Managed Care Transformation Update

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October 9, 2019
In March, Governor Cooper signed Executive Order 92, making North Carolina an Employment First state.

EO 92 directs the Office of State Human Resources, in consultation with NC DHHS, to issue guidance to all State Agencies covered under the State Human Resources Act, in order to make recruitment, hiring, and retaining North Carolinians with disabilities more accessible, inclusive, and welcoming.

- NC DHHS and OSHR are meeting and actively working together to implement the EO.

Matt Herr, Assistant Director for System Performance at DMHDDSAS, is a person with a disability and took lead for the Department in drafting and finalizing EO 92 with the Governor’s Office.

- He, and two other DHHS employees, shared their experiences at Gov. Cooper’s EO signing.

“Competitive, integrated employment is the preferred mode of employment for all North Carolinians with disabilities, regardless of the level of disability” – Gov. Cooper, EO 92
“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.”
Overview of Medicaid Managed Care

- NC Medicaid providers will contract with and be reimbursed by prepaid health plans (PHPs) rather than the State directly.
- There will be two types of PHP products:
  - **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in February 2020.
  - **BH I/DD Tailored Plans** for qualifying high-need populations with a serious mental illness, serious emotional disturbance, substance use disorder, I/DD, or traumatic brain injury; tentatively scheduled to launch in July 2021.
- Both products will offer a robust set of behavioral health benefits; however, certain, more intensive, behavioral health benefits will only be available through BH I/DD Tailored Plans.
- There will be a continue focus on high-quality, local care management.

**Note:** Certain populations will **continue to receive fee-for-service (FFS) coverage, also known as NC Medicaid Direct**, on an ongoing basis. In addition, certain benefits, such as those provided by Children’s Developmental Services Agencies (CDSAs), will be carved out of managed care.
Standard Plans for NC 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 Contracts: Regions 3, 4* & 5**
- Carolina Complete Health, Inc.
Important Dates

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<td>Open Enrollment Ends for All Regions</td>
<td>December 13, 2019</td>
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<td>Health Plan Starts</td>
<td>February 1, 2020</td>
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Open enrollment began in July for Regions 2 & 4

Open enrollment began in October for Regions 1, 3, 5 & 6

**See Appendix for breakdown of regions by county**
Notices for Final Open Enrollment (OE) Period

• Notice about beginning of OE to all mandatory and exempt individuals in 73 counties
• Mailing of notices began 9-30-19
• Estimate ~50,000 packets will be sent per day
• Enrollment packet mailings will continue through October 11th
Managed Care Member Enrollments
In late June, DHHS sent notices to individuals in Regions 2 & 4 regarding Feb. 2020 managed care enrollment. DHHS began sending a similar set of notices to individuals in the remaining regions on September 30th.

Notices for beneficiaries slated to enroll in Standard Plans include information about:

- Timeline that the beneficiary will enroll in managed care
- Process for selecting a primary care provider and a health plan
- Steps to take for beneficiaries who believe they need certain services to address needs related to developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

Notices for beneficiaries who are eligible for a BH I/DD Tailored Plan and will remain in FFS/LME-MCOs include information about:

- Beneficiary’s continued enrollment in FFS/LME-MCO
- Option to enroll in a Standard Plan with explanation that Standard Plans will offer a more limited set of benefits for developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

There are different notices for beneficiaries who will be required to enroll in a Standard Plans v. those eligible for a BH I/DD Tailored Plan who will by default remain in Medicaid FFS/LME-MCOs. DHHS anticipates that beneficiaries may reach out to providers with questions about these notices, and as a result, will provide more detailed information to providers in the coming months.
Beneficiary Experience Auto-Assignment for SPs

Beneficiaries who don’t choose a health plan will be assigned one automatically, consistent with the following components in this order:

1. If the beneficiary has a historic relationship with a particular PCP/Advanced Medical Home
2. Where the beneficiary lives
3. Plan assignments of other family members
4. If the beneficiary has a historic relationship with a particular SP in the previous twelve (12) months (e.g., “churned” off/into Medicaid Managed Care)
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<td><strong>Jul</strong></td>
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BH I/DD Tailored Plans
Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in NC Medicaid Direct*/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan.**

BH I/DD TP Eligibility Criteria Identified via Data Reviews

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists‡
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- Have had an admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

*NC Medicaid Direct is Medicaid Fee-for-Service
**Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct

‡Currently, there is no waiting list for the TBI waiver
BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover a more robust behavioral health, I/DD, and TBI benefit package than SPs.

BH I/DD Tailored Plan Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)*
- Current 1915(b)(3) waiver services*
- Innovations waiver services for waiver enrollees*
- TBI waiver services for waiver enrollees*
- State-funded behavioral health, I/DD, and TBI services for the uninsured and

Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through a BH I/DD Tailored Plan and other Medicaid services through NC Medicaid Direct.

*Services will only be offered through BH I/DD Tailored Plans; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through BH I/DD Tailored Plans.
The care management model in BH I/DD Tailored Plans will be known as “Tailored Care Management.”

