NC DHHS

Medicaid Managed Care Update

Jay Ludlam
Assistant Secretary, NC DHHS

Date: 5/17/19
Agenda

• Transition To Implementation Phase
  – DHHS Priorities
  – Key Milestones
  – Ombudsman Status
  – PHP Contracting Status Report

• County Engagement Strategy

• Member Education and Outreach

• Provider Outreach and Education

• Tailored Plans
  – Eligibility
  – Regions
DHHS’ Priorities for transition to managed care:

- A person with a scheduled appointment will be seen by their provider
- A person’s prescription will be filled by the pharmacist
- Calls made to call centers are answered promptly
- Individuals know their chosen or assigned PHP
- Individuals have timely access to information and are directed to the right resource
- PHPs have sufficient networks to ensure member choice
- A provider enrolled in Medicaid prior to Nov 1, will still be enrolled
- A provider is paid for care delivered to members
Current Managed Care Activities

• Go Live
  – 175 days
  – Considerations

• PHP Readiness
  – Contracting with providers
  – Outreach to counties
  – Meeting with Associations (DSS, County Commissioners)

• Maximus
  – Community based meetings
  – Website development
  – Welcome packet development
  – Notices which will inform members of assignments
Ombudsman Update

• Features
  – Independent entity
  – Assist individuals in fee for service (FFS) and managed care
  – Four core functions
    • Referral- FFS, LME-MCO and managed care recipients
    • Information and Education - FFS, LME-MCO and managed care recipients
    • Issue Resolution – managed care recipients
    • Trend Monitoring- system level

• RFP released; No response received
• New Target Release Date
• Mitigation Strategies
Member Education and Engagement
Communicating with Members – Key Principles

• Beneficiaries receive information that prepares them for the transition to managed care

• All information conveyed in layman’s terms and avoids jargon.

• Communication
  – makes it as easy as possible for the recipient to take the actions needed.
  – will provide an overview of what is being communicated and why at the beginning before going into details.

• Example: The notices shares:
  • Changes that are coming to your Medicaid health plan.
  • How these changes will impact you.
  • What will stay the same.
  • Actions you need to take.
  • What will happen next.
  • How to get help.
Outreach Events and Materials will prepare the beneficiaries and members for the changes they will encounter with NC Medicaid Managed Care.

- **Member Education & Outreach**
  - **Enrollment Events**
    - Enrollment Broker coordinating with Local DSS
    - Schedule still being finalized
  - **Outreach Events:**
    - Joint Events with the Enrollment Broker, PHPs/PLE, and Ombudsman
- **Community Events**
  - Meet & Greet, Informational booth, Health Fairs
  - Materials: Approved Marketing Materials (PHP and EB) Materials incl. fact sheets & notices available to community organizations and providers
Member Communication Activities

• Address verification letters distributed to beneficiaries in Regions 2 & 4

• PHP Member Enrollment Manuals

• Member Notices

• Enrollment Broker
  – Consolidated Provider Directory
  – Member web page
  – Call Center Scripts
  – Comparison Charts
**Health Plan Comparison Chart**

All plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice

To see the full list of NC Medicaid covered services provided by the plans, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov).

