback on is around our care for pregnant women and newborns and so just wanted to point out that we do have some protections in place in the legislation of managed care around making sure that beneficiaries who are pregnant have continuity of care even if they're out of that work. And so we have some really specific definitions of this. If a beneficiary is in the second trimester of pregnancy, and they were treating them in a longitudinal way before they got into

the standard plan, then their transition period is established that exists through 60 days of postpartum care. And during that time, the plan has to treat that beneficiaries out of network provider as the same as an in network provider. So that's pretty significant, especially as we recall, everybody didn't go into managed care on July 1. People are constantly coming in and out of it as their enrollment for Medicaid is qualified. More factsheets on that at the links in the web, I mean, in the deck that you got, next slide.

This is another reminder where apparently our Ombudsman's been fielding a lot of questions and calls and concerns around people transitioning and trying to get into the right plan. Remember, in this first 90 days, when someone comes into a standard plan, they can change their plan for any reason. After that, it's for cause but we're pretty generous with what we consider a cause for a change in the plan. Maybe it's because the other family members from a different plan. It's just easier to put everybody together. Maybe the services that you need aren't available. And then as you recall the request to move from Medicaid direct. We've covered that in October and over November's fireside chats. Tons of information out there about that we have some links here as well. The process doesn't have to be hard. But there is a process and if you don't follow it, right, it doesn't seem to work as well for folks. So making sure if you're getting people in the Medicaid direct in your practice, that you really understand the right way to do it is great. Next slide.

So this area I'm going to spend a couple minutes on this is our Medicaid surge response levers that we're using right now with omachron. As you know, many of you are at the Tuesday night DHHS update with Dr. Tillson and team. Talking about all the things that are happening with our omachron surge numbers are higher than they've ever been before hospitalization numbers are higher than they've ever been before. Just everywhere we look Omicron is everywhere. So over the last few weeks, the Medicaid team has worked really quickly to try to put all the things in the place that will help open up beds, get people out of the hospital, prevent hospitalization, increased vaccination, we just double down on all those things. So there are several bulletins that are linked to, um, that are important for you to know about a summer affect hospital care. So the plans have waived prior authorization for post acute care. They've also waived some other things recently we had a new update I believe last night around waiving some of the medical necessity determinations for folks. So just being mindful of all these waivers and all the ways that the field including our plans are working really hard to help open up hospital beds and support you during the search. I will play with the remdesivir ambulatory infusion is something to be aware of we are paying an ambulatory infusion rate even though that is not something that was allowed before we sort of lead the market on doing that in North Carolina, as well as covering all the other treatments and boosters and vaccines, the code counseling code. I'm going to talk about that in a minute with some data and update you on how that's going. We did this is big, big news. We increased our vaccine administration, right from $40 to $65. So we're one of the first states in the country that CMS has said yep, we agree you can. You can chart you can pay more for that. We're going to actually make those payments retroactive, back to April 1. So we really appreciate all your vaccine providers out there. We know how hard this work is how much it's adding to the burden of what you have to do anyway. We know you're having staffing shortages, and you're having to pay people overtime and double time and it's costing you a lot to do this vaccine work and we want to recognize that with this enhanced reimbursement, rate.

But with that comes a little bit of pressure. We really want every office to have some vial of vaccine ready to give to beneficiaries. We think this is our way out of the pandemic and we need all of you to help us. So we hope this vaccine administration rate will help you feel comfortable doing it will make you see the return on investment for your practices as at least budget neutral if not maybe even positive and really make a difference for your patients. And that's primary care especially it's everybody can give a vaccine we need to give them vaccines. And we also have our member incentives we're going to talk about coming up in a few minutes. And we started covering this week at home test. So Medicaid will pay for that home test when beneficiaries purchase them from a pharmacy. That's pretty exciting. So make sure your patients know about that as well. Especially if they're taking up a lot of your resources coming in for tests in the office when they probably don't need to have a test in the office. We want them to be able to get the test to keep them out of the office out of the emergency room. So you're really seeing the people that need it the most. So I think we will move on now Nevin to the next thing.

Okay, so this might feel a little discordant. We're in the middle of the biggest surge. We've had yet I just talked about the highest numbers we've ever had. And at the end of the month, you're gonna see a new bulletin that talks about sunsetting some of our flexibilities the what that means is some a lot of our COVID flexibility. So we're almost two years in now we've said all along, these are not permanent. These are temporary. And over the last few years, we've made quite a few things permanent already. And so we've got a nice list of those. But some of the things that fall under our state public health emergency, we're going to go on and turn off at the end of March. So the reason we're telling you about it now in January is we promised that we would give you as much notice as possible so that you can make plans around these things sunsetting. So at the end of the month, you're going to see a bulletin that's got a really nice table that it's going to tell you whether it's in permanent policy, whether it's going away March 31, or if it's going to end at the end of the federal public health emergency, which who knows when that'll be they just extended it. So that's amazing. But some of the things are tied to our federal authority. Some are tied to state authority. It's kind of all over the place. But we've promised to try to get you that information well in advance. And so you'll see that bulletin at the end of January. It's around things that are sunsetting at the end of March. So when you see it don't think have they lost their minds. There. They're very logical things and things that don't have a lot of uptake or utilization and just really haven't been about you at all right, next slide.

