



NC Department of Health and Human Services

Diabetes Updates from NC Medicaid

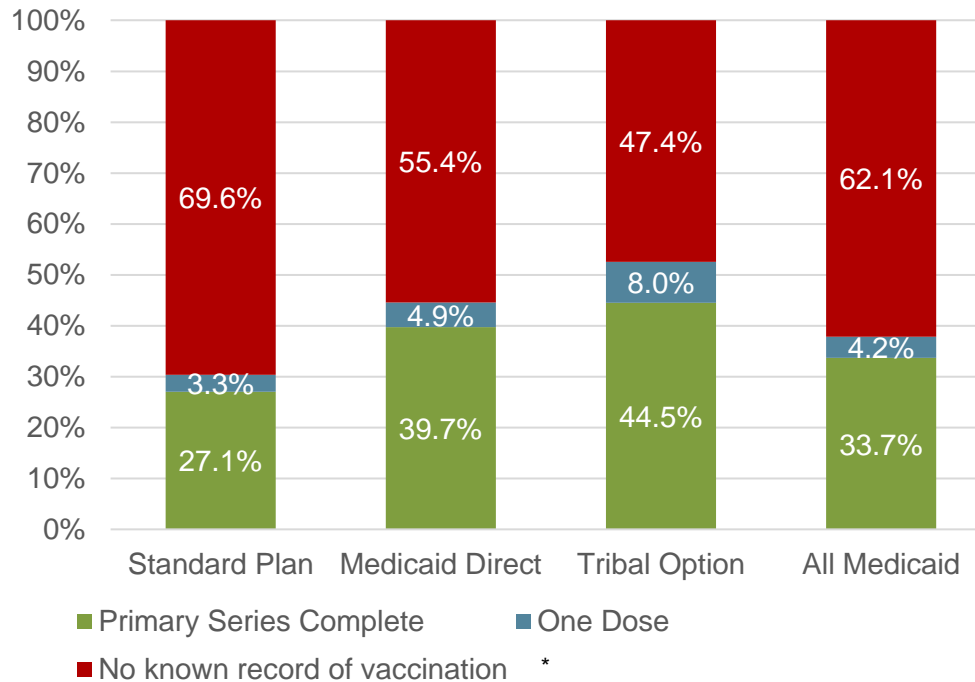
Shannon Dowler, MD
Chief Medical Officer

February 2022

Medicaid Pandemic Response

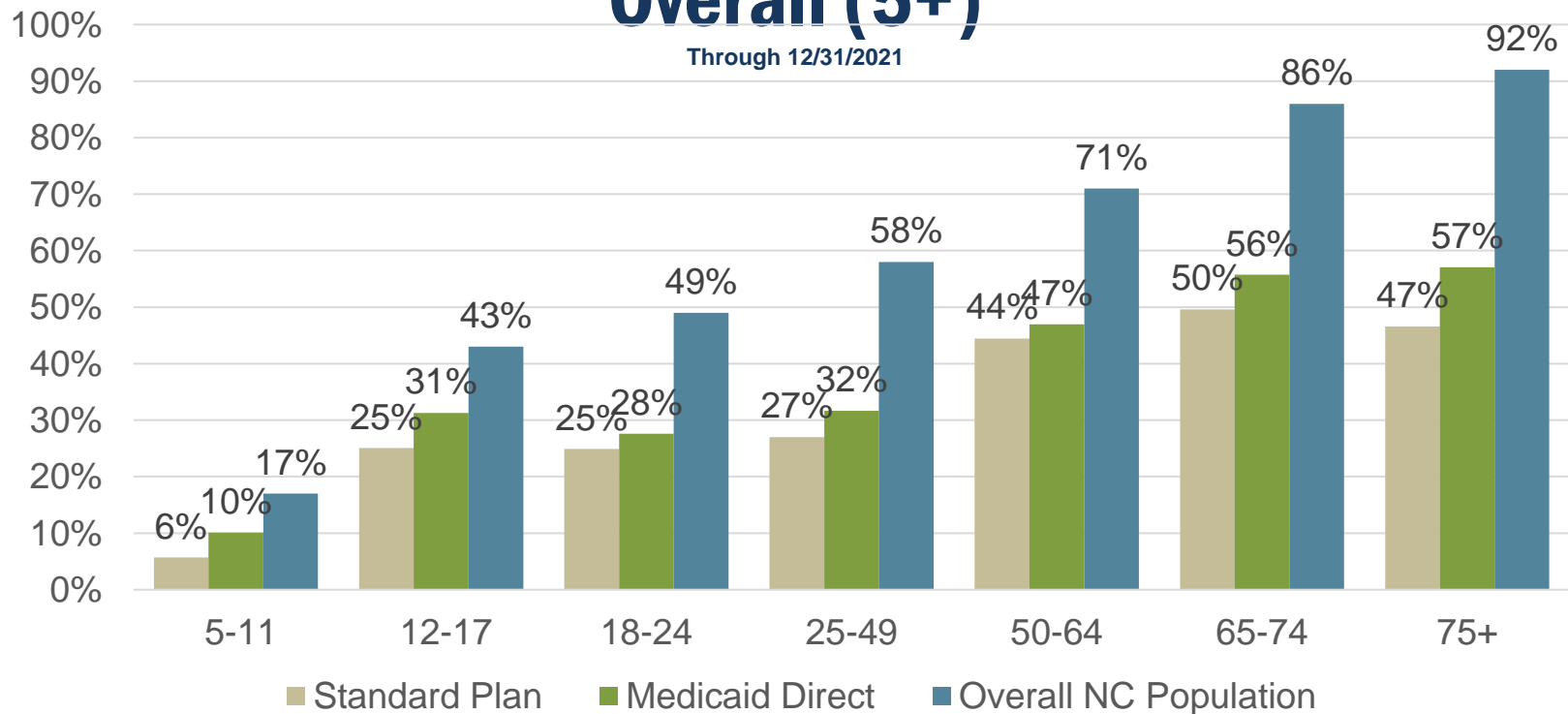
Vaccinations by Medicaid Program (12+)

Through 12/31/2021



* J&J excluded (captured in primary series complete)

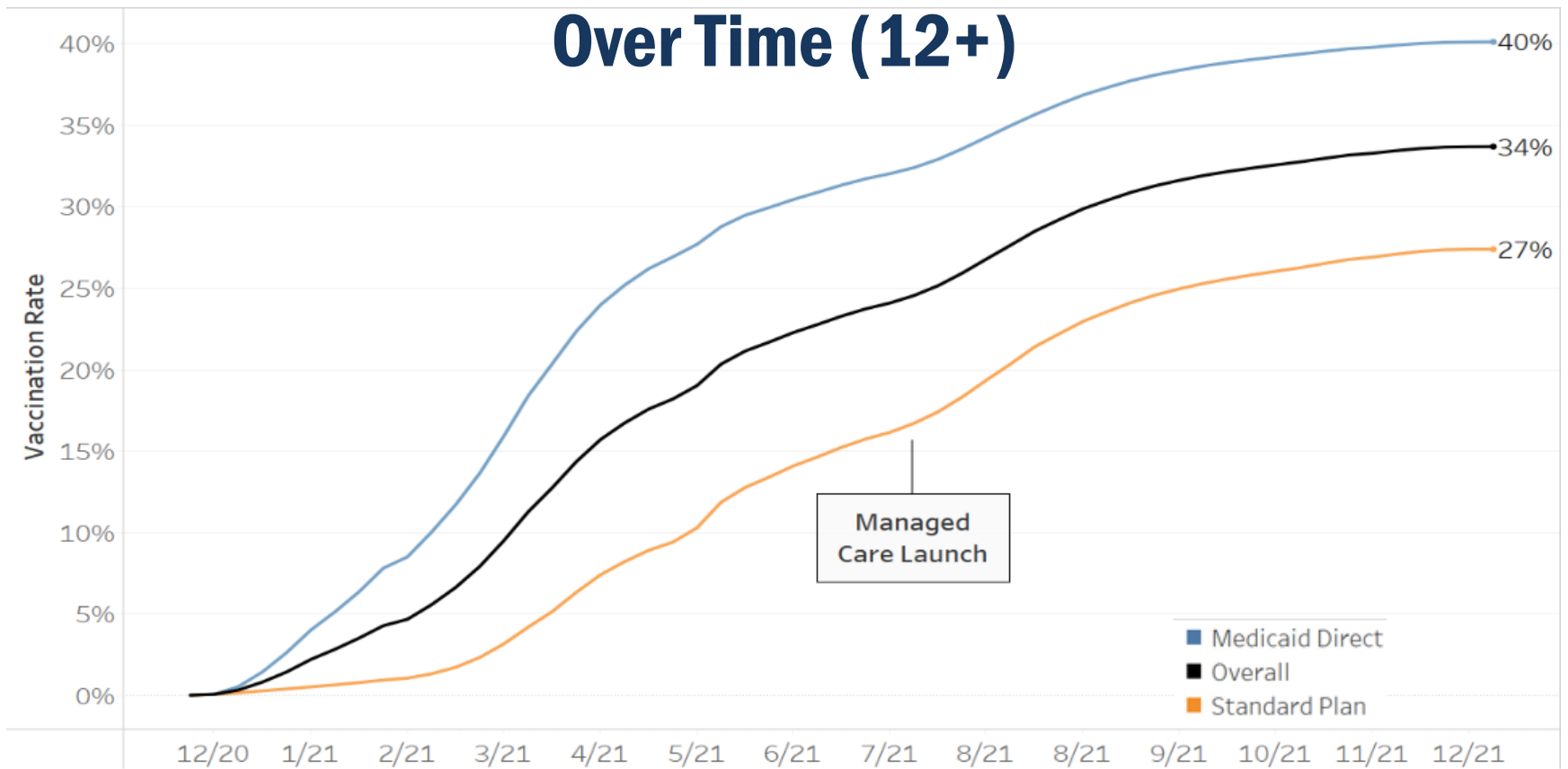
Medicaid Primary Series Completion Rate Compared to NC Overall (5+)