Use this chart to learn more about your plan choices.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Contact Information</th>
<th>Address</th>
<th>Working Hours</th>
<th>Website</th>
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<tbody>
<tr>
<td><strong>WellCare</strong></td>
<td>1-866-799-5318</td>
<td>421 Fayetteville Street, Suite 1100, Raleigh NC 27601</td>
<td>7 a.m. to 6 p.m., Monday through Saturday</td>
<td>wellcare.com/nc</td>
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<td></td>
<td>TTY 711</td>
<td></td>
<td>Statewide (all 100 counties)</td>
<td></td>
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<tr>
<td><strong>UnitedHealthcare</strong></td>
<td>1-800-349-1855</td>
<td>3803 N Elm Street, Greensboro NC 27455</td>
<td>7 a.m. to 6 p.m., Monday through Saturday (open all State holidays)</td>
<td>uhcommunityplan.com/nc.html</td>
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<td>Statewide (all 100 counties)</td>
<td></td>
</tr>
<tr>
<td><strong>HealthyBlue</strong></td>
<td>1-844-594-5070</td>
<td>4613 University Drive, Durham NC 27707</td>
<td>7 a.m. to 6 p.m., Monday through Saturday</td>
<td>HealthyBlueNC.com</td>
</tr>
<tr>
<td></td>
<td>TTY 711</td>
<td></td>
<td>Statewide (all 100 counties)</td>
<td></td>
</tr>
<tr>
<td><strong>AmeriHealth Caritas</strong></td>
<td>1-855-375-8811</td>
<td></td>
<td>We are open 24 hours a day, 7 days a week</td>
<td>amerihealthcaritasnc.com</td>
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<tr>
<td><strong>North Carolina</strong></td>
<td></td>
<td></td>
<td>PO Box 7338, London KY 40742</td>
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<tr>
<td></td>
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<td></td>
<td>Statewide (all 100 counties)</td>
<td></td>
</tr>
</tbody>
</table>

**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at 1-833-870-5500 (TTY: 1-833-870-5588). We can speak with you in other languages. You can get this information in other languages or formats, such as large print or audio.
Enrollment Broker FAQs

• Enrollment Broker Call Center
  – Phone, Chat, Website and Mobile App are scheduled to go live on 06/28/2019
  – Located in Morrisville, NC
  – Hours of Operations: Monday to Saturday 7:00am to 5:00pm, extended hours during open enrollment Monday to Sunday 7:00am to 8:00pm
Member Materials: Notices/Forms

• Managed Care Transition and Mandatory Notices
• Managed Care Excluded Notice*
• Welcome Packet – comparison chart, enrollment form, fact sheet
• Grievance
  – Acknowledgement
  – Resolution
• Member Initiated PHP Change Denial Notice
• PHP Mass Change
• Member Plan Change Request
• PHP Initiated Disenrollment Approval
• PHP Initiated Disenrollment Denial

* To communicate change, excluded members not receiving initial notice
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County Engagement
Current County Commissioner Engagement Approach

• Extensive Engagement with County Commissioners Fact Sheets
  • 1115 Waiver Information Fact Sheet
  • Medicaid Managed Care, what this means for counties
  • How managed care affects NEMT and county transportation programs
  • How does manage 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

• Videos
  • “Medicaid Transformation in Five Minutes” video determine if we can use some of videos recorded for NC Medicaid staff

• Webinars
• Monthly Calls
  – Training for New Commissioners
  – County Commissioner Assoc. recommendations about regions
Tools for County in Transition to Managed Care

• Definition
  – represent a series of fact sheets, flow charts and other resources that address critical questions
  – organized by topic and segmented by audience i.e. Directors, Managers, Commissioners, Local Health

• Objective
  – County managers, county commissioners, DSS directors, and health directors
    • understand the impact of Medicaid transformation on their operations
    • are equipped to respond to questions and concerns from constituents around transformation.
    • adapt budgets to adequately account for the impact of Medicaid transformation.
    • understand the resources that DHHS can and cannot provide.
    • view DHHS as a reliable and trusted partner.

