N.C. Department of Health and Human Services

Update on select Medicaid topics

Joint Legislative Oversight Committee on Health and Human Services

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Status of Medicaid State Plan Amendments (SPAs)

Update on State Plan Amendments

- Required State Plans submitted timely according to federal and state requirements
- DMA managing an unprecedented number of SPA
- CMS and the 90 day clock
- DMA is working closely with CMS for technical assistance and additional information requested

Update on State Plan Amendments

- Stakeholder input is key for SPA development and any program changes resulting from the amendments
- All SPA with an effective date of July 1, 2013 submitted
- SPA with effective date of October 1, 2013 are near completion
- SPA with an effective date in 2014 will be submitted on or before March 31, 2014

Concerns

- Achieving Savings may be a challenge
- Physician Office visit limitation
- Rate Freezes
  - Approaching the 90 day clock
- Personal Care Services
- Shared Savings
  - Presents a unique approach to shared savings
  - Uncertainty that savings will be generated as written
  - Stakeholder Involvement is imperative

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Personal Care Services (PCS) Update

DMA Personal Care Services Summary

- Description: An optional program providing non medical support services to approximately 44,000 eligible recipients
- Eligibility criteria: Has a medical condition, disability , or cognitive impairment for unmet activities of daily living (ADL) for up to 80 hours for adults and 60 hours for children (*)
- Up to 50 additional hours may be provided based on additional eligibility criteria (HB 492 SL 2013-306)

(*) Unless Early and Periodic Screening Diagnostic and Treatment (EPSDT)

Utilization Update

- In the month of October, Liberty reports that over 3,264 Assessments were scheduled. The assessments reflect requests from Medicaid beneficiaries due to
  - change of status;
  - change of provider;
  - appeals;
  - extra hours;
  - as well as those requesting service for the first time.

Implementation of Session Law 2013-306

- The Independent Assessment Contractor has begun processing requests for additional hours.
    - To request extra hours, a physician must complete and submit a *DMA 3051Form* Request for Services form on the beneficiary's behalf.

State Plan Amendment Update

- DHHS received an Informal Request for Additional Information from CMS. This request does not affect 90-day timeframe for obtaining CMS Approval of the SPA based on the original submission date.
- DMA is preparing responses to submit by November 30.
- The effective date is October 1, 2013.

Policy Update

- DMA posted revised Clinical Coverage Policy 3L for public comment which ended November 15, 2013.
- The revised policy reflects changes directed by Session Law 2013-306.
- Most comments center around the rate.

Comparability and Access

Since January 2013 with the implementation of Clinical Coverage Policy 3L, DHHS has made significant improvements to the PCS program

- to ensure that eligibility and independent assessment process is the same no matter where the beneficiary receives services,
- ensure that only those Medicaid beneficiaries that meet eligibility are authorized for the service; and
- strengthen DHHS' capacity to monitor utilization of publicly funded services.

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Medicaid Presumptive Eligibility

Presumptive Eligibility

- Eligibility determination based on the statement of the individual
- Verification **cannot** be required
- Individual is “presumed” eligible for Medicaid based on preliminary evaluation by a provider
  - Household, income, citizenship/immigration, state residence

Current NC Presumptive Eligibility

- Pregnant women only
- Qualified providers – receive certain types of federal funding
  - Public Health Departments, FQHCs and Rural Health Clinics
- Coverage – ambulatory prenatal care only

ACA Presumptive Eligibility

- Qualified hospitals may opt to do presumptive eligibility for Medicaid – beginning January 1, 2014 (42 CFR 435.1110)
  - Final rule released July 5, 2013
- Programs – Family Medicaid
  - Children, adult caretakers of children under age 18, pregnant women, family planning, former foster care children up to age 26, Breast & Cervical Cancer
  - Income is only financial criteria
  - Currently, Medicaid for adult caretakers of children under age 18 also has a resource limit

ACA Presumptive Eligibility

- Medicaid Coverage during presumptive period depends on program:
  - Full Medicaid coverage: children, adult caretakers of children under age 18, former foster care children to age 26, breast & cervical cancer (all covered services, including physician, hospital, pharmacy, etc)
  - Family Planning: family planning services only
  - Pregnant Women: still limited to prenatal care

ACA Presumptive Eligibility

- Qualified Provider - Hospital:
  - Participates as a provider under the state plan.
  - Notifies DMA of its election to make presumptive eligibility determinations
  - Agrees to make presumptive eligibility determinations consistent with state policies and procedures
  - Has not been disqualified by DMA
  - Meets performance measures

ACA Presumptive Eligibility

- Two important requirements:
  - Hospital cannot delegate/contract presumptive eligibility determination (no contractor or vendor)
    - 42 CFR 435.1102 & 1110
  - Hospital cannot be authorized rep for individual and determine presumptive eligibility
    - 42 CFR 435.923(d)(2)(e) – Conflict of interest

ACA Presumptive Eligibility

Ensuring fiscal responsibility and program integrity:

- State sets performance thresholds
  - % presumptive approvals must submit regular Medicaid app
  - % of those submitting must be approved for regular Medicaid
- NC FAST – critical component of the overall procedures and policies – DMA in close coordination in development of hospital portal

ACA Presumptive Eligibility

Ensuring fiscal responsibility and program integrity:

- Failure of hospital to meet thresholds or to determine presumptive eligibility correctly
  - Require additional training
  - May require other corrective action
  - May be disqualified as presumptive provider if continue to fail thresholds after training/corrective action

ACA Presumptive Eligibility

Ensuring fiscal responsibility and program integrity:

- Presumptive period is limited time – depends on whether regular Medicaid application is submitted
- Limited number of presumptive periods:
  - Pregnant women: 1 per pregnancy
  - Other programs: 1 every two years

ACA Presumptive Eligibility

- Fiscal Impact
  - Coverage is full Medicaid (most programs)
    - Includes hospital, physicians, pharmacy and other covered services
  - Presumptive programs expanded to children, adult caretakers of children under age 18, family planning, former foster care children up to age 26, Breast & Cervical Cancer
  - NC Medicaid must pay for services during presumptive period
    -
    - regardless of whether individual is later determined ineligible under regular application (federal match available)
    - No recoupment if individual ineligible

ACA Presumptive Eligibility

- Hospital Training
  - Initial training sessions – 11/5 and 11/12
    - 112 individuals attended
    - At least 43 hospitals represented
  - Follow-up – “Deeper Dive” – 11/19
  - Training or follow-up sessions scheduled weekly through end of the year
  - NC FAST access training in December
  - Webinars posted for ongoing training