Building Our Partnership: What’s Ahead for DHHS and Counties

Department of Health and Human Services
Secretary Mandy Cohen, M.D.

May 30, 2019
Welcome!

Our goals for quarterly webcasts

• Share information about priorities
• Address how state activities impact local work
• Share resources to support local work
• Answer questions
• Get feedback on how we can continue to strengthen our partnership
Our Shared Purpose

Our Vision: Advancing innovative solutions that improve health, promote well-being and foster independence for all North Carolinians.

Our Mission: In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.
Our Priorities

• Build an innovative, coordinated, and whole-person centered health system
• Turn the tide on the opioid epidemic
• Ensure that all North Carolina children get a healthy start and develop to their full potential
Agenda

• Hot Topics
• Overview of Medicaid Transformation
• Key Milestones
• Supporting County Success
• Questions
Hot Topics
Poll Question

• Have you participated in a webinar or in-person meeting about Medicaid Transformation?
What is Medicaid Transformation?

- In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to managed care.
- This “transition” has been dubbed “Medicaid Transformation.”
What is Medicaid Transformation?

• A change in the way most people receive Medicaid services

<table>
<thead>
<tr>
<th>Fee-For-Service</th>
<th>Managed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DHHS works directly with healthcare providers</td>
<td>• DHHS contracts with insurance companies, called Prepaid Health Plans</td>
</tr>
<tr>
<td>• DHHS pays healthcare providers for each service based on established rates</td>
<td>• DHHS pays a pre-determined set rate per person to provide all services (capitated rate)</td>
</tr>
<tr>
<td>• Under transformation this will be called NC Medicaid Direct</td>
<td>• Beneficiaries choose a health plan</td>
</tr>
<tr>
<td>• Some people will be in NC Medicaid Direct because it provides services that meet specific needs</td>
<td>• Medicaid services will not change, but health plans may offer enhanced services</td>
</tr>
</tbody>
</table>
North Carolina’s Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
Key Points

• 1.6 of 2.1 million Medicaid beneficiaries will move to managed care

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

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

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

• Medicaid eligibility rules will not change
DHHS’ Priorities for Day 1 of Managed Care

- A person with a scheduled appointment is seen by provider
- A person’s prescription is filled by the pharmacist
- Calls made to call center are answered promptly
- Individuals know their chosen or assigned health plan
- Individuals have timely access to information and are directed to the right resource
- Health plans have sufficient networks to ensure member choice
- A provider enrolled in Medicaid prior to Nov 1, is still enrolled
- A provider is paid for care delivered to members
Hallmarks of NC’s Medicaid Transformation

• Integrated physical and behavioral health
• Advanced medical homes
• Value-based care
• Healthy Opportunities
Medicaid Transformation Timeline
## Medicaid Transformation Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Phase 1*</th>
<th>Phase 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Packets mailed</td>
<td>Begins 6/28/19</td>
<td>Begins 9/2/2019</td>
</tr>
<tr>
<td>Enrollment Broker Phone, Chat, Website and Mobile App go Live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Enrollment (postcard reminders will be sent)</td>
<td>7/15/2019 - 9/13/2019</td>
<td>10/14/2019 – 12/13/2019</td>
</tr>
<tr>
<td>Auto-Assignment (for beneficiaries who have not selected a plan)</td>
<td>9/16/2019</td>
<td>12/16/2019</td>
</tr>
<tr>
<td>Day 1 – Health Plan Effective Date</td>
<td>11/1/2019</td>
<td>2/1/2020</td>
</tr>
</tbody>
</table>

*Dates are approximate and subject to change.*
Partners and Roles
Poll Question

What role do you fill?

