MCAC BH/IDD
Subcommittee Medicaid
Managed Care Update

NC Medicaid

August 14, 2019
Medicaid Managed Care Status Report

1. Tailored Plan Update
2. Managed Care Timeline
3. Day 1 Priorities
4. Managed Care Status
5. Enrollment Metrics
6. Contact Center Metrics
7. Issues and Solutions Examples
8. Engagement Strategies
9. Questions
Tailored Plan Eligibility Update
Tailored Plan Implementation Update

- Eligibility Update/Revisions issued July 2019
  - Data criteria
  - Services available only in Tailored Plan
  - Meeting eligibility criteria when enrolled in a Standard Plan
  - Urgent Need for Services in a Tailored Plan

- Data Reconciliation Process
BH I/DD Tailored Plan Enrollment Process: Eligibility Identified Post-Standard Plan Launch

On an ongoing basis, DHHS will review encounter, claims and other available data to identify Standard Plan beneficiaries who meet BH I/DD Tailored Plan eligibility criteria. Standard Plan beneficiaries who are identified as BH I/DD Tailored Plan eligible will be auto-enrolled into BH I/DD Tailored Plans.*

Standard Plan beneficiary is flagged as BH I/DD Tailored Plan eligible

DHHS sends a notice to the beneficiary informing them of their transfer to a BH I/DD Tailored Plan

DHHS auto-enrolls beneficiary into BH I/DD Tailored Plan on the first of the month following the date they are flagged as BH I/DD Tailored Plan eligible

Beneficiaries can transfer back to any Standard Plan at any point during the coverage year. Changes are effective the first of the following month following the request unless there is a urgent need, in which case, changes are effective on the date of the request.

*Prior to BH I/DD Tailored Plan launch, these beneficiaries will be auto-enrolled in FFS/LME-MCO. They will have the option to move to a Standard Plan.
## Services only available in NC Medicaid Direct & LME/MCOs

### Medicaid Services
- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services (MST)
- Psychiatric residential treatment facilities (PRTF)
- Assertive community treatment (ACT)
- Community support team (CST)
- Psychosocial rehabilitation (PSR)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Substance Abuse Intensive Outpatient (SAIOP)
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services*
- Traumatic Brain Injury Waiver services*
- State-Funded Behavioral Health and Intellectual and Developmental Disability Services

### 1915 (b)(3) Services
- Respite
- Supported Employment/Employment Specialist
- Individual Support
- One-time Transitional Costs
- NC Innovations Waiver Services (funded by (b)(3))
- Deinstitutionalization Services
- Community Navigator
- In-home Skill Building
- Transitional Living Skills
- Intensive Recovery Support

### NOTE:
*Waiver services are only available to individuals enrolled in the waiver.
Exemption Forms

Beneficiary Form

Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Beneficiary Form

1. Contact information for person enrolled in NC Medicaid
   Fill out contact information for the person with NC Medicaid
   
   | Name (First, Middle, Last) | Date of Birth (Month/Day/Year) | NC Medicaid ID Number | Phone number |
   |

2. Check all the needs below that apply to you:

   - Intellectual/developmental disability (IDD)
   - Mental Illness
   - Traumatic Brain Injury
   - Substance Use Disorder

Provider Form

Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO: Provider Form

1. Beneficiary Demographic Information
   Fill out the beneficiary demographic information and guardian/legally responsible person contact information.
   
   | Beneficiary Name (Last, First, M.I.) | Date of Birth | NC Medicaid ID Number |
   | Date of Birth | NC Medicaid ID Number |
   | Guardian/Legally Responsible Person | Guardian/Legally Responsible Person Phone Number |

2. Provider Submitting this Form
   Fill out the provider information
   
   | Provider Name (Last, First, M.I.) | Telephone Number |
   | Provider Agency (if Applicable) | NPI/Provider Identifier |
   | Provider email | |
Tailored Plan Updates

• Discussion with Standard Plans
  – Crisis Services
  – Contracting

• Policy Papers – Care Management Data Strategy Paper

• Transitions in Medicaid Webinar
  – 8/20/19 1:15 -2:15pm
  – Register: https://manatt.webex.com/manatt/onstage/g.php?MTID=e1a8894aa92db9132064829a3b91f24a2
Standard Plan Update
Important Questions

Is 11/1/19 still the “Go live” date?

Yes

- Managed Care is still slated to go live Nov. 1st 2019
- Judge denied request for stay
- No legislation exists which delays implementation
Implementation Considerations

• State Budget

• PHP Readiness

• Network Adequacy

• DHHS Readiness
How is the transition going?

Success Measures

- Quantitative Measures
  - Member contacts
  - Provider engagement
  - Network Adequacy

- Qualitative Measures
  - Complaints
  - Adherence to scripting
  - Issues
Important Questions

How is the transition going?

