



# NCCHCA Task Force Meeting

November 17, 2023

# Agenda

- ▶ Medicaid Expansion Communications Research Findings, Sarah Hutchinson, Neimand Collaborative
- ▶ Medicaid Expansion Reminders, NCCHCA Staff
- ▶ PCP Assignment, Lauren Lowery, NCCHCA
- ▶ PicassoMD, Eureka Rigby, Kintegra Health, Dr. Reza Sanai, PicassoMD
- ▶ Higher Logic, Stacie Borrello





# Medicaid Expansion Communications Research Findings

Sarah Hutchinson, President  
Neimand Collaborative



# Medicaid Expansion Reminders

Alice Pollard  
VP, Operations & Strategy  
NCCHCA

# Updates: Family Planning Beneficiaries

- ▶ NCDHHS has started contacting the approximately 260,000 people who are enrolled in Medicaid's limited Family Planning program and who are eligible for full NC Medicaid benefits starting December 1, 2023.
- ▶ Text messages, phone calls and emails are being sent to let those eligible know to look out for a letter from their local Department of Social Services.
- ▶ Resources
  - [Website](#)
  - [Toolkit](#)
  - [Family Planning Medicaid Flyer](#)



# Updates: Provider and Member Flexibilities for NC Medicaid Expansion Launch

**Primary Care Provider (PCP) Changes for All Beneficiaries:** Between Dec. 1, 2023, and Aug. 31, 2024, *all beneficiaries may change their PCP for any reason.*

**Medical Prior Authorizations (PA):** For medical PAs, between Dec. 1, 2023 and May 31, 2024, health plans will honor existing NC Medicaid medical PAs. Medical PAs are any PA for physical and behavioral health services. *This flexibility applies to both in-network and out-of-network providers who are active enrolled NC Medicaid providers.*

**Pharmacy PAs:** For pharmacy PAs, between Dec. 1, 2023, and May 31, 2024, Standard Plans and NC Medicaid Direct will honor existing pharmacy PAs (from NC Medicaid, as well as other health plans). Previous PAs available as of Dec. 1, 2023, will be honored through May 31, 2024, or for the life of the PA, whichever is longer. Plans may consider previous PAs and current drug therapy when making coverage determinations through May 31, 2024. *This flexibility applies to both in-network and out-of-network providers who are active enrolled NC Medicaid providers.*

**Expedited PA Requests/Reviews for Expansion Beneficiaries:** Health plans are required to implement strategies to minimize disruption of benefits at launch of expansion, specifically related to PAs. Health plans are required to implement processes to allow providers to submit expedited PAs for expansion beneficiaries so that services are not disrupted at transition. *This flexibility applies to both in-network and out-of-network providers who are active enrolled NC Medicaid providers.*

More information-<https://medicaid.ncdhhs.gov/blog/2023/11/14/provider-and-member-flexibilities-nc-medicaid-expansion-launch>



CAC or Navigator  
Certification + Ambassador  
Training

Staff assisting with applications  
can help with both ePASS and  
HealthCare.gov for application  
for Medicaid and MP coverage

Medicaid Ambassador  
+ Suggested CAC  
Certification

Staff sitting with people while  
those people do ePASS  
applications (Medicaid only)  
can assist with submitting a  
complete application

Medicaid  
Ambassador Training

Staff doing outreach or in-reach to patients  
or community can answer questions and  
refer for help or self application

Internal  
Training

All staff who interact with income information can identify  
those likely to qualify and refer for help

Internal  
Training

All Staff know basic information about health insurance options  
and how people can get help



# Reminders & Considerations

- ▶ Safety net collaboration
  - Exploring partnerships with free and charitable clinics
  - Opportunities to connect with those who are denied coverage
    - Templates that could be included with denial letters about linking people to safety net resources (FQHCs, Free and Charitable Clinics, other)
    - These would have to be distributed by county
    - Example in Rowan County- DSS including access to care brochures
- ▶ Be a friend to your local DSS office
  - How can we help?





