

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits



# COVID-19 Webinar for Medicaid Providers

*June 11<sup>th</sup>, 2020*

**Shannon Dowler, MD**

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President, Community Care of North Carolina

**Hugh Tilson, JD, MPH**

Director of North Carolina AHEC

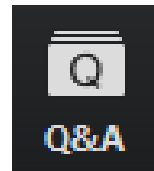
# Agenda

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- Welcome & Logistics
- Medicaid Policy Updates
- Telehealth and Care Alerts Data Trends
- Best Practices for Reopening Practices
- Questions & Resources

# Logistics for today's COVID-19 Forum

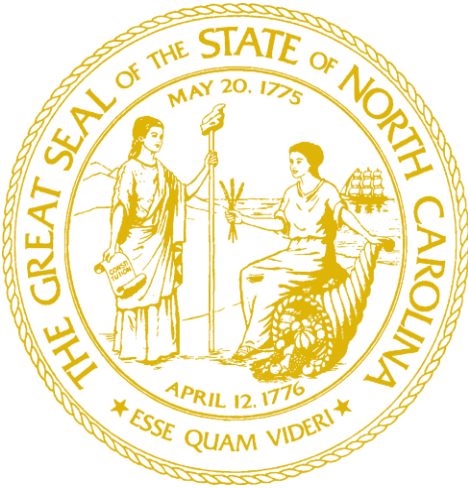
**Question during the live webinar**



[questionsCOVID19webinar@gmail.com](mailto:questionsCOVID19webinar@gmail.com)

**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)



# The Latest and Greatest: COVID Clinical Policy Updates and Top Priorities

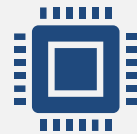
Shannon Dowler, MD

Chief Medical Officer NC Medicaid

# What's on My Mind Tonight?



1. Clinical Policy changes and Post-Public Health Emergency



2. Telehealth Utilization Data: What are we doing?

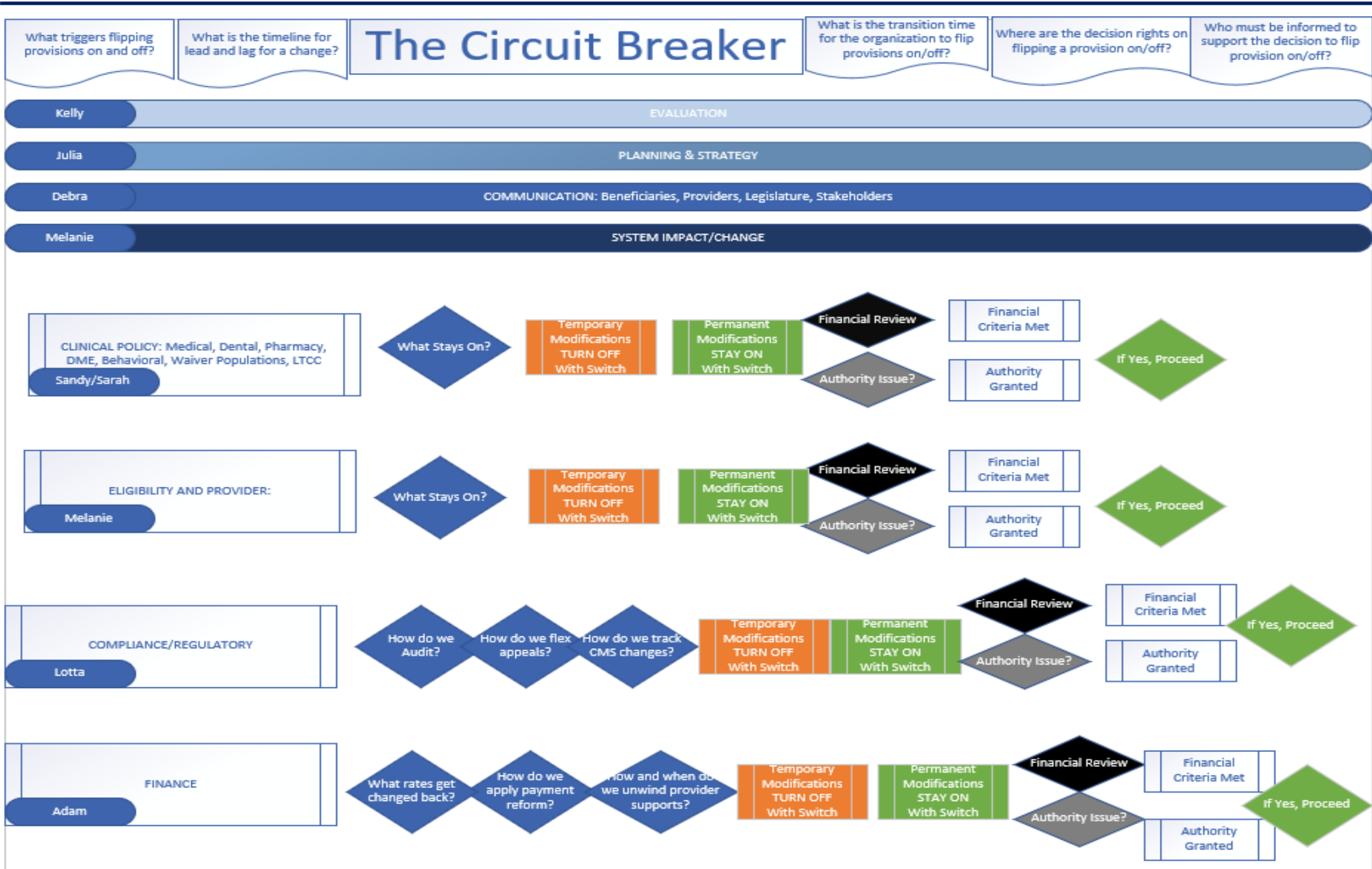


3. Care Gaps: Where have we fallen behind and how do we catch up?



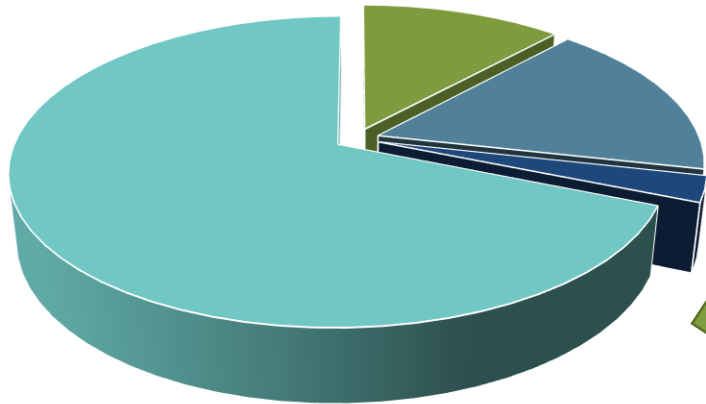
4. Timelines

# The Circuit Breaker Approach



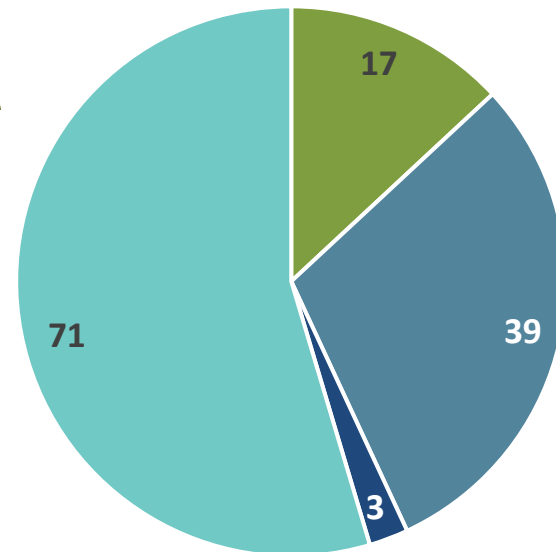
# How Does It Add Up?

Total COVID Provisions



■ Recommend Keep ■ Keep with Changes  
■ Consider ■ Do Not Keep

Clinical Provisions N=130



■ Recommend Keep ■ Keep with Changes ■ Consider ■ DO NOT KEEP

375 Provisions ~500 Codes  
NC Medicaid Response  
Public Health Emergency

# Learning from Public Health Emergency Telehealth Modernization

**We have been meeting daily throughout May to determine the ongoing status of temporary flexibilities and policy changes as a result of the COVID-19 pandemic.**

- Reviewed all temporary policy changes issued in response to the pandemic and evaluated whether to keep, change or sunset temporary policies
- Determined the timing of the proposed changes based on what was most clinically appropriate given the stage of the pandemic
- Determined whether keeping any of the temporary changes would require subsequent change to the State Plan Amendment
- All recommendations that require changes to a Clinical Coverage Policy will follow the formal policy change process, including public comment
- We will plan to give providers at least 30 days notice before any changes take effect.

# Telehealth Modernization: Recommended Foundational Changes to Telehealth Policy

NC Medicaid desires to make the following changes to the telehealth policy:

- Eliminating restriction on "video cell phone interactions;" telehealth can occur over a HIPAA-compliant platform on any device with audio/visual capabilities
- Eliminating restrictions on originating sites; originating site can be the patient's home, no distance requirements between originating and distant sites
- Eliminating requirements for referring providers
- Expanding eligible provider types (this varies by service)
- Eliminating consulting provider language; medical examinations can occur without oversight from a consulting provider
- Adding limited coverage of virtual patient communication (telephone and online digital evaluation and management, interprofessional consultation) and remote patient monitoring

# Next Steps – Telehealth Modernization

We will continue to meet in order to update current Clinical Coverage policies to reflect new telehealth policy changes.

