# NC MEDICAID & NC HEALTH CHOICE REFORM PLAN – QUESTIONS AND ANSWERS

Updated: March 30, 2016

It will take several years before the NC Medicaid and NC Health Choice Section 1115 Demonstration Waiver is ready to be implemented, and the questions and answers below may change based on approvals and decisions, as needed.

Please continue to check this list for updates.

## QUESTIONS FROM BENEFICIARIES

1. ***Will my Medicaid or NC Health Choice benefits change?***
   No. You will still have the same benefit levels that you currently have. Medicaid and NC Health Choice benefits are established by the state. Plans have the opportunity to add additional benefits, but may not provide less services than what is mandated by state law. (2016-03-30)

2. ***As a Medicaid beneficiary, will I be able to access a hospital and/or services outside of my region if I enroll in a regional provider-led entity (PLE)?***
   All plans will be required to meet defined access standards to ensure that you can access the services needed in a timely way and within a reasonable distance. While the plans will have some flexibility to determine which providers are within their networks, it is expected that many of the regional plans will need to contract with providers outside their defined region to meet access requirements.

   Additionally, plans will be able to exclude only willing providers from their networks to the extent there are quality concerns. While it is unknown at this time how regional plans will contract with hospitals and/or other Medicaid providers outside of their region, you will be able to access hospital and/or others services outside of your region if you join one of the statewide contracts. (2016-03-30)

3. ***When will we launch the prepaid health plans? When will capitation start?***
   The launch date will depend on how long it takes the Centers for Medicare & Medicaid Services (CMS) to approve the changes requested in the Medicaid reform waiver. The Department is required by law to launch the plans within 18 months following CMS approval. This approval is assumed to take at least 18 months, and the Department currently estimates that plans will launch July 1, 2019, at the earliest. (2016-03-30)

4. ***How will I enroll in a plan?***
   Assistance will be available to help you understand plan options and their differences. You will need to select a primary care provider and then a plan that includes that provider in its network. You also can receive help determining which of your other key providers are in each of the plan's network. If you do not choose a plan, then one will be assigned to you based on your existing provider relationships. (2016-03-30)

5. ***Will the eligibility and enrollment process into Medicaid and NC Health Choice be the same?***
   Yes, the eligibility and enrollment process will be the same. Additional steps will need to be taken to select and enroll in a prepaid health plan, as described in question 4. (2016-03-30)

6. ***What region am I in and what are the regions used for?***
   Your region is defined by your county of residence. The Department has proposed that counties be organized into six regions according to state law. Regions are used to determine the populations that will need to be covered by a regional provider-led entity (PLE). Regional PLEs will be required to accept any beneficiary living in their region, and may include providers inside and outside of their region in their networks. (2016-03-30)

7. ***How were the regions determined?***
   Regions were developed with input from providers. They are designed to recognize existing referral patterns and to keep various health systems together when possible. (2016-03-30)

## QUESTIONS FROM MEDICAID PROVIDERS

1. ***Will health care providers automatically be enrolled in a plan or will they have a choice to not participate and continue to provide services under fee-for-service?***
   Health care providers will not automatically be enrolled into a plan. Providers will have a choice in determining whether they would like to contract with a plan. (2016-03-30)

2. ***As a Medicaid provider, will I have to bill multiple plans?***
   If you contract with multiple plans, it is possible that providers will have to bill multiple plans. This is similar to how providers generally work with multiple private insurance companies today. (2016-03-30)

3. ***What are provider-led ntities (PLEs)?***
   Provider-led entities are local managed care systems led by providers or provider groups. PLEs will ultimately provide health care services to Medicaid beneficiaries who are covered under the Medicaid and NC Health Choice Section 1115 waiver at an established cost under the supervision and approval of the Department. PLEs will accept per member per month payments to manage the health needs of an established beneficiary population within a specific region. (2016-03-30)

4. ***What are commercial plans (CPs)?***
   Commercial plans will provide NC Medicaid services to beneficiaries on a statewide basis. This includes many national Medicaid managed care organizations (e.g. United, Aetna, Wellpoint), and any other plans willing to bid to provide services throughout North Carolina. CPs accept per member per month payments (PMPM) to manage the health needs of an established beneficiary population statewide. (2016-03-30)

5. ***Will provider-led entities and commercial plans provide the same benefits and covered services that are offered under the fee-for-service Medicaid program?***
   At a minimum, all plans will be required to provide the same level of covered benefits and services as provided today under the fee-for-service program. Enhanced benefits and services will be at the plan's discretion and subject to Medicaid approval, but will not be accounted for in the development of capitation rates. (2016-03-30)

6. ***Regarding medications, are all drugs (oral and physician-administered injectables) included?***
   Yes, all drug costs will be included as part of the capitation payments to plans. This includes all drugs, including oral and physician-administered injectables. Plans will be responsible for managing prescription usage. The Department will continue to establish the formulary for all Medicaid and NC Health Choice beneficiaries. (2016-03-30)

7. ***Will dental services be included under plan coverage?***
   Dental services are currently excluded from the Medicaid and NC Health Choice waiver, and will continue to be reimbursed using fee-for-service methodology under the Medicaid fee schedule. (2016-03-30)

8. ***Will Medicaid no longer have a Medicaid fee schedule?***
   The Department will maintain a Medicaid fee schedule for services. Small populations (new Medicaid enrollees, certain populations excluded from the waiver) will continue to remain under fee-for-service, requiring the Department to keep the Medicaid fee schedule updated. (2016-03-30)

9. ***Can the plans exclude any providers?***
   No, under most circumstances. Session Law 2015-242 requires that plans work with any willing provider who contracts with NC Medicaid or NC Health Choice. Providers can be excluded only for quality reasons. (2016-03-30)

10. ***Will processes such as prior authorization have a uniform process or will there be 13 different processes?***
    Certain processes will be uniform based on basic requirements stated in the plan contract; however, each plan can make customized changes to such processes for its own purposes. (2016-03-30)

**OTHER QUESTIONS**

1. ***What is a realistic timeframe to expect the Centers for Medicare & Medicaid Services to decide on the Medicaid and NC Health Choice Section 1115 waiver application?***
   The Department expects a decision within 18-24 months from the submission date of June 1, 2016. (2016-03-30)