

**JOINT LEGISLATIVE OVERSIGHT COMMITTEE  
ON MEDICAID AND NC HEALTH CHOICE**



# **Medicaid Update**

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# Access to Health Care

- We need every tool we have to fight COVID-19 and keep North Carolinians healthy
- Many of those who have been on the frontline of this crisis, keeping our economy going and putting their health on the line, are the least likely to have health insurance
- Increasing access to affordable insurance coverage is an important way for our state to fight COVID-19

# Access to Health Care

- **13% of North Carolinians under 65 were uninsured in 2018. Only 6 states had higher rates (Kaiser Family Foundation)**
- **Expanding Medicaid would have provided an estimated 500,000 North Carolinians with access to affordable health care before COVID-19. That number continues to grow**
- **Expanding Medicaid would bring billions of dollars into the state's economy. Had the state expanded in November 2019, it would have gained \$11.7 billion more in federal funding from 2020 to 2022**  
*(Milken Institute School of Public Health, The George Washington University)*
- **39 states, including the District of Columbia, have expanded Medicaid so people could access health care**

# NC Medicaid COVID-19 Response Accomplishments



## Member Enrollment

- **497k** (~23% of NC Medicaid population) Medicaid eligibility extensions conducted
- **1.2M** Letters mailed to members - stacked together would be taller than the Statue of Liberty
- **318K** Enrollment applications processed since March 1st, 2020, averages to 2,304 applications processed per day



## Provider Enablement and Financial Support

- **\$1.6B** DSH MRI GAP net payment issued to hospitals as a single payment – this can pay for 3,000 SpaceX trips to Mars
- **\$49.6M+** Advanced payments issued to Providers; this is enough to pay for tuition for 225 Medical School students.
  - **~\$16M to 23** Outbreak Providers
  - **~\$30.8** to Rural Independent Hospitals
- **97** Provider Disaster applications processed to extend Provider coverage for Medicaid members, approximately equal to the number of counties in North Carolina



## Member Experience and Access to Quality Care

- **135** Telehealth flexibilities implemented to enable continuity of care for Medicaid beneficiaries across **482** health services codes
- **527,156** Telehealth claims processed successfully since March 10th, 2020, averaging 4,217 telehealth claims per day
- **41,224** Pharmacy orders were mailed to beneficiaries, an estimated saving of 107,000 miles in trips to the Pharmacy, using 2.6 mile per trip average.
- **272** PA & Service Limits waivers were put in place, this is more than double the number of hospitals in North Carolina
- **200** individual flexibilities implemented across Behavioral health services offered through LME-MCO, this would be equivalent to one flexibility per mile of the entire Outer Banks



## Federal Authority

- **15** Federal waiver documents submitted to CMS to request temporary flexibilities during the pandemic, as compared to 5 waivers documents submitted for Hurricane Dorian last year



## Communication and Education

- **90** Provider webinars hosted with **38,416** attendees, which would fill the Dean Dome and Duke Stadiums
- **879** inquiries processed through COVID-19 inbox, enough to average 8.79 inquiries per each NC county
- **97** NCTracks special bulletins to providers covering 115+ topics, 1 topic per every mile of hiking trails in Raleigh, NC
- **67,429** calls handled, **33 sec** avg wait time – the number of people served could fill the Carolina Panthers stadium
- **COVID-19 Triage Plus** line enabled with CCNC, **23,577** calls received since launch, averaging 231 calls per day



## Continuous Evaluation

- All implemented Flexibilities are being continuously evaluated to track utilization and care impact to drive improved access and health outcomes

# Medicaid COVID-19 Testing for the Uninsured

- Section 6004(a)(3) of the Families First Coronavirus Response Act (FFCRA) allows states to pay for COVID-19 testing for uninsured individuals through Medicaid
  - NC General Assembly granted authority to pursue this option in S.L. 2020-4, Section 4.5
- Provides another source of federal funding for testing, freeing up CARES Act funding for other purposes
- States will receive 100% federal funding for COVID-19 testing and systems development costs
- Does not pay for the treatment of COVID-19
- Available September 1, 2020, pending federal approval, through the end of the federal public health emergency (PHE)