- The workgroup is designing new guidance to replace current Clinical Coverage Policy 1-H, outlining NC Medicaid’s new telehealth, virtual patient communications, and remote patient monitoring policy.
- Examples of clinical coverage policies that may be updated in the Telehealth Modernization effort and will flow through the “normal” process(including public comment):

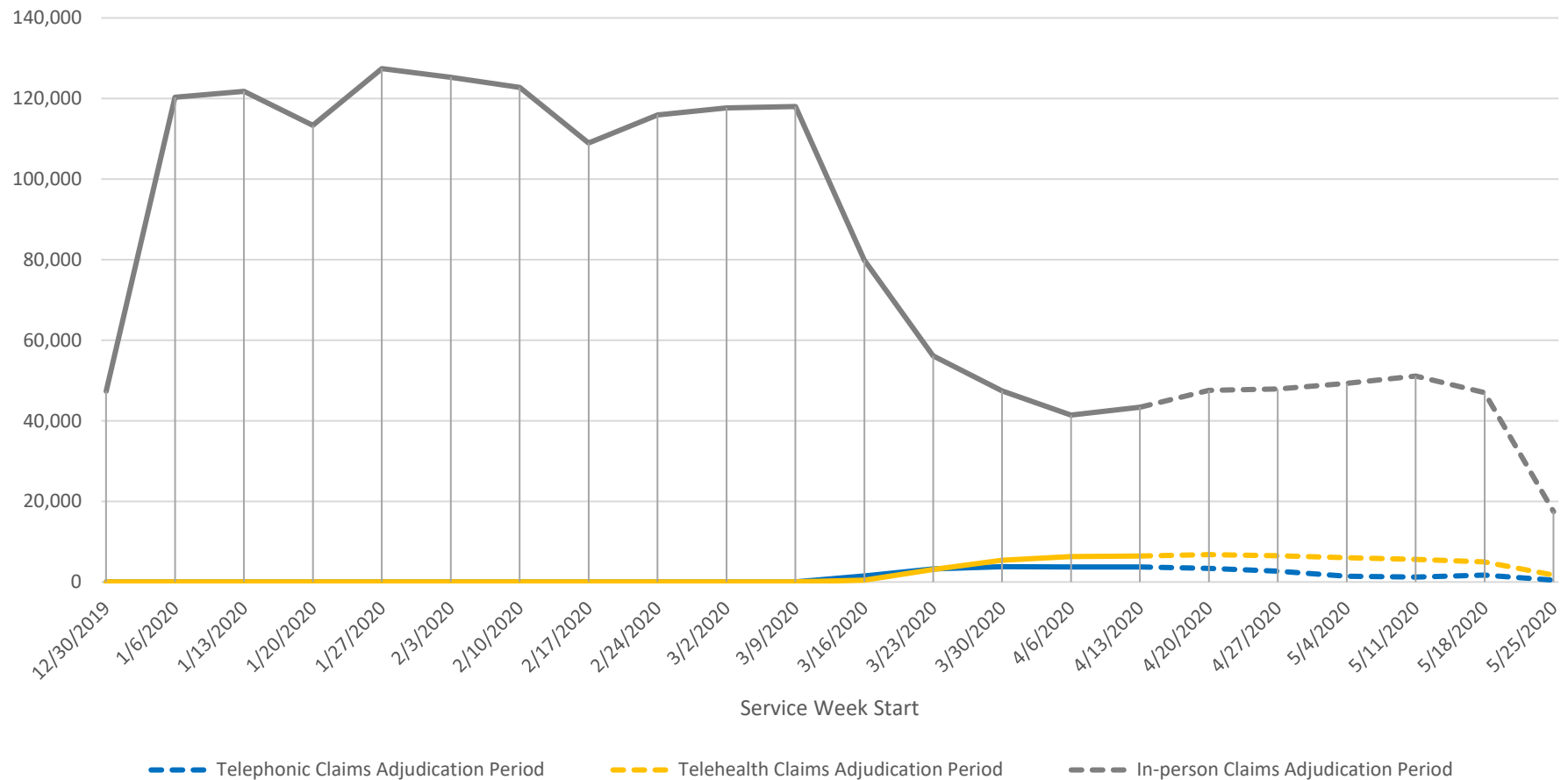
<ul style="list-style-type: none"><li>• 1A-24: Diabetes Self-Management Education</li><li>• 1A-34: End-Stage Renal Disease (ESRD) Services</li><li>• 1D-4: Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics</li><li>• 1E-5: Obstetrics</li><li>• 1E-7: Family Planning Services</li><li>• 1E-6: Pregnancy Medical Home</li><li>• 1-I: Dietary Evaluation and Counseling and Medical Lactation Services</li><li>• 1M-2: Childbirth Education</li><li>• 1M-3: Health and Behavior Intervention</li><li>• 4-A: Dental Services</li></ul>	<ul style="list-style-type: none"><li>• 8-A: Enhanced Mental Health and Substance Abuse Services</li><li>• 8-C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</li><li>• 8D-1: Psychiatric Residential Treatment Facilities for Children under the Age of 21</li><li>• 8D-2 Residential Treatment Services</li><li>• 8F: Research-Based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD)</li><li>• 8G: Peer Support Services</li><li>• 8-J: Children’s Developmental Service Agencies (CDSAs)</li><li>• 10-A: Outpatient Specialized Therapies</li><li>• 10-C: Local Education Agencies (LEAs)</li></ul>
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# What do the Numbers Say?

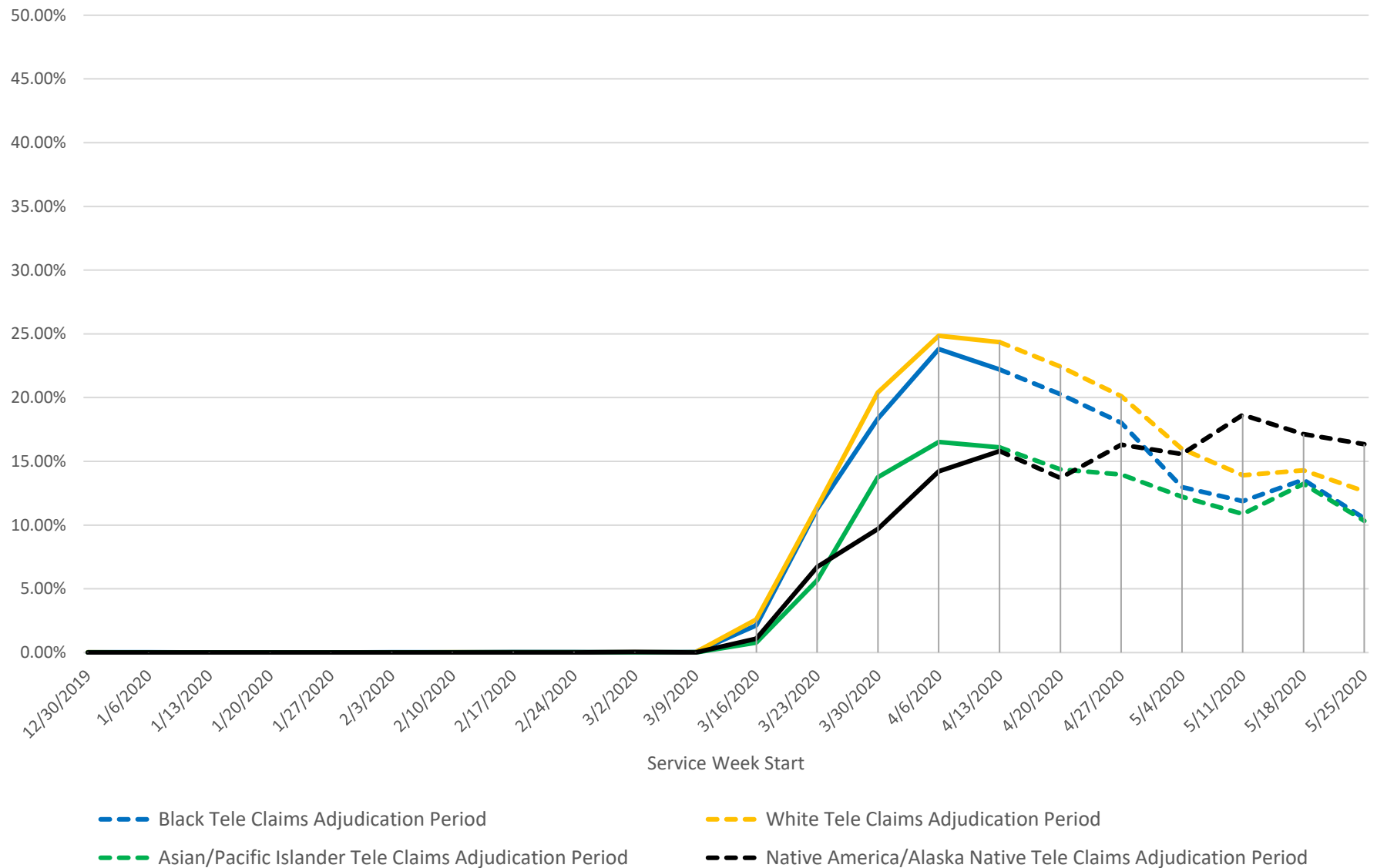
## CCNC Telehealth, Telephonic and In-Person Visits Trends | 12/30/19 – 5/31/20

- Telehealth and in-person visit volume increased through early April and telephonic volume stayed flat.
- Volume for all modalities decreases with claims adjudication

