



MCAC MANAGED CARE SUBCOMMITTEE

Beneficiary Engagement

May 7, 2018

Welcome

Marilyn Pearson, MCAC Representative

Jenny Hobbs, MCAC Representative

Debra Farrington, DHHS Program Staff

Sharon McDougal, DHHS Program Staff

Agenda

- **Welcome and Introductions – 10 mins**
- **Follow up from Last Meeting - 30 mins.**
 - **Auto Assignment Algorithms**
 - **Exempt, Excluded, Delayed populations**
- **Beneficiaries in Managed Care Concept Paper Comments – 50 mins.**
- **Public Comments – 10 mins**
- **Next Steps – 5 mins**

Meeting Schedule and Work Plan

	MEETING #1	MEETING #2
DATE	Monday, April 9, 2018	Monday, May 7, 2018
TIME	9:00 am - 10:30 am	1:00 pm - 3:00 pm
PLACE	Dorothea Dix Campus McBryde Building, Room #444 820 South Boylan Ave. Raleigh, NC	Dorothea Dix Campus Kirby Building, Room #297 1985 Umstead Drive Raleigh, NC

Work Plan	MEETING #1	MEETING #2
TOPICS	Subcommittee Charter	Auto Assignment Algorithm
	Expectations, Logistics, Meeting Frequency	Exempt, Excluded, Delayed Populations
	High Level Review of Beneficiaries in Managed Care concept paper	Comments on Beneficiaries in Managed Care Concept Paper
	Comments on Beneficiaries in Managed Care Concept Paper	

AUTO ASSIGNMENT ALGORITHM

- **The auto-assignment algorithm for the cross-over population:**
 - **Whether beneficiary is a member of a special population (e.g. foster care, BH I/DD TP eligible, or tribal),**
 - **Beneficiary's geographic location,**
 - **Historic provider-beneficiary relationship,**
 - **Plan assignments for other family members, and**
 - **Equitable plan distribution with enrollment subject to PHP enrollment ceilings and floors per PHP to be used as guides.**

AUTO ASSIGNMENT ALGORITHM

- **The auto-assignment algorithm for new beneficiaries:**
 - Whether the beneficiary is a member of a special population (e.g. foster care, member of federally recognized tribes or behavioral health intellectual/developmental disability (BH I/DD) tailored plan (TP) eligible),
 - Plan assignments for other family members,
 - Beneficiary's geographic location,
 - Previous PHP enrollment during previous 12 months (for those who have “churned” on/off Medicaid managed care), and
 - Equitable plan distribution with enrollment subject to PHP enrollment ceilings and floors per PHP to be used as guides.

AUTO ASSIGNMENT ALGORITHM

- Auto-assignment may also be used in the following instances:
 - Redetermined Medicaid managed care beneficiaries.
 - Renewing Medicaid managed care beneficiaries whose plans have been discontinued based on the same auto-assignment algorithm used for new beneficiaries.
 - Beneficiaries who lose but then regain Medicaid eligibility within a three-month period to the Beneficiary's previous PHP unless the PHP is not offered in the region or the beneficiary indicates in writing that he or she wishes to enroll in another PHP. If the PHP is not offered, the beneficiary will be auto-assigned based on the same auto-assignment algorithm used for new beneficiaries.
 - Beneficiaries who have been disenrolled upon PHP request will be assigned to a new PHP based on the same auto-assignment algorithm used for new beneficiaries. The beneficiary cannot be reassigned to the PHP requesting disenrollment.

EXEMPT AND EXCLUDED POPULATIONS

- Recipients who are dually eligible for Medicaid and Medicare.
- Qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611.
- Undocumented aliens who qualify for emergency services under 8 U.S.C. § 1611.
- Medically needy Medicaid recipients.
- Members of federally recognized tribes.
- Presumptively eligible recipients, during the period of presumptive eligibility.
- Recipients who participate in the North Carolina Health Insurance Premium Payment (NC HIPP) program.
- Recipients enrolled under the Medicaid Family Planning program.
- Recipients who are inmates of prisons.