Alright, so a few more COVID updates. If you've gone to the next slide, our team our monoclonal antibody and oral antivirals team asked me to put this slide in here, because they're looking for folks are looking for providers who want to provide these things. And there's a way that you can request them through the department and there's links are in this deck. So if that's something you're interested in, I wanted to make this easy for you to find in case you missed Tuesday night's awesome webinar. Next slide. Also are folks that got those that third dose so not a booster but a third dose because they qualified as being immunocompromised, they are now eligible for a booster dose. Again, this was covered in the Tuesday night webinar, which was really terrific and I encourage you to go up to the AHEC website and grab hold on that watch it if you haven't, or at least listen to it on your drive home. Alright, next slide.

So we have been tracking our vaccination rates for Medicaid beneficiaries, and they're kind of abysmal, we're not really excited about them. If it helps, we're doing as badly as everyone else in the country, except for a few really small, really different states. But they are improving and that's due to everybody's work out there. So thank you, everybody who's helping us with our rates. We are seeing movement on them. We're still far below the state averages and so I'm going to show you some of that data. One place, I will just I got to do a shout out to the EBCI to the tribal folks, the Eastern Band of Cherokee Indians, their vaccination rate is phenomenal for Medicaid beneficiaries. It's I mean, it's better than just about anybody I've seen in the country. So kudos to this group. Next slide. When we are looking at our vaccination rates, we're breaking it down by our Medicaid direct population as well as by each standard plan and we're looking at who's vaccinated and who's not vaccinated. And we are using peer pressure and competitiveness to try to get our rates up so if you go on to the next slide, it shows you how over the last three months that rate of changes so September, October, November, and here's the good news. The plans are all their neck and neck with improvement month over month, which is awesome. They have about a 6x improvement over our Medicaid direct beneficiaries. And so that's something we're kind of scratching our heads at granted the Medicaid direct beneficiaries had a higher vaccination rate to start with but you're gonna have your duals and your older population and their who might have gotten a vaccine through a nursing home program. But But why isn't the Medicaid direct population improving at the same rate? So that's just something we're keeping our eyes on. Next slide.

When you compare how we're doing, whether it's the standard plan or the Medicaid direct population to the blue line, which is the North Carolina population, it doesn't matter the age group, we are really lagging behind. Now, if you look at that older group that 65 to 74 and 75 plus, that's a really small denominator. So it's not a large group of beneficiaries. The lower ages are larger groups, and we're just I would love to see more movement in that group. Our 12 to 17 is our best. That's the area where we seem to have worked the closest to gaining on the standard population. All right, next slide. This is a map of looking at, look at your county, find your county on there, the county where you live and work and play and see how you're doing. There are only a couple of counties that are really standing out. There is amazing vaccine penetration. Orange Warren, I can't see the right of my slide, but I think it's Tyrel from my memory, and then a handful that are kind of not doing great. And generally, I think across the state, you see that people aren't doing great with our Medicaid vaccination rate. Next slide.

So we did look at this from a function of race and ethnicity and we were really glad to see that we don't see a significant or any real racial disparities in access to vaccination for Medicaid beneficiaries. If you go to the next slide, you see the Latin X population actually outperforms. So definitely not a disparity there, which is terrific news. Next slide. So the vaccine counseling code which hopefully all of you out there are familiar with 99401 is for doing that vaccine counseling. This is more than just your average somebody walks in for a scheduled vaccine appointment and you give them a shot. This is really talking to them about that vaccine, spending the time with them, particularly in that hesitant population. This debunking the misinformation that they're hearing is all those painful conversations you've been having for months on end now. We want to make sure you're getting paid for that work because we know it's important and time consuming, and frankly, emotionally exhausting in its circumstances. So thank you,

thank you, thank you for doing the counseling. We know it makes a difference. What we are seeing in our data as we get further out. It's gonna be harder and harder, right? So the folks who aren't vaccinated we're getting into the more and more hesitant group, but we're still seeing a 40% greater rate of vaccination for folks who are counseled. So we think this is significant. We think in this adolescent age group, you've got to counsel 14 people to get one person vaccinated. So that that cost the opportunity cost is $560 to ship one person to vaccination. We think it's worth it for the long term impacts of that. Next slide.