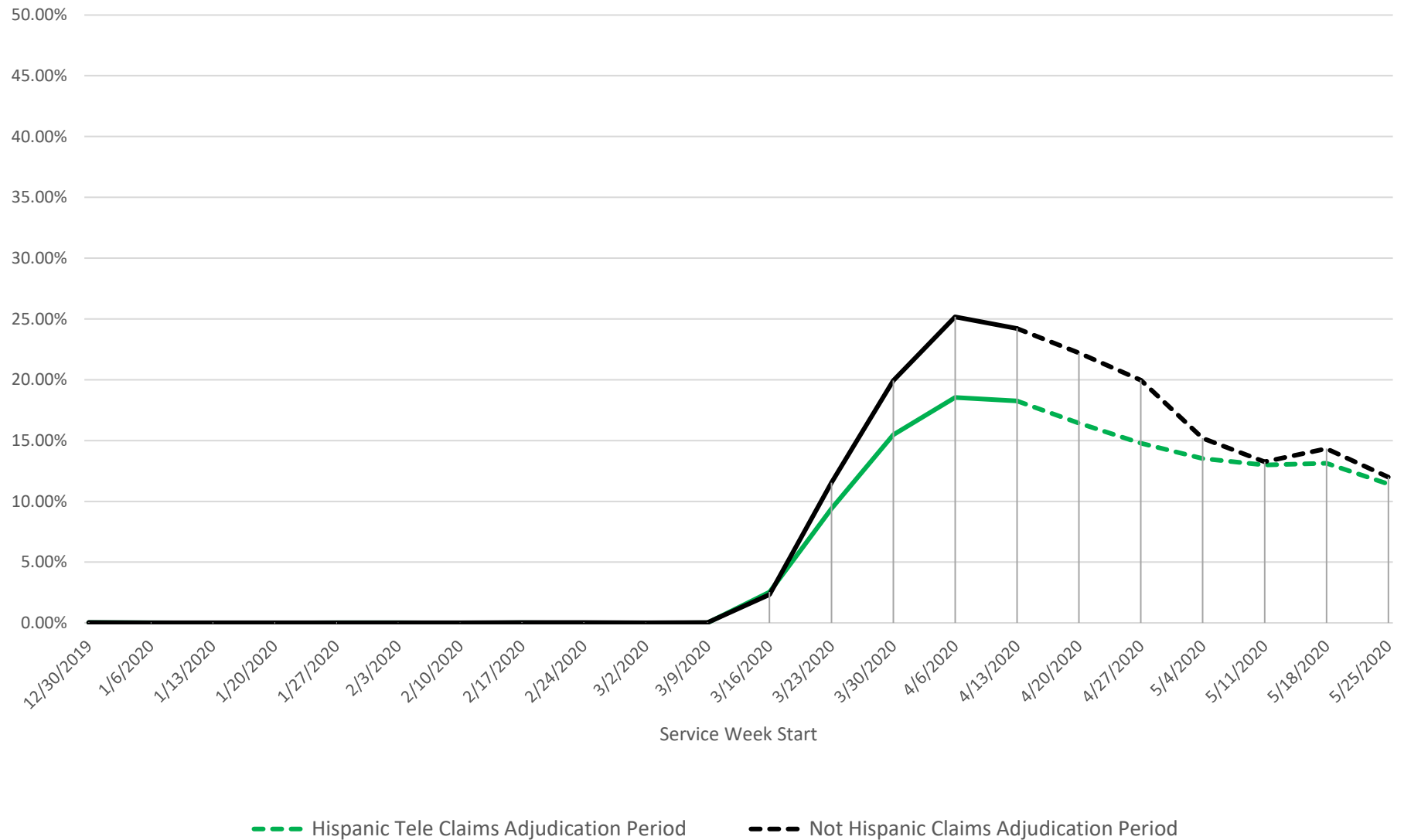


Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# Combined Telehealth/Telephonic to In-Person Ratios by Race | 12/30/19 – 5/31/20

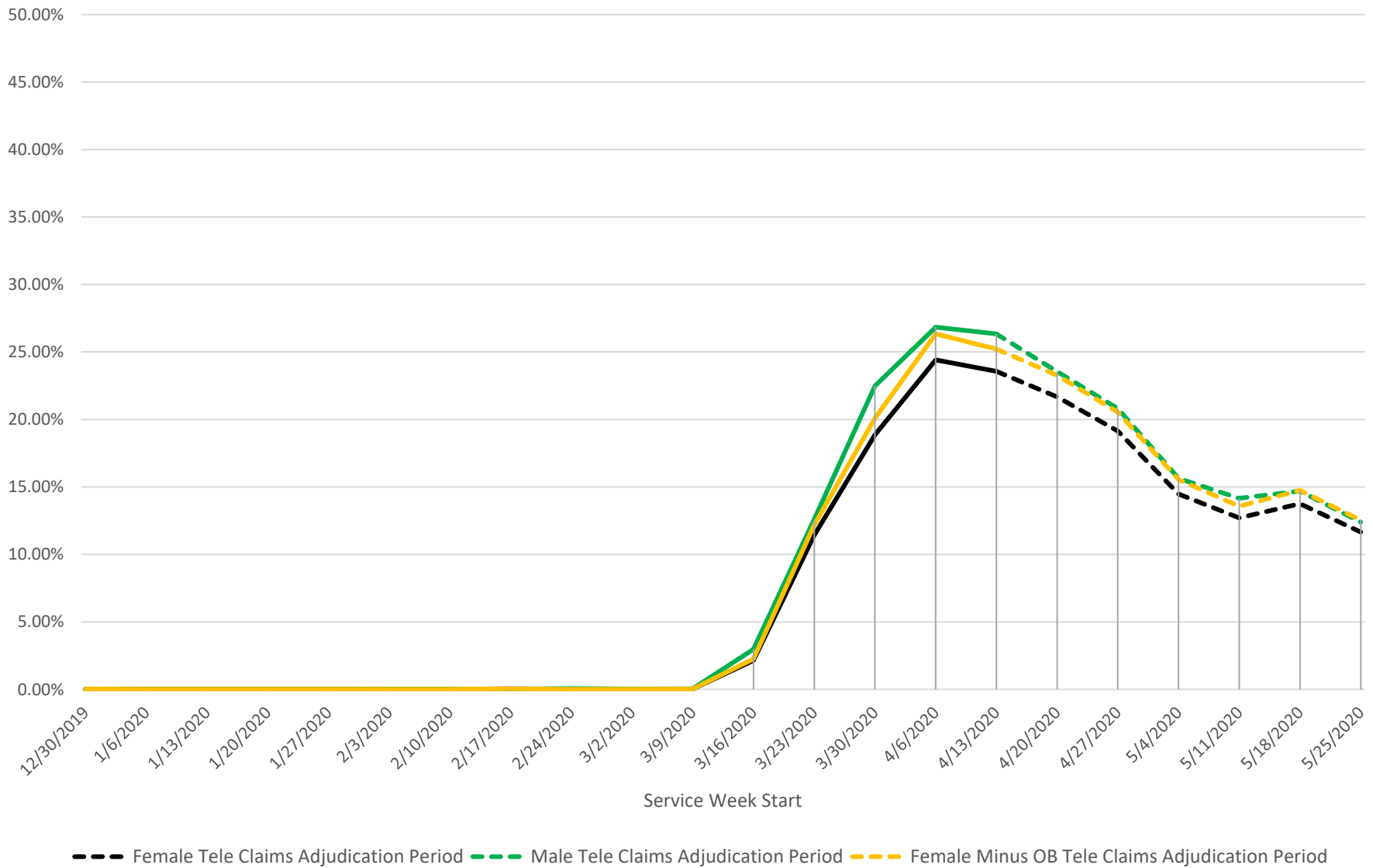


# Combined Telehealth/Telephonic to In-Person Ratios by Ethnicity | 12/30/19 – 5/31/20



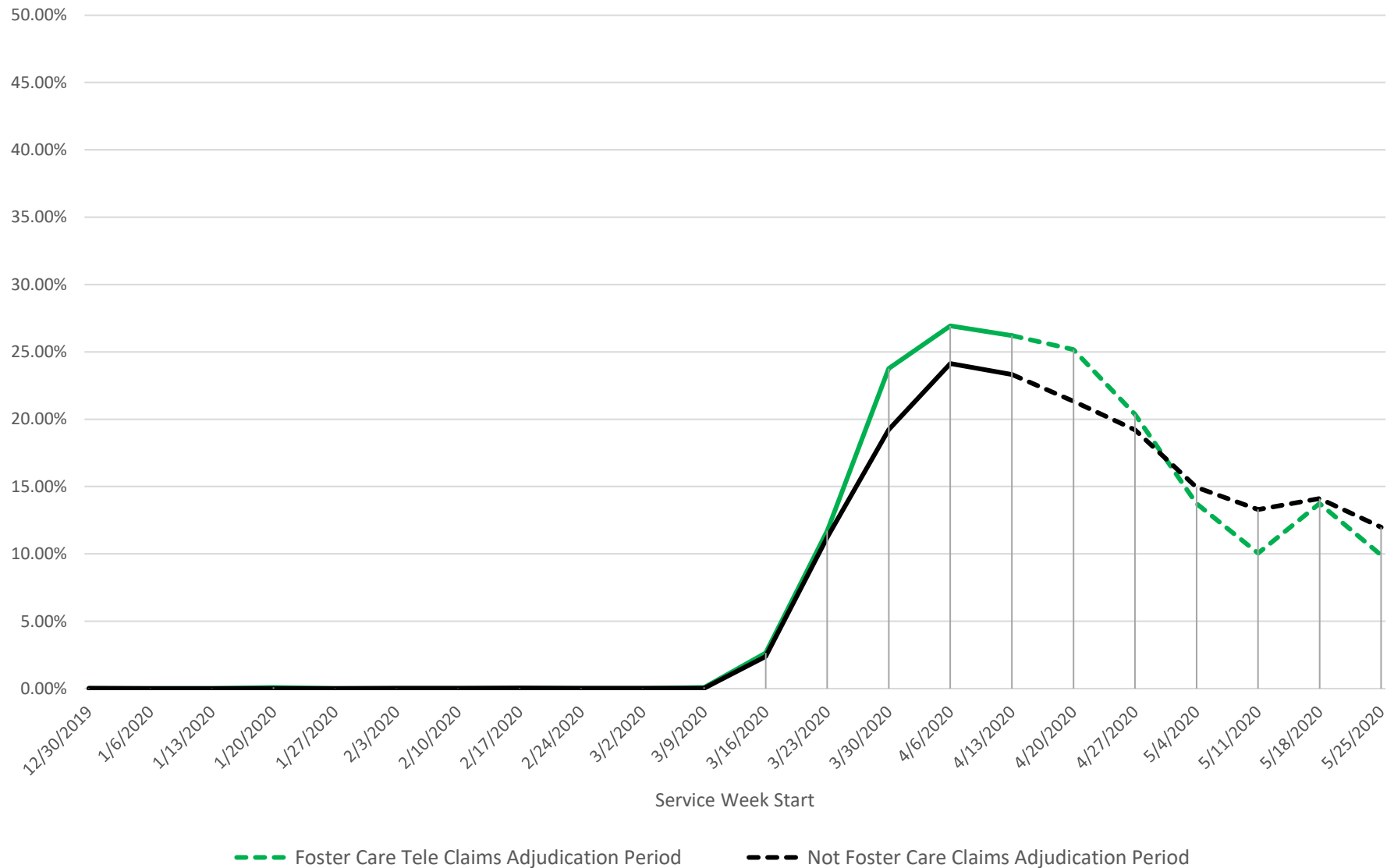
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# Combined Telehealth/Telephonic to In-Person Ratios by Gender | 12/30/19 – 5/31/20



