December 20, 2021

Mandy Cohen, MD
Secretary, NC Department Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Cohen:

Thank you for your leadership in Medicaid reform and a myriad of other issues. Thank you also for the opportunity to submit feedback on Tailored Plan contracting. On behalf of the NC Pediatric Society we note the following:

We appreciate the flexibility given to providers that participation in one contract does not obligate them to participate in all related contracts.

We are concerned about timing and recommend delaying the launch of tailored plans. Practices are still struggling with COVID related concerns now exacerbated by Omicron variant, the transition to Medicaid Managed Care in the middle of a pandemic, figuring out how to normalize and incorporate COVID vaccination into their daily workflow, seeking to address the youth mental health care crisis, dealing with crisis level staffing shortages and still working to catch up on overdue well-child visits and vaccines. A more stable base will provide a stronger launch for Tailored Plans.

We are concerned about the complexity of the design and the impact it could have on access to care. While we appreciate the flexibility, we are concerned that so many new types of contracts – with the potential for new difficulties in contracting, billing, coding, payment, bank routing and the other issues faced in the transition to Standard Plans – will serve as a deterrent for practices accepting new contracts at this time. It is conceivable that practice close to a regional line could need to negotiate up to 10 new contracts (if an LME contracts with all the PHPs for primary care and a practice is signed up with 5 PHPs and needs to sign contracts for two service areas.) Practices may not have the bandwidth to even respond to new contract offers and that inertia will limit access to care. Given how overstretched practices already are, we are deeply concerned about the impact this could have on access to primary care services for Tailored Plan eligible children. We are concerned that PCPs will not know how to navigate this new system. Clarity is needed for whom to call for issue resolution on both behavioral and physical health concerns - the standard plan, the LME or a different entity representing a new joint venture between standard plan and LME?
We are concerned about access, including to subspecialists. Children who qualify for Tailored Plans often face complex medical condition in addition to mental and behavioral health needs. Some of their needed subspecialists are rare in general and unevenly distributed across the state. Furthermore, if families have an established relationship with a subspecialist, they should be able to keep that relationship. As we saw with the roll out of Standard Plans, we cannot assume that all hospital systems will contract with all Plans – initially or even now six months after “go-live.” This potential lack of access could be dangerous for children who qualify for TP. We urge robust network adequacy protections, including requiring that Plans meet access to care requirements for both medical and behavioral care before they are allowed to launch (or alternatively, they not be assigned patients for whom the network does not meet basic standards). This might mean for a rare subspecialist outside the TP region and/or allowing TP to contract to allow access through NC Medicaid Direct or another mechanism to allow for a full range of subspecialists at an acceptable payment floor with minimal re-contracting.

We urge incentives for participation. Examples of incentives could be contracting through Medicaid Direct for administrative ease, rate floors set to the highest of the different LME fee schedules – especially important given historically low rates for many mental health services, enhanced payments, “gold passes” for prior authorizations, special care management to assure appropriate medications are obtainable by the family the first time they go to the pharmacy, etc.

We urge clarity for children and youth entering in foster care. Practices need a clear understanding of their contracting obligations and processes relating to transitions of care when seeking to provide medical care for children and youth in foster care, including pre “go-live” for the Foster Care Plan. Messaging to all parties involved will be key – local DSS staff, resource/foster parents, practices, etc. – to ensure understanding and that children and youth in foster care receive necessary appointments and care as well as medications and devices. Primary care needs to be able to easily understand how referrals will work as well.

Thank you again for the opportunity to provide feedback on this proposal. As always, we welcome the opportunity to discuss issues in more detail.

Sincerely,

Christoph R. Diasio, MD, FAAP
President, NC Pediatric Society

Cc: Melanie Bush
Shannon Dowler, MD
Debra Farrington
Jean Halliday
Elizabeth Hudgins
Jay Ludlam
Leah Rayne
Dave Richard
Charlene Wong, MD