This shows who's getting counseled now remember, you can counsel you can use a child, a beneficiary who is a child to counsel their parents so you can build it to the child even though the counseling is happening to the parent or the caregiver in the room. Which is why some of the skews the younger population, but definitely a lot of counseling happening that lower age group. If you go into the next slide. Um, this looks at whether people are vaccinated or they're counseled or not and how their vaccination rate is and that holds for all age groups of the folks who are counseled, have a higher vaccination rate. Next slide. This looks at does the number of times you're counseled, make a difference. In most age groups, it definitely makes a difference. And we know sometimes you're gonna have to use this code three or four times before someone actually gets vaccinated. And that's okay. That's why we're paying you to do it because we know how important this is the one group where that feels like maybe that maybe the more we counsel, the less likely it is that 45 to 64 group and so those of you that take care of that population are probably saying, Yeah, that sounds right. But so we got to work on that. We got to figure out what the magic words are. Next slide.

Um, one of the things we looked at was equity in the counseling and does it make a difference? Are we counseling? The different races and ethnicity at the same level or are we preferentially counseling and so this is a little hard to interpret because you have to have a encounter so you have to have access to care in order to get the counseling visit. And what we know is that historically our African American black population does has lower access to care and so they are showing that they're counseled at a lower rate than the white population. But is that a function of what has a long standing decreased access to care? Or is it because we're not being as mindful in counseling that group, so more to come as we sort that out? All right, you guys have heard me jabber on for 20 minutes now and you're probably really sick of that. So we're going to shift gears a little. And we're going to go into a few audience response questions, which as you know, is my favorite part of the evening and for these, I'm going to hand it off. The first one to my colleague Jeannie come events.

Dr. Eugenie Komives

Yeah, so that was a whirlwind tour of all of that information from from Shannon there. But PHP CMOs decided that tonight we wanted to still define from Shannon and have some of the audience response questions just for us. And the first one tonight is are you aware of the prepaid helpline number incentives? What the verbal? Yes, vaguely aware that I heard about somewhere? Yeah, read about him in my specialty societies newsletter, but I'm not sure that they apply to me in my practice. Yeah, I read

about him. I mentioned him to a few of my patients when I was counseling them about getting vaccinated. And yeah, I mentioned him to all my Medicaid patients when I'm doing vaccine counseling. Nevin, if I'm supposed to do something, let me know.

And there we go. Okay. So um, yes, the good news on this response is that most people that answered it said that they were vaguely aware and heard of them somewhere so we're not completely out of the loop on it, but could benefit from some more information. So on that note, we can go to the next slide. There we go. Um, so this is a slide that may look familiar to some of you that outlines the member vaccination incentives for each of the PHPs And bottom line, we all have incentive programs, they're pretty similar. Um, we're all starting, I believe at age five. And you'll find on this slide links to information about each of the programs and also the link for where the members can go to obtain their incentive if they've completed their vaccination. So although this is a lot of information on a slide here tonight, I'm assured that these slides will be posted on AHEC, put on our website and everybody should have access to them after tonight's session and also these had been, I think, distributed through the specialty societies, particularly pediatric medicine, and I believe also the medical society. And certainly if y'all have any questions about these programs, you should feel free to reach out any of us PHPs, and we would be happy to help you with that information or connect you to folks and do and so now I'm going to turn it over to Dr. Michelle Buckner CMO of United Healthcare.

Dr. Michelle Bucknor

Good evening, everyone. So for our second audience response question, we'd like to ask you, how do you leverage the PHP member incentive programs with your patients? So like one a genius questions? Maybe your answer is, you're not aware that Managed Care offers any incentives or rewards to patients? Perhaps you're only aware of the COVID member incentive program. Hopefully you're aware of all the PHP incentive. programs, but you only target education for patients, when there are care opportunities that align with your provider incentives. Maybe you leverage the incentives to encourage preventive services like Well Child vaccines, and maternity visits for all eligible patients or maybe you have a robust approach. And you proactively educate all of the PA on all of the PHP member rewards to support families receiving preventive services at all ages.

Dr. Michelle Bucknor

Are lists of appropriateness for that patient. Which answer do you choose? All right, so similar. The majority of the audience seems to be not aware or the majority of the audience seems to be not aware that we offer any incentives or rewards to patients. And so that's clearly an opportunity for you. And for us to educate the provider community. We attempt also to educate the members on the incentives and rewards that we have available. And so this is a way to create a more holistic model to link our provider incentives sometimes with the quality outcomes and goals we have is the plans with the goals of our member population to encourage them and incentivize them with rewards. Many times it's something like a gift card to complete necessary services. So with that, I'm going to hand it over to Dr. George Cheely.