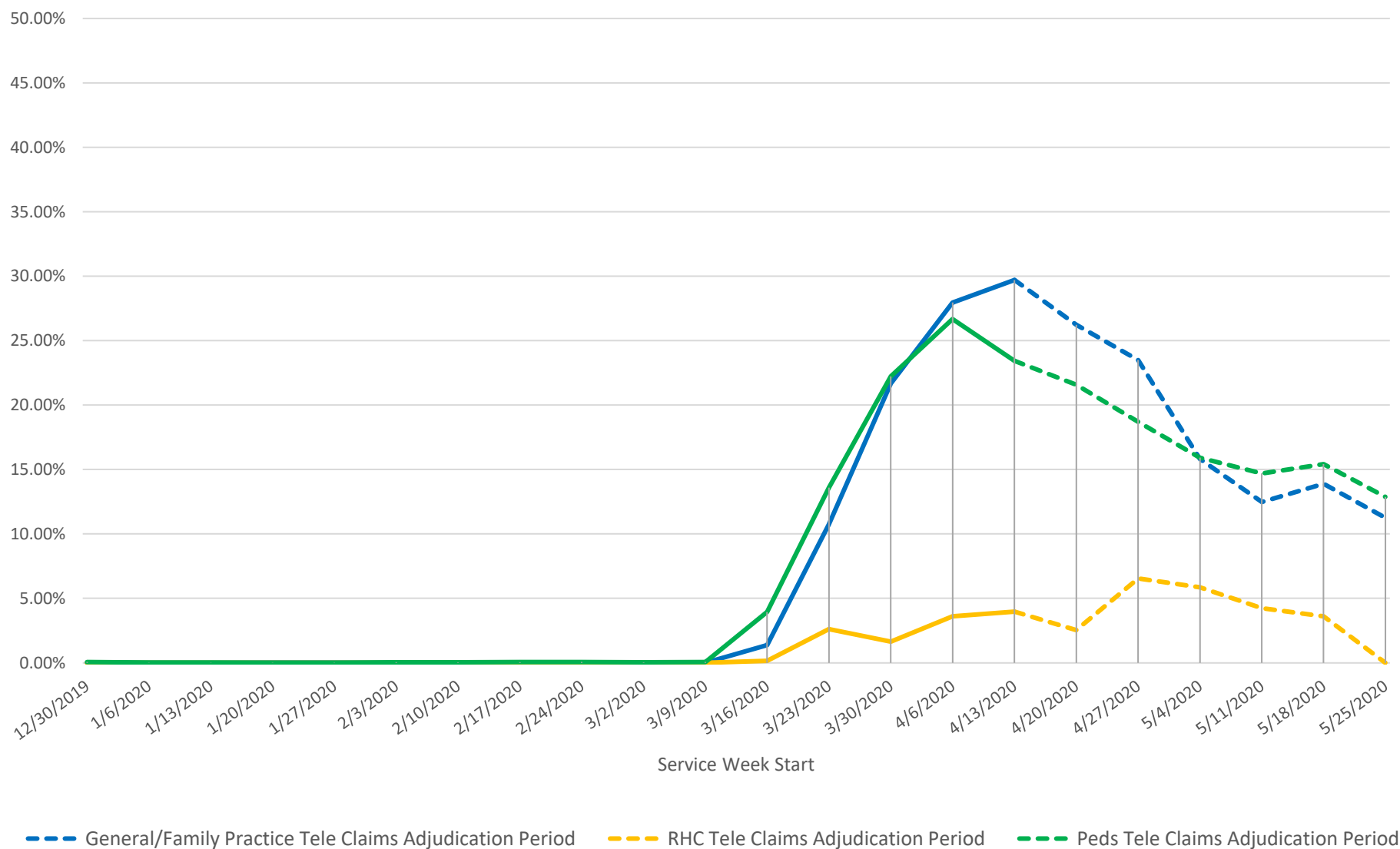
2. Under NC Medicaid's global billing policy, many providers do not bill for OB services until delivery, this lag artificially deflates claims-based rates of OB/Gyn care.  
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# Combined Telehealth/Telephonic to In-Person Ratios by Foster Care | 12/30/19 – 5/31/20



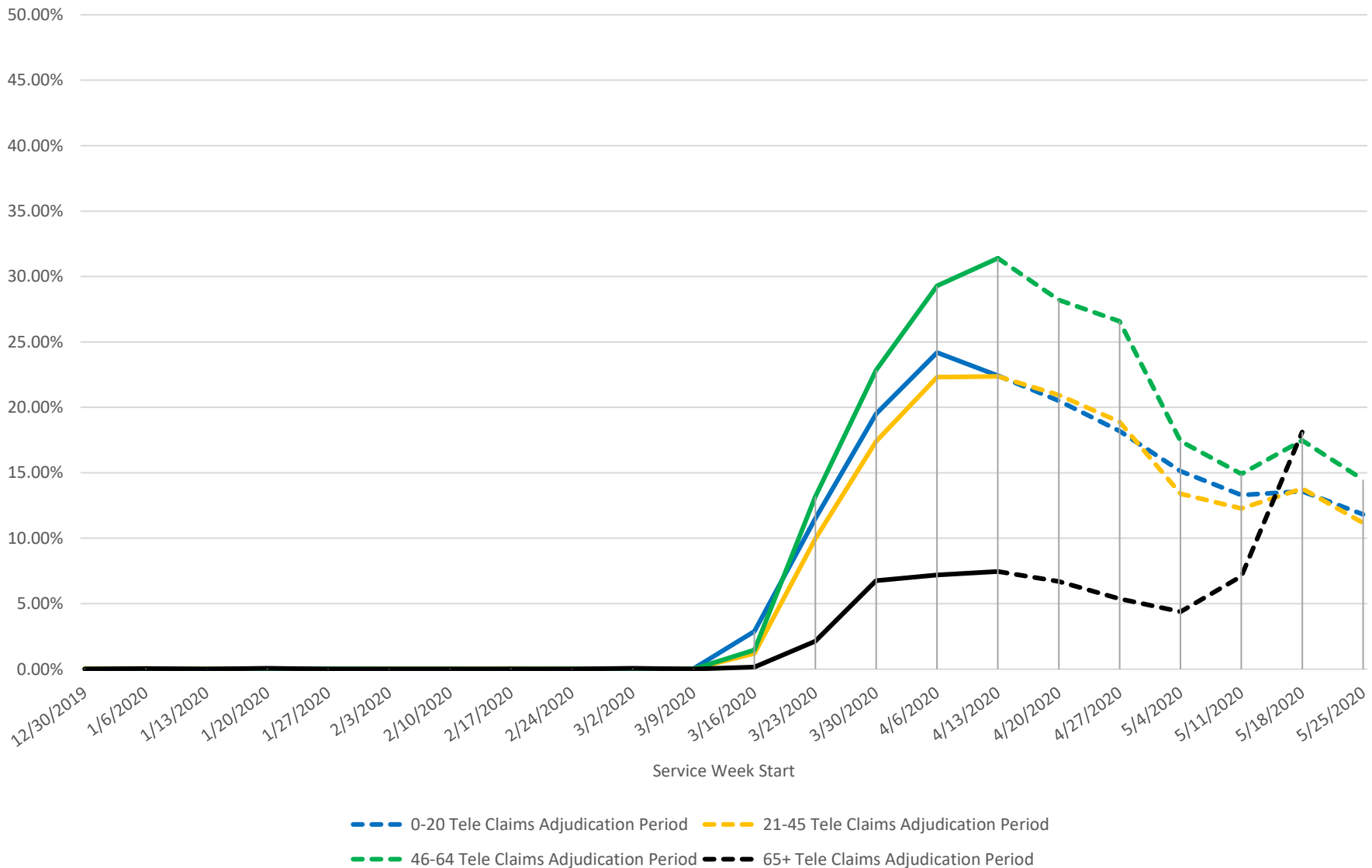
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# Combined Telehealth/Telephonic to In-Person Ratios for Family Medicine, Rural Health Clinics and Pediatric practices | 12/30/19 – 5/31/20



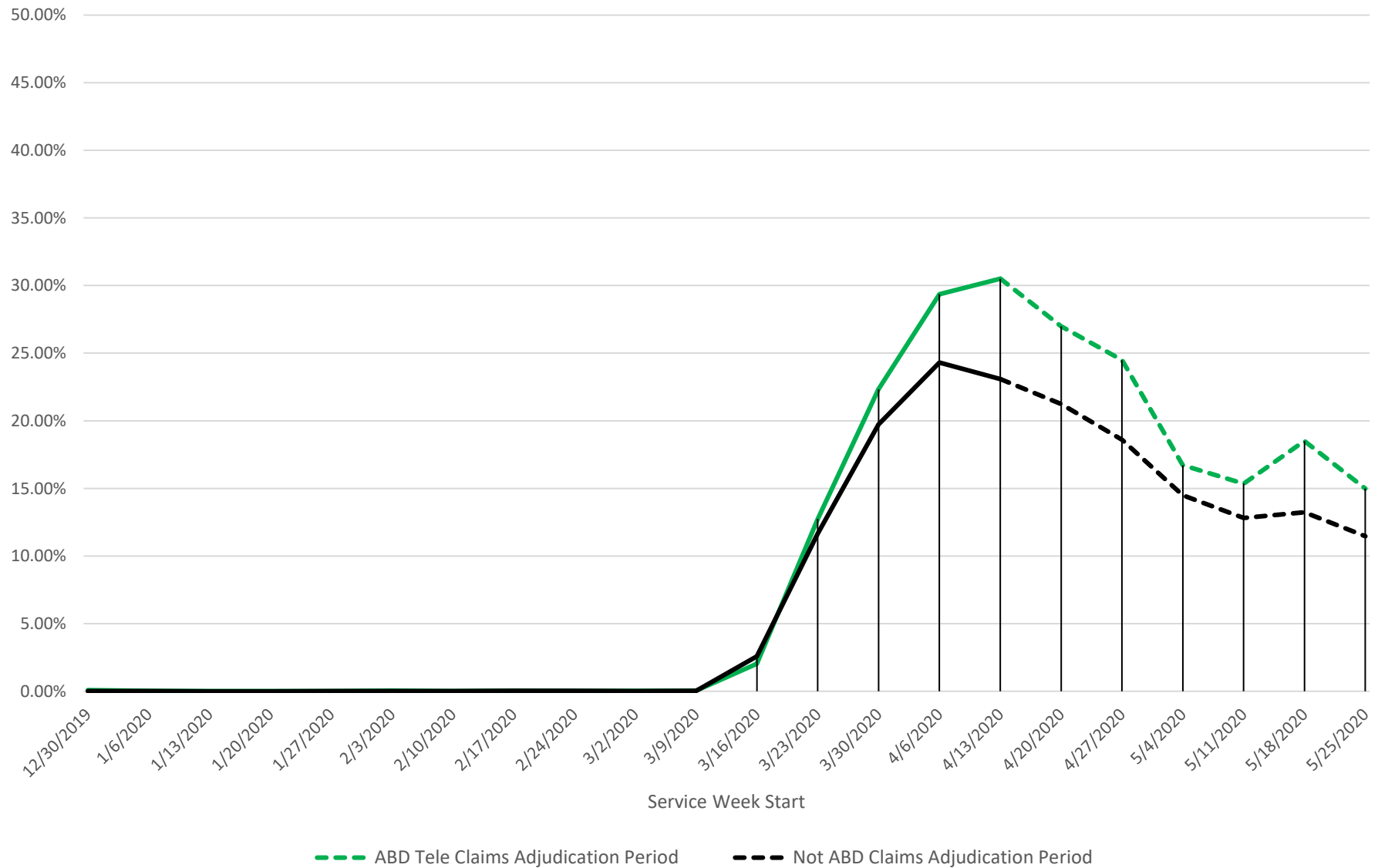
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# Combined Telehealth/Telephonic to In-Person Ratios by Age Group<sup>2</sup> | 12/30/19 – 5/31/20



