EBCI TRIBAL OPTION

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The EBCI Tribal Option Provider Newsletter

QuitlineNC eReferral Portal Guide: https://wellbeingenroll.net/ProviderReferral/northcarolina

Health Care Sign Ups Surpass 2 Million During 2021 Special Enrollment Period Ahead of Aug. 15 Deadline

Record high Marketplace and Medicaid enrollment highlights demand for quality, affordable health coverage and the American Rescue Plan's savings

Today, the Centers for Medicare & Medicaid Services (CMS) released new enrollment reports showing more than two million people

have signed up for health coverage during the Biden-Harris Administration's 2021 Special Enrollment Period (SEP), which opened on February 15, 2021 as the country grappled with the pandemic, and will conclude on the extended deadline August 15, 2021. In addition, today's reports show access to health care continues to expand with 81 million people receiving coverage through Medicaid and the Children's Health Insurance Program (CHIP) as of February 2021. The historic and rising enrollments demonstrate how the Affordable Care Act, Medicaid, and other vital health care programs deliver high-quality, affordable health care to millions of Americans, families, and children.

The Center for Medicare & Medicaid Services (CMS) released a Notice of Funding Opportunity (NOFO) to solicit applications for the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act post-planning period, demonstration project. Open to only the 15 states receiving planning grants, this 36-month demonstration project seeks to increase the treatment capacity of providers, participating in the state's Medicaid program, to provide substance use disorder (SUD) treatment and recovery services.

Additionally, CMS released a technical supplement that provides detailed information regarding how the agency will implement the SUPPORT Act payment provision for the states that are selected for the demonstration.

Learn more about the NOFO here: https://www.medicaid.gov/medicaid/benefits/downloads/sud-nofo-07092021.pdf

Learn more about the Technical Supplement here: https://www.medicaid.gov/medicaid/benefits/downloads/nofo-tech-supp.pdf

The U.S. Department of Health and Human Services (HHS) provided nearly $100 million to rural health clinics across the country to support outreach efforts to increase vaccinations in rural communities.

The funds will go to more than 1,980 Rural Health Clinics (RHCs) who will use these resources to develop and implement additional vaccine confidence and outreach efforts as many communities face the Delta variant and work to get more people vaccinated and protected from COVID-19 in medically underserved rural communities. The funding was made available by the American Rescue Plan and is being administered by the Health Resources and Services Administration (HRSA) through the Rural Health Clinic Vaccine Confidence (RHCVC) Program.
"Rural health clinics play a crucial role in supporting our national vaccination effort to defeat COVID-19," said HHS Secretary Xavier Becerra. "This funding will give trusted messengers in rural communities the tools they need to counsel patients on how COVID-19 vaccines can help protect them and their loved ones."

