



Better Together



May 22 Announcement: Vaya Health and Partners Health Management Merger

- N.C. Gen. Stat. § 122C-115.5(c) Area authorities may add one or more additional counties to their existing catchment area, including through the merger or consolidation of area authorities, upon the adoption of a resolution to that effect by a majority of the members of the area board and the approval of the Secretary
- NCDHHS Secretary approval contingent on successful readiness review and **satisfactory efforts to reasonably address input from counties and CFACs**

A photograph of a group of people in a meeting. In the foreground, a woman with long blonde hair is seen from the back, looking towards the right. In the background, a man with a beard and a woman are sitting at a table, looking at a laptop. The setting appears to be a modern office or meeting room with large windows.

Vision: A Stronger Organization that is Better Together

Preserve the public system and prevent commercial plans from taking over management of services in our communities

- Create a consolidated LME/MCO that can withstand existential threats on the horizon and successfully respond to the Tailored Plan re-procurement
- Leverage talent at all levels of leadership, preserving local jobs and retaining staff dedicated to the public system
- Remain accountable to local communities, local solutions, local governance, member voice and input

Why Now?

External Pressures Impacting North Carolina's Public Behavioral Health System

Consolidation Pressure



Push to reduce NC Medicaid plans, forcing LME/MCO consolidation

Enrollment Declines



Loss of Medicaid Direct, HR1, Duals, CFSP

Fiscal Pressures



Budget strains, workforce costs, recession fears

Re-Procurement Risk



Competitive threats from commercial plans

Strategic Imperative

Time needed to complete merger and show strong outcomes & HEDIS performance.

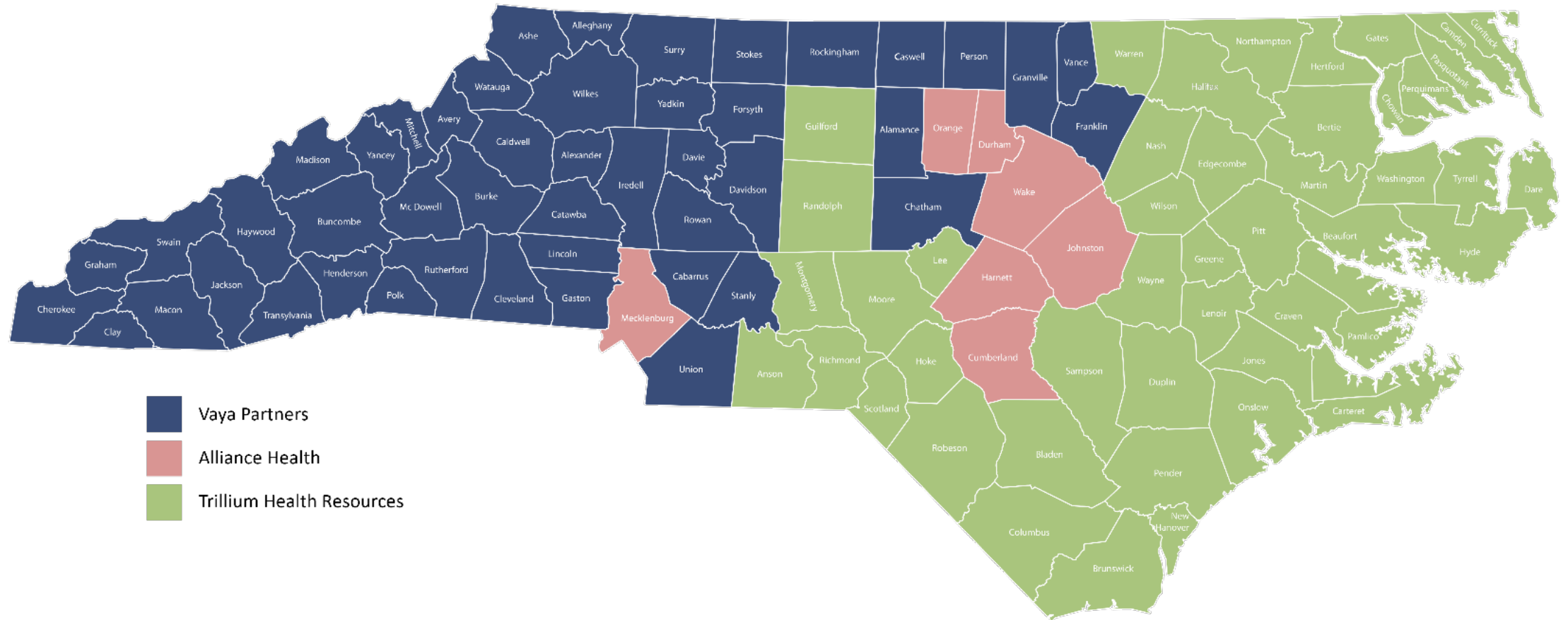


We have somewhere in the neighborhood of nine to 12 different Medicaid plans in North Carolina ... And so what that creates is a complexity from which there are some benefits particularly around maybe the fraud, waste and abuse framework but also a tremendous amount of work on our Division of Health Benefits ... It costs us millions of dollars a year to administer a plan ... one of the opportunities is to think about what is the right number of plans ... we'll need General Assembly action in order to think about how we may go from the number of plans we have to what would be the right size.

