NC Department of Health and Human Services

Medicaid Managed Care Update

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Agenda

- **Vision and Background**

- **Day 1 Priorities**

- **What's happening now**

- **What's happening next**

Vision for NC Medicaid Managed Care

"**Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.**"

Managed Care Overview

- 2015 Legislation directs the transition of Medicaid program to managed care.

- Transition 1.6 of 2.1 million Medicaid beneficiaries to managed care

- Prepaid Health Plans will manage beneficiary care
  - Standard (SP) and Tailored Plans

- Beneficiaries will be able to choose from 4 Prepaid Health Plans (PHPs) and 1 Provider Led Entity (PLE) depending on location. (SP only)

- Will address non-medical drivers of health (unmet social needs)

- Enrollment Broker (MAXIMUS) provide choice counseling

Medicaid Transformation

Must Enroll (Mandatory)	Cannot Enroll (Excluded*)	May Enroll (Exempt)
Required to enroll in a health plan	Stays in NC Medicaid Direct	May enroll in a health plan or stay in NC Medicaid Direct.
Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled.	Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid	Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available)**

*Some beneficiaries are temporarily excluded and become Mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, & Community Alternatives Program for Children (CAP-C). **Target launch date for Tailored Plans is mid-2021. (SL2018-48)

Carved Out Services

Services for the Elderly (PACE)
Services provided by local schools (in Individualized Education Plan)
Services provided by Children's Developmental Services Agency (CDSA)
Dental services
Fabrication of eyeglasses and eyeglass fittings

Section 4.(4) of Session Law 2015-245, as amended by Section 2.(b) of Session Law 2016-121, 11H.17.(a) of Session Law 2017-57, Part IV of Session Law 2017-186, and Session Law 2018-48.

Tailored Plans –Legislative Requirements

- **Will be implemented 1+ year after Standard Plans go-live[1]**

- **Only LME-MCOs may operate BH I/DD Tailored Plans[2]**
  - **Responsible for total cost of care**
  - **Must contract with licensed PHP that covers services required under a Standard Plan contract**
    - **DHHS will develop parameters to support integration and the beneficiary and provider having a single point of contact for questions, concerns, assistance**

- **After the first four-year period, non-profit prepaid health plans (PHPs) may also operate BH I/DD TPs**

- **Serves specific populations**

- **Certain services only available in Tailored Plans**

- **Licensure and Solvency requirements will be developed**

- **Require additional revisions to GS 122-C to support success and**

[1] At the start of the first fiscal year that is one year after the implementation of the first contracts for Standard Benefit Plans.
[2] For four years beginning one year after launch of SP and who meet the criteria established by DHHS

Benefit Packages

Only BH I/DD TPs will cover a subset of high-intensity State Plan BH services; TBI, Innovations and 1915(b)(3) waiver services; and State-funded BH, I/DD, and TBI services

BH, TBI and I/DD Services Covered by <u>Both</u> SPs and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
State Plan BH and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • Partial hospitalization • Mobile crisis management • Facility-based crisis services for children and adolescents • Professional treatment services in facility-based crisis program • Peer supports (move from(b)(3) to state plan)* • Outpatient opioid treatment • Ambulatory detoxification • Substance abuse comprehensive outpatient treatment program (SACOT) • Substance abuse intensive outpatient program (SAIOP)** pending legislative change • Clinically managed residential withdrawal (aka social setting detox)* • Research-based intensive behavioral health treatment • Diagnostic assessment • EPSDT • Non-hospital medical detoxification • Medically supervised or ADATC detoxification crisis stabilization	**State Plan BH and I/DD Services** • Residential treatment facility services for children and adolescents • Child and adolescent day treatment services • Intensive in-home services • Multi-systemic therapy services • Psychiatric residential treatment facilities • Assertive community treatment • Community support team • Psychosocial rehabilitation • Substance abuse non-medical community residential treatment • Substance abuse medically monitored residential treatment • Clinically managed low-intensity residential treatment services* • Clinically managed population-specific high-intensity residential programs* • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services (excluding peer supports if moved to state plan) **State-Funded BH and I/DD Services** **State-Funded TBI Services**