Dr. George Cheely

Thank you Dr. Buckner and I am happy to dive even a little bit deeper into the topic of the incentive. And you know, I think, as Dr. Buckner alluded, we are we want to we are committed to paying as many patients as we can identify, to really reward those healthy behaviors and to continue to keep tools in toolbelt. So of providers who you all are doing the hard work talking with patients and counseling patients about the importance of vaccination. So to the extent we can understand how we can improve that process for patients to realize that reward we think it'll pay dividends now and ultimately promote additional prevention behaviors in the future. So have your patients encounter problems accessing the member incentives and in each of us varies a little bit in how we identify eligible members, but are you saying that most patients don't know they need to submit information if they need to submit information? Are you hearing patients have had trouble submitting the information that's needed, or patients have submitted information but they're still waiting to receive the incentive? Or you haven't heard many issues or you haven't really been checking on on that component of the process?

It looks like maybe someone is expected based on past responses, a fair number that haven't been asking maybe because we have an opportunity to continue to improve awareness about the incentives. And then also a number of patients may not know that they need to submit incentives. So I think really speaks again to educating about the incentives and the mechanics and also ensuring that we're reaching our members to provide information about how they can provide information. Now I will I will turn it over to Dr. Ogden to talk a bit more about vaccine counseling.

Dr. Michael Ogden

Absolutely, thank you, Dr. Cheely. So part of keeping your population and your practice healthy is ensuring that they know the options they may have to receive vaccination or to receive preventive care or, you know, all of the accoutrements that go along with with managing a population. Things we we were curious about as CMOS from the PHPs was, what communication are you using? To that you're finding most useful when communicating to your patient population? About either, you know, the COVID vaccine itself or the covid vaccine counseling or or the incentive programs we've been talking about? Is it a telephonic outreach from a member of your staff? Is it an email or mail campaign to your unvaccinated membership? If you have that information? Is it taking time during a sick visit or a wellness visit to incorporate that counseling with the patient and and or the parents? Um, you know, hopefully incorporating some of the incentives that Dr. Covey spoke earlier about in Dr. Cheely and Dr. Buckner highlighted or is it through public and community speaking events where your providers go out and talk to the community, your church or or a school or something around that those lines or is it through your send there your AMH three enableror your AMH three care managers are they reaching out to your population? Really curious to see the answers here and drumroll.

Excellent okay so so taking time during a sick or well visit to incorporate counseling, certainly what I do in my practice and and hopefully you're also taking the time to pull down either from this deck that you're gonna receive after tonight's tonight's discussion, or from your specialty societies is Dr. Buckner

highlighted and Dr. Komives is Dr. Cheely as well. To ensure that your patients know that they also have additional incentives that they could be eligible for in addition to getting something that's going to going to be really beneficial for their health. Great. So So that's important information for us all to know. on that. I think the next thing I'm I need to do is ensure that I pass it on smoothly to the great Dr. Lawrence.

Dr. William Lawrence Jr

Good evening, everyone. It's been great to get your responses here. It's positive that many of you are already aware of and using are trying to help us use the incentives to reward our members for getting vaccinated. But there's definitely still some opportunities for further outreach and more education about that. Our colleagues here have talked about some of the things and got some ideas of what you're doing well now, but our last question really is what are the other things that you guys may want to pursue to try to better engage that what can be experienced do particularly they help support you engaging with members around vaccination and COVID care? So what targeted messaging created from the Phps to help share in clinical encounters, whether in person or virtual will be a benefit that you guys need from us maybe a recommended list of high integrity web resources that can be used to help break down some of the myths and misinformation out there in regard to the vaccine and other treatments with specific marketing to assist members particularly in claiming these PHP incentives? Be helpful since some folks were really not aware that they were out there? Nothing really, I mean, more than half of you are already doing counseling in sick visits. So do you prefer to do individual counseling that's already been done? As far as we would expect there? Probably some great ideas out there. So do you have better suggestions and want to share that with us because we're glad to hear those. So we'll pull that question.

Right, so a nice mix there, but it sounds like some specific marketing to assist members in claiming the PHP incentives may be a benefit. I think many of us do have some information out there on our websites. Now for those numbers. But I think the CMO group we will communicate with one another and try to look at ways that we maybe pull that information together and make it easier to access so that we would have a real simple and efficient methodology to be able to help you guys share. So these are great responses great input that I think we can take back and use so we thank you for your time. We'll turn it back over to the good Dr. Dowler.

Hugh Tilson

Before that happens. I know that there was one person has had a suggestion so if you can put that in the q&a That'd be awesome.