*Some Federal Entities (i.e. DOD, VHA, IHS, BOP) excluded from state data

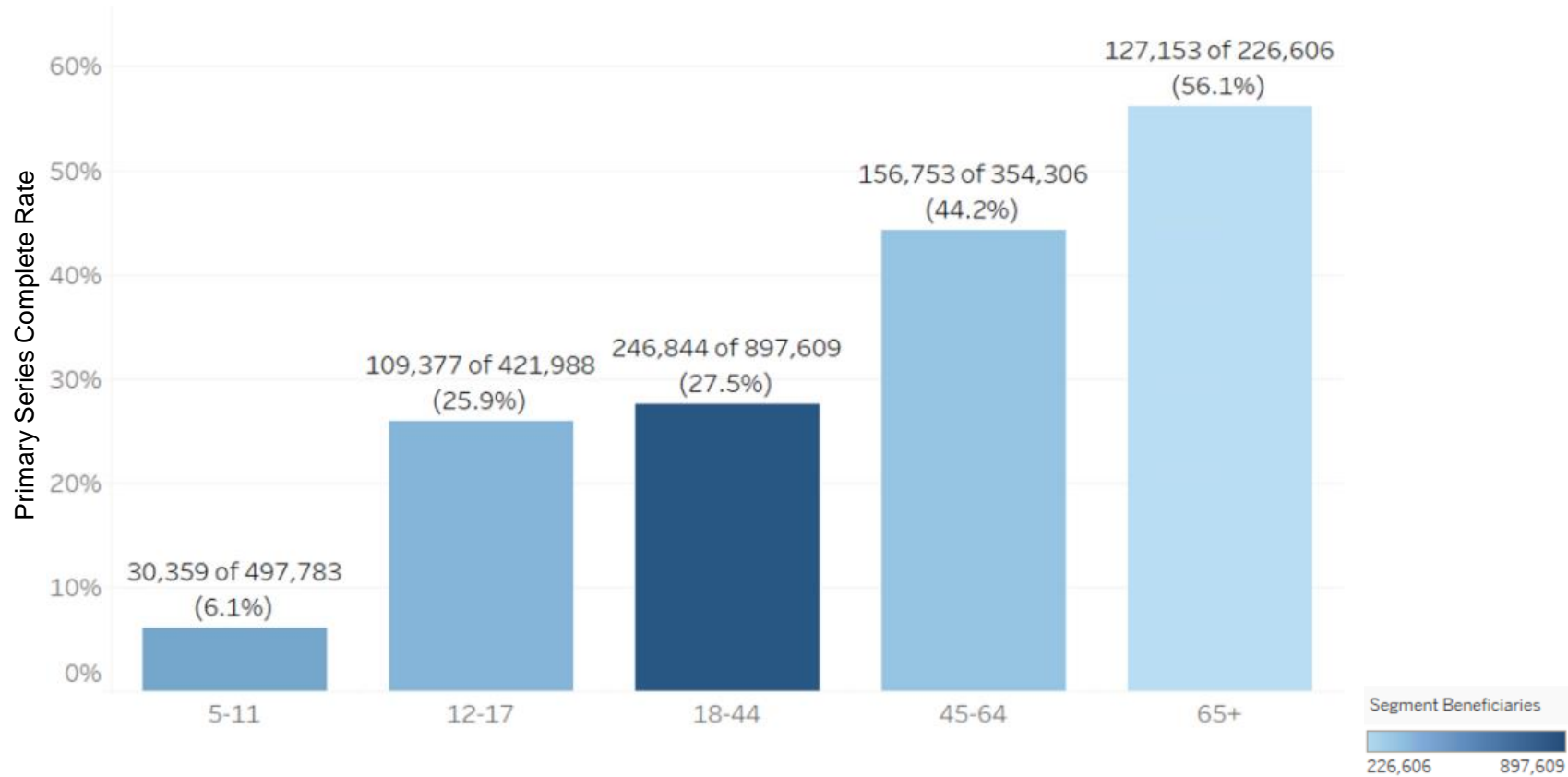
Source: <https://covid19.ncdhhs.gov/dashboard/vaccinations>

Primary Series Completion Rate by Medicaid Program Over Time (12+)



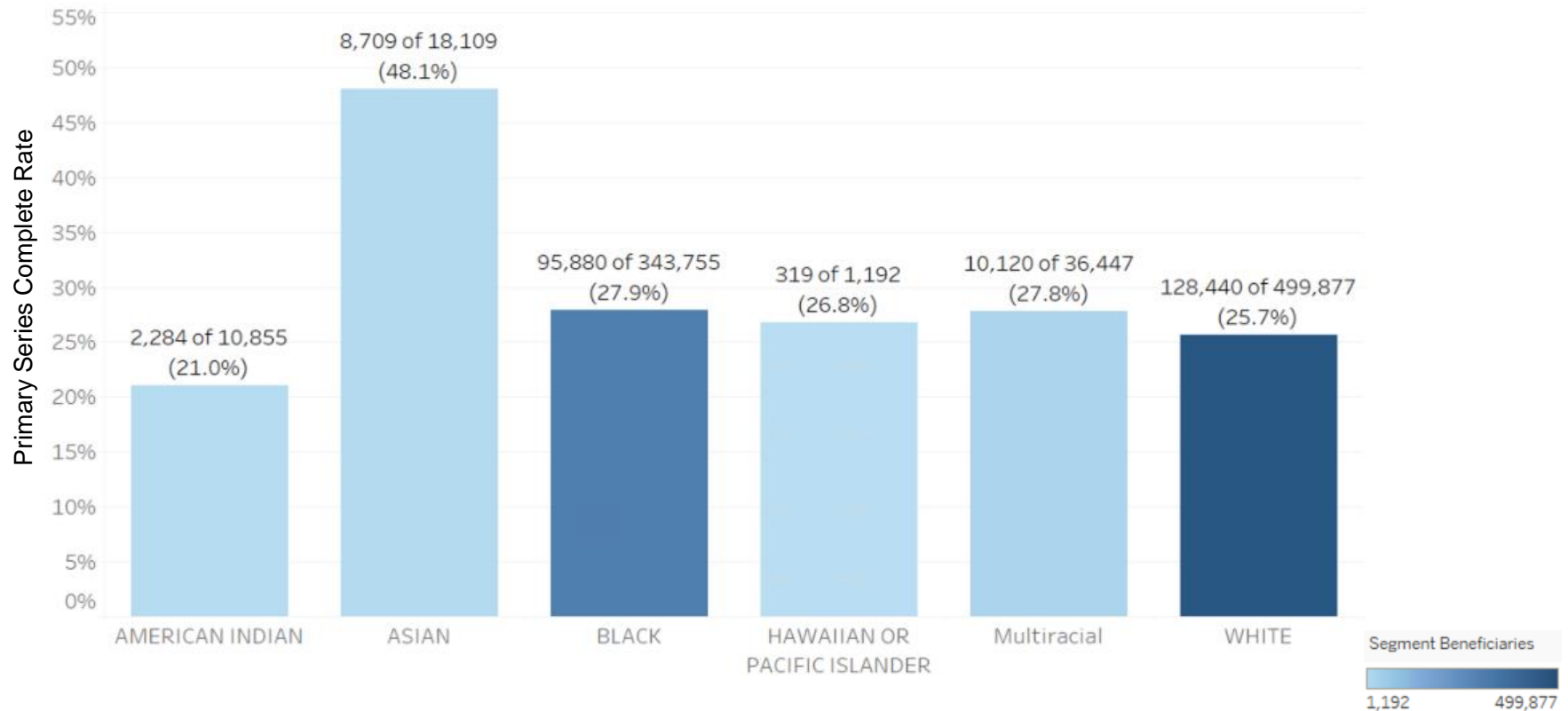
Proportion of Vaccinated Beneficiaries in each Age Group (5+)

Through 12/31/2021



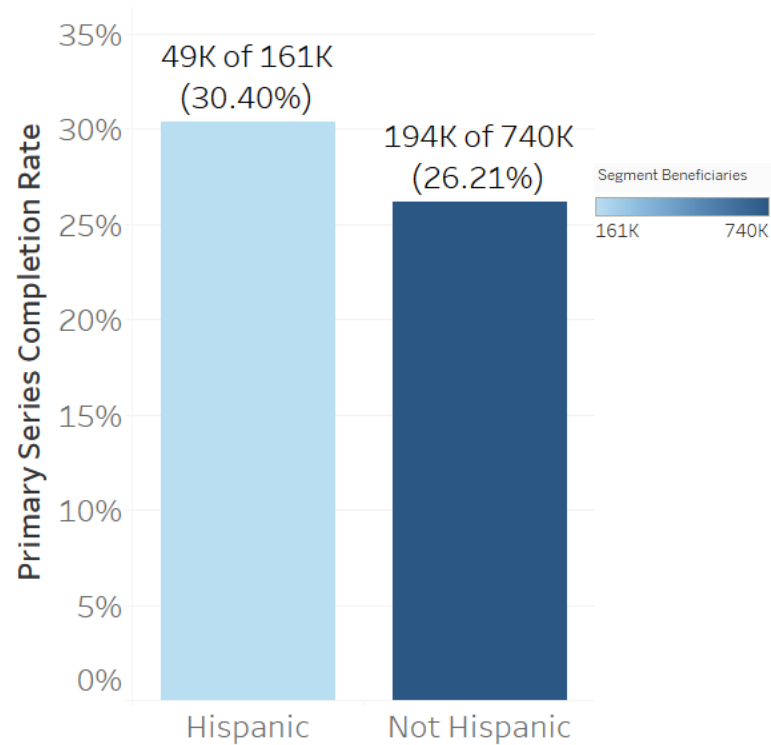
Proportion of Vaccinated Beneficiaries by Race Group (12+)