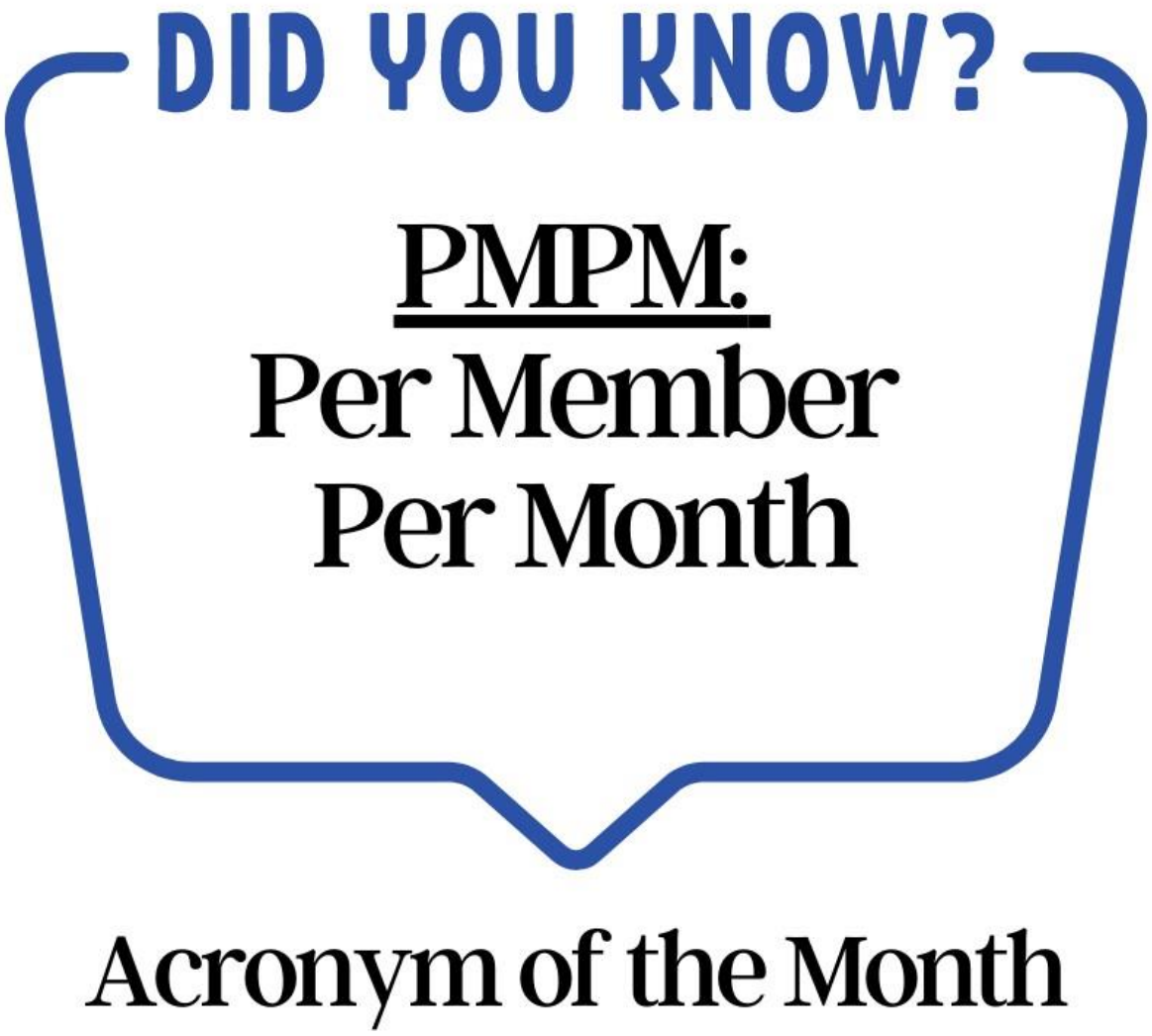
RHCs are well positioned to disseminate information about how and where to get vaccinated at the local level, and coordinate with existing vaccination sites and public health partners to identify strategies to increase vaccine confidence among key populations. RHCs will also use this funding to improve health literacy, focusing on vaccine safety and the benefits of broad vaccination for rural communities. These efforts will improve health care in rural areas by reinforcing key messages about prevention and treatment of COVID-19 and other infectious diseases.

HRSA is making grant awards to RHCs based on the number of certified clinic sites they operate, providing approximately $49,500 per clinic site. RHCs are a special designation given to health care practices in underserved rural areas by the Centers for Medicare & Medicaid Services to help ensure access to care for rural residents.

"Rural Health Clinics are critical partners in addressing health equity gaps, including those related to vaccination," said HRSA Acting Administrator Diana Espinosa. "This funding will help Rural Health Clinics address the barriers people in their communities face to getting vaccinated and build confidence in vaccines through trusted resources for health care services and health information."

HRSA also awarded a $750,000 cooperative agreement to the National Organization of State Offices of Rural Health to provide technical assistance to the RHCs participating in this Program. The National Organization of State Offices of Rural Health will work closely with the National Association of Rural Health Clinics , the technical assistance provider for the RHC COVID-19 Testing and Mitigation Program. Collaboration between HRSA and these organizations ensures RHCs will receive coordinated technical assistance to support their COVID-19 response and improve health care in rural communities.