# Countdown to Expansion

- ▶ Share the Medicaid Essentials Public Outreach Presentation with staff
- ▶ Do a provider credentialing check
- ▶ Identify patients that may be eligible
- ▶ Get staff trained to offer assistance with applications
- ▶ This week: outreach and in-reach plans and tips
- ▶ Next week: understanding and communicating with beneficiaries about PCP assignment



# Medicaid Expansion Regional Support Specialists

- ▶ NCCHCA is recruiting several people as Regional Support Specialists
- ▶ Job posting available on our website:  
<https://www.ncchca.org/jobs/medicaid-expansion-regional-support-specialists/>



# NCCHCA is here for you!

- ▶ Online Resources: <https://www.ncchca.org/community-resources/medicaid-expansion-member-resources/>
- ▶ Email: [medicaidquestions@ncchca.org](mailto:medicaidquestions@ncchca.org)







# PCP Assignment

Lauren Lowery  
CMHN Director of Operations  
NCCHCA

# Medicaid Expansion and PCP Assignment

- ▶ It's expected that most people who will gain coverage under Medicaid Expansion will move into Standard Plans
- ▶ Presentation today covers Primary Care Provider Assignment for Standard Plans



# Why is PCP assignment important?

## ▶ Patient

- Having a practice that a patient sees as their official assigned PCP allows for better care management

## ▶ PCP

- Official PCP assignment gives access to important information for coordinating care
- PCP Assignment determines which provider will receive PMPM payment
- PCP Assignment determines patients attributed for quality payments



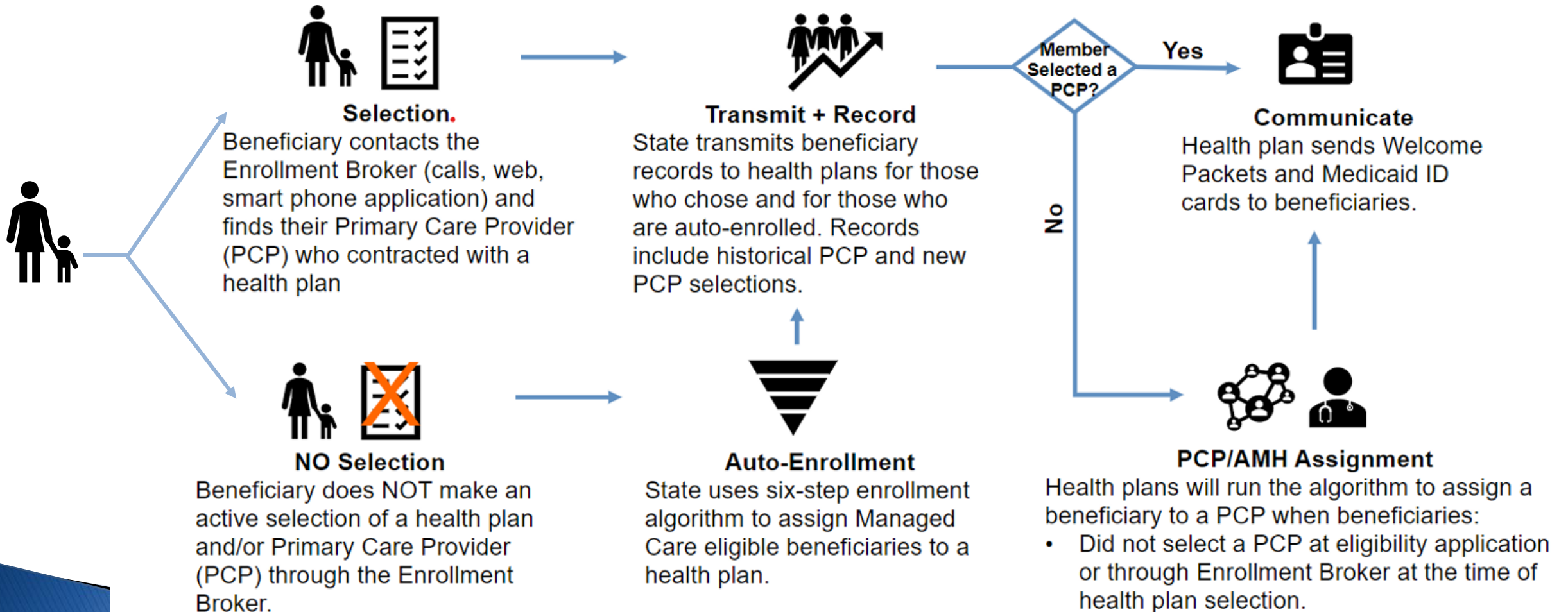
# Important Notes

- ▶ PCP Assignment is at the practice (AMH) level, not individual provider level
- ▶ Health centers should still receive claims payments for any Medicaid patient seen at your practice regardless of whether the patient is assigned to your practice.
  - However, a health center will only receive Advanced Medical Home PMPM capitation payments for Members assigned to the practices
- ▶ NC Medicaid and NC Medicaid Managed Care plans DO NOT require a PCP referral prior to claims payment for specialist office visits
  - However, some specialty offices may have their own policy requiring a PCP referral prior to treating a member.
  - For beneficiaries with managed care, the specialist must be in network with their health plan.
  - More Information: <https://medicaid.ncdhhs.gov/blog/2023/08/16/specialty-care-referrals-nc-medicaid-reminder-nc-medicaid-does-not-require-referrals-specialty-care>