**Overarching Principles**
- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

** Roles and Responsibilities of Care Managers**
- Completion of care management assessments/care plans
- Coordination of services, including those addressing unmet health-related resource needs
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of rare diseases and high-cost procedures
- Management of high-risk social environments

**Care Management Will Be Delivered By:**
- Advanced Medical Home Plus (AMH+)
- Primary Care Practices
- Care Management Agencies (CMAs)
- BH I/DD Tailored Plan-Employed Care Managers
What Beneficiaries Can Expect
Impact of Managed Care on Beneficiaries

What’s New

• Beneficiaries eligible for Standard Plans will be able to choose their own health care plan*

• Most, but not all, people will be in Medicaid Managed Care

• An enrollment broker will assist with choice

What’s Staying the Same

• Eligibility rules will stay the same

• Same health services/treatments/supplies will be covered

• The beneficiary Medicaid co-pays, if any, will stay the same

• Beneficiaries report changes to local DSS

*Beneficiaries eligible for TPs will be assigned to the TP in their region and have the option to switch to an SP
What Providers Can Expect
Provider Experience in Managed Care

Addressing Administrative Burden:

• A centralized and streamlined provider enrollment and credentialing process

• Transparent, timely and fair payments for providers

• A single statewide drug formulary that all SPs will be required to utilize

• Same services covered in Medicaid Managed Care and fee-for-service (with exception of services carved out of Medicaid Managed Care and services only covered by TPs)

• Department’s definition of “medical necessity” used by SPs when making coverage decisions

• Providers offered some contracting “guardrails”, standard SP contract language
**Impact of Managed Care on Providers**

### Contract/Payment

- Potential contract with multiple SPs, CINs
- Opportunity to negotiate rates*
- Understanding contract terms, conditions, payment and reimbursement methodologies
- Network adequacy and out of networks standards
- AMH program/tiered payments

*rate floors apply

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### Information/Problem-Solving

- Build relationships with health plans
- SP provider assistance line
- Provider appeals procedures specified in SP provider manual
- DHHS provider ombudsman to assist with problem solving
- Opportunities to provide feedback i.e. AMH TAG

*To be discussed in more detail*
The Advanced Medical Home (AMH) Model in SPs

The AMH program will serve as the primary vehicle for delivery of local care management under Medicaid Managed Care.

**Tiers 1 and 2**

- **SP retains** primary responsibility for care management
- Practice requirements are the same as for Carolina ACCESS
- **Providers will need to coordinate across multiple plans:** practices will need to interface with multiple SPs, which will retain primary care management responsibility; SPs may employ different approaches to care management

**Tier 3**

- Practice must meet all Tier 1 and 2 requirements, plus additional Tier 3 care management responsibilities
- **SP delegates** primary responsibility for delivering care management to the practice level (see next slide)
- Practices will have the option to provide care management in-house or through a single Clinically Integrated Network (CIN)/other partner across all Tier 3 SP contracts
- **Initial attestation process closed 1/31:** based on attestation data, majority of SP beneficiaries are expected to be attributed to Tier 3 practices

**AMH Payments**

- PMPM Medical Home Fees
- Same as Carolina Access
- Minimum payment floors

- PMPM Care Management Fees
- Performance Incentive Payments
Deep Dive on Tier 3 AMHs

Tier 3 AMHs are responsible for delivering care management at the practice level, including:

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<td>▪ <strong>Risk stratify</strong> all empaneled patients</td>
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<td>▪ Provide <strong>care management to high-need patients</strong>, which includes (but is not limited to):</td>
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<td>o Conducting a <strong>comprehensive assessment</strong> of enrollees’ needs</td>
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<td>o Establishing a <strong>multi-disciplinary care team</strong> for each enrollee</td>
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<td>o Developing a <strong>care plan</strong> for each enrollee</td>
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<td>o <strong>Coordinating all needed services</strong> (physical health, behavioral health, social services, etc.)</td>
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<td>o Providing <strong>in-person assistance securing unmet resource needs</strong> (e.g. nutrition services, income supports, etc.)</td>
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<td>o Conducting medication management, including regular medication reconciliation and support of medication adherence</td>
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<td>o Providing <strong>transitional care management</strong> as enrollees change clinical settings</td>
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▪ **Receive claims data feeds** (directly or via a CIN/other partner) and meet state-designated **security standards** for their storage and use
Next Steps- Actions providers can take

• Contract with PHPs – November 15\textsuperscript{th} deadline
• Inform DHHS of new issues with managed care implementation
• Update information in NCTRAKCS
• Share resources with beneficiaries
• Run managed care video in waiting room office
• Direct beneficiaries to right resource
• If requested assist members with completion of Tailored Plan Exemption form
Inform DHHS of new issues

• We want to hear from you. What is working? What is not?