Through 12/31/2021



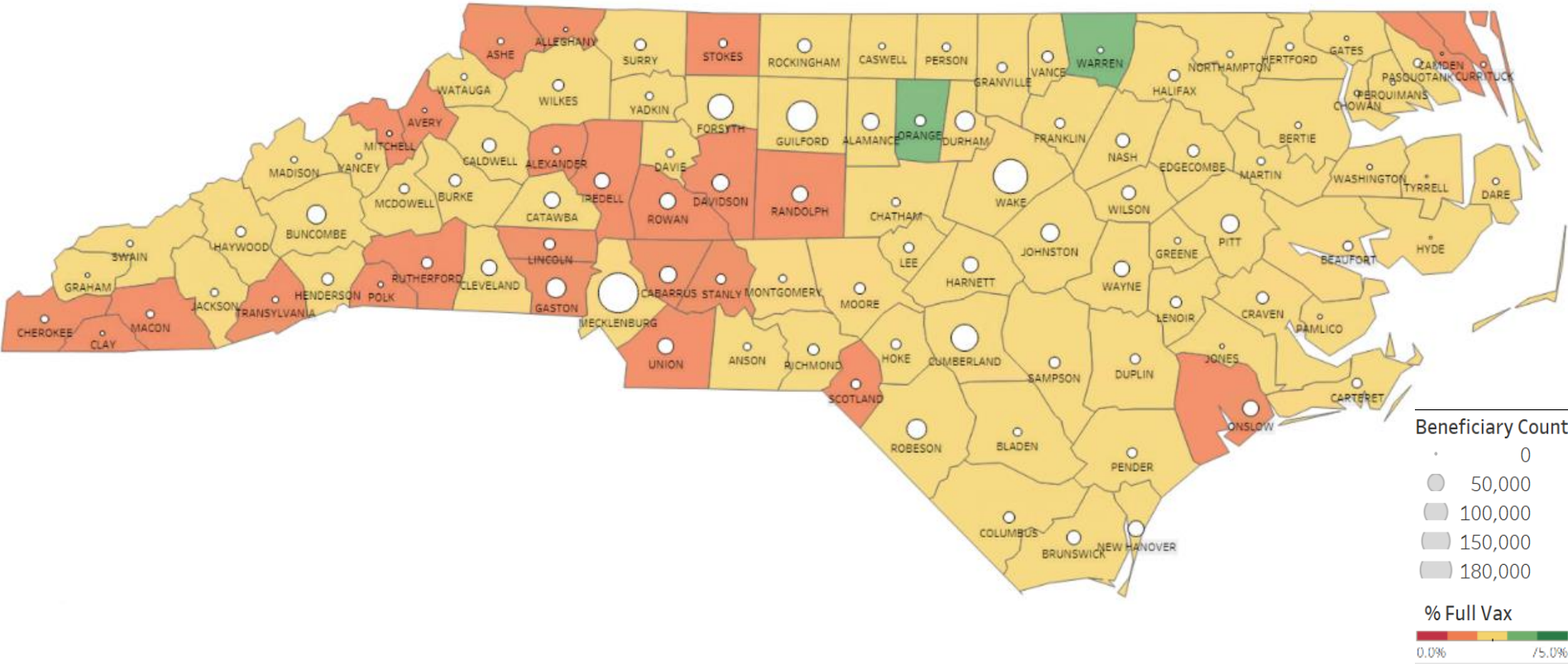
Primary Series Completion Rate by Ethnicity (12+)

Through 12/31/2021



Proportion Primary Series Complete (All Medicaid 12+)

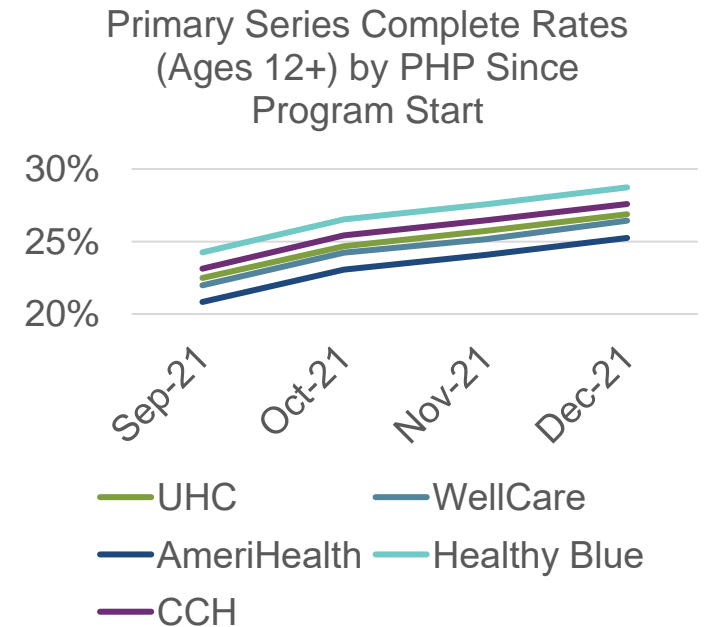
Through 12/31/2021



Primary Series Complete Rate by PHP (12+)

Through 12/31/2021

	Rate (9/2021)	Rate (10/2021)	Rate (11/2021)	Rate (12/2021)	Net Change
Overall Medicaid	30.64%	31.70%	32.50%	33.68%	3.04%
Medicaid Direct	37.94%	37.94%	38.57%	39.89%	1.95%
Standard Plan	22.62%	24.86%	25.89%	27.06%	4.58%
UHC	22.48%	24.68%	25.74%	26.89%	4.41%
WellCare	21.99%	24.23%	25.16%	26.45%	4.46%
AmeriHealth	20.84%	23.06%	24.08%	25.24%	4.40%
Healthy Blue	24.25%	26.52%	27.57%	28.73%	4.48%
CCH	23.12%	25.43%	26.47%	27.58%	4.46%



Medicaid Vaccine Counseling (99401)

Through 12/31/2021

Vaccine Counseling for the 12-17 Population

- The primary series completion rate for the 12-17 counseled population is 30% greater compared to the non-counseled population after 6/1* (23.51% vs 18.08%)
 - As time goes on, the degree of hesitancy increases
- Early data suggests 18 people ages 12-17 need to receive counseling for 1 beneficiary to be vaccinated beyond what would have occurred without counseling. With an average of 1.33 counseling sessions per beneficiary at a cost of \$32 per claim, this correlates to \$766 to shift one person to vaccination.**

*Beneficiaries 16 and older: Hesitant if not vaccinated by 6/1/21. Beneficiaries 12-15: Hesitant if not vaccinated by 6/26/21 (45 days after becoming eligible).

**Avg Cost of a pneumonia hospitalization with ICU stay is \$88,000(non-COVID)

Primary Series Completion Rate for the Hesitant Population by Age Group by Counseling Status

Through 12/31/2021

For all age groups, the population that was counseled had higher vaccination rates

Age Group	No Counseling	Received Counseling	Ratio
12-17	18.06%	23.51%	1.30
18-44	13.87%	15.88%	1.14
45-64	17.64%	21.75%	1.23
65+	13.81%	16.62%	1.20