# How does initial PCP assignment work?



# Family Planning Beneficiaries Transitioning to Standard Plans

- ▶ Some people (about 260,000) who have limited benefits through NC Family Planning Medicaid (Be Smart) will automatically be moved to full Medicaid coverage on December 1
- ▶ Notices were mailed in recent weeks alerting people that their coverage is going to change
- ▶ These beneficiaries can select a PHP and PCP before December 1 by calling the Enrollment Broker
  - The Enrollment Broker will soon send a notice about ability to select a PHP and PCP
- ▶ If they do not select a PHP and PCP, they will be auto-assigned to a Medicaid plan
  - The Plan will auto-assign them to a PCP
  - They will be able to change their PHP assignment within 90 days (by February 29, 2024) and PCP assignment at any time before August 31, 2024

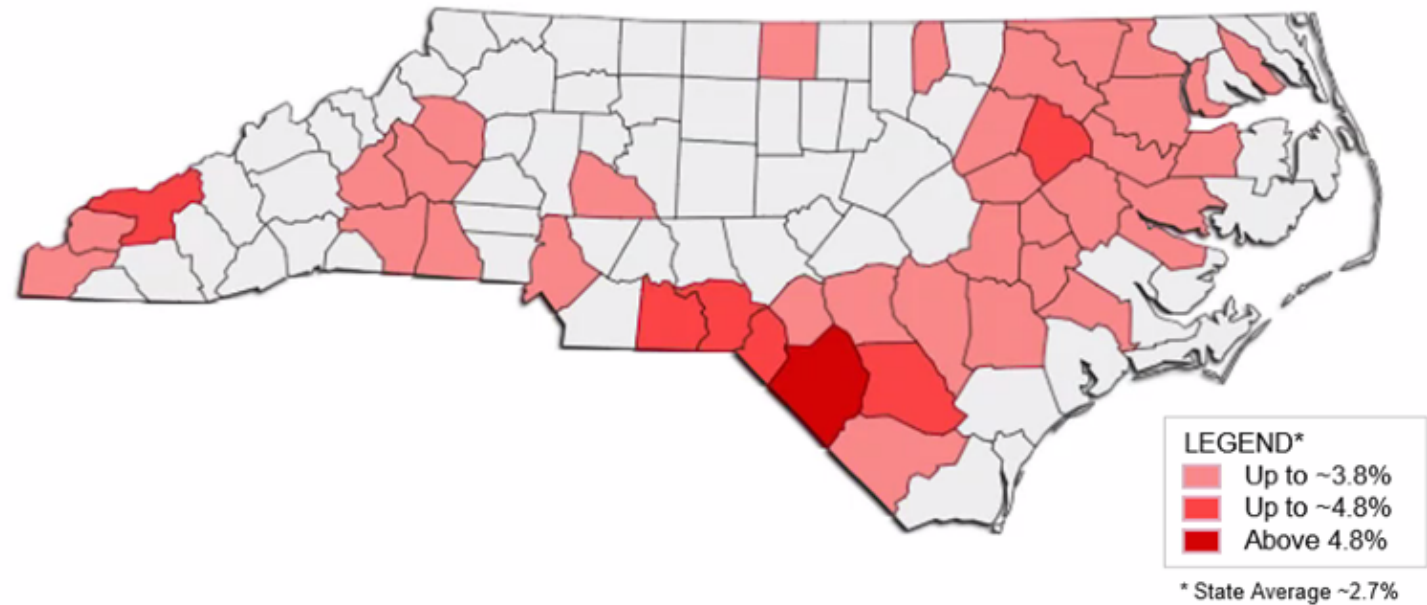


# Family Planning Program (FPP) to Expansion Enrollments

- Over 260K FPP beneficiaries were automatically enrolled in full coverage as of December 1 due to Medicaid expansion.
- Each county population was compared to the number of FP members who moved over effective 12/1 to get a relative % of total population.
- The following counties had higher numbers in this category than the overall state average.