To view a state-by-state breakdown of this funding visit: www.hrsa.gov/coronavirus/rural-health-clinics/confidence/funding
For more information about HRSA's rural programs, visit: https://www.hrsa.gov/rural-health/index.html
To learn more about HRSA's Rural Health Clinic Vaccine Confidence Program, visit: https://www.hrsa.gov/coronavirus/rural-health-clinics/confidence



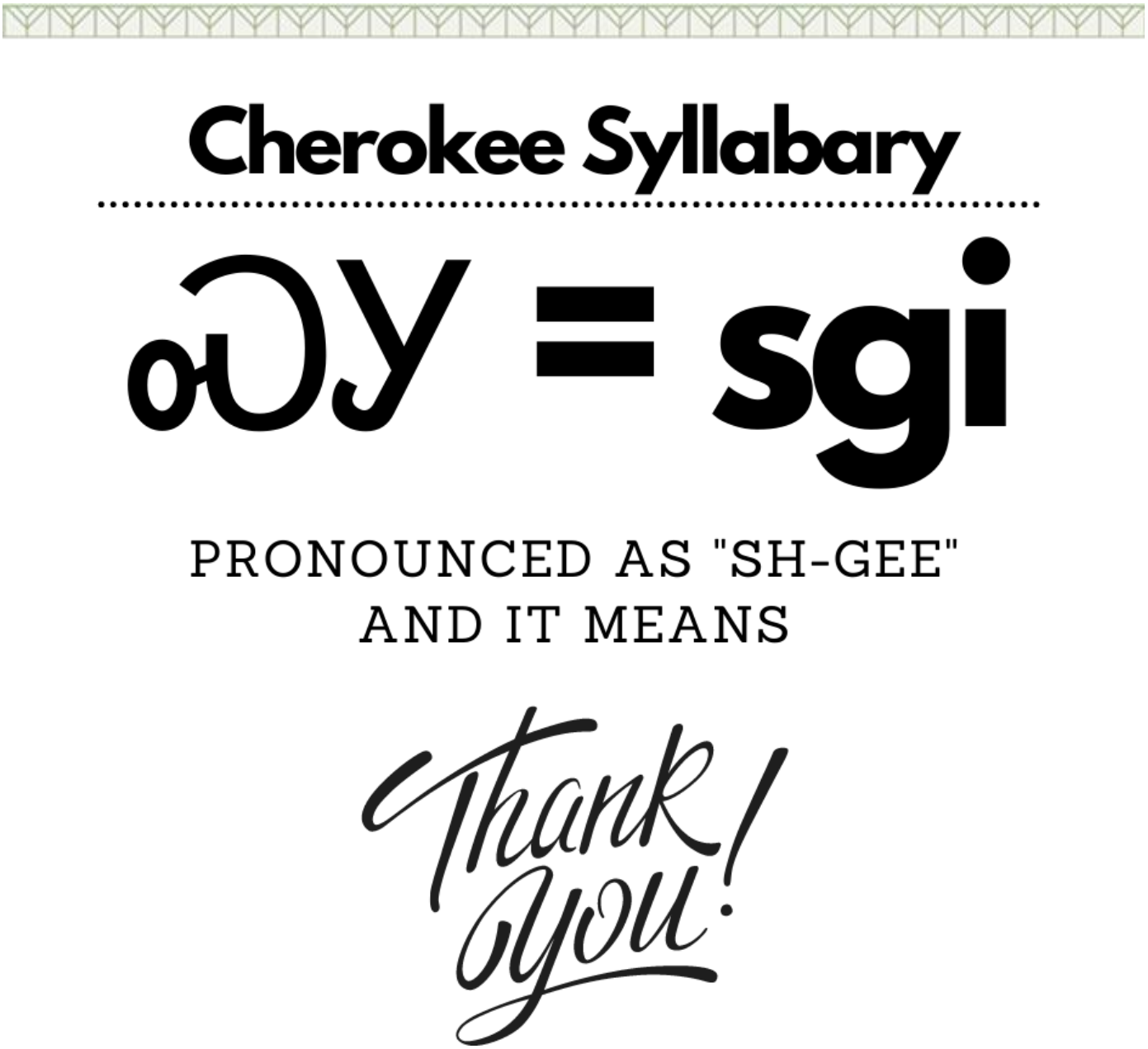
Confidentiality of Quality Assurance Reviews