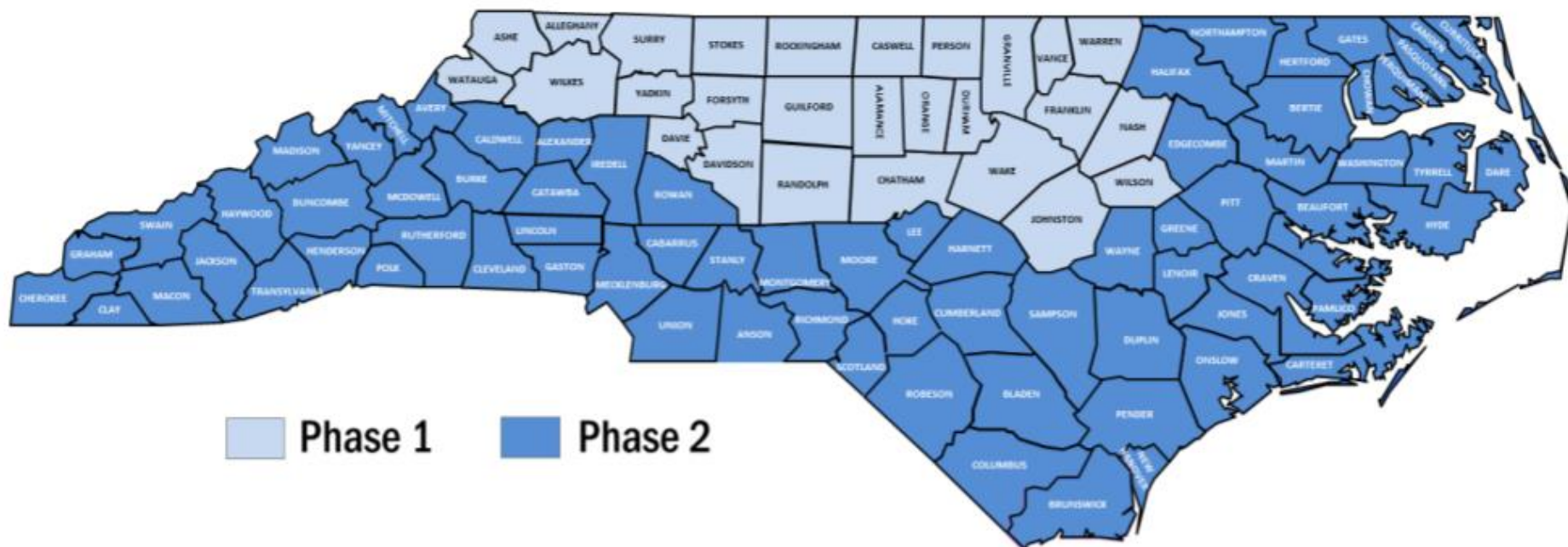# PHPs for NC Medicaid Managed Care

Statewide contracts

- AmeriHealth Caritas North Carolina, Inc.

- Blue Cross and Blue Shield of North Carolina, Inc.

- UnitedHealthcare of North Carolina, Inc.

- WellCare of North Carolina, Inc.

Regional contract – Regions 3 & 5

- Carolina Complete Health, Inc.

Medicaid Transformation Timeline

Rollout Phase 1: Nov. 2019 –Regions 2 and 4
Rollout Phase 2: Feb. 2020 –Regions 1, 3, 5 and 6

Medicaid Transformation Timeline

Timeline	Milestone
March 2019	Member Educational Materials mailed, Provider and DSS Training, General Education
June 2019	Enrollment Broker Call Center open, enrollment packages mailed
Summer 2019	PHPs continue contracting with providers
July – Sept. 2019	Phase 1 Open enrollment period
November 2019	Managed care Standard Plans launch in selected regions; Phase 2 open enrollment
February 2020	Managed care Standard Plans launch in remaining regions

Key Points

- A small number of people will stay in fee-for-service, which will be known as NC Medicaid Direct.