3. In this chart, the value for the 65+ population for the service week starting 05/25/2020 has been suppressed due to the small number of claims submitted to-date for this subgroup for this time period.  
 Data pulled from CCNC dashboard, containing mainly primary care and OB claims

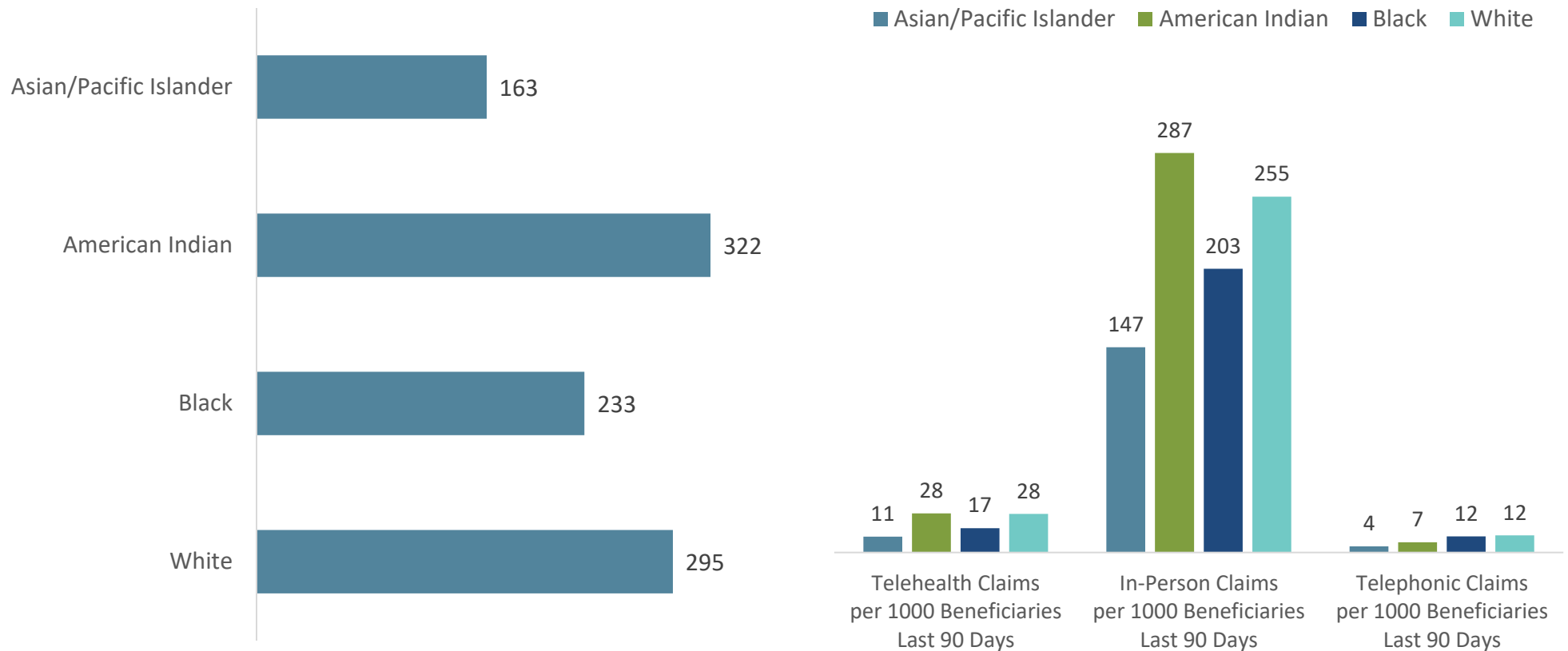
# ABD vs. Not ABD Combined Telehealth/Telephonic to In-Person Ratios | 12/30/19 – 5/31/20



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

## Race Continued | 12/30/19 – 5/31/20

- The chart on the left compares total claims per 1000 beneficiaries by race. The White and American Indian subgroups have a disproportionately high volume 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.

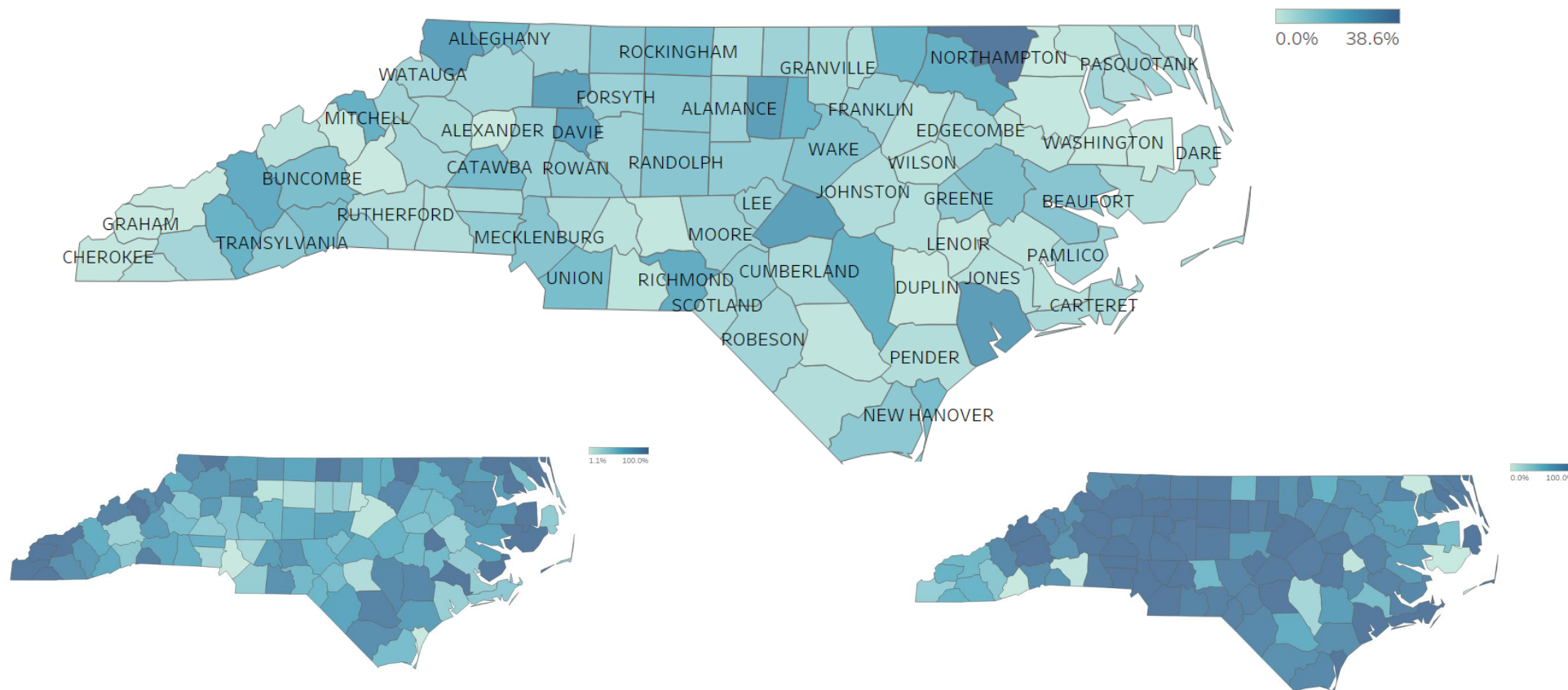


Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims  
Enrollment demographic data pulled from DHB's Enrollment Snapshot Demographic Overview dashboard

# Percent of Services Not In-Person by County | 3/9/2020 – 5/31/2020

Counties' rates of services that were telehealth or telephonic (top center) have:

- a statistically significant ( $p < .05$ ) negative correlation with the percent of counties' populations living in rural areas (bottom left)
- a positive, but not statistically significant, correlation with the percent of counties' populations with broadband access (bottom right)



Claims data pulled from CCNC dashboard, containing mainly primary care and OB claims

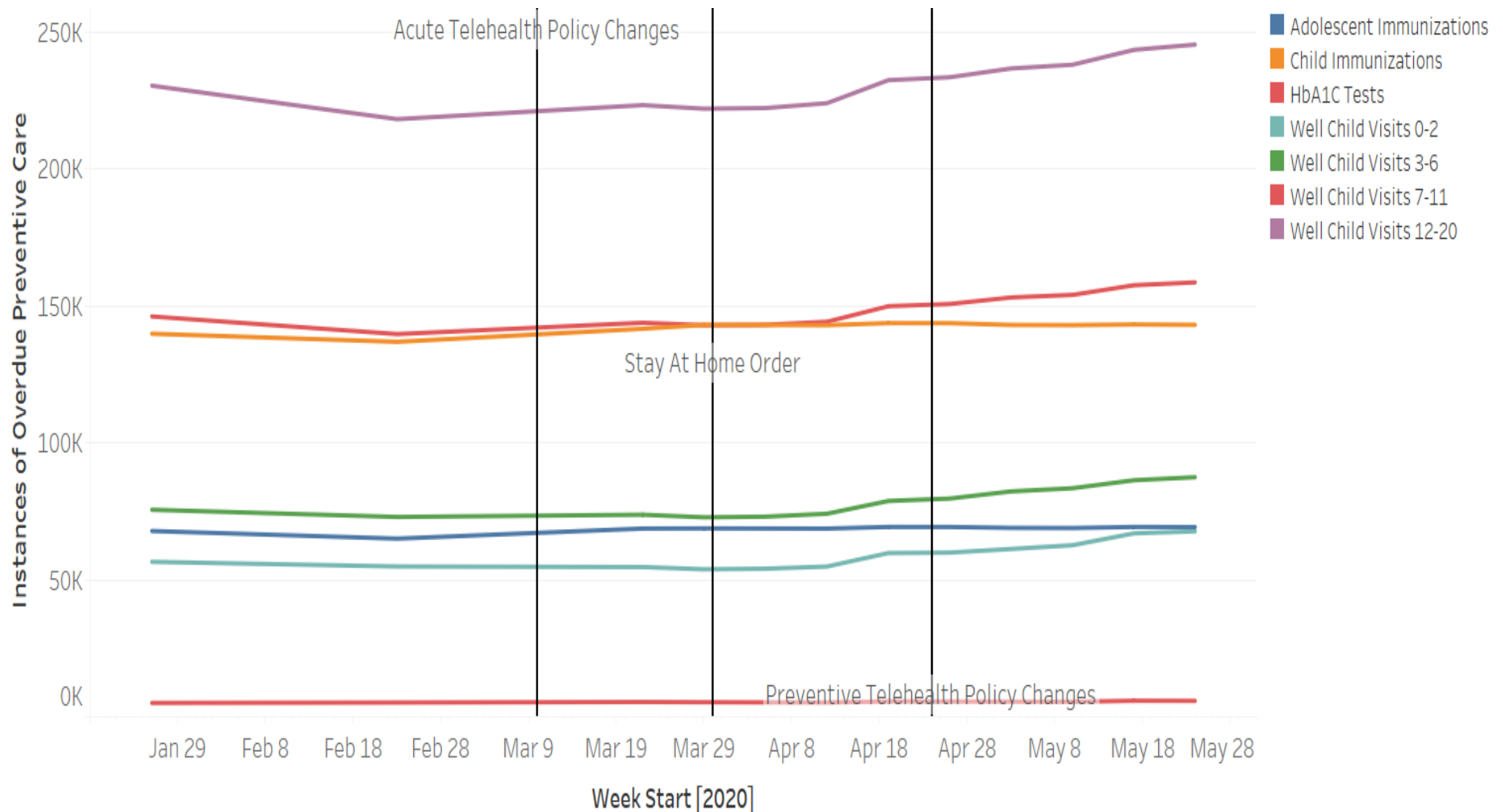
Rurality and Broadband data pulled from the Federal Communication Commission's Mapping Broadband Health in America project - <https://www.fcc.gov/health/maps/developers>