## Counties > Average % Pop

Anson	Edgecombe	Pasquotank
Beaufort	Graham	Pitt
Bertie	Greene	Richmond
Bladen	Halifax	Robeson
Burke	Hertford	Rowan
Caldwell	Hoke	Rutherford
Caswell	Jones	Sampson
Cherokee	Lenoir	Scotland
Chowan	Martin	Swain
Cleveland	McDowell	Vance
Columbus	Mecklenburg	Washington
Cumberland	Nash	Wayne
Duplin	Northampton	Wilson



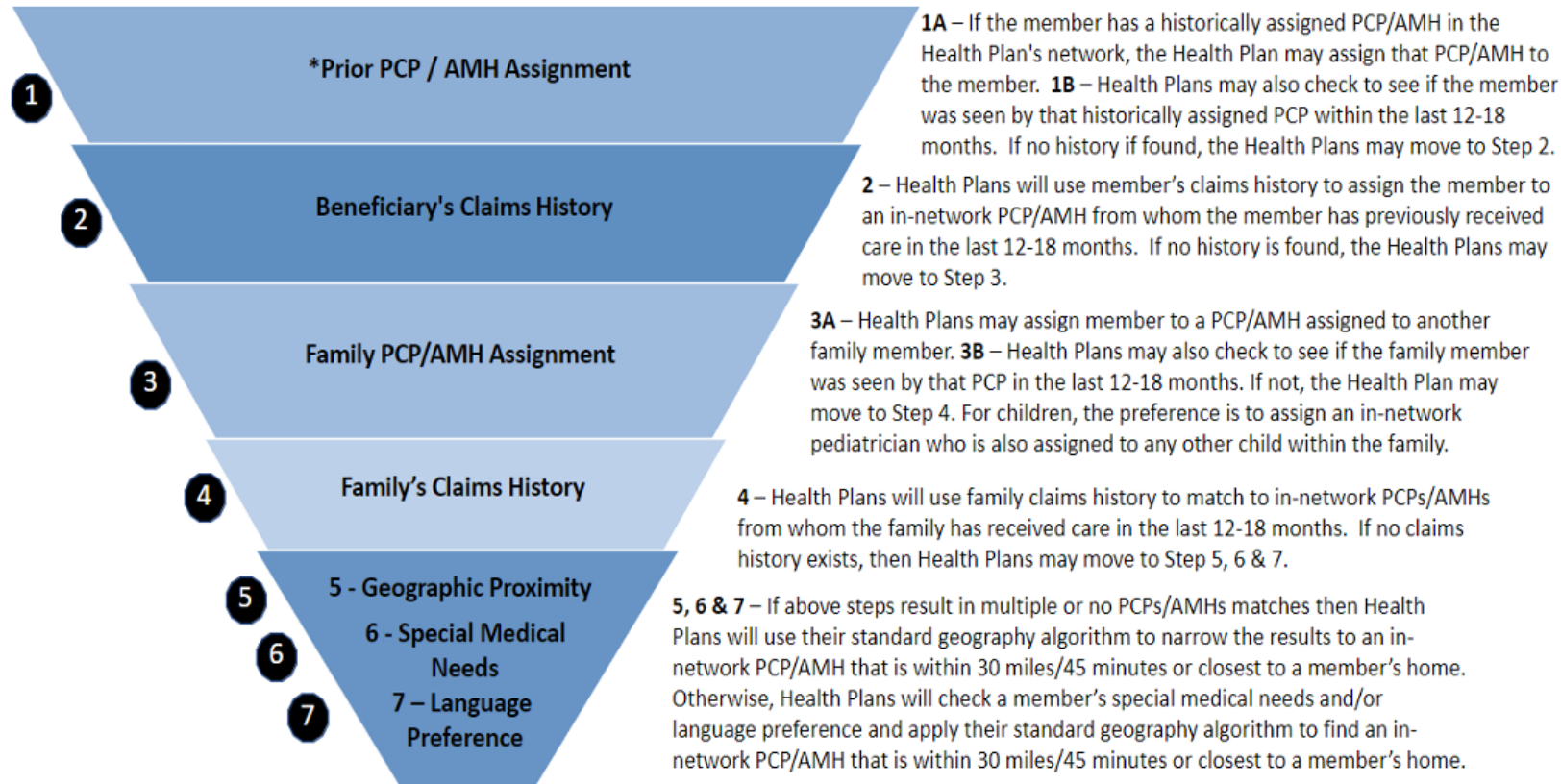
# Active PCP Selection for Applying Beneficiaries

- ▶ Beneficiaries who are applying for NC Medicaid can indicate a PCP preference when they apply in-person at DSS or online through ePASS
- ▶ Prior to PHP assignment, a beneficiary can select PCP through Enrollment Broker
- ▶ After PHP assignment, beneficiary can change PCP through the PHP.