• Contents
  – Many components of toolkits will be useful for community based organizations

• Timing – late May
DSS, EB, PHP Engagement Upcoming Activities

<table>
<thead>
<tr>
<th>Region</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<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>
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<tr>
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<td>7/17/2019</td>
<td>1-3 PM</td>
<td>Catawba DSS 3030 11th Ave Dr SE, Hickory, NC 28602</td>
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<td>3</td>
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<td>Cabarrus DSS 1303 S Cannon Blvd, Kannapolis, NC 28083</td>
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<td>6/11/2019</td>
<td>9-11 AM</td>
<td>Robeson County 120 Glen Cowan Rd, Lumberton, NC 28360</td>
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<td>5</td>
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<td>Harnett County DSS 311 Cornelius Harnett Blvd, Lillington, NC 27546</td>
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<td>7/24/2019</td>
<td>9-11 AM</td>
<td>Pitt County DSS 403 Government Circle Greenville, NC.</td>
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<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>
</tr>
</tbody>
</table>
PHP Provider Contracting

- PHPs are required to contract with “any willing qualified provider”

- Clear network adequacy expectations established

- Contract Execution
  - Contract components specified in RFP
  - PHPs may use their contract templates
  - State review all contracts

- PHPs
  - Current outreach to associations
  - Weekly updates on PHP contacts with providers

- Providers also encouraged to reach out
  - PHP contact info on Medicaid website
  - DHHS will help facilitate connections
Upcoming Provider Outreach and Engagement

Upcoming Managed Care Webinar Topics

• MCT 106: Behavioral Health Services: Standard Plans and Transition Period, **May 23rd noon-1pm**

• MCT 107: Contracting with AMH Practices, **May 30th noon-1pm**

Virtual Office Hours

Provider/PHP Meet and Greets:

- May 20th 12-3p  Eastern AHEC
- May 21th 12-3p  Southeast AHEC
- June 17th 10a-3p  Mountain AHEC
- June 18th 10a-3p  Charlotte AHEC
- June 19th 10a-3p  Southern Regional AHEC
- June 20th 10a-3p  Eastern AHEC
- June 24th 10a-3p  Wake Medical Center

Tailored Plans
Tailored Plan Design Activities

• Eligibility
  – Member Reconciliation with LME-MCOs
  – Exemption Request Form (begin Soft Launch)

• Defining Core Measures

• Policy Papers
  – Care Management release May 2019
  – Data Strategy

• Transitions of Care Guidelines Development
  – BH/IDD MCAC Subcommittee -May

• Next Webinar (tentative May 30th)

• NC Association of County Commissioners recommendations about regions (June 2019)
BH I/DD Tailored Plan Eligibility Request Process

New Medicaid applicants and Standard Plan beneficiaries not identified as BH I/DD Tailored Plan-eligible by DHHS data reviews can request a review of their BH I/DD Tailored Plan eligibility.

DHHS will develop a BH I/DD Tailored Plan Eligibility Request form to collect information to determine whether the beneficiary’s health care needs meet BH I/DD Tailored Plan eligibility criteria.

- **New Medicaid applicants** submit to the enrollment broker a BH I/DD Tailored Plan Eligibility Request form completed by a qualified provider* as part of the plan selection supplement to the Medicaid application.

- **Existing Medicaid beneficiaries** submit to the enrollment broker (with assistance from BH provider and/or care manager) a BH I/DD Tailored Plan Eligibility Request form completed by a qualified provider*.

- Enrollment broker transmits request to DHHS.

- DHHS reviews and approves or denies request within 3-5 days, or 48 hours for an expedited request**.

- DHHS works with the enrollment broker to:
  1) notify the beneficiary of approval or denial, and
  2) if approved, transfer the beneficiary from the Standard Plan to the BH I/DD Tailored Plan.

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*The BH I/DD Tailored Plan Eligibility Request form will be available online, by paper, by telephone, and in-person.

**Expedited review will be available when a beneficiary has an urgent medical need.
Managed Care Exemption Form

• Ensure beneficiaries are assigned to the right managed care plan in timely manner.
  – Standard 7 day state review/decision
  – Expedited 72 hr. transfer

• To be implemented with the launch of Standard Plans,

• Form may be completed by the beneficiary, guardian/legally responsible person, the Care Manager, the service provider, or other person the beneficiary requests to assist.

• Member informed of appeals rights

• Next Steps
  – Form near final
  – Stakeholder feedback will be solicited