- Enrollment Broker Call Center, Website, Chat Feature and App launched
- Mailed 300K+ letters
- Call abandonment rates low
- At least 1 EB staff onsite in each of Phase 1 DSS offices
- Health Plan Member Service Lines are open and accepting calls
- Members are enrolling
NC Medicaid Managed Enrollments

~11,000

As of August 7, 2019
Quantitative Measures- Open Enrollment

Enrollment Broker Call Center
16,000+ Calls Handled

NCmedicaidplans.gov
20,552 Website Visits

NC Medicaid Managed Care Mobile App
6,808 Sessions

All information for the period of August 7, 2019
Longer Term Success Measures

- Member Health Measures
- Member Satisfaction
- Call Center Responses
- Notices and Correspondence
- Voluntary Plan Selection Rates
- Provider Enrollment/Network Adequacy
- Provider Satisfaction
Important Questions

Are providers contracting?

- All current providers are not yet contracted
- Provider contracting was on pace initially but has slowed
- Provider contracts are important for auto assignment
Provider Contracting Considerations

- **IMPORTANT** - PHP cannot list a provider in the directory until the provider can be paid
- PHP contract processing time (< 2 weeks)
- Auto Assignment algorithm considers patient/provider historical relationships
- Auto Assignment occurs 9-16-19
- Providers must contract to be listed in the directory
- DHHS will hold PHPs accountable to network adequacy standards
Important Questions

Have there been issues with managed care implementation?

Yes

- Transitioning to managed care is most significant change that NC Medicaid has ever undertaken.
- With any rollout of this magnitude, there have been issues and questions.
- We are committed to doing everything possible to resolve problems quickly and have identified some
Day 1 Priorities Remain Unchanged

• We are committed to making sure that when we go live with managed care
  – A person with a scheduled appointment is seen by provider
  – A person’s prescription is filled by the pharmacist
  – A provider enrolled in Medicaid prior to Nov 1, is still enrolled
  – A provider is paid for care delivered to members
Beneficiary Related Issues/Solutions Examples

**Issue**

- A few individuals have received letters who should not have
- Beneficiaries initially not able to complete enrollment forms at DSS offices with EB Outreach Specialists (OS).
- Beneficiaries may not be able to find their Primary Care Provider of choice in the directory.

**Solution**

- Corrections have been made. New letters will go out to some individuals i.e. Dual Eligible
- Copies of forms distributed to OS, will now fax on behalf of beneficiary
- Beneficiaries do not have to choose now. A reminder card will be mailed in August. May be auto assigned and can change later.
## Provider Directory Issues/Solutions Examples

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Difficult to navigate</td>
<td>• Some items have been resolved</td>
</tr>
<tr>
<td>• Does not have current health plan enrollments</td>
<td>• DHHS is working internally and with the EB to address remaining items</td>
</tr>
<tr>
<td>• Contains outdated provider data</td>
<td>• Tracking Corrections through Use Cases</td>
</tr>
<tr>
<td>• Mismatch on addresses</td>
<td></td>
</tr>
<tr>
<td>• Provider/PHP Affiliations</td>
<td></td>
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</table>
How does information flow to the Command Center?

**Existing Channels**
- Members, Providers, Counties, Legislators (and staff) leverage their existing channels for raising issues and/or asking questions.

**SWAT Team**
- SWAT Team is the intake for the Command Center. They monitor e-mails and calls that are escalated from existing channels.

**Command Center**

**Management Team**
- Transformation Program Leadership
- Technology
- County
- Member
- Provider

**Rapid Response Team(s)**

**Tech Ops**
- Daily Stand Ups
- Weekly Calls
Responding to Issues

• Raising questions and issues is encouraged
  – Providers: NCTracks: 800-688-6696
  – Beneficiaries: Medicaid Contact Center: 833-870-5500
  – Counties: NC FAST: 919-813-5400

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

## Additional Supports for Providers

- NC Medicaid Transformation Web based resources [https://www.ncdhhs.gov/assistance/medicaid-transformation](https://www.ncdhhs.gov/assistance/medicaid-transformation)
- PHP contact information [https://medicaid.ncdhhs.gov/health-plan-contact-information](https://medicaid.ncdhhs.gov/health-plan-contact-information)
- Provider Ombudsman in progress
Engagement Strategy Update
DHHS support to providers

Regular Status Calls/Webinars

Provider Playbook
https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care

Provider Training, Webinars, TA
https://medicaid.ncdhhs.gov/provider-playbook-training-courses

Provider Issues Communication
Upcoming DHHS-Sponsored Webinars on Crossover

• For August 15, 2019: MCT 112
  - Supporting the LTSS Community through the Transition to Managed Care
  - As NC transitions to managed care, North Carolina is establishing processes for ensuring providers and members have a smooth transition. This webinar will discuss activities related to Prior Authorization submissions and provider payment considerations at the time of transition.