## **Care Gaps in Prevention and Chronic Disease**

## Volume of Overdue Preventive Care - All Categories 1/26/20 – 5/30/20

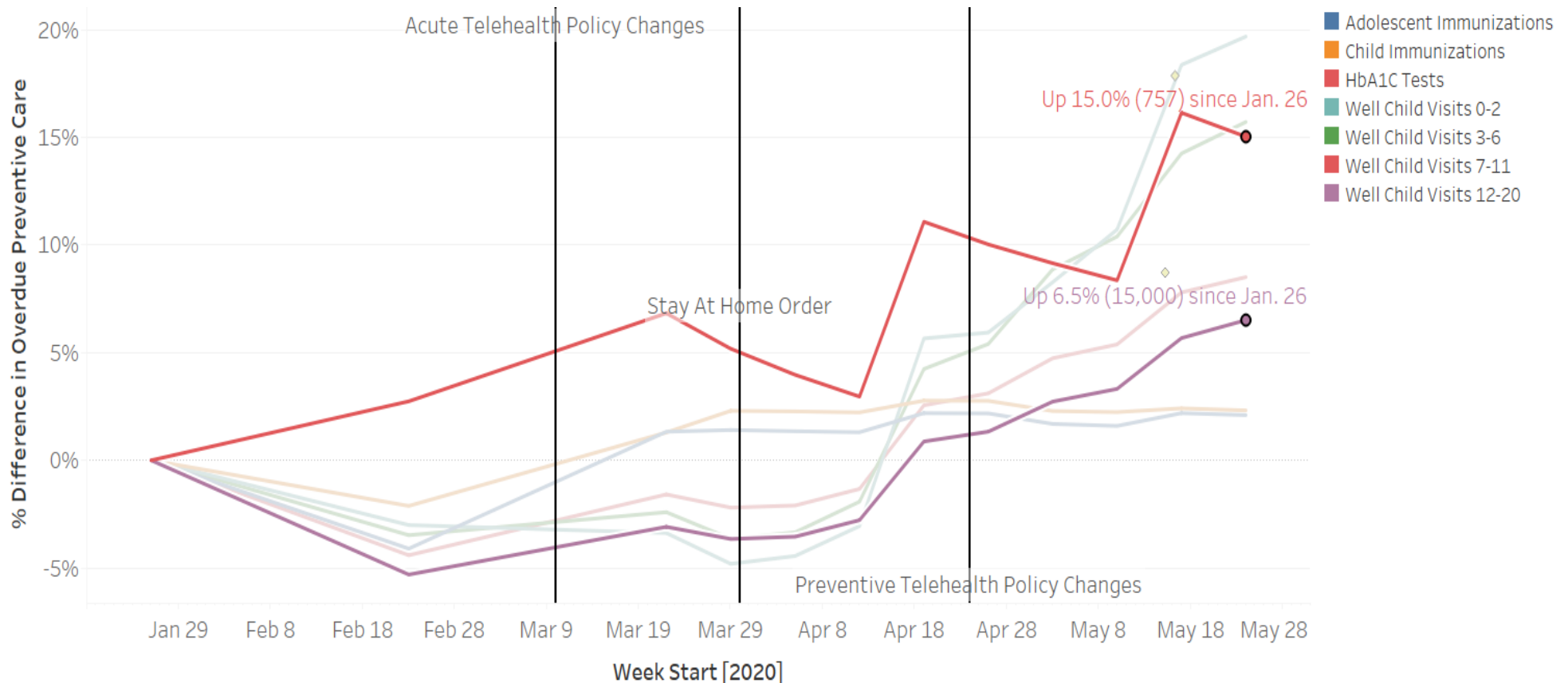
- Beneficiaries are missing more indicated preventive care (care alerts have increased) in every category since the period prior to implementation of COVID-19-related policy changes.
- The volume of overdue preventive care varies significantly between categories.



## Change in Volume of Overdue Preventive Care - All Categories 1/26/20 – 5/30/20

The remaining charts show the percent change from the start of the observation period for each category.

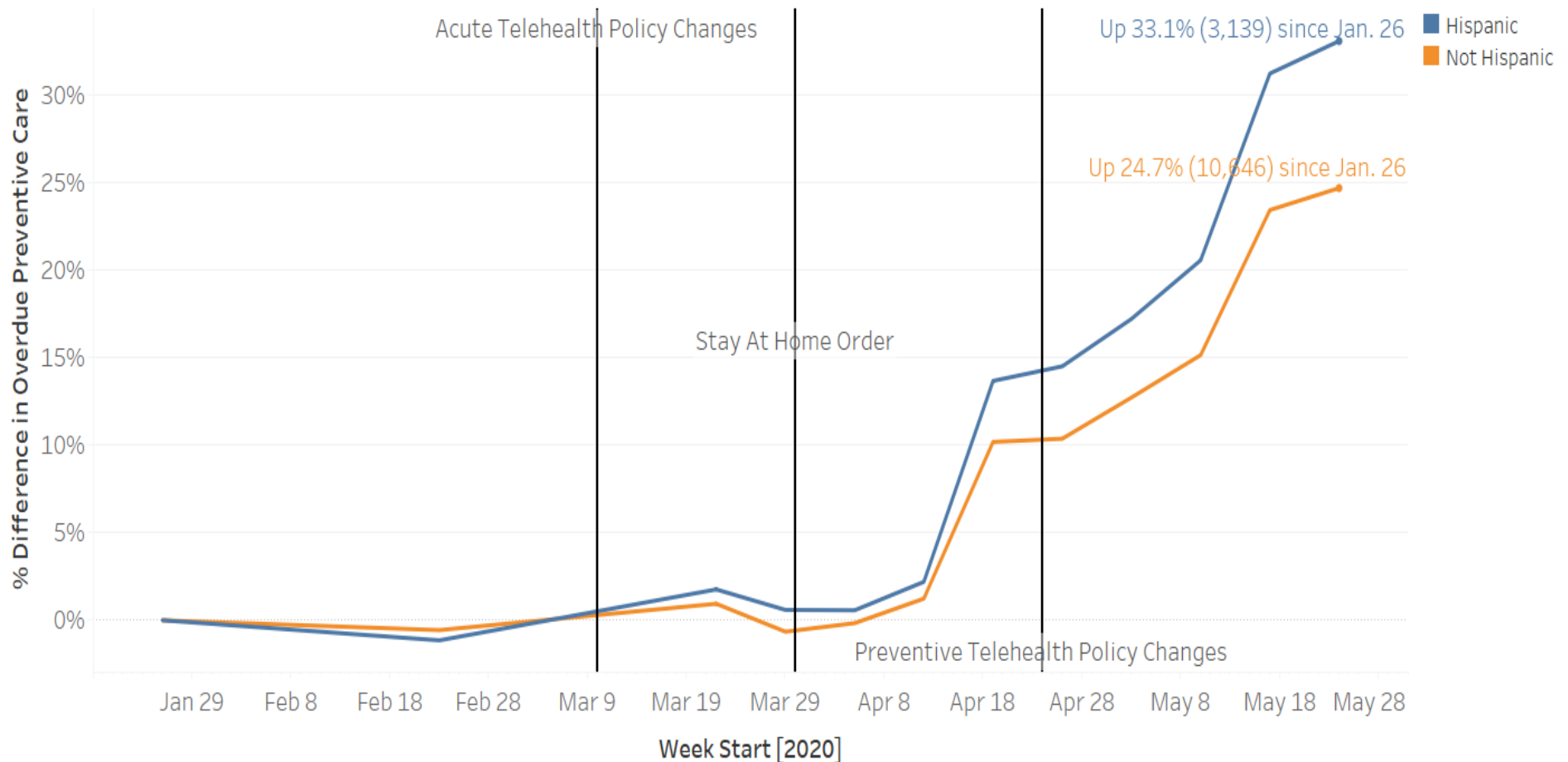
- While the volume overdue HbA1C tests is by far the lowest, the relative change is among the highest.
- Conversely, the volume of overdue well child visits for beneficiaries ages 12 to 20 is by far the highest, but the relative change is among the lowest



## Change in Volume of Overdue Preventive Care by Ethnicity - 1/26/20 – 5/30/20

Overdue preventive care has increased more among Hispanic beneficiaries than non-Hispanic beneficiaries across almost all categories.