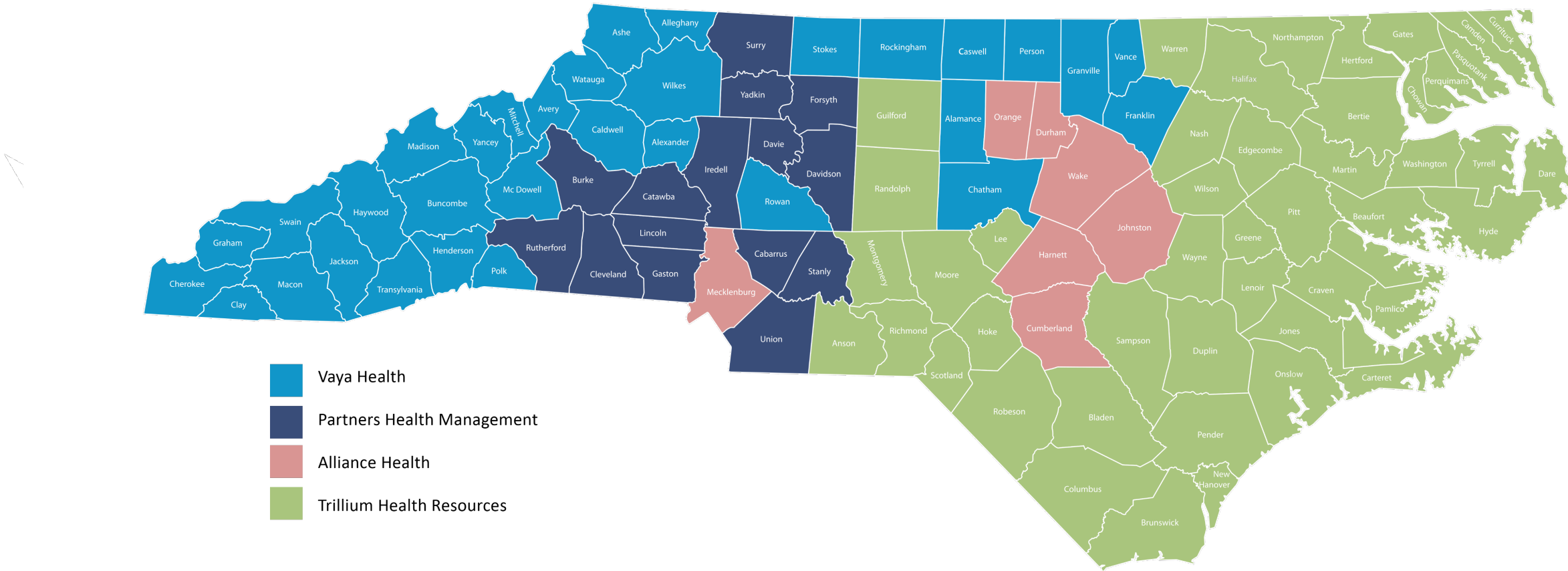


Secretary Sangvai, April 16

Better LME/MCO Map



Current LME/MCO Map



MERGER APPROACH: BETTER TOGETHER

Voluntary, collaborative, and
proactive merger

Equal Governance and Shared
Leadership

Legal Name will be Vaya
Partners Health

Brand Name will be Vaya
Partners





Merger Goals

- **Strengthen provider network/ provider quality**
- **Ease provider administrative burden through standardization and parity across 47 counties**
- **Enhance member access and continuity of care**
- **Integrate brand and strengths of each entity**
- **Promote Financial Sustainability**
 - Demonstrate continued stewardship of public funds while providing increased value to stakeholders and members
 - Achieve lower overall operating cost efficiency through consolidation of IT systems, elimination of duplication, and scale
 - Continue to meet all solvency requirements and be positioned for next re-bid cycle





Governance & Community Input

Governing Board Structure

- Initial Governing Board will include 13 reps from each catchment area:
 - **2 CFAC members from each legacy Board (4 CFAC members total)**
 - 8 appointments from each legacy Board
 - 8 legacy Board appointments from Vaya Board
 - 3 members appointed by current CCABs (Regional Boards)
 - Nonvoting Cherokee Indian Hospital Authority representative
 - Nonvoting Provider Advisory Council President
- Vaya Board Chair and Partners Board Chair will serve as Co-Chairs until vote by consolidated Board in January 2027
- **CFAC will continue to recommend appointments for CFAC vacancies**
- Terms TBD

Impact to Members, Providers, Counties

- All providers in good standing will continue to be contracted with merged entity
- Using Vaya's contracts/ claims system – any Partners providers/ sites not contracted with Vaya will be added/ updated before 10/1
- Community Relations/ Community Engagement Regional Directors and Member Engagement Teams will continue
- Local staff (e.g., care managers) not changing
- Will continue to provide local trainings (CIT, MHFA, etc.)
- Will continue local community presence and clinical approach
- Any differences in how legacy organizations approached conflict of interest (e.g. staff working for providers) will be grandfathered to minimize any impact on continuity of care



Office Locations

- Administrative headquarters will be located in Gastonia, NC (will not change where people work)
- Vaya and Partners owned and leased offices will remain in place
- No impact to plans for facilities under construction
- Remote and field-based work will continue



901 S. New Hope Road, Gastonia, NC 28054

Key Future Dates (Tentative)

- Transition Period | May 21 – Sept. 30, 2026
- Vaya and Partners' CFAC Steering/Exec Committees meet jointly | July 2026
 - Virtual CFAC Meet and Greet open to all V/P CFAC members
 - Welcome from Vaya and Partners CFAC leadership; Review timeline developed by CFAC leaders; General orientation, introduction to staff, etc.
 - Series of “Coffee Talk” small-group, virtual gatherings for CFAC members to casually chat and get to know each other (30 minutes each)
 - Solicit CFAC participants for Bylaws Workgroup via email
 - Joint meetings to realign other stakeholder committees (LTSS MAC, Innovations, Human Rights Committee)
- Vaya and Partners Boards identify legacy members | before Oct. 1
- Combined Regional Board meeting – vote on CCAB appointments | before Oct. 1
- **Merger Effective Date | Oct. 1**





Thank You

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