Dr. Shannon Dowler

All right. So one thing I did not anticipate is how dark it was going to get outside. So now I'm sitting in a very dark room with a lovely fire behind me. I did want to talk a little bit about how important you all

are as a trusted source of information. We've done a lot of stakeholder engagement and surveying and asking what folks who they go to and who do they trust and they bring their nurse or doctor as a top person to help them get vaccinated. This is we've seen this play out in our own data, looking at our vaccine counseling outcomes and how that's working. So you're super important your voice makes a big difference. If you go on to the next slide. Our comms team at DHHS would love to take advantage of your voice. They would love to have you provide some virtual webinars and other things for your communities. They can set it up where they do all the work in the background. They'll even give you the slide deck and then you just it's your voice. You're the trusted member of the community that's doing the talks. So if you have any interest in participating in DHHS and helping with that doing one or two webinars, it would mean so much I think to everybody and would improve our vaccination rates. So the contact person for Kelly Kelly writes our contact there. I hope you'll consider that if you go on to the next slide. We can do the same thing with robocalls. So you know this, I know we can't stand it when people call us about our cars warranty or the mortgage. But we would love to be able to use your voice and your communities do giving some information in some calls. So that's another thing if you're interested in just spending a couple minutes it really doesn't take long to do this, we would love and again, you see Kelly's email there. So really important part of being helping lead your community through the pandemic. So thanks in advance for considering it. All right, next slide.

This is the last slide I'm going to cover before we go into some questions. We had some great questions submitted to us in advance of the webinar and then we're going to answer a bunch of live questions as well. This is that CMS vaccine requirement you might have been following that in the news. It went to the Supreme Court last week and they are continuing to allow that CMS vaccine mandate to happen. So just making you aware of that. Right now. There's nothing that Medicaid is doing specifically related to tracking this at this time. I think we'll have to, but right now, I just want everyone to be aware that this is happening as you work with your vendors and contractors and making sure folks are thinking about these vaccine mandates. As they come out. We're gonna actually have a bulletin that's going to come out tonight or tomorrow with this information. And really the the main thing here is if you have questions, you really need to talk to your compliance or legal office to see if it applies to you is the bottom line. All right, so I think we're gonna shift over into some questions. And so I think I'm gonna ask all the CMOS to pop on their cameras and join us and I'm going to pick on you a little bit as these are some of the questions we get from the field, some really thoughtful questions. So the first one, Michelle, I'm gonna throw it to you. How did the health plans ensure that the members don't get an EOB that explanation of benefits for STI services and you know how important that is to me so, Michelle how are we making sure we're maintaining that confidentiality?

Dr. Michelle Bucknor

Yeah, important to you, Shannon important to me as a pediatrician and probably even more important as a parent of a bunch of teens and young adults and a bunch. So you know, we are required as plants and certainly again, understand the importance of this when you're establishing trust with your patients and establishing the confidentiality that we're not the reason that that trust is broken with your patients and so we are required contractually to suppress any information related to a member's reproductive health, including screening and treatment for communicable diseases. So, we suppress those from you

know, bees, we suppress those from the portal, and you know, we all have systems and, you know, we check those systems and every time the question comes up to the plants, the PHPs go back and we double check with our staff to make sure those still systems are still intact. So we definitely want to hear and I think you should reach out to any PHP immediately. If you're ever see any of that information again, but we take that issue very seriously and have systems in place and systems in place for many states like this is not unique to North Carolina, and we're making sure that those protections are in place for your patients.

Dr. Shannon Dowler

And we definitely want to know if there are examples of that and what we're hearing is that a lot of people were holding the EOB or they're holding their claims because they're worried about it and we don't want you to do that because the plans have systems in place that this doesn't happen. So please make sure that you're getting paid for the work that you're doing. Okay, next question who like I got like, that's exciting. Becker, Lawrence? Um, this is a PDL question. So is the North County Medicaid preferred drug list on the DHHS website accurate for all of the Medicaid managed care plans?

Dr. William Lawrence Jr

And that was one we're happy to clarify because yes, the Medicaid direct EDL is the one that all of our health plans are using. So you know, I do frequently hear concerns or even hear situations where a member has been suggested to change from one PHP to another PHP because they're not getting the drug coverage. The reality is we are using the same formulary. So if someone's not getting a drug cover, it's not because they're on the wrong plan. There's another issue that needs to be worked out and we are all happy to hear from you to get our case managers involved. And to make sure we answer those questions.

Dr. Shannon Dowler

Awesome. Dr. Ogden, do the managed care organizations cover evidence based home visiting services?

Dr. Michael Ogden

Oh, that is a tough one. So so by evidence based home visit services at debt that sounds like it'd be germane to a newborn or postpartum patient. And, and one of the things that all PHPs have in common is the One M series of clinical coverage policies. We have to cover all of these either to the basic center or greater extent than the state does. One M four comes to mind. The home visit for the newborn with an RN. There's also 1M5 and 1M6 which are postnatal assessments. There's also 1M3 which is specialized type of home visit skilled home visits. There's also the hospice the home health, the PDN and PCS services. But the most exciting thing I think I can I can use to answer that question. It has to do with one things that Shannon brought up earlier and it's been discussed peripherally through the through the call tonight, and that is these value added benefits that all of the PHPs have to one one extent or

another. Things that we're able to do that that Medicaid prior to manage care launch couldn't really do. And some of those do involve home visits. If you go to each of the PHPs websites, especially the member websites and click on the value added benefits tab that all of us have our there's a list of all of these really new cool and really helpful benefits that we have for each of our health plans. One of which would be for healthy blue, at least home visits. So okay, answers the question.