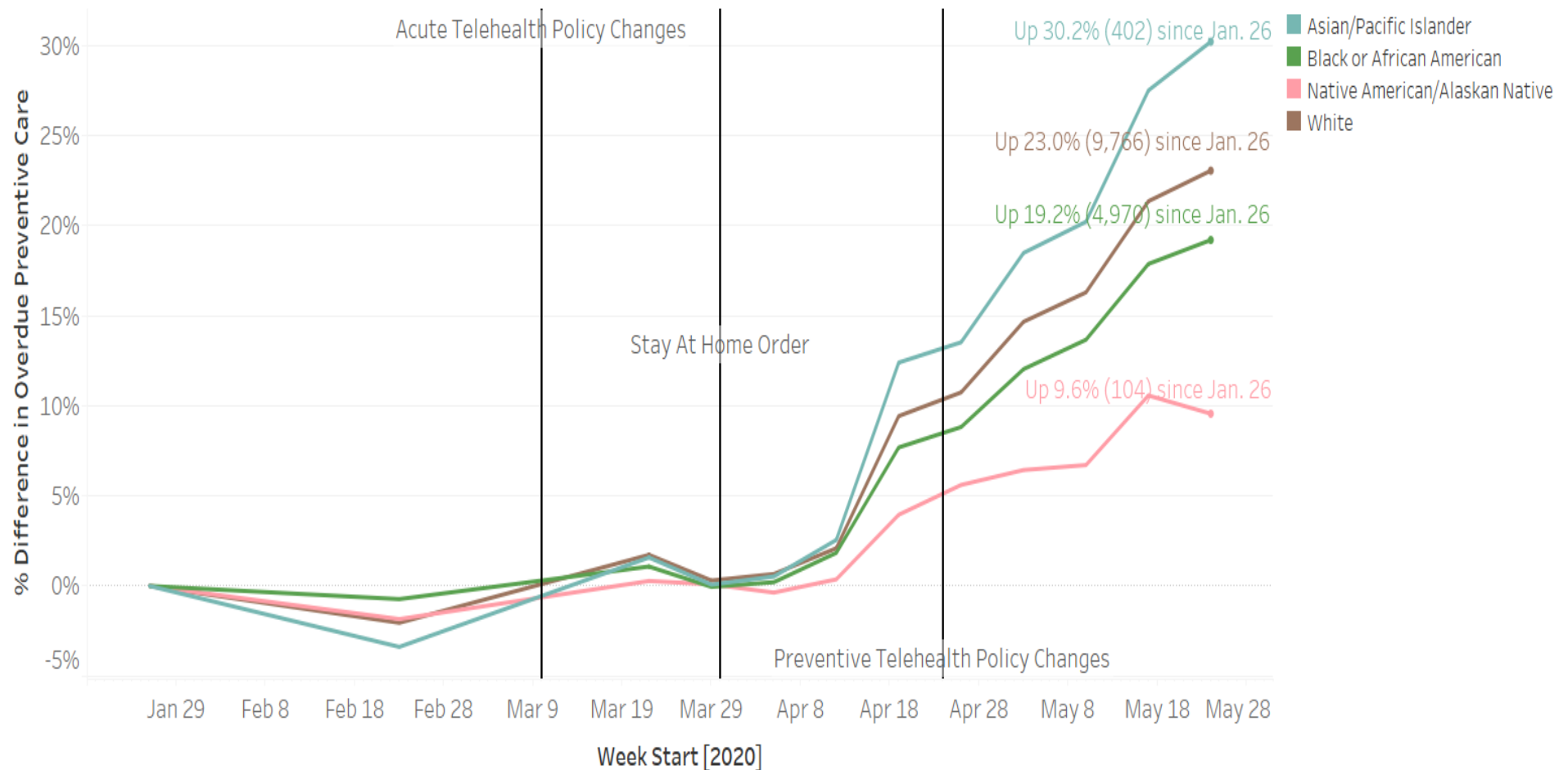
Well Child Visits 0-2



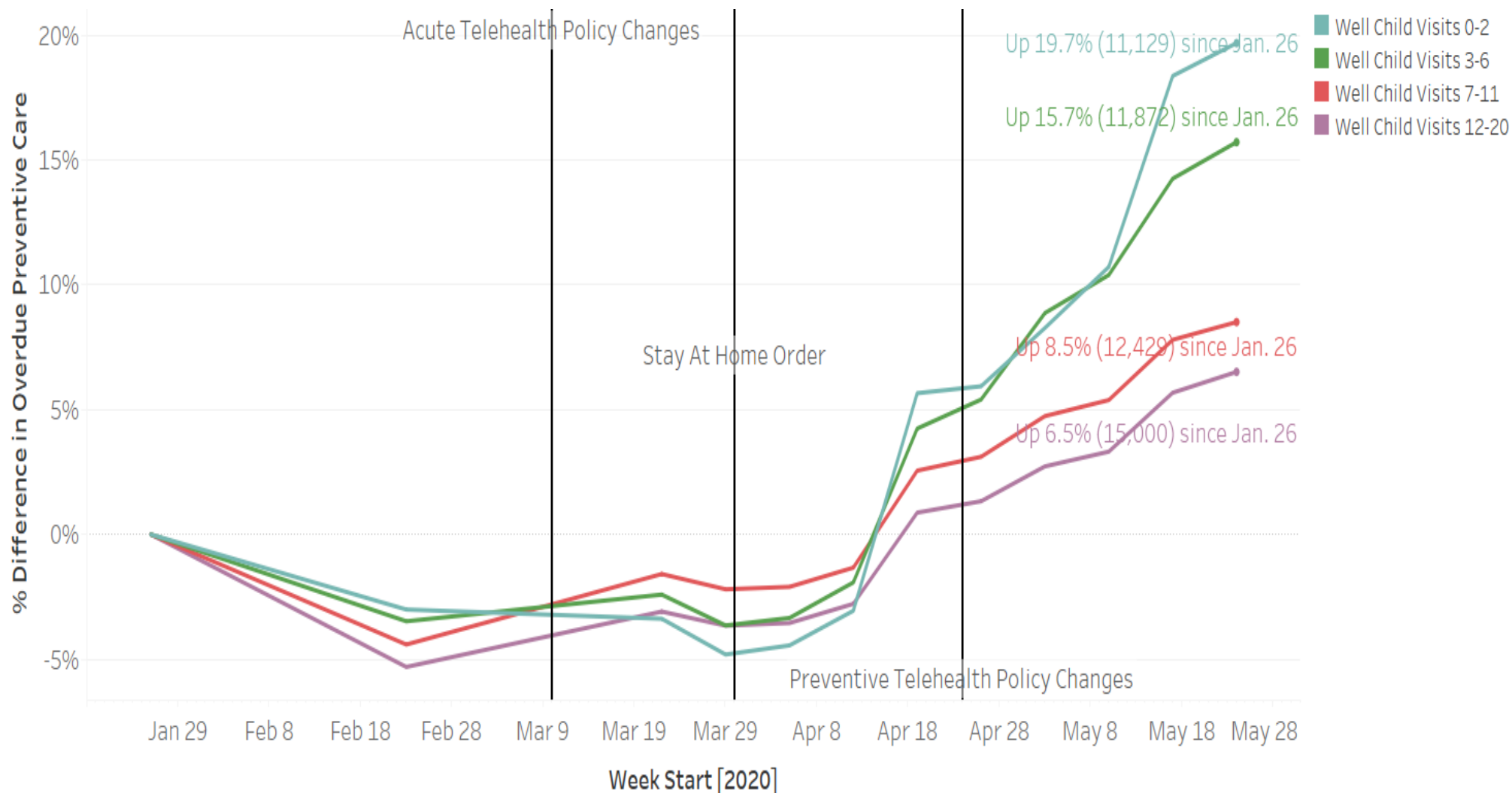
## Change in Volume of Overdue Preventive Care by Race - 1/26/20 – 5/30/20

For all age groups, overdue well-child visits have increased more among Asian/Pacific Islander and white beneficiaries.

Well Child Visits 3-6



# Change in Volume of Overdue Well Child Visits - 1/26/20 – 5/30/20

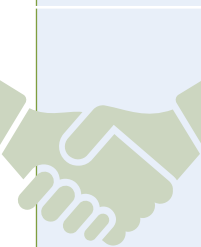


# Action Plan - Well Child Visits and Child/Adolescent Immunizations



## 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)

# Anticipated Timeline for Clinical Policy Changes

■ Pandemic Policies Active



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## GT and CR Modifier Update

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- As a result of COVID-19, NC Medicaid continues to temporarily modify its Telemedicine, Telepsychiatry, Teledentistry and Teletherapy policies to better enable the delivery of remote care to Medicaid beneficiaries. The Department's claims processing system (NCTracks) has been updated to reflect these changes.
- The Department has discovered instances where telehealth codes ineligible for telephonic delivery are being billed and paid with just the CR modifier. As a result the Department will be implementing a claims edit to require BOTH the GT AND CR modifier for codes that are rendered via telehealth per the temporary disaster telehealth flexibilities.
- In addition, the edit will deny any claims with JUST the GT modifier for codes that are rendered via telehealth per the temporary disaster telehealth flexibilities. These codes will require BOTH the GT AND CR modifier.