# Auto-Assignment Algorithm

Once a beneficiary is enrolled in a health plan, if the beneficiary did not select a PCP/AMH, the health plan will assign a PCP/AMH to them based on the criteria in the diagram below.



\*Applies to Standard Plan beneficiaries who did not select a PCP/AMH

A beneficiary will only be assigned a PCP/AMH that is in-network for their health plan.

- Important Recent Clarification from NC Medicaid: Claims history will be used in the auto-assignment algorithm for transitioning family planning beneficiaries.



# Supporting Active PCP Selection

- ▶ Communicate with patients now about Medicaid expansion and PCP selection.
- ▶ Let them know what health plans you are participating in and how they can select you.
  - Example: Waters Edge Health Center wants to continue being your primary care provider. We hope you will pick us as your new primary care provider. Waters Edge works with all Medicaid Plans : Healthy Blue, WellCare, UnitedHealthcare, AmeriHealth Caritas, and Carolina Complete Health. You can pick one of these plans and continue to visit Waters Edge Health Center. If you are assigned to a different provider and want to change, you can do that.
  - The health center can list the organization name and different site names that the patient should look for on the Enrollment Broker website or use when calling health plan.



# Changing PCP Assignment

1. **Beneficiary Initiated: Beneficiaries can request change by contacting PHP.**
2. **PCP Initiated: Adding Beneficiaries to your Panel**
  - The member and provider can complete the PCP change form.
  - Member consent and choice is of the utmost importance when it comes to selecting an AMH. Member consent is needed for a provider to submit this on their behalf. The member should sign the PCP change form prior to it being submitting to the PHP.
3. **PCP Initiated: Releasing Beneficiaries from your Panel**
  - A PCP can initiate a request to release a member from their panel for reasons such as dismissal from the practice, i.e. if the member is non-compliant. Prior to this request, PCPs should outreach to members to assess any barriers to care. All efforts should be made to help address social determinants of health or other reasons the member is having trouble engaging in their care. PCPs are encouraged to use care management resources to help members with barriers to engage and/or social determinants of health.
  - Patient termination must be accompanied by appropriate written notice provided to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured.
  - After the PCP has exhausted all attempts to support the member, the PHP will help the member to find a better suited PCP. In most cases, the member must consent to changing their assigned AMH and the health plan will attempt multiple outreaches to the member to engage them in the decision-making process.

Summary: PCP re-assignment almost always must be driven by Member choice. Meaning, if a Member wants to select a different PCP after auto-assignment, the Member(patient) must contact the PHP or work with the practice to submit the PCP Change Request Form. PHP's will not honor Provider or AMH requests to reassign Member(s) simply because they are hard-to-reach or because 'the patient told us they are seeing a different PCP'.



# Changing PCP Assignment– Known Issues

- ▶ PCP Change Request Form
  - Lack of incentive for Members to follow through and complete
  - Admin burden for health center staff and patient
    - For example, most patients do not know TIN and NPI number of the PCP
  - PHP delay or inaction once form is submitted
    - Important to notify Ombudsman
- ▶ Directory issues
  - Provider and practices not listed correctly or showing as accepting all Plans, resulting in PCP selection confusion for Members.
- ▶ Assignment of members with no history of visits or claims at your health center, or outside of our service area(s).
- ▶ Hard-to-reach Members

Many 'Known Issues' are largely outside of your control. But we can focus our energy on what's within our control. In addition, NCCHCA & CMHN continue to advocate for changes in Medicaid program design and policy.