Primary Series Completion Rate by Age Group by Volume of Counseling

Through 12/31/2021

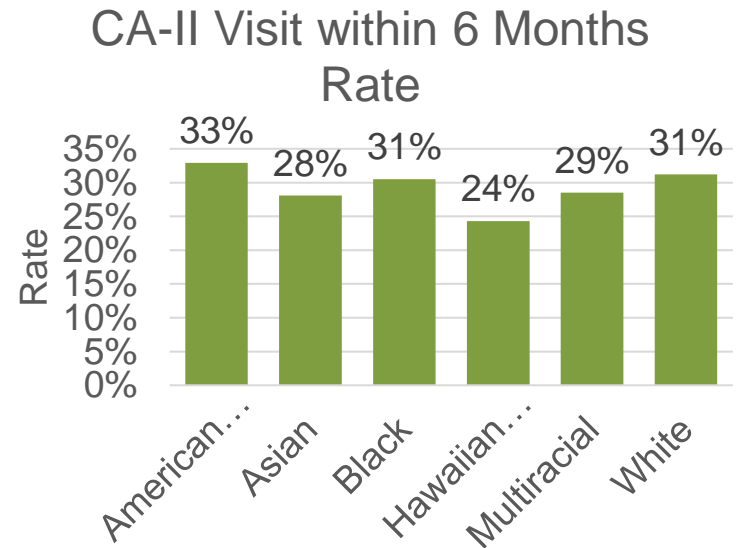
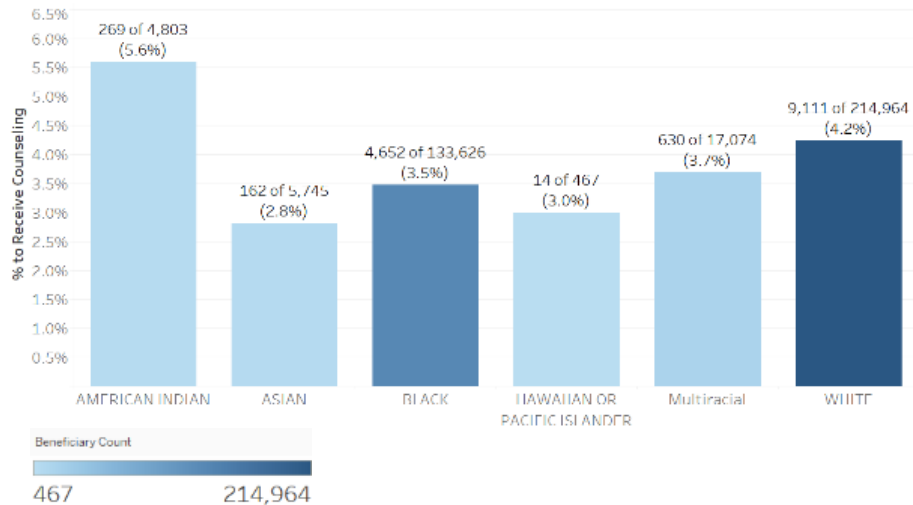
For all age groups, more than 1 counseling session resulted in higher vaccination rates

Age Group	1 Counseling Session	>1 Counseling Session	Ratio
12-17	22.65%	27.48%	1.21
18-44	15.38%	17.68%	1.15
45-64	20.21%	25.47%	1.26
65+	16.18%	18.57%	1.15

% of Hesitant Beneficiaries that Received Counseling by Race Ages 12-17

Through 12/31/2021

Counseling has been utilized unequally by race, however, reflects existing disparities in engagement with healthcare system



Source: https://internaldashboards.ncdhhs.gov/t/Medicaid/views/AdultHealthDashboard/AdultHealth-Overview?showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

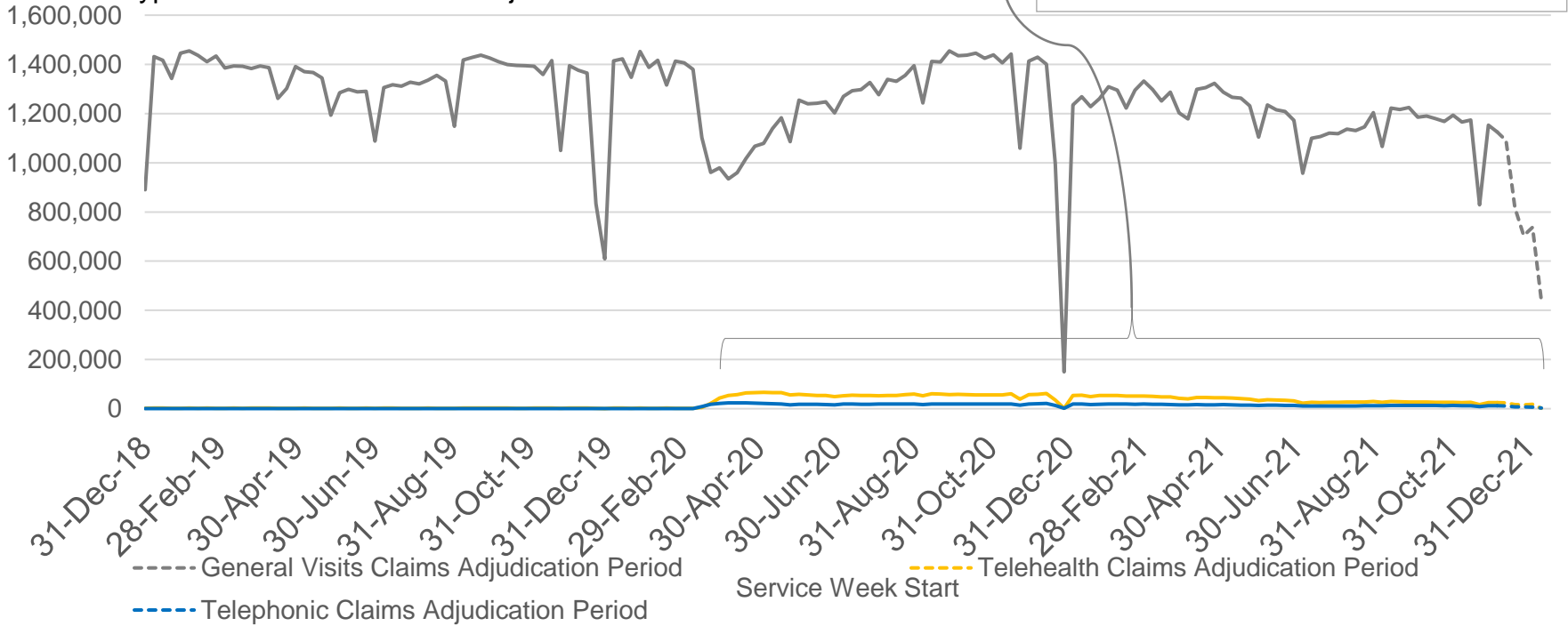
COVID Surge Flexibilities

Lever	Impact	COVID -19 Bulletin
Swing Bed Flexibility	Opening Beds	Bulletin 210
Skilled Nursing Surge Facilities	Opening Beds	Bulletin 210
Monoclonal Antibody Treatments	Prevent Hospitalization	Bulletin 208
Remdesivir Ambulatory Infusion	Prevent Hospitalization, Opening Beds	Bulletin 210 ; Bulletin 222
Oral Treatments	Prevent Hospitalization, Opening Beds	Bulletin 216
Boosters/Additional Doses	Increase vaccination	Bulletin 211 ; Bulletin 217
Counseling Code (99401)	Increase vaccination	Bulletin 210
COVID Vax Admin Rate Increase	Increase vaccination	Bulletin 210
COVID Vaccine Member Incentives	Increase vaccination	N/A
Standard Plan Incentives Program	Increase vaccination	N/A
Increasing Access to Testing	Broad impact	Bulletin 219
Communication to Stakeholders	Increase vaccination	N/A
Federal COVID-19 Mandates	Increase vaccination	Bulletin 221

Lever	Impact	COVID -19 Bulletin
Post-discharge Peer-to-Peer Discussions for Inpatient Reviews	Freeing up Clinical Staff	Bulletin #223
Reinstatement of temporary suspension of prior authorization for home health skilled nursing visits and skilled nursing hospital admissions under NC Medicaid Managed Care	Opening Beds	Bulletin #223
Waiver of Medical Necessity Determinations for COVID-19 Admissions	Opening Beds, Freeing up Clinical Staff	Bulletin #223
Prior Authorization Extension for Elective Procedures	Opening Beds	Bulletin #223

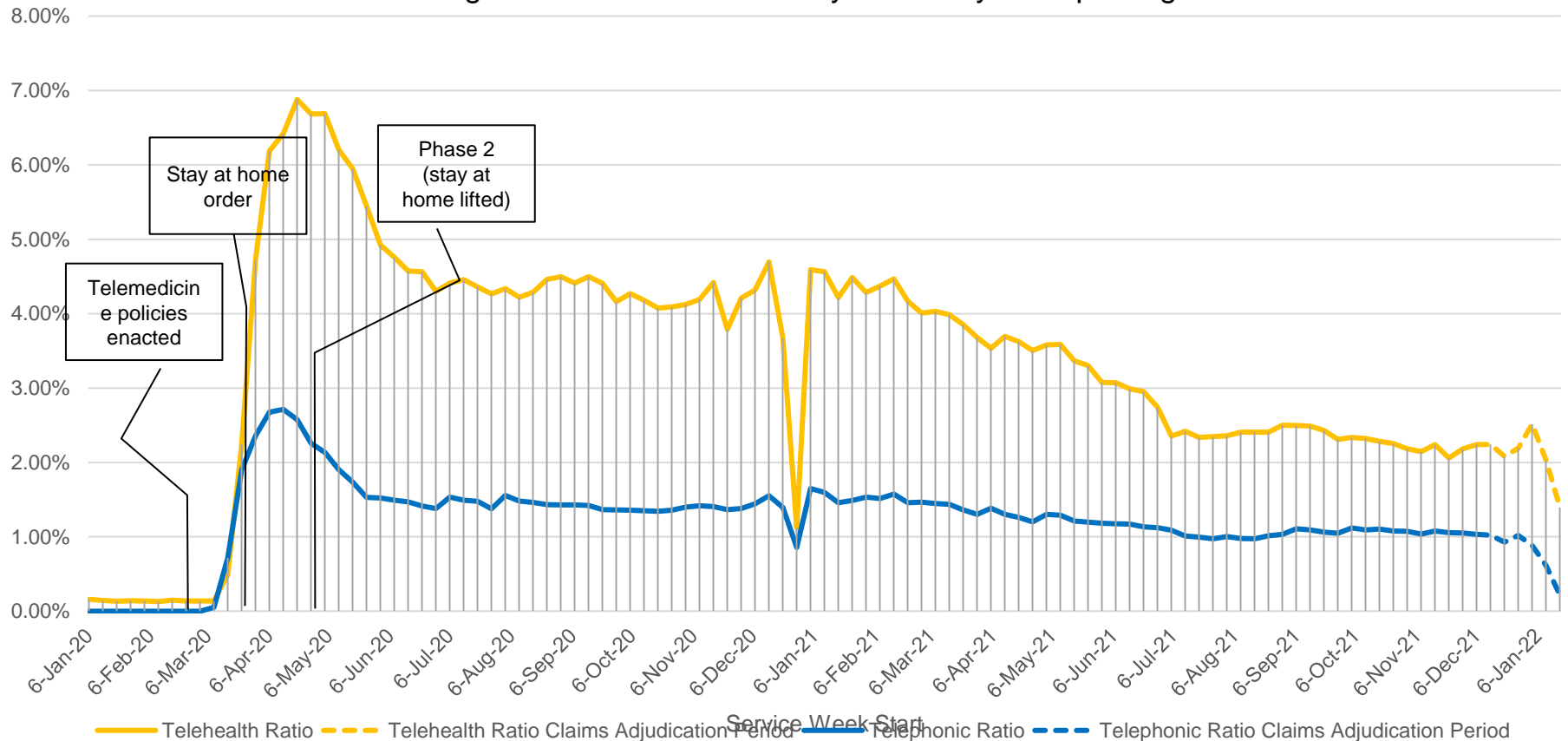
Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 – 1/15/2022