• START HERE FIRST
  – Providers: NCTracks: 800-688-6696
  – Beneficiaries: Medicaid Contact Center: 833-870-5500
  – Counties: NC FAST: 919-813-5400

• Staff can escalate issues to internal SWAT team focused on problem identification and resolution

• When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov
Share Outreach Materials

**POSTER**

*THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE*

Most people will get the same Medicaid benefits in a new way - through health plans. You will choose the health plan that is best for you. You will also choose a primary care provider (PCP).

**WHAT YOU NEED TO DO**

1. Choose a primary care provider (PCP).
2. To keep your doctor, clinic or other health care provider as your PCP, find out which health plans they work with. You can also choose a new PCP.
3. Choose a health plan in NC Medicaid Managed Care.

**IF YOU HAVE MORE QUESTIONS**

- www.medicaid.ncdhhs.gov/county-playbook
- 1-800-782-HELP (4357)

Download at [medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care](http://medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care)

**FACT SHEETS**

*GET ANSWERS*

We're here to help you understand your primary care provider (PCP) and health plan choices. Here are some questions you may have.

- If you have other questions, call us toll free at 1-800-782-HELP (4357).

**Q&A**

**PALM CARD**

*FLYER*

*NC MEDICAID IS CHANGING*

Download at [medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care](http://medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care)
Direct Beneficiaries to Right Resource

ABOUT ELIGIBILITY
Continue to come to local DSS
Find contact information at ncdhhs.gov/localdss

ABOUT NC MEDICAID DIRECT BENEFITS AND CLAIMS
Call the Medicaid Contact Center toll free:
1-888-245-0179

ABOUT CHOOSING A PLAN OR PCP AND ENROLLING
Go to ncmdecisionplans.gov (chat available)
Use the NC Medicaid Managed Care mobile app
Call 1-833-870-5500 (the call is free)
TTY: 1-833-870-5588

ABOUT NC MEDICAID DIRECT BENEFITS AND CLAIMS

ABOUT NC MEDICAID DIRECT BENEFITS AND CLAIMS
Healthy Opportunities Pilots
What Are the Healthy Opportunities Pilots?

The federal government authorized up to $650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

- PHPs in two to four geographic areas of the state will work with their communities to implement the “Healthy Opportunities Pilots,” as approved through North Carolina’s 1115 waiver.

- Pilot funds will be used over the five-year demonstration period to:
  - Cover the cost of federally-approved Pilot services
  - Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services

    • DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers

The Pilots will offer services in the Four Priority Domains:

- Housing
- Food
- Transportation
- Interpersonal Violence

What Are the Healthy Opportunities Pilots?
Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees must have:

At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children, ages 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)

At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence
Overview of Approved Pilot Services

North Carolina’s 1115 waiver specifies services that can be covered by the Pilot. Pilots will address priority domains for unmet social needs.

Housing
- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month’s rent and security deposit)
- Short-term post hospitalization housing

Food
- Linkages to community-based food services (e.g., SNAP/WIC application support, food bank referrals)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery

Transportation
- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure

Interpersonal Violence
- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services
Enrollment Broker Services
Digital Solutions and Analytics

• Gaining a window into consumer/member engagement
  • Simplify the application and enrollment process for consumers, while satisfying program requirements

  • Enrollments by channel
  • Mobile enrollments
  • Mobile sessions
  • Weekly app updates
  • Member views/updates of case information
NC Enrollment Broker: Process Flow

Consumers
- Beneficiaries
- PHPs
- Enrollment Specialists
- DHHS

Communication Channels (Inbound + Outbound)
- Postal Mail
- Fax
- Phone
- Self Service Portal/Mobile App

Enrollment Broker Solution
Mail Room Operations
- Mail Retrieval
- Faxing
- Document Control
- Scanning
- Printing
- Document Tracking
- Sorting
- Business Operations

Call Center Operations
- Conference
- ACD
- Call Recording
- IVR
- Call Forwarding
- Business Operations
- Language Line
- TTY/TDD

MAXeb
- Workflow
- Enrollment/Disenrollment/Transfer
- Data Entry
- Provider Directory Consolidation
- Letter Generation
- Business Operations
- Complaints
- Case Management

External Entities
- MMIS
- PHP’s

Outreach/Education
- Enrollment
- Material Management
Questions

NC MEDICAID TRANSFORMATION WEBSITE
www.ncdhhs.gov/medicaid-transformation
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Run video in office waiting rooms

You Tube

https://www.youtube.com/watch?v=9xJyeXkypl8&t

EB Link

https://www.ncmedicaidplans.gov/learn
Options for Beneficiaries

1. Direct them to ncmedicaidplans.gov to learn more

2. Direct them to ncmedicaidplans.gov to chat with an Enrollment Specialist

3. Direct them to download and use the NC Medicaid Managed Care mobile app

4. Tell them to call 1-833-870-5500 to speak with an Enrollment Specialist. The call is free.

5. Individuals with hearing impairments may contact an Enrollment Specialist via the TTY line 1-833-870-5588.

6. Beneficiaries can also enroll by mailing or faxing their completed enrollment form