# CMHN Best Practices for Member Reassignment

1. Reach out to their established PCP office and have them submit the member change request for the member,
2. Make a 3-way call with the patient to member services to have the PCP updated, and/or
3. Direct them to the PHP online portal (CCH and HealthyBlue) to update their PCP.
4. Once all 3 of those steps have been exhausted, assist the patient in contacting the Medicaid Ombudsman



# First look at Medicaid Expansion Member Assignment

- ▶ PHPs have started including Medicaid Expansion members in the 834 weekly and daily assignment files to CINs/AMHs.
  - CMHN has seen an estimated increase of 9.3K patients in our total assignment sine last week, primarily between, United and WellCare.
- ▶ FQHCs will be able to identify newly assigned Expansion members from their respective CINs and NC Tracks.



## Medicaid Expansion Updates

**Medicaid expansion member identifier in the 834 file:** The Benefit Enrollment and Maintenance file (834 file) will be ingested as they do today. Plans will be able to identify Medicaid expansion eligible members on the 834 file through the 2300 Loop, when M7 is sent in REF01, and any of the Medicaid expansion eligibility codes (Table 1) are shared on REF02.

**Medicaid expansion member identifier in the Beneficiary Assignment (BA) file:** Providers will be able to identify Medicaid Expansion members on the BA file based on the 2300 Loop REF02 segment, with the Medicaid expansion eligibility codes.

Standard Plans have between **Nov 6th and Nov 14th** to run PCP assignment for Expansion Members. Assignments will show on the **daily BA Files** shared with AMH providers starting on **November 7th**.

**Loop 2300 Segment Layout in BA file:**

Eligibility Codes	2300	REF02	127	Program Category Code	50	REF01="MP"
	2300	REF02	127	Living Arrangement Code	50	Living Arrangement will have the label LA
	2300	REF02	127	Admin County Code	50	Administrative County Code label ADMCO
	2300	REF02	127	Residential County Code	50	Residential County label RESCO
	2300	REF02	127	Behavioral Health Administrative Entity	50	Behavioral Health Administrative Entity label BHADM
	2300	REF02	127	Sub Program 01	10	label SUBPGM1
	2300	REF02	127	Sub Program 02	10	label SUBPGM2
	2300	REF02	127	Sub Program 03	10	label SUBPGM3
	2300	REF02	127	Sub Program 04	10	label SUBPGM4
	2300	REF02	127	Eligibility Status Code	10	Eligibility Status Code label ELIGSTAT
	2300	REF02	127	Managed Care Status Code	20	Managed Care Status label MCSTATUS
	2300	REF02	127	Tailored Plan Eligibility	20	Tailored Plan Eligibility Type label TLRD PLAN



# PicassoMD

Eureka Rigby, PA-C, Kintegra  
Dr. Reza Sanai, Co-CEO & Founder, PicassoMD



# Higher Logic

Stacie Borrello

Communications & External Affairs Manager

NCCHCA

# Why Invest in an Online Member Community?

Now:

- Excess of email.
- Difficulty to track down recent updates, resources and files.
- Solution: An easy way to communicate and collaborate online and share resources with members.

DAY 9



# What Higher Logic Can Do for NCCHCA Members:

- ▶ Provide an online member community where members will be able to
  - access a growing archive of resources (incl. guidance on Medicaid expansion)
  - ask questions,
  - stay connected to each other and the latest NCCHCA updates.
- ▶ Searchable: Easy access to files & discussion threads by topic.
- ▶ Stay Connected: Mobile app keeps you up to date and connected to CHC peers on the go.
- ▶ Proven: Used as a member community by Minnesota, Kentucky, and Utah PCAs.



# Structure:

- ▶ Public homepage: Featured job postings and more.
- ▶ Logged-in member home page, operates like social media feed with latest updates and posts from groups.
- ▶ Many committees and workgroups will have their own Higher Logic community, managed by the NCCHCA staff member assigned to that workgroup or committee.
  - Files and discussion threads posted in the sub-group are only visible to that group





# Community Highlights



About Us

[Community Health Programs](#)



COMMUNITY HEALTH CENTER  
ADVOCATES IN ACTION

Policy & Advocacy

[Learn More](#)



Programs & Services

[Learn More](#)



ONE TEAM

ONE GOAL

ONE VISION

Forms & Resources

[Find Resources](#)

## Why work in a Community Health Center?

Community Health Centers (CHCs) provide integrated primary and behavioral health care to patients regardless of their ability to pay. Check out job listings at Community Health Centers.