Dr. Shannon Dowler

Yeah, that's great. That's great. I'm sorry, Dr. Komives but I'm going to give you the audience displease or question of the night. So if we have a patient sitting in front of us, is there an easy way to know which specialist are preferred by their managed care plan?

Dr. Eugenie Komives

I'm so sorry. I hope everybody can hear me I know I've been having some audio issues, but you're gonna have to go to one of two places, either the Health Plan website which has to find a provider school or North Carolina Medicaid website, or the managed care plans also has a find a provider tool, and you can look up that specific provider or on the health plan websites usually search for provider by specialties. So I played around with this lesson when I was preparing for this question actually discovered a glitch on a provider that I was looking for it should have been listed it wasn't so I also you might want to go after yourself and look and see if your listing is on everybody's lips. But you should be able to go for example, on the welcome website you can put in you're looking for a nephrologist Wake County, to network with welfare, and you should be able to see a list of all the nephrologist. She could refer your patients to you in Wake County and then the last choice which I'm sure none of you want to do, but it is available you can pick up the phone and call and our Member Services team and Provider Services teams can also help you locate that specialist patient.

Dr. Shannon Dowler

All right, great. Thank you and Dr. Cheely last one with the surge of COVID. Many clients are asking for specialized therapies PT ot speech language be provided by telehealth again, can the each of the PHPs remind us of the place of service codes and modifiers used for billing? I know it's different when we bill telehealth through nctracks. So that's a hard question. Dr. Cheely, you want to take that one?

Dr. George Cheely

Yeah. Dr. Dowler, this is, all of these are important. This one feels particularly timely given the surgeon strain that that we are all seeing and experiencing and we know it's vital for members to receive those services and and telehealth has been a very useful option for outpatient specialized therapy providers during COVID as well and so just want to offer a reminder back in August Division of Health Benefits and PHPs both participated in a webinar August 12. That included a lot of information specific to billing advice and billing practices. For PT OT and speech therapy providers. And so you can access those slides

on the AHEC website. Look for the third Thursdays, August 12. And you can pull up those slides. I also just wanted to offer a reminder that clinical coverage policy 10 D was updated in July, and that update included additional specifics around codes eligible for telehealth and telehealth billing practices. So I would also point to that as another reference at source as I think all the PHPs really try to match the guidance that's offered in those critical coverage policies as well.

Dr. Shannon Dowler

Perfect. Um, the last question I'll take is when will dual eligible members be transitioned to manage care for long term care specifically? And so in the legislation they give us five years from him to implement LTSS for duals. So somewhere around 2025 to 2026 is the way we're looking at it now. And we're actually working with Duke Margolis. And there should be a report coming out soon talking about how we're going to integrate this dual eligibles into the managed care space. So we're working on that actively I don't I don't know if we'll surpass our goal and do it faster or not. Kind of depends on what pandemics come at in our future for the next few years. But that's a great question. Who do you want to jump on and pull up some questions that you've seen come through in the chat that might be good for folks. And all of us have phone a friend helpers to make sure that we're giving you the right answer to things because there's a lot to know and, and so you might hear a disembodied voice come on to answer some of these questions. Don't be afraid.

Hugh Tilson

Let me start with a question. About the direct care worker wage increase and somebody have a problem getting their employee to qualify for the bonus. Do you have comments about that, that you wanted to make?

Dr. Shannon Dowler

I know that I saw in there that there was a question that someone was working really hard and hadn't gotten a response yet. They've gone in saying they're having trouble getting in there. I know that we got 200 queries in a very short period of time. And so our team is working through those. So just know that if you if you follow the process that's in the bulletin, and raise your hand for help that way the team might be a little bit backed up getting those answered right now because they got so many all at once. But I don't know if anybody else on the team has anything to add to that.

Unknown

That's correct. So they should be able to be an answering questions tomorrow. The turnaround to have the FAQs took longer than expected. But if you are reaching out to the medicaid.dcw.helpdesk@dhhs.nc.gov that is the correct email address to reach out to.

Hugh Tilson

How about this one, how many and what percentage of Medicaid folks are still in Medicaid direct?

Dr. Shannon Dowler

So that's actually a harder question to answer than it was a year ago. And the reason is, is because at through the pandemic, one of the things we've done is we've kept everybody on the role books. So our Medicaid population has grown and grown and grown until the public health emergency ends at the national level, the federal level and then we will have to disenroll lots and lots and lots of people but but very small number actually went into Medicaid direct so maybe 500,000 stayed behind the Medicaid direct the vast majority went into the standard plans. And then of course we have the other populations emergency Medicaid family planning Medicaid so we have all these different subpopulations that that are carved out of all of that. So most went in most of our regular full Medicaid beneficiaries went into standard plants.