# **Principles for Reopening Your Practice**

**Tom Wroth, MD**

**President, Community Care of North Carolina**

# Reopening Principles

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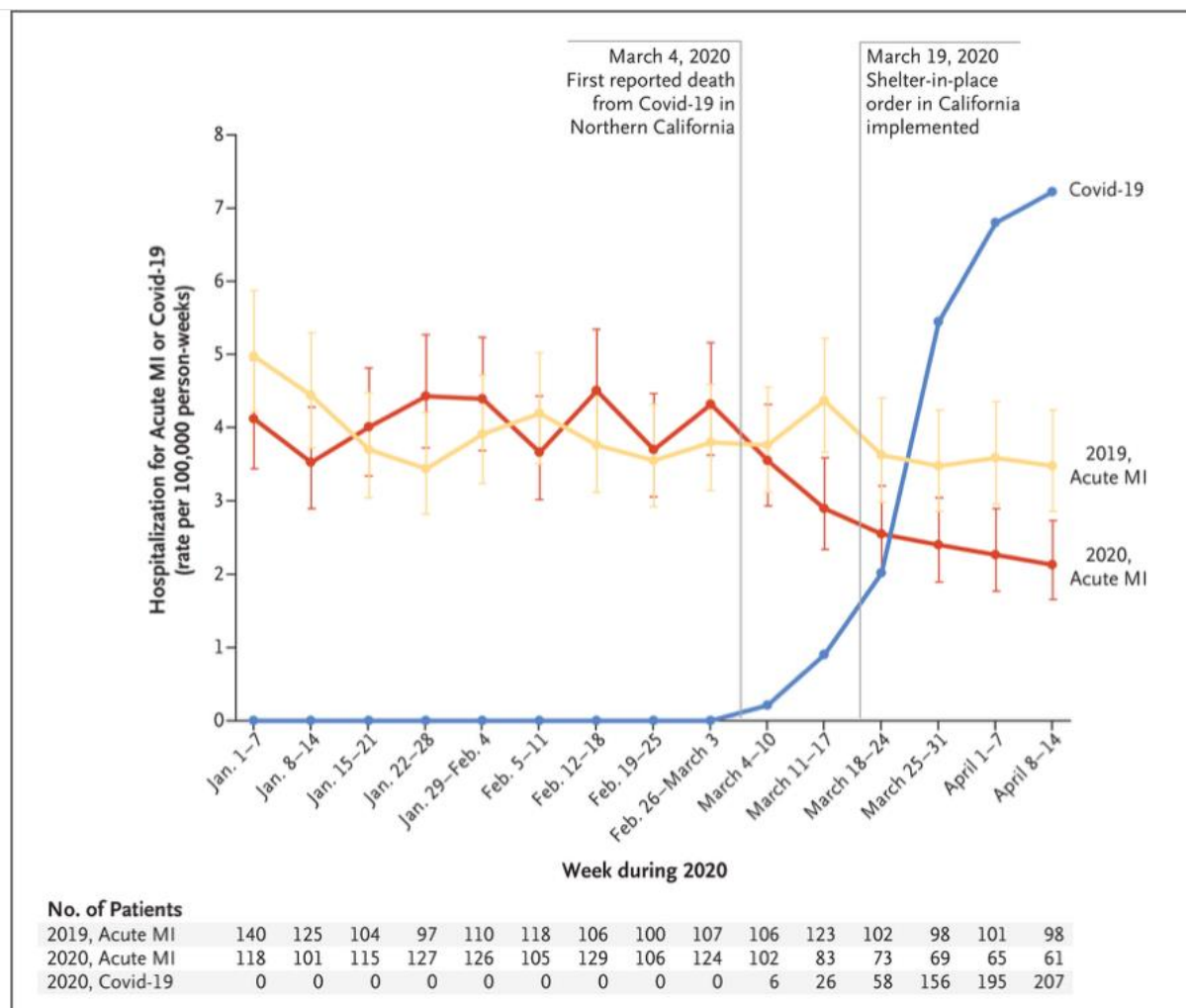
- **Patients won't return until they feel safe**
  - Communicate what you are doing to keep them safe
  - Institute new workflows to maintain physical distancing
    - 'Contactless Check-in'
- **We need to offer flexibility**
  - Telehealth
  - Hybrid visits
- **Communicate early and often, the situation is dynamic**
- **We need to stick together: Follow NC DHHS, CDC, specialty society guidance**

# Reopening Principles

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- **Population health toolkit never more important**
  - EMR, Registries
  - Payer reports, Practice Perfect
- **Reach out to patients that are deferring care due to COVID and offer telehealth or face-to-face options**
  - Patients with chronic disease, high risk for COVID complications
  - Immunizations, Well Child Checks
  - AWVs
  - Patients with behavioral health needs
  - Group Homes, Adult Care Homes
  - Others

# Patients are Deferring Care: 48% drop in hospitalization for acute MI



**Figure 1. Incidence of Hospitalization for Acute MI before and during the Covid-19 Pandemic in 2020 and during the Same Period in 2019, Relative to the Incidence of Hospitalization for Covid-19.**

Shown are data from the Kaiser Permanente Northern California health system. The data shown in red are the estimated weekly incidence rates of hospitalization for acute myocardial infarction (MI) per 100,000 person-weeks during the period from January 1 through April 14, 2020. I bars indicate 95% confidence intervals. The data shown in yellow are the same estimates for January 1 through April 15, 2019. The numbers of days in the 2019 and 2020 periods are identical because of the leap year in 2020. The data shown in blue are the numbers of hospitalized patients with a diagnosis of Covid-19 per 100,000 person-weeks (according to the inpatient census at the start of each weekly period). The 95% confidence intervals are not adjusted for multiple testing and therefore should not be used to infer definitive effects.

NEJM, 5/19/20

# NCMGMA, NCMS, Curi Survey Results

## NC Practice Reopening Data Report

Urgent Practice Data Survey week of May 26, 2020



- New Office and Patient Visit Protocols Being Implemented:
  - 61% - Patients waiting in cars until called for appointment
  - 84%/74% - Masks required for staff/face coverings required for patients
  - 64% /71% - Temperature checks of all staff/patients
  - 87% - Cleaning rooms between patient visits (or other cleaning protocols)
  - 85% - Hand sanitizer readily available
  - 75% - Triage for COVID-19
  - 91% - Clearly communicated new office and patient protocols
- Have enough PPE for more than 20 days – 40%

# Guidance on Reopening Practices

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## **AAFP:**

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/Covid-19-practice-management/practice-reopening-guidance.html>

## **AMA:**

<https://www.ama-assn.org/delivering-care/public-health/covid-19-physician-practice-guide-reopening>

## **CDC Guidance on Workplaces:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

## **ACP:**

[https://www.acponline.org/acp\\_policy/policies/acp\\_guidance\\_on\\_resuming\\_economic\\_and\\_social\\_activities\\_2020.pdf](https://www.acponline.org/acp_policy/policies/acp_guidance_on_resuming_economic_and_social_activities_2020.pdf)

# Pre-Planning for Practice Re-Opening

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- **Make a plan**
  - Chart incremental re-opening dates
  - Assess PPE Supplies
  - Create plan for staffing
  - Develop cleaning protocols
  
- **Communicate with patients and staff**
  - Let patients know what will be different/processes in place to keep them safe
  - Use practice web site and social media to provide updates
  - Explain new policies and procedures clearly to clinicians and staff

# Practice Re-Opening Logistics

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- **Gradual Re-Opening**

- Open part-time to in-person visits and keep the remaining visits as telehealth visits
- Assess how things are progressing; gradually and safely expand

- **Office Staff Safety**

- Daily COVID-19 symptom screenings; Periodic COVID-19 testing if available
- Re-configure staff workspaces to increase physical distancing
- Common areas such as break rooms should be closed
- Divide staff into shifts or teams if possible to minimize exposure
- Administrative staff (billing, scheduling) may be able to work remotely

# Patient Screening and Flow

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- **Tele-Triage**

- Staff should determine who needs face-to-face visits
- Priorities – Patients who need complex chronic management or immunizations or have illness
- Screen patients over the phone when they call to schedule an appointment
- Call patients 24 hours before their appointment – Review new protocols and screen for COVID-19
- CDC Phone script available at <https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf>

- **Patient Intake and Flow**

- Upon arrival patients should be screened for COVID-19 symptoms – Consider doing this outside
- Separate well and sick patients by entrances, areas within the practice, time of day
- Limit number of people who can accompany patients; use same COVID-19 screening
- Restrict non-patient visitors or schedule them for times when the office is not open

# PPE and Office Sanitation

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- **Personal Protective Equipment/Hand Hygiene**

- All patients, visitors and staff should wear face covering.
- Tell patients to bring their own face covering. They can be given one upon arrival if supplies allow.
- Ensure hand hygiene supplies are readily available to patients and staff.
- Hand hygiene should be practiced before and after all patient contact, after contact with potentially infectious material, and before putting on and after removing PPE.

- **Office Sanitation**

- Exam rooms should be cleaned per CDC Guidelines after each patient <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- Clean high touch areas (door knobs, light switches, etc.) at least daily

# The Back to Work/Daycare/School Note

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NC DHHS released back to school guidance on 6/8/20

<https://files.nc.gov/covid/documents/guidance/Strong-Schools-NC-Public-Health-Toolkit.pdf>

NC DHHS guiding that schools/daycare/employers not require a note as long as criteria are met:

If diagnosed with COVID, must answer yes to:

- 10 days since onset of symptoms
- 3 days without fever (without fever reducing medication)
- 3 days since symptom improvement

# Other Considerations

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- If people have questions about COVID-19 they can be referred to the COVID-19 Triage Plus line: **877-490-6642**.
- Post informational signs in the office to let patients and visitors know about COVID-19 safety practices.
- Consider new legal issues and obligations which may have arisen due to the pandemic or as a result of closing and re-opening. Consult your Professional Liability insurance company to help identify these issues or with questions.

# Reopening Resources

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html> (Algorithms/Phone Advice Tool)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>

<https://www.osha.gov/Publications/OSHA3990.pdf> - Guidance on Preparing Workplaces for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html> – Guidance for Cleaning and Disinfecting

<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc> – Printable Resources for Practices

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>).

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<https://covid19.ncdhhs.gov/about-covid-19/symptoms#when-can-i-end-self-isolation>

<https://covid19.ncdhhs.gov/about-covid-19/symptoms#what's-the-difference-between-self-monitor,-quarantine-and-isolation>



## **Where To Get Information and Help**

# Available Telehealth Vendor Support

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- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
  - CCNC partnering with DocsInk
  - NC Medical Society partnering with Presence
  - NC Community Health Center Association partnering with Doxy.Me

# How to Contact Practice Support

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## **CCNC Practice Support**

Email: [CCNCsupport@communitycarenc.org](mailto:CCNCsupport@communitycarenc.org) OR

[CCPNSupport@communitycarenc.org](mailto:CCPNSupport@communitycarenc.org)

Phone: 919-926-3895

Website: <https://www.communitycarenc.org/statewide-operations>

## **NC AHEC Practice Support**

Email: [practicesupport@ncahec.net](mailto:practicesupport@ncahec.net)

Phone: 919-445-3508

Website: <https://www.ncahec.net/practice-support/what-we-do/>

# COVID-19 Triage Plus – Resource for Practices and their Patients

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## **Statewide, Inbound Call Center Providing:**

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

**COVID-19 Triage Plus Line:  
211 or (877) 490-6642**

**Hours of Operation: 7am – 11pm  
7 days a week, including holidays**

*Please add this number to your practices outbound phone message and your website.*

# Medicaid Resources

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**NCDHHS COVID-19 website:** <https://covid19.ncdhhs.gov/>

**Medicaid COVID-19 website:** [medicaid.ncdhhs.gov/coronavirus](https://medicaid.ncdhhs.gov/coronavirus)

**Medicaid Special Bulletins:** <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicare/covid-19-special-medicare-bulletins>

**Rates:** [medicaid.ncdhhs.gov/providers/fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules)

**Telehealth Billing Code Summary:** <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf>

Email for Medicaid-specific questions or concerns:  
[medicaid.covid19@dhhs.nc.gov](mailto:medicaid.covid19@dhhs.nc.gov)

# CCNC/AHEC Website

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
- Webinar recordings