[Find out more](#)

Most Recently Updated ▾

10 per page ▾

[Post New Message](#)

Thread Subject

Replies

Last Post

[Provider Salaries?](#)

1

4 days ago by [Jim Powers](#)  
Original post by [Josie Lane-Kuzniar](#)[Supervising Physicians for NPs](#)

2

8 days ago by [Caroline Vernarelli](#)[LIP or OLC?](#)

2

13 days ago by [Danielle Fuller](#)[MDS Reporting - Veterans?](#)[Compensation/Pay Scales?](#)

AS

[Aaron Sammons](#)

Actions ▾

Good Morning!

Do any of you have Dentist and/or Dental Hygienist peer review templates that you could share?

-----  
Aaron Sammons  
HR Manager  
Charlotte Community Health Clinic  
Charlotte NC  
704-516-5572  
-----

2. RE: Peer Review Templates 0 [Recommends](#)

DF

[Danielle Fuller](#)

Actions ▾

Posted 09-19-2023 08:13 | [view attached \(2\)](#)[Reply](#) ▾

Attached are the Peer Review from our Dental team at WNCCHS

Danielle Fuller

# Discussion





# Recap

- ▶ Phased Implementation, with “Open Forum” projected launch set for December and more committee groups rolling out early next year.
- ▶ Higher Logic is an online community and app that will better connect members across the state & provide a one-stop-shop for searchable resources.
- ▶ Intuitive and easy-to-navigate.
- ▶ Member orientations will be offered at Task Force meetings & in recorded format.

# Asks

- ▶ Be early adopters
- ▶ Encourage staff to log in and make use of the platform
- ▶ Give us your feedback on how to improve the member experience and maximize use of features





"My work with Piedmont Health's 10 Community Health Centers and two PACE SeniorCare sites is very meaningful to me because our health centers provide care to **all members of our community**, regardless of their race, religion, gender, sexual preference, nationality, language, physical condition, or ability to pay.

Community Health Centers like Piedmont Health offer an **integrated, whole-person care model** that should be the standard of care in our country."

**Dr. Beth S. Rosenberg**  
Cardiologist  
Director of Piedmont Health SeniorCare



— — — — —  
" — — — — —  
My favorite part about my job is probably the diversity of my patients and my scope of practice. One minute I'm doing a well-child check, and the next minute I'm seeing a prenatal patient, then management of a patient's diabetes & hypertension. I also love that at **Community Health Centers**, we can provide quality care to people regardless of their insurance status.

— — — — —  
" — — — — —  
**ISRAEL M. MENDEZ, PA-C**



**Congratulations to Leslie Sanderson**  
Director of Pharmacy Services at Robeson Health Care Corp.  
one of two recipients of the 2023 Carl D. Taylor Award for Excellence in Pharmacy Services



As a pharmacy director at a Community Health Center (CHC), I enjoy the challenge of thinking outside the box to meet the needs of our patients. I also enjoy working alongside providers to provide information & solutions to help them care for the needs of our patients.

I especially enjoy providing medications to patients who have been struggling to afford them and watch them get excited at how much a CHC can save them on those essential medications.



" I love to help others feel heard, and use my voice to increase awareness, intervention & education that assist in positively shaping the health of individuals, regardless of ability to pay.

I also love working at a **community health center** that remains committed not only to providing patient-centered care, but also to driving innovation through an **integrated care model.** "

**Erin Myer**  
CHIEF BEHAVIORAL HEALTH OFFICER  
KINTEGRA HEALTH



— — — — —  
" — — — — —  
Nonprofit Community Health Centers are a lifeline for their patients. At United Health Centers in Winston-Salem, nearly 80% of patients don't have insurance and pay on a sliding scale.

**At a Community Health Center, patients can see a doctor, get prescriptions filled, and receive dental care all in one place.**

They can even get help enrolling in Medicaid.

— — — — —  
" — — — — —  
**Dr. Veronica Wiltshire**  
Chief Medical Officer  
UNITED HEALTH CENTERS



[Submit Content here](#) or email [BorrelloS@NCCCHA.org](mailto:BorrelloS@NCCCHA.org)



Contact:  
**Stacie Borrello**  
NCCHCA Communications & External Affairs Manager  
[BorrelloS@ncchca.org](mailto:BorrelloS@ncchca.org)  
919-996-9208

**Communications and Marketing Statewide Workgroup**  
meets virtually the 3rd Thursday of the month  
10:30-11:30am  
[Register here](#) for the Zoom link.





## Upcoming Task Force Meetings:

**December 1**

10:00 – 11:30am

**December 15**

10:00 – 11:30am