Hugh Tilson

How about this will the LME MCOs and tailored plans have incentives like the PHPs do and standard plans?

Dr. Shannon Dowler

Yeah, so they're absolutely going to be encouraged to have those value added services like um, you heard talked about tonight. I think this is one of our opportunities and managed care to really make a difference for our population. It's one of the true benefits of managed care. They can spend money differently than Medicaid can based on authority and the rules that we have. They're allowed to be more flexible and they're spending on some of these value added services, helping with gym memberships paying for car seats, all the creative ways the plans are doing things for beneficiaries. The hard part is so often they don't our beneficiaries don't take advantage of those and I speak for myself as someone who has ensured I've never taken advantage of the incentives that I know my state health plan has. Because it's it's just hard to do and I'm busy and so I think that's one thing we can all do is with our teams try to help our beneficiaries lasso and use all those incentives as much as they can, because they're there to make their lives better and their health better.

Hugh Tilson

Thanks got this comment about attribution lists being wrong and wondering whether there's something Medicaid can do so that providers don't have to deal with five PHPs.

Dr. Shannon Dowler

I'm sorry, this is this is one of the features of managed care it's like Janie's question she got around looking up specialists. This is one of the hard things is think about it though from your whole population of patients. You have some people that are at Blue Cross some people haven't though some have Cigna, some have Medicare, you know, you've got all this attribution lists for all those different places and it's just Unfortunately, one of the features that you're gonna have different ones for different plans. We know that they're not perfect. And you might remember some backwards chats over the summer, where we talked about we did some major mixing up and shaking up of attribution to make it better because it was going to be really inaccurate and so it is definitely probably one of the most painful things for practices and making this adjustment.

Dr. Shannon Dowler

Managed care is getting those lists, right. I remember in my quality days when I was with a health system, how frustrated I would be that people be attributed to a practice that I was responsible for, and they've never been seen there before. And having to jump through those hoops and use staff to get folks moved over to the right spot. Anyone from the plans want to weigh in on that or offer any words of wisdom there.

Dr. Eugenie Komives

So, real quick and then simply invite my colleagues as well. I know we are continuing to do clean up. I would say the worst of what we saw is I think we're past that but they're never going to be perfect. The other feature of managed care is that you are going to have people there assigned to your practice. That you haven't seen before. And unless that person was actively seeing another Medicaid provider with that same plan, that's probably unfortunately a correct assignment unless the member moves to the plan whether other provider is right because we did get members that didn't have previous assignment and there was an algorithm that we had to go through to assign them all to a primary care provider, which is a unique feature of this Medicaid plan is 100% of beneficiaries or to have a primary care provider, but we are absolutely open and want to hear from providers are seeing issues with their attribution or assignment lists, or anything having to do with how they're being paid is MH is related to that. You just need to reach out to us right relations, your network contacts, or if you can't get through to them. They're the CMOS and you can certainly reach out to us and we'll do everything we can do to get it.

Hugh Tilson

Thanks, got a couple more questions about the incentives is the grid that y'all put out. That's so helpful. Is that available on the Medicaid website or on PHP websites? I know we've got it in this presentation and on the AHEC website. But is it available just that somewhere else? That's easy to find?

Dr. Shannon Dowler

That's a great question. I'm not sure if it is anybody on the phone no if it is we can certainly make it so. So we will take that and we will make it so great.

Hugh Tilson

And then got another question about flu vaccines and fair incentives for those?

Dr. Michelle Bucknor

Shannon we're planning one.

Dr. Eugenie Komives

Members so do on on their portal, they can see all of the things that they can get incentives for. So if they're logging in should be able to see that.

Dr. George Cheely

And this is George we similarly don't yet have a flu vaccine but are considering modifying based on member behavior. And if you look on the member portion of our website, you can see all the behaviors for which we offer that that type of incentive.

Dr. Shannon Dowler

Maybe we'll learn from this COVID vaccine incentive experience and see if if we felt like they really made a difference in driving vaccine rates sorry Michael.

Dr. Michael Ogden

No, I was just gonna pile on the the website and healthy Blue has all of the value added benefits. All the incentive programs for members which are quite numerous as far as a flu vaccine specifically, that's something we can talk we're contemplating.

Hugh Tilson

Thank you guys got a couple questions related to the potential difference between the administrative vaccine bills versus the retros 65 rate? And Shannon, do you want to go over that?