- Provider
- Local Department of Social Services
- Local Health Department
- County Commissioner
- County Manager
- Community Organization
- Health Plan
- Enrollment Broker
- NC Medicaid
- Beneficiary
- Other
## Medicaid Transformation

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

*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)
Standard Plans and Tailored Plans

- Timelines shared are for standard plans only
- In Standard Plans, members benefit from integrated physical & behavioral health services
- In Tailored Plans members benefit from integrated services in specialized plans designed for those with significant behavioral health needs and intellectual/developmental disabilities. Tailored Plans will also serve other special populations, including Innovations and Traumatic Brain Injury
Tailored Plans

• Tailored Plans will launch in 2021

• Until then, beneficiaries who are eligible for Tailored Plans remain in NC Medicaid Direct and Local Management Entity-Managed Care Organizations (LME-MCOs)

• Members who are eligible for Tailored Plans have the option to enroll in NC Medicaid Managed Care. However, not all specialized services will be available through those plans.

• Members will also be able to request participation in Tailored Plan

Communicating with Beneficiaries

- Convey information in layman’s terms and avoid jargon
- Make it as easy as possible for the recipient to take the actions needed
- Provide an overview of what is being communicated and why before going into details.
- Provide communication via multiple channels (e.g., outreach events, written materials, web-based resources)
- Leverage relationships with key partners (e.g., providers, community and faith based agencies, DSS, health departments)
Supporting County Success

• Multipronged approach to support counties’ engagement and education during transition to managed care
• Developed in collaboration with associations
• Web based and in person training
• Regular participation in statewide meetings
• Playbooks
Supporting County Success - Playbooks

- A series of fact sheets that address critical questions and are intended to help county leaders:
  - Understand the impact of Medicaid Transformation on their operations
  - Help them respond to questions and concerns from constituents around transformation.
  - Provide information to assist in understanding budget impacts of Medicaid Transformation.
  - Understand the resources that DHHS can and cannot provide.
- Fact sheets will be updated as new information is available
What is Medicaid Transformation?

Changes for Medicaid Beneficiaries

Key Terms You Should Know

Key Partners and Their Roles

What Does Medicaid Transformation Mean for You? (by role)
Medicaid Managed Care is Rolling Out in Two Phases

NC Medicaid Managed Care Transition Timeline

How Enrollment Occurs

When Enrollment Occurs

Choices for Enrollment

Budget Considerations
• Potential for Higher Call Volumes & Foot Traffic at DSS
• Returned Mail
• Budget Considerations
Who is Responsible for NEMT under Medicaid Managed Care?

Will Our Beneficiaries Receive the Same Service?

How and When Can Health Plan Members Schedule NEMT?

Can DSS Contract with the Health Plan for NEMT Services?

Who are the Brokers for Each Health Plan

Budget Considerations
Fact Sheet #5
Warm Transfers & Referrals
NC Medicaid 2019 County Playbook

What is a warm transfer?

“Warm transfer” is one way to support beneficiaries through the changes associated with Medicaid Transformation. Throughout the transition, many organizations – from the Enrollment Broker to the Health Plans to the County Departments of Social Services (DSS) – will work together on behalf of beneficiaries. With warm transfers beneficiaries get connected to the right person, regardless of who they start with. Here is a description of a warm transfer related to other types of referrals:

<table>
<thead>
<tr>
<th>Referral</th>
<th>Provide contact information for appropriate support entity.</th>
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</thead>
<tbody>
<tr>
<td>Cold Transfer</td>
<td>Transfer beneficiary to appropriate support entity and provide contact information.</td>
</tr>
<tr>
<td>Warm Transfer</td>
<td>Transfer beneficiary to appropriate contact and stay on the line with him or her until a live agent answers; explain the situation to ensure the agent clearly understands before leaving the call.</td>
</tr>
</tbody>
</table>

ROLES BY ORGANIZATION UNDER MEDICAID TRANSFORMATION

Local DSS
- Determine Medicaid eligibility.
- Enter Plan Preference in NC FAST for beneficiaries who already know which health plan they want.
- Assist beneficiaries in understanding who to contact to get questions answered.
- Ensure that address and contact information is up-to-date in NC FAST.
- Ensure that changes in circumstance are recorded in NC FAST and evaluated.