• For September 5, 2019: MCT 113
  - NC’s Transition to Managed Care: The Crossover Series
  - This session provides general crossover guidance, with a focus on identifying beneficiary managed care detail and guidance on submitting prior authorization requests during the crossover period.

• For September 19, 2019: MCT 114
  - NC’s Transition to Managed Care: The Crossover Series (Continued)
  - This session is a continuation of the session on Sept. 5, 2019, providing a brief review of topics previously covered and additional guidance for supporting beneficiaries through the transition to Medicaid Managed Care.
Community Based Meetings

• August 26, 2019: Greensboro Technical Community College, Jamestown
  - Cosponsored with Senator Gladys Robinson
  - Two Sessions 7:30am Physicians, 10:30am General

• August 26, 2019 Wake County Board of Commissioners

• August 27, 2019 Chatham County Stakeholders

• September 26, 2019 Representative Willingham Meeting

• Other Pending Engagement
  - Hospitals
  - Region 2 Providers, LME-MCO
Foster Care Update

• Design in Progress
• Approach will address
  – Unique needs of children in foster care, adoptive placements and those formerly in foster care up to age 26
  – Plan Geographic Coverage
  – Specific PHP staffing
  – Transition of Care
• External feedback will be sought
• Timeline – 2021
• Until then- Foster Children remain in current system
Ombudsman Update

• Procurement Continues
• Silent Period in force
• https://www.ncdhhs.gov/request-information
• Numerous updates to RFP
• Most recent
  – Revisions to RFP
  – Extend opening
Upcoming Major Activities

- **Summer**
  - Phase 1 Open Enrollment (July 15-September 13)
  - Standard Plan/Tailored Plan Split - Data Validation
  - Health Plan/Provider contracting to build adequate networks
  - Foster Care Policy Recommendation
- **Fall**
  - Phase 1 Auto-Assignment (September 16)
  - Readiness Reviews – network, operations, IT
  - Phase 2 Open Enrollment (October 15-December 13)
  - Phase 1 Health Plan Effective (November 1)
Questions
Resources
The NC Medicaid Managed Care Introductory Video addresses:

− What is a primary care provider (PCP)
− What is a Health Plan
− The Health Plans available
− What beneficiaries need to do
− What happens after beneficiaries enroll
− The phases for enrollment and key dates
− How to get answers to additional questions

https://www.youtube.com/watch?v=9xJyeXkypl8&t
Link To Beneficiary Outreach Materials

Download at medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care

POSTER

FACT SHEETS

Q&A

PALM CARD

FLYER

There is a New Way to GET Medicaid Health Care

GET ANSWERS

What is Medicaid Managed Care?

NC Medicaid Managed Care helps you get the most out of your Medicaid benefits. Instead of our Medicaid program doing all the work to choose your health plan and doctor, it is your choice. You get to choose a primary care provider (PCP) and a health plan. Each one has its own network of doctors and hospitals.

How do I choose my PCP and health plan?

You will get a PCP and a health plan when you sign up for Medicaid. Your PCP is your main point of contact for all your medical care. Your PCP will help you choose a health plan.

What can I do if I need help choosing a PCP or health plan?

You can call the Customer Service Center at 1-888-599-5798 (TTY: 1-800-253-3046) to help you choose a PCP or health plan.

What is Medicaid eligibility?

Yes. Medicaid eligibility is not changing. If you have questions about your eligibility, contact your local Department of Social Services office. People who lose their Medicaid eligibility may also report it to their local Department of Social Services office.

What is a primary care provider (PCP)?

A PCP is a doctor, nurse practitioner, or physician assistant who provides health care. You can choose an in-network PCP at any time.

What is a health plan?

A health plan is a group of doctors, hospitals, and other providers. They work together to give you the health care you need.

Do I have to choose a health plan?

No. You do not need to choose a health plan if you want to. You can keep your current health plan.

If I already have a PCP and I change my health plan, do I need to choose a new PCP?

Yes. You will need to choose a PCP in your new health plan.

What I need to know:

You will always have a choice of health plans. You can change your health plan at any time.

Get this information at medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care.
Resources for Beneficiaries

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 ncmedicaidplans.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 MANAGED CARE PLAN OR BENEFITS
Call their Health Plan
Questions/Discussion
Next Steps

• Next Meeting 9/13/19 10am

• Potential Meeting Dates for Remainder of Year
  – Oct. 11th
  – Nov. 8th
  – Dec. 13th

• Topics
  – Care Management Follow up on Feedback and Data Strategy (September)
  – Network Adequacy for Standard Plans
  – Telemedicine
  – Children in Foster Care
  – Report to MCAC