- Medicaid services will not change, but health plans may offer enhanced services, such as smoking cessation programs.

- Medicaid eligibility rules will not change

- DSS will retain current role for eligibility

Provider Enrollment, Credentialing & Contracting

- **Providers must be enrolled with Medicaid or NC Health Choice to be paid for services to beneficiary***

- **Credentialing is a crucial part of federally regulated screening and enrollment process**

- **Centralized credentialing approach will be used to maximize efficiency among plans**

- Behavioral health providers will need to contract with both SPs and LME-MCOs until launch of BH I/DD Tailored Plans to be in-network with both plans.

- Enrollment process similar to today

- Centralized credentialing and recredentialing policies uniformly applied

- Nationally recognized, third-party credentials verification organization (CVO)

- Providers will bill the appropriate payor for services.

*Source: 2016 Medicaid Managed Care Final Rule; 21st Century Cures Act

NC Medicaid's Day 1 Priorities

- A person with a scheduled appointment will be seen by their provider

- A person's prescription will be filled by the pharmacist

- A provider enrolled in Medicaid prior to Nov. 1 will still be enrolled

- A provider is paid for care delivered to members

What's Happening Now

- Health plan readiness review

- Divisional readiness activities

- Outreach materials made available

- Training, education, engagement

- Procurement activities (ombudsman, EQRO)

What's Happening Now - Ombudsman Timeline

Ombudsman RFP Release May 30, 2019	Proposal Deadline July 16, 2019	Proposal Evaluations July 16-Sept. 10	Contract Award Sept. 10, 2019

An entity experienced in working with State Medicaid agencies will serve as an Ombudsman to support the goals of the North Carolina Medicaid Managed Care Program

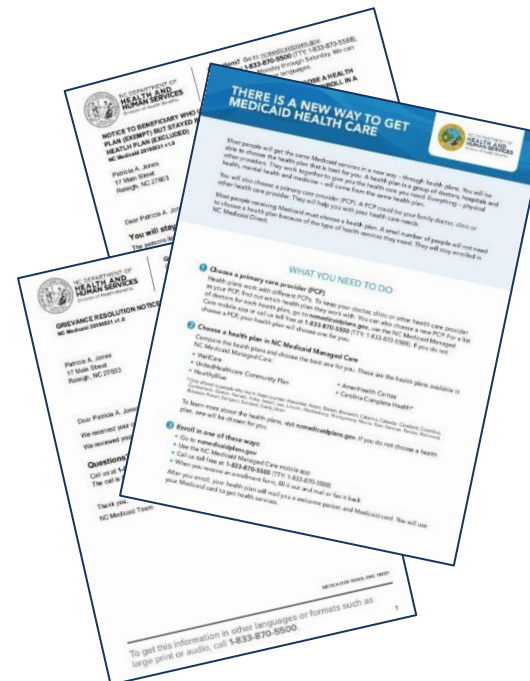| "No Wrong Door"	Central Resource	Referrals & Collaboration	Identifying Trends	Supporting DHHS Vision

What's Happening Now - County Playbooks

- ## Release 1
  - 5 Fact Sheets
  - Topics
    - Introduction to Managed Care- Part I
    - Introduction to Managed Care- Part II
    - Increase in Beneficiary Contact
    - Non-Emergency Medical Transportation
    - Warm Transfers and Referrals

- ## Release 2
  - Fact Sheet #6: Managed Care Populations and Enrollment Notices.
  - Sample Notices
  - Instructional Guide on beneficiary outreach materials
  - Electronic version of printable beneficiary outreach materials
  - A Managed Care Status by County report
  - Instructional Guide for Managed Care Status by County report

What Happens Next

- **Enrollment Activities**
  - Staff training
  - Call center and call overflow centers open
  - Enrollment packet mailed to beneficiaries
  - Enrollment smart-phone app
  - Outreach events