- Provide general assistance with questions about Medicaid eligibility.
- Enrollment Broker
- Provide counseling to help beneficiaries choose the right health plan and primary care provider to meet their needs.
- Enroll beneficiaries in health plans.
- Provide general assistance with questions about Medicaid Transformation.
- Perform outreach to beneficiaries (provide informative materials, participate in community events) and be accessible by phone, mail, internet, and in-person.

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Polling Question

Which topic should the Playbook address next?

• Estimated number of people impacted by county
• DSS readiness assessment checklist
• Sample enrollment notices
• Budget implications for Local Health Departments
• Other (send other topics in chat bar)
Supporting County Success – County Commissioners and Managers

• Materials
  – 1115 Waiver Information Fact Sheet AVAILABLE NOW
  – Medicaid Managed Care and Counties AVAILABLE NOW
  – NEMT and county transportation programs AVAILABLE NOW
  – How does managed care affect local health departments
  – How does managed care impact public ambulance providers
  – County Involvement with Tailored Plans
  – Prepaid Health Plans Involvement in Local Communities

• Webinars/Monthly Calls

• Training for Commissioners

• County Commissioner - Recommendations for Tailored Plan Regions
Supporting County Success – Local Health Departments

• Health plans must contract with any willing Local Health Department

• Medicaid Cost Settlements will be held as level as possible through Utilization-Based Payments

• The care management glide path means that Local Health Departments have an exclusive 3-year contract for at-risk children and high risk pregnancy populations

• NC’s model of Medicaid Transformation continues the current safety net system
## Supporting County Success - DSS Upcoming Trainings

<table>
<thead>
<tr>
<th>Region</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/16/2019</td>
<td>9-11 AM</td>
<td>Burnsville Town Center (Yancey County) 6 South Main Street Burnsville, NC 28714</td>
</tr>
<tr>
<td>1</td>
<td>6/6/2019</td>
<td>9-11 AM</td>
<td>Buncombe County DSS 40 Coxe Ave Asheville, NC 28801</td>
</tr>
<tr>
<td>3</td>
<td>7/17/2019</td>
<td>1-3 PM</td>
<td>Catawba DSS 3030 11th Ave Dr SE, Hickory, NC 28602</td>
</tr>
<tr>
<td>3</td>
<td>6/17/2019</td>
<td>1-3 PM</td>
<td>Cabarrus DSS 1303 S Cannon Blvd, Kannapolis, NC 28083</td>
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<tr>
<td>5</td>
<td>TBD</td>
<td></td>
<td>Robeson County 120 Glen Cowan Rd, Lumberton, NC 28360</td>
</tr>
<tr>
<td>5</td>
<td>TBD</td>
<td></td>
<td>Harnett County DSS 311 Cornelius Harnett Blvd. Lillington, NC 27546</td>
</tr>
<tr>
<td>6</td>
<td>7/24/2019</td>
<td>9-11 AM</td>
<td>Pitt County DSS 403 Government Circle Greenville, NC.</td>
</tr>
<tr>
<td>6</td>
<td>8/13/2019</td>
<td>9-11 AM</td>
<td>Dare County Coastal Studies Institute (CSI) 850 NC-345 Wanchese, NC 27981</td>
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Looking Ahead

• Meetings
  – Medical Care Advisory Committee - Behavioral Health and Intellectual and Developmental Disability Subcommittee June 13th

• Contracts/Procurement
  – Ombudsman RFP release COMING

• Information
  – County Playbooks on DHHS website
  – Health Plan meet and greets
  – DHHS presentation/ Health Plan panel June 10th and 11th

• Feedback Opportunities
  – Request form for beneficiaries to remain in LME-MCO System/Medicaid Direct
Questions and Answers

For more information about North Carolina Counties, visit:
https://medicaid.ncdhhs.gov/county-dss

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