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication



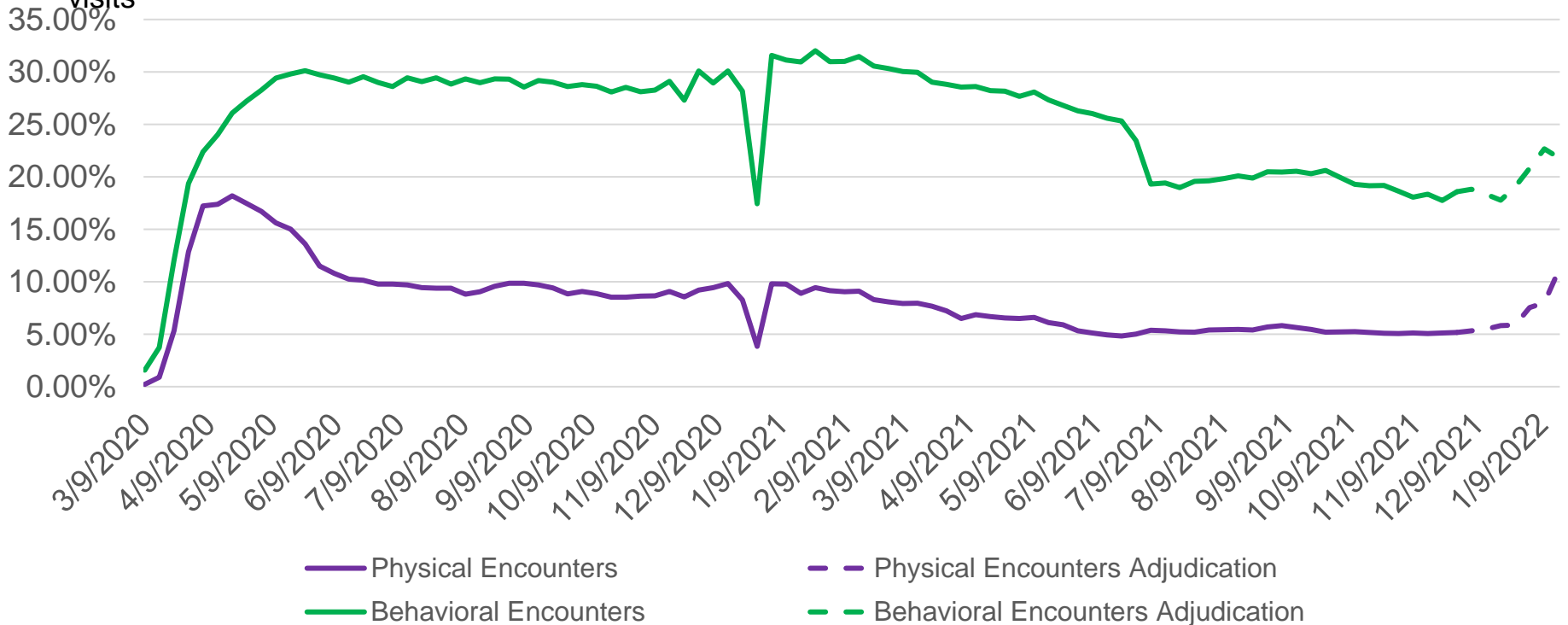
Percentage of Telehealth and Telephonic Claims of General Claims | 1/1/2020 – 1/15/2022

- Ratios jump after DHB's March 2020 implementation telehealth/telephonic policy changes
- The introduction of managed care encounters in July 2021 may be impacting



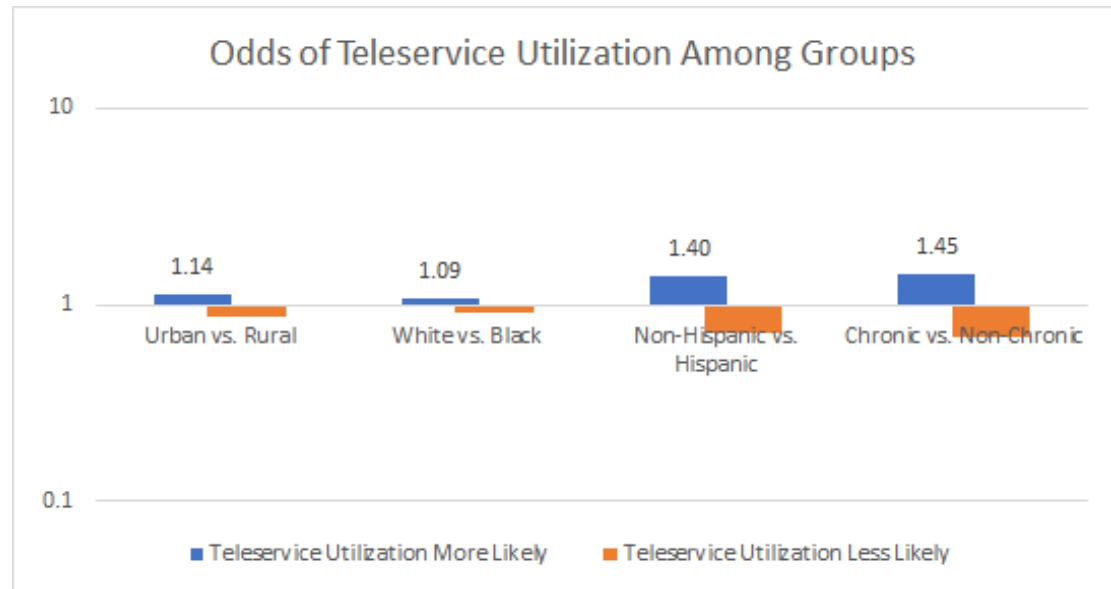
% Telehealth¹ for Physical vs. Behavioral Health | 3/09/2020 – 1/15/2022

Compared to other types of care telemedicine made up a much larger proportion of behavioral health visits

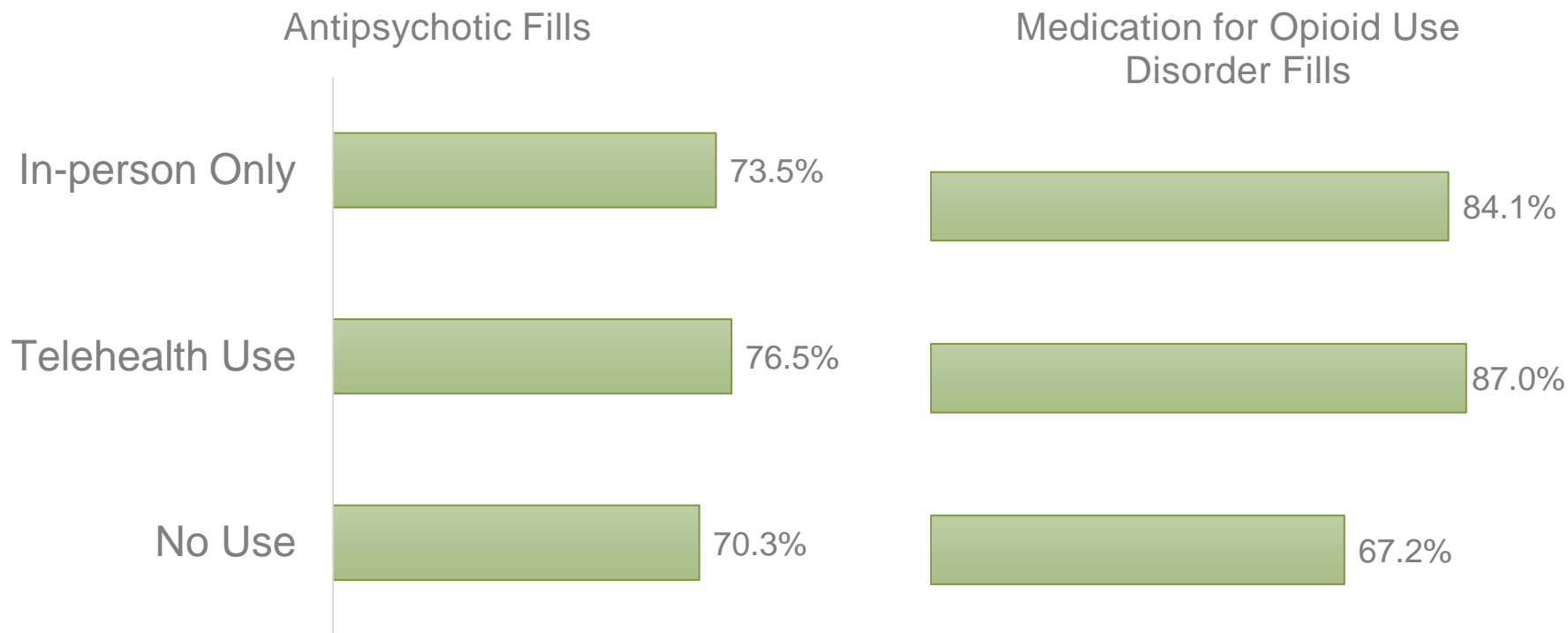


1. Remote encounters that include both audio and video

Over time we saw a levelling TH utilization across populations.