Tribal Option network providers are required to maintain compliance with Section 805 of the Indian Health Care Improvement Act, which protects the confidentiality of medical quality assurance records. The Act is designed to encourage activities that assess the quality of medical care and allows for peer reviews to be conducted within Indian health programs without compromising the confidentiality of medical records.

Under this Act, any records of activities carried out for an Indian health program for quality assurance, infection control, patient safety,

patient care assessment and the identification and prevention of medical incidents and risks are confidential and privileged. These medical quality assurance records are not subject to discovery or admitted into evidence in any judicial or administrative proceeding. In addition, anyone who reviews or creates these records may not testify in any judicial or administrative proceeding.
There are some exceptions to this requirement, such as when a provider's clinical privileges are suspended, or when another provider needs the records to assess a provider's qualifications to practice. Even in those situations, the patient's identity must be removed from the quality assurance records before they are made available.

The full text of Section 805 of the Indian Health Care Improvement Act is available at: https://www.law.cornell.edu/uscode/text/25/1675



NCDHHS has continued to receive feedback from NC Medicaid providers indicating confusion about prior authorization requirements during the state's transition to NC Medicaid Managed Care. The Department shared this feedback with the prepaid health plans (PHPs). In response to these concerns, the PHPs will implement the following solution during the first 60 days after managed care launch to ensure beneficiaries continue to have access to services during this transition without unnecessary interruption.

1. Between July 1 and Aug. 30, 2021, medically necessary services that normally require prior authorization will still be reimbursed at 100% of the NC Medicaid fee-for-service rate for both in- and out-of-network providers. To ensure that providers fully understand each PHP's prior authorization requirements during the transition, the PHPs will still process and pay for these services if:
    a. a provider fails to submit prior authorization prior to the service being provided and submits prior authorization after the date of service, or
    b. a provider submits for retroactive prior authorizations

This exception does not apply to concurrent reviews for inpatient hospitalizations which should still occur during this time period.

Beginning Aug. 31, 2021, the PHP may deny payment for services that require prior authorization. For in-network providers this will apply to those services that normally require prior authorization. Out-of-network providers will need to seek authorizations for all services.

The Department expects all providers to maintain scheduled medical care for beneficiaries through this transition.
The Department expects the PHPs and providers to continue to work to resolve any outstanding contracting barriers during this time to mitigate out-of-network challenges.

More information is available at https://medicaid.ncdhhs.gov/blog/2021/07/07/updated-hospital-procedure-continuity-nc-medicaid-managed-care-launch.

Note: This update replaces the July 1, 2021 bulletin Hospital Procedure Continuity at NC Medicaid Managed Care Launch.

Today, the Centers for Medicare & Medicaid Services (CMS) released on Medicaid.gov the Quality Report to Congress identifying efforts undertaken to improve the quality of health care for children and adults enrolled in Medicaid and the Children's Health Insurance Program (CHIP). This report provides information on activities undertaken between 2017 and 2019, including changes in performance in the quality measures included in the Medicaid and CHIP Child and Adult Core Sets.

Medicaid and CHIP Quality Report to Congress

Please send any questions related to the Quality Report to MACqualityTA@cms.hhs.gov.

The Centers for Medicare & Medicaid Services released a Center Informational Bulletin (CIB) that provides states with details on section 209 of the Consolidated Appropriations Act, 2021, regarding Medicaid coverage of certain medical transportation. This section codifies in law the longstanding CMS interpretation that generally requires states to assure necessary transportation for beneficiaries to and from covered services which helps to remove transportation barriers for people with Medicaid seeking needed healthcare.

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