- **Go Live**
  - 140 days

- **PHP**
  - Readiness reviews continue
  - Provider contracting

What Happens Next – Providers training

Upcoming Provider Training and Outreach

Managed Care Webinar

- **JUNE 13 – 12–1 p.m.** MCT 108: Clinical Policies

- **JUNE 27 – 12–1 p.m.** MCT 109: Healthy Opportunities

- *Virtual Office Hours:*

  Next TBD

- *Provider/PHP Meet and Greets:*

  June 17 - 10 a.m.-3 p.m. Mountain AHEC
  June 18 - 10 a.m.-3 p.m. Charlotte AHEC
  June 19 - 10 a.m.-3 p.m. So. Reg. AHEC
  June 20 - 10 a.m.-3 p.m. Eastern AHEC
  June 24 - 10 a.m.-3 p.m. Wake Medical Ctr.
  July - TBD

Available on web

https://medicaid.ncdhhs.gov/nc-medicaid-managed-care-training-courses

Common Questions or Issues

When…	Response
Medicaid recipient is confused about managed care change.	Resources are available: • https://files.nc.gov/ncdma/Instructional-Guide-for-Managed-Care-Status-Estimates-by-County-Report.pdf • MAXIMUS can help, go to ncmedicaidplans.gov or call 1-833-870-5500, 7 a.m.-5 p.m. Mon-Sat.
Member wants to know which plans their provider is enrolled with.	Ask your provider, use the Consolidated directory, call 1-833-870-550.
Beneficiary needs non emergency transportation scheduled after Nov. 1.	• If in managed care, call PHP • If in Medicaid Direct, call DSS
EB receives larger than anticipated number of calls.	EB is prepared with overflow call center capacity.
Person wants to change health plan.	To change your plan, go to ncmedicaidplans.gov or use the NC Medicaid Managed Care mobile app. Or call 1-833-870-5500 (TTY: 1-833-870-5588).

Provider Resources

How Do I…	Resource/Reference
Locate which PHP an individual is enrolled with	Access the NCTracks portal you use today.
Determine an individual's assigned PCP?	Access the NCTracks portal you use today.
Find contact information for a plan I want to contract with?	https://medicaid.ncdhhs.gov/health-plan-contact-information
Learn more?	https://medicaid.ncdhhs.gov/provider-transition-managed-care

Important Links

- **Eligibility Final Policy Guidance**
  - https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf

- **Care Management Paper**
  - https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf

- **County Fact sheets**
  - https://medicaid.ncdhhs.gov/county-playbook-medicaid-managed-care

- **Provider Trainings**
  - https://medicaid.ncdhhs.gov/provider-transition-managed-care
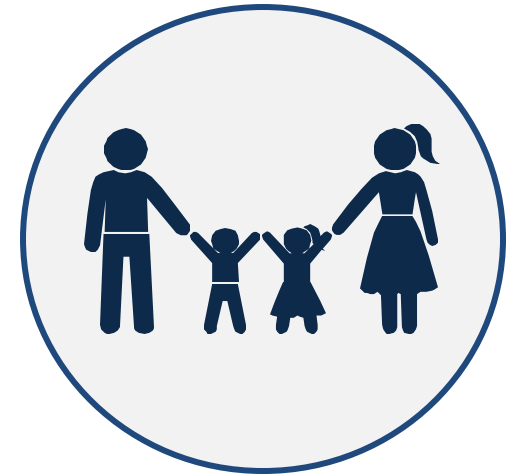
Providing Feedback

- **Policy Papers**
  - Care Management Feedback June 28th
  - Data Strategy released pending June 2019

Additional Ways to Participate

- Regular webinars, conference calls, meetings, and conferences

- Comments on periodic white papers, FAQs, and other publications

- Regular updates to website: https://www.ncdhhs.gov/assistance/medicaid-transformation

Comments? Questions? Let's hear from you!

Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov

Q&A

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NC Medicaid Transformation Website
www.ncdhhs.gov/medicaid-transformation