DELAYED POPULATIONS

The following categories of recipients shall not be covered by PHPs until such time as determined by the Secretary,

1. Recipients with a serious mental illness, a serious emotional disturbance, a substance use disorder, or an intellectual/developmental disability, as defined by the Secretary;
2. Recipients enrolled in the foster care system or who receive Title IV-E adoption assistance, or recipients under the age of 26 who formerly were in the foster care system or formerly received Title IV-E adoption assistance;
3. Recipients enrolled in the Community Alternatives Program for Children (CAP/C) or the Community Alternative Program for Disabled Adults (CAP/DA);
4. Recipients who reside in a nursing facility and have so resided, or are likely to reside, for a period of 90 days or longer. If an individual enrolled in a PHP resides in a nursing facility for 90 days or more, such individual shall be disenrolled from the PHP on the first day of the month following the 90th day of the stay and enrolled in the fee-for-service program; and
5. Recipients who are enrolled in both Medicare and Medicaid for whom Medicaid covers the full array of Medicaid covered benefits in addition to Medicare premiums

Beneficiaries in Managed Care Comments

- **Comments received from**
 - Advocacy organizations
 - Health Plans
 - Private Citizens
 - LME-MCOs
- **Themes**
 - Transitions to Managed care
 - Concern about referral process
 - EB role with choice counseling esp. PHP selection/tool
 - Disenrollment esp. PHP initiated
 - Interface of entities in Beneficiary Support System
 - Clarification on role of Ombudsman
 - Auto Assignment factors
 - Provider Directory

Beneficiaries in Managed Care Comments Cont'd

- **Eligibility and Enrollment**
 - Seamless Eligibility and Enrollment
 - Role of DSS
 - EB Physical Presence
 - EB Plan Selection Tool
 - Provider Directory

Transition to Managed Care

- **Support Approach**
 - Regional roll out
 - Phased in by population
- **Populations in Managed care**
 - Excluded
 - BH/IDD TP eligible individuals
- **Federally Recognized Tribal Members**

Beneficiaries in Managed Care Comments Cont'd

- **Marketing**
 - PHP
 - EB
 - Provider
 - Restrictions
- **Beneficiary Outreach**
 - Barriers
 - Meaningful Outreach
 - Collaborative

Beneficiaries in Managed Care Comments Cont'd

- **Auto-Assignment**
 - Algorithm
 - Choice Period
 - PHP Quality Scores
 - Redetermination
 - Chronic Diseases
 - Complex Medical Conditions
 - Behavioral Health Services

Beneficiaries in Managed Care Comments Cont'd

- **Disenrollment**
 - PHP Initiated
 - EB approval of non-clinical requests

- **Appeals and Grievances**
 - PCP Changes
 - Notice Timeframe
 - Due Process Rights
 - Role of Ombudsman

Beneficiaries in Managed Care Comments Cont'd

- **Ombudsman Collaboration with Other Supports:**
 - DSS
 - EB
 - PHPs
 - Community Resources

Beneficiaries in Managed Care Comments Cont'd

- **Other recommendations/questions**
 - EB staff located in NC
 - Redetermination information given to PHPs
 - Quality scores part of choice counseling
 - EPSDT education
 - Continued stakeholder engagement
 - Beneficiary Communications
 - Penalties for PHPs related to disenrollment

Discussion

Public Comments

Next Steps

Next Meeting

Next Topics

Beneficiary Support Systems (PHP member services and Ombudsman program)

Engagement Strategy and Methods

Appendix

“Beneficiaries in Managed Care” Concept Paper

- **Eligibility and Enrollment**
 - Medicaid Eligibility Determination/Interface with DSS/EBCI Public Health and Human Services
 - Enrollment Broker
 - Enrollment in Managed Care
 - Auto-Assignment Factors
 - Disenrollment
- **Beneficiary Supports in Managed Care**
 - **PHP Marketing**
 - **PHP Member Services**
 - Beneficiary Outreach and Education
 - Health Promotion, Wellness and Disease Prevention
 - Beneficiary Feedback to PHPs and the Department

Charter

- Review Beneficiaries in Managed Care concept paper and comments received
- Review recommendations for operations of Beneficiary Support System; i.e., PHP member services, Enrollment Broker, Ombudsman
- Address strategy and methods for engaging beneficiaries
 - Identify new engagement methods
 - Evaluate and make recommendations for leveraging existing bodies; i.e., Consumer Family Advisory Committee
- Discuss strategy for communicating with beneficiaries
- Review marketing and member materials