Dr. Shannon Dowler

Yeah, so So talking about vaccine administrators try reading questions and answers, Hey, I can't help myself. I want to see what everybody's asking. So this questions around getting the increase rate. And so the was $40. For the vaccine administration, we've increased it to 65. It'll be retroactive to April 1. You don't need to resubmit any claims. We're going to actually go back and process those. It's going to take us a little while. It's a it's a huge body of work to actually go back and retro actively process those claims. So it's not going to be super fast, but it's coming. And for those of you that were early adopters to the vaccine, I think you'll really appreciate that influx of passion, we're able to get it to you.

Hugh Tilson

Well, since you've been cheating and looking at the questions we only have a couple minutes left anything in there you particularly want to bring up or do you want me to continue to pick.

Dr. Shannon Dowler

Um well, there's a question around using the 99401 for booster education. Absolutely. For counseling. You can use that now remember, if you're doing just outreach where you're just making a call and kind of connecting with people and getting them scheduled, there's an outreach payment that you get with a special modifier if you're really using it to do counseling. If you've got someone that's hesitant and they don't want to get the booster and you're you know spending some time on the phone that provider it's MD DO PA nurse practitioner or certified nurse midwife. And they're spending that time doing to counseling then yeah, absolutely. You can count that.

Hugh Tilson

How about the CMOS, you guys are looking at the questions, anything in there that that jumps out at you that you want to make sure you get responded to in the next couple minutes.

Dr. Shannon Dowler

Right you hear is there anything in there, any drama?

Hugh Tilson

I don't see much drama. I mean, how about can you tell me if a well child visit is covered on a 12 month basis or the basis of a calendar year? That ought to be some of you that.

Dr. Shannon Dowler

I'm sure someone intelligent knows that. Um, I think ah, I would have to phone a friend on that one.

Hugh Tilson

How about this one? Was attribution was being inaccurate? How will that be looked at for incentives? That question makes sense.

Dr. Shannon Dowler

Yeah, this is always the struggle when you're in an incentive program with a payer is the attribution lists are never going to be perfect, you know. So that's across the board. The way it is. It's like that with Medicare. You know, if you're in an ACO you certainly live that truth. I don't know plans. Are you doing anything specific to account for attribution in your incentive plans?

Dr. Michelle Bucknor

So, Sam, and this is the Michelle from united. We are awaiting final decisions from the department around what the attribution model will look like. So we're collaborating and working with the department around just defining what that attribution model is.

Dr. Eugenie Komives

Yeah. Thanks, Michelle. I think the quality team at the department is actually working on attribution to specific quality measures, right...

Dr. Shannon Dowler

But if people had contracts, I think I think I was saying this question for people who had contracts with plans and part of the contract for some kind of incentive program for performance. But you're right, it was probably a broader question, in which case, absolutely, Kelly and the quality team are working hard on that model.

Dr. Michelle Bucknor

For the AMH measures, yes, yes.

Dr. Eugenie Komives

think our plan is as much as possible to hear that so that the riders are seeing one version.

Dr. George Cheely

For us also.

Hugh Tilson

Got this as a follow up, can you come specifically will PHP is given centers for patient zero to 24 months for the combo 10, which is a cork UI measure for Medicaid.

Dr. Michelle Bucknor

We're evaluating that to Hugh.

Dr. Shannon Dowler

It's good that we broke the seal with the COVID incentive and if it's really successful, and we're seeing that moving in getting folks vaccinated, then maybe it will help influence some of the other you know, creating an incentive program is a lot of it's a tremendous amount of work operationalizing it and, and making those incentives available. And so there are it's got to be kind of the juice has to be worth the squeeze. And so if folks aren't taking advantage of it, it's a little harder to make the case for it.

Dr. George Cheely

But and I also add, you know, the provider engagement and counseling is a really important component so that the feedback is so appreciated about the measures that you all would want to see that you think would be particularly valuable to help and support those prevention activities. So so thank you.

Hugh Tilson

Dr. Dowler its 631 so time flies when you're having fun.

Dr. Shannon Dowler

Another fireside chat and it is getting warm right now in my house. I've been sitting really close to the fire for an hour. So I'm not sad but our hours over thank you everybody for being here. And thank you to our plan CMOs and your teams who are in the background helping to answer all these fabulous questions. Thanks to all of you out there around the state that are taking the time to join us on these chats. We really appreciate the engagement. If there are things we're not sharing with you like to hear, please send us feedback. And if you have questions in advance when you sign up for the webinar as much as you can to submit questions in advance, we can be certain your question get answered that

way because we really prioritize those advanced questions. So thanks. Thank you, everybody. Thank you, Hugh and Nevin.

Hugh Tilson

Well, I just want to read this thank you all for your time and the quality of information. This is so much better than listening to five different Healthplan webinars. Please continue these. Alright, huge shout out and thanks, everybody.

Dr. Shannon Dowler

Awesome. All right on that note, have a great night.