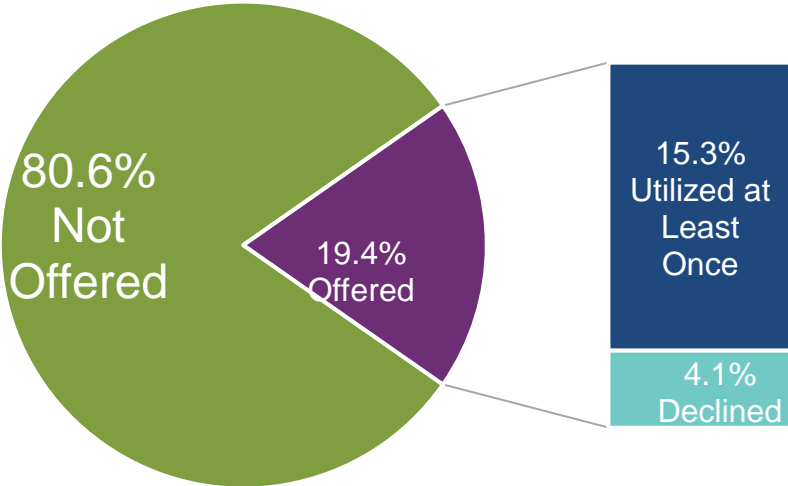


Probability of medication use between June 2020-January 2021 was higher for beneficiaries that received some services during March 2020 – May 2020

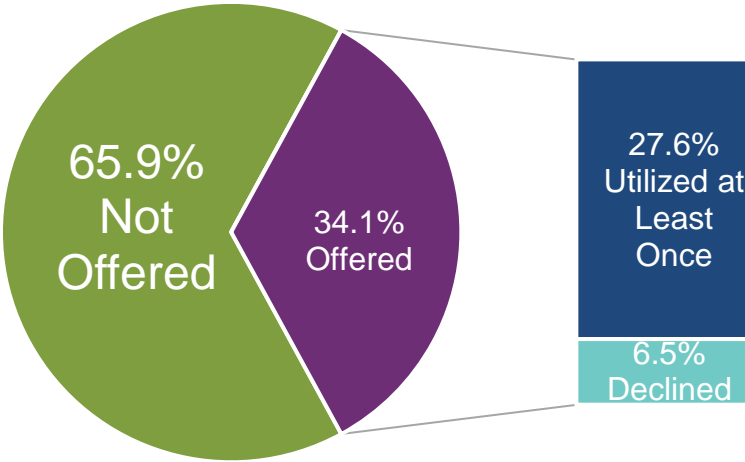


Telehealth offered in the last six months instead of an in-person appointment

Percent of Adult Guardians Reported for their Child

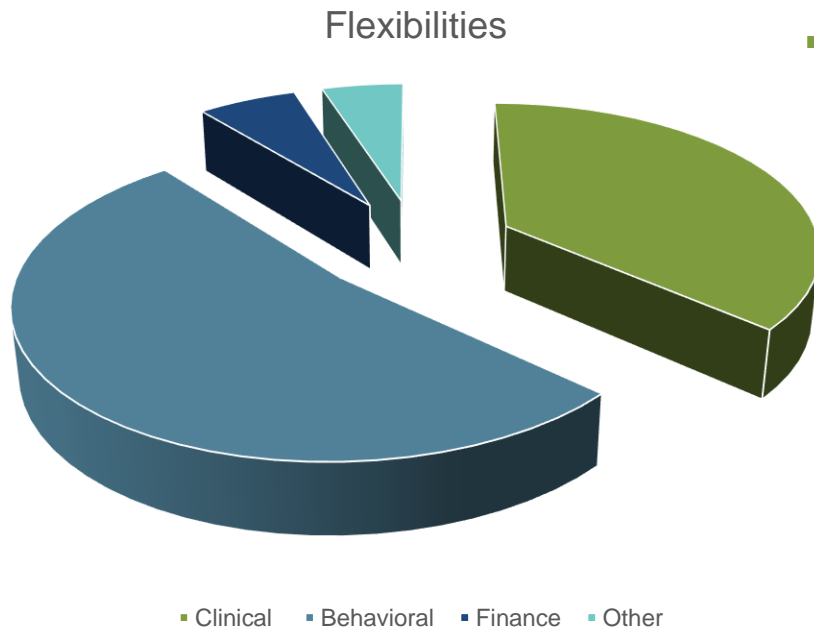


Percent of Adults Self-Reported

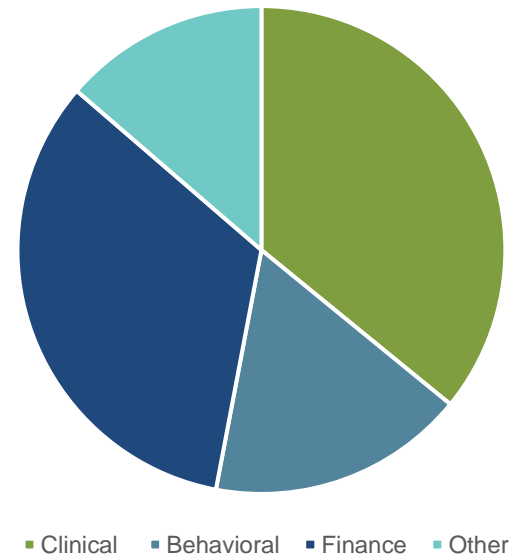


Circuit Breaker Recommendations: Final Outcome

The Department analyzed 387 flexibilities across multiple functional areas. The summary tables below provide insight into the final recommendations.



% Made Into Permanent Policy



Why is Authority Important?

- **Medicaid has state and federally mandated processes it must follow when making changes to coverage of services.**
- **During the PHE some of these authorities were "overridden" by either State or Federal Executive Orders.**
- **When those Orders end (the termination of the state or federal PHE), we can no longer cover services that are temporary.**
- **Select services over the past year have gone through our rigorous and time-consuming clinical policy process to become permanent.**

What Went into the Decisions for Permanent Policy?

- Evidence based guidelines
- National standards
- Expert opinion
- Feedback from the field
- Other Payer Coverage
- Review of utilization data
- Analysis of outcomes and costs of care
- Qualitative input (patient and provider satisfaction)
- Fiscal impact
- Process involves intensive analysis including fiscal impact
- Requires following a legislated process that includes public comment
- With launch of managed care, policies are updated on a less frequent basis to allow plans the ability to follow their required processes.

Temporary Policies Made Permanent: Diabetes Focused

Policy	Temporary Flexibility	Status
1A-24: Diabetes Self-Management Education	Enabled the delivery of diabetes self-management education services via telehealth.	Temporary policy has been made into permanent policy.
1H: Telehealth, Virtual Communications and Remote Patient Monitoring	New codes for Remote Physiological Monitoring	Recommended to become permanent policy, but limited to use for: CHF, COPD, Diabetes.
	New codes for Remote Physiological Monitoring Treatment Management Services	
5A-3: Nursing Equipment and Supplies	Suspended PA and quantity limits for selected nursing equipment and supplies, including blood glucose monitors, and testing supplies.	Temporary policy is being sunset on 3/31. Effective 4/1, will resume baseline PA and quantity limits except for blood glucose monitors with an integrated voice synthesizer (E2100) and non-therapeutic continuous glucose monitor (CGM) systems (A9276, A9277, A9278) which will remain available without PA. Updated medical necessity criteria for CGM systems.

<https://medicaid.ncdhhs.gov/blog/2022/01/31/special-bulletin-covid-19-226-permanent-changes-made-public-health-emergency-flexibilities-and-plan>

Diabetes and Transition to Managed Care

Non-Emergency Medical Transportation (NEMT)

		July	August	September	October	November
Total Number of Trips Completed	AMHC	3,597	4,665	4,245	4,373	3,950
	BCBS	6,078	8,874	8,477	9,017	8,349
	CCH	2,368	3,353	3,194	3,345	3,163
	UHC	4,868	7,134	7,005	7,267	6,679
	WC	2,671	4,509	3,826	4,753	4,726
	TOTAL	19,582	28,535	26,747	28,755	26,867
Provider No Shows	AMHC	118	136	78	85	66
	BCBS	184	182	122	201	147
	CCH	75	113	76	85	66
	UHC	189	149	102	124	113
	WC	15	5	13	22	14
	TOTAL	581	585	391	517	406
		3.0%	2.1%	1.5%	1.8%	1.5%

What's the same? Preferred Drug List

	Lanatilox Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod DASH®	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G5® Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G6® Transmitter / Receiver	
Freestyle Libre™ 2 Reader	
Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Dexcom G4® / G5® Platinum Sensor 4 Pack	Freestyle Libre™ 14 day Sensor
Dexcom G6® Sensor 3 Pack	
Freestyle Libre™ 2 Sensor	

Meters

Lancing Devices

Test Strips

Control Solutions

Lancets

ACCU-CHEK® Guide Retail care kit * (see above)	ACCU-CHEK® Softclix lancing device kit (Blue)
ACCU-CHEK® Guide Me Retail care kit * (see above)	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® AVIVA 50 ct test strips	ACCU-CHEK® Multiclix lancing device kit
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Fastclix lancing device kit
ACCU-CHEK® SMARTVIEW 50 ct test strips	
ACCU-CHEK® COMPACT Plus 51 ct test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® Guide 50 ct test strips	ACCU-CHEK® Compact blue glucose control solution (2 levels)
ACCU-CHEK® Guide 100 ct test strips	ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
	ACCU-CHEK® SmartView glucose control solution (1 level)
	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Multiclix 102 ct Lancets	
ACCU-CHEK® Softclix 100 ct Lancets	
ACCU-CHEK® Fastclix 102 ct Lancets	






<https://medicaid.ncdhhs.gov/media/9463/open>

QUALITY IMPROVEMENT

Comprehensive
Diabetes Care:
HbA1c Poor
Control (>9.0%)

- **Standard Plans and Tailored Plans must submit Performance Improvement Projects (PIPs) as part of the Department's Quality Assessment and Performance Improvement program**
- **PIPs for Year 2 are continued from Year 1, to monitor interventions and continue sustained improvement**
- **Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) is required of both Standard Plans and Tailored Plans as a statewide priority focus to improve quality of care**

Added services: Use this chart to compare the added services that each health plan offers. Some services may be only for members who qualify.
 For questions, call **1-833-870-5500** (TTY: 1-833-870-5558)

 <p>WellCare Beyond Healthcare. A Better You.</p>	 <p>UnitedHealthcare Community Plan</p>	 <p>HealthyBlue</p>	 <p>AmeriHealth Caritas North Carolina</p>	 <p>carolina complete health</p>
<p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts or 4-H Club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300 value) ▪ Up to \$120 yearly value for over-the-counter drugs ▪ Cell phone with 1,000 monthly minutes, free texts and 1GB of data ▪ Rides to classes and events 	<p>Education</p> <ul style="list-style-type: none"> ▪ Life skills training <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free breast pump ▪ Up to \$100 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with 350 monthly minutes, free texts ▪ Free meal delivery up to 14 days, if qualify 	<p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ GED exam voucher (up to \$160 value) ▪ 24 hours of online tutoring for members ages 6-18, if qualify <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Yearly adult dental exam and cleaning ▪ \$40 a month for groceries, if qualify ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber or Lyft gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Home visits for high-risk pregnancy <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership at participating locations for members under 19 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Acupuncture, massage therapy, biofeedback ▪ Extra pair of glasses and eye exam every 2 years for members ages 21 and older ▪ Free meal delivery up to 7 days after hospital stay, if qualify ▪ Home visits and supplies such as pillow case covers for asthma ▪ Cell phone with 1,000 monthly minutes, free texts 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam practice supplies <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Virtual care visits ▪ \$75 yearly value in rewards ▪ \$20 monthly for approved foods ▪ YMCA membership ▪ 10-week voucher for Weight Watchers® with 14 weeks of online tools <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership for members ages 6-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$125 yearly for vision items for members ages 21 and older ▪ \$30 quarterly value per household for over-the-counter drugs ▪ Home visits and supplies such as air filters and mattress covers for asthma

Good Measures Diabetes Coaching

- Good Measures uses evidence-based medicine, nutrition science, and behavior change best practices to help our members with Diabetes improve their health.
 - One-on-one phone coaching with a Registered Dietitian
 - Includes diabetes education, eating and lifestyle guidance, and ongoing motivation
 - The Good Measures app helps members get support in between coaching calls and get personalized and actionable meal suggestions to help them feel their best
- Since launching with WellCare, over 300 members with diabetes have received support from Good Measures and the majority have already reduced their A1c and lost weight.
- Good Measures “Diabetes Self Management Education Program” is accredited by the American Diabetes Association.

YMCA Diabetes Prevention Program



- Program is an Evidence Based Health Initiative designed to help adults reduce their risk of converting from pre-diabetes to full diabetes by learning about physical activity and nutrition leading to weight loss and risk reduction.
 - Available in all 100 counties of NC
- Program is available both in-person and virtually consisting of 25 sessions offered in a small group environment, over 1 year period
 - Led by a trained Lifestyle Coach
- Program goals are to reduce body weight by 5 to 7% and increase physical activity to 150 minutes per week.
- Qualifiers:
 - 18 years +
 - BMI of 25 or greater
 - At risk for developing type 2 diabetes or have been diagnosed with pre-diabetes

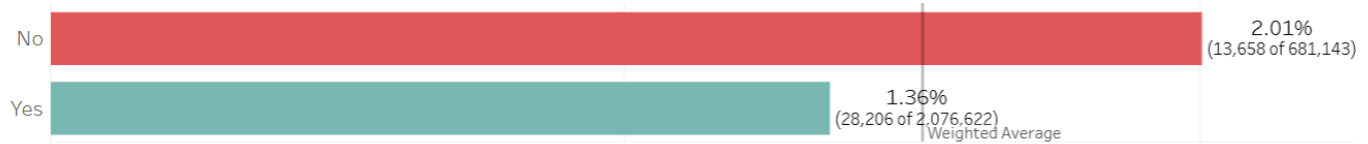
- Pharmacist driven diabetes management program that provides case management at the pharmacy with at least monthly member interactions that focuses on member with HgA1c >9.
- Educate patients on blood glucose monitoring, including appropriate checking technique, interpreting readings, recording readings, and the courses of action for hypoglycemia, hyperglycemia, and readings that prompt emergent attention by a health care provider. Additionally, ensure patients have affordable and adequate testing supplies.
- Make recommendations to the provider managing the patient's diabetes regarding any potential improvements to the medication regimen that would improve diabetes control and/or the patient's ability to adequately self-manage care.
- Launch date pending

Diabetes Data in NC Medicaid



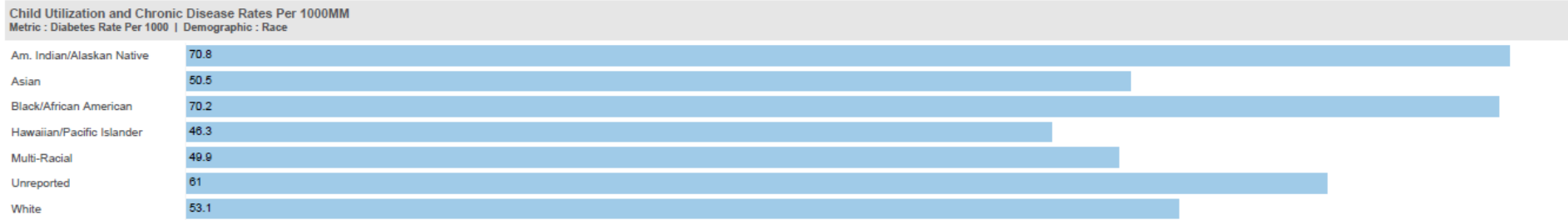
Diabetes Data: NC Medicaid

Diabetes Rate by *Has PCP?*
 Most recent affiliation data - 1/31/2022



Of those beneficiaries with a medical home, 1.36% have a diagnosis of diabetes.
 Of those beneficiaries without a medical home, 2.01% have a diagnosis of diabetes.

The rate of diabetes is highest in Black/AA and AI/AN populations.



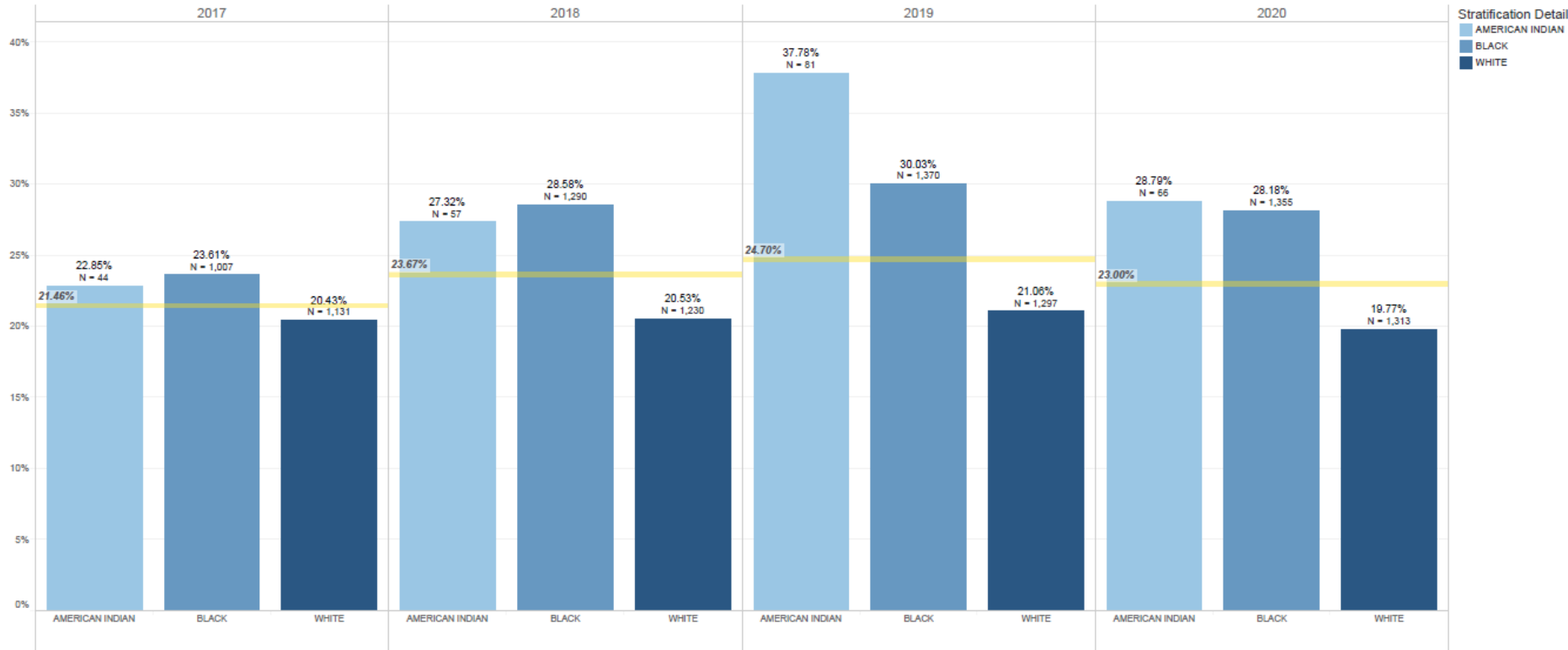
Click a bar in graph to change results in measures above and map. Click again to reset.

When analyzing NC Medicaid claims between July 2020 and June 2021 there were 156,860 patients with a diabetes diagnosis. Of those patients, 45,461 (29%) received at least 1 prescription for an oral, insulin, other injectable, or inhaled diabetic medication.

- **Oral Claims**: There were 33,941 patients who received an oral diabetic medication during this time frame
 - 8,581 (25%) who underutilized their diabetic testing supplies based on quantity and day supply entered by the pharmacy
 - 17,293 (51%) were non-compliant with their oral medication
- **Insulin Claims**: There were 23,431 patients who received insulin during this time frame.
 - 9,448 (40%) who underutilized their diabetic testing supplies based on quantity and day supply entered by the pharmacy.
 - 14,938 (64%) were non-compliant with their insulin
- **Other Injectable Claims**: There were 8,844 patients who received a non-insulin injectable diabetic medication during this time frame.
 - 3,170 (36%) who underutilized their diabetic testing supplies based on quantity and day supply entered by the pharmacy.
 - 4,982 (56%) who were non-compliant with their injectable medication
- **Combination Claim**: There were 45,461 patients who received an oral, insulin, other injectable, or inhaled diabetic medication during this time frame.
 - 13,495 (30%) patients who underutilized their diabetic testing supplies based on quantity and day supply entered by the pharmacy.
 - 25,648 (56%) who were non-compliant with their medication.

Diabetes Outcomes: Admission Rate

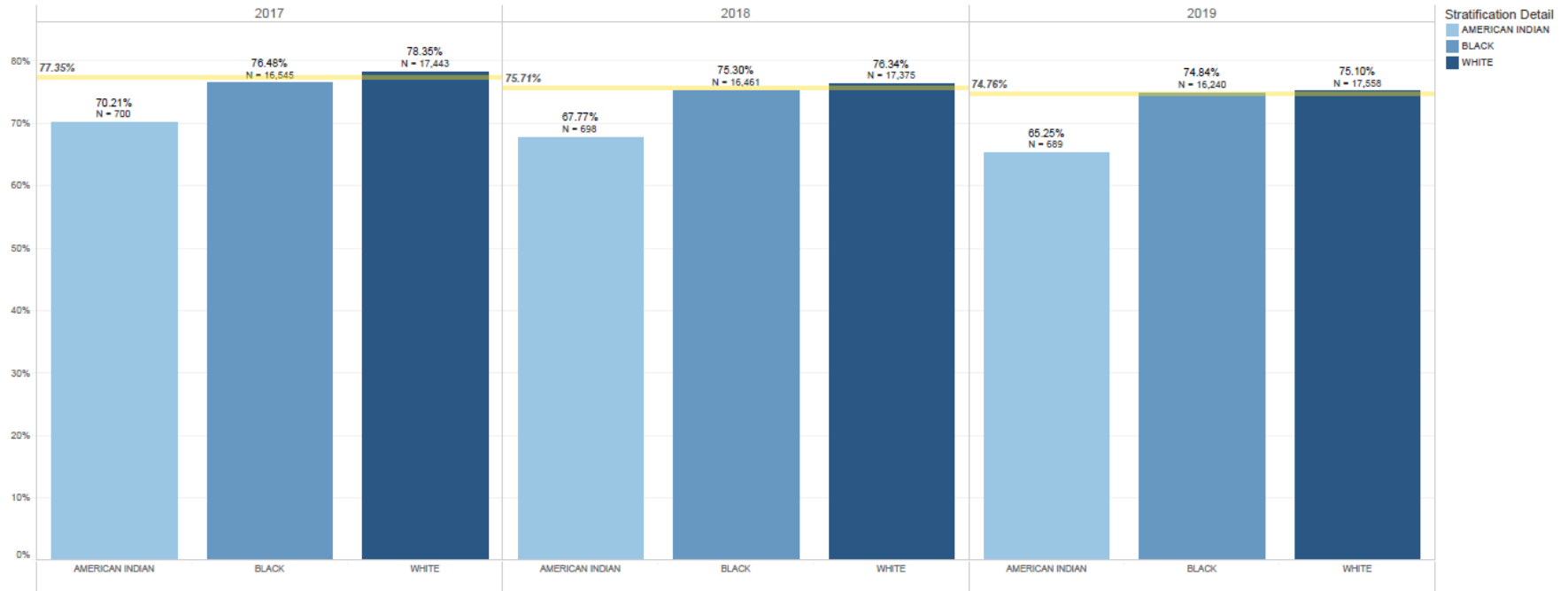
(PQI01) Diabetes Short-Term Complications Admission Rate (PQI01-AD) - PQI01_AD| Race



American Indian and Black Populations experience higher rates of admissions than White Populations.

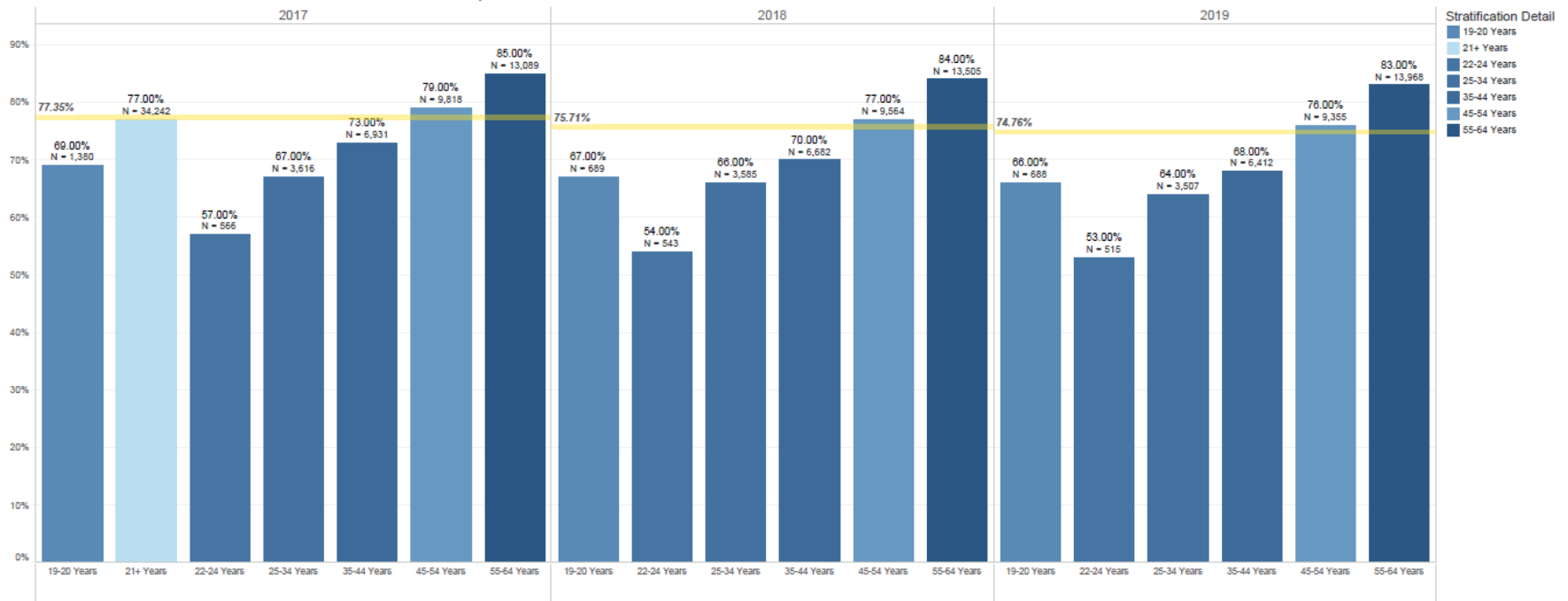
Diabetes Testing Rate

(CDC) Comprehensive Diabetes Care - HbA1c Tested | Race



Diabetes Testing by Age

(CDC) Comprehensive Diabetes Care - HbA1c